

# 2024 Prescription Drug List

TRADITIONAL 5-TIER FOR  
QUALIFIED HEALTH PLANS

**St Luke's**<sup>™</sup>  
+ Health Plan

Last updated October 2024



# Welcome!

St. Luke's Health Plan Inc. Pharmacy Benefit Manager (St. Luke's PBM) administers pharmacy benefits for the St. Luke's Health Plan to ensure you have access to safe, effective, and affordable medications.

## Prescription Drug List (PDL)

This document is often referred to as a Prescription Drug List (PDL) or drug formulary and contains a list of the most commonly prescribed outpatient medications covered by your plan. The PDL is typically updated on a monthly basis. The date of the most recent update can be found in the lower right hand corner of the cover page of the document. We do not routinely notify members or providers with the PDL is updated. However, we will notify you if you are negatively impacted by a formulary change, for example, if a medication you are currently taking is removed from the formulary or is moved to a different Tier. This formulary includes both brand name and generic medications approved by the Food and Drug Administration (FDA). Brand name medications are capitalized and generic medications are in lowercase. Not all medications approved by the FDA are covered under your Health Plan.

Please make sure that you are using the PDL on the website to ensure you are using the most up to date version. The inclusion of a drug on this list does not imply coverage under all plans. Coverage of listed products will be subject to limitations of the prescription drug benefit plan design. Members should consult their prescription drug benefit plan or contact a customer service representative to determine specific coverage at 833-975-1281. Where a difference exists between this document and the benefit plan documents, the benefit plan documents rule.

## How to Use the PDL

Members are encouraged to review the PDL to see if currently prescribed medications are covered. Providers and pharmacists are encouraged to review the PDL and utilize it when prescribing for our members. Products on the PDL may not include all strengths or dosage forms associated with the brand name product.

This document is searchable. On your keyboard, press Ctrl+F (Command+F for Mac), type in the medication you are looking for into the search box, and the search function will locate the medication in the document.



## Reading the PDL

Within this document you will find a list of FDA approved medications covered by the Plan, which tier the medication belongs to, and any specific requirements as required by The Plan. Please see the medication tier explanations in the table below, medications with a lower tier will represent the lowest out-of-pocket costs for the member.

Tier	Description
ACA	Affordable Care Act Medications, offered at no cost to members without meeting the deductible
1	Preferred Generic Medications, offered at a \$0 copay on many of our plans
2	Non-preferred Generic Medications
3	Preferred Brand Name Medications
4	Non-preferred Brand Name Medications
5	Specialty Medications. These medications are limited to a 30-day supply per fill and most specialty medications are required to be filled through St. Luke's Specialty Pharmacy
**Please refer to the plan documents for copay and coinsurance information	

## ACA Preventive Drugs

The Patient Protection and Affordable Care Act of 2010 (ACA) designates certain categories of medications as “preventive” and requires these categories contain options that are covered at no cost to you. The categories include specific preventive medications for children, women, and adults that you will not have to pay a copay or coinsurance for, even if you have not met your deductible. Preventive categories are listed below and are designated as “ACA” on the PDL.

- Bowel Prep Agents
- Folic Acid for women of childbearing age
- Iron Supplements for children between 6-12 months
- Contraceptives
- Oral Fluoride Supplements in certain locations
- Preventive Breast Cancer Medications for women aged 35 years or older with prior breast cancer diagnosis
- Tobacco cessation products
- Certain Vaccines (Flu, Shingles)
- Statins for qualifying patients
- Select antiretrovirals for preventive use

## How are Medications Assessed for Plan Coverage

The PDL reflects the current judgement of the Pharmacy and Therapeutics (P&T) Committee, which consists of physicians, pharmacists, and medical experts. The committee reviews medications in each therapeutic class for safety, effectiveness, and cost of treatment. Then agents are selected in each category for inclusion/exclusion on the formulary. The maintenance of the formulary is a dynamic process where new medications and information concerning existing medications are continually reviewed by the P&T Committee.



## Generic Medications

The St. Luke's PBM prioritizes the use of generic medications whenever possible. The term generic is usually used to describe a less-expensive product that is a safe and effective alternative to a brand-name product. A generic drug is identical, or bioequivalent, to a brand-name drug. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the brand-name drug. The Food and Drug Administration (FDA) works with pharmaceutical companies to ensure drugs (both brand and generic) meet specific requirements for quality, strength, purity, and potency.

## Generic Drug Substitution Requirement

If you purchase a brand-name drug when a generic substitution is required, you must pay the difference between the Allowed Amount for the Generic Drug and the Allowed Amount for the brand-name drug, plus your Copay/ Coinsurance or Deductible. Some Prescription Medications are excluded from this requirement.

## Coverage Requests

If you would like to request a preauthorization or formulary exception, please have your provider call the St. Luke's PBM at **833-975-1281** to obtain the appropriate form. For formulary exceptions due to medical necessity, the request should include medical records that describe the condition being treated, other treatments previously tried, and reason for not using formulary alternatives.

## Pharmacy Network

Our pharmacy network is broad, and you can find a pharmacy near you with our pharmacy lookup tool on your pharmacy member portal. Prescriptions filled at a non-network pharmacy may be covered at a higher cost to you.

If your prescription is filled at an in-network pharmacy, you will pay less.

St. Luke's Health Plan offers a maintenance Pharmacy Benefit, allowing you to obtain up to a 100-day supply of certain medications through St. Luke's Outpatient Pharmacies or St. Luke's Mail Order Pharmacy. Some exceptions may apply.

Specialty medications are high-cost medications used to treat rare or complicated conditions such as cancer, rheumatoid arthritis, and multiple sclerosis, to name a few. Specialty medications are listed as tier 5. Most specialty medications are required to be filled through St. Luke's Specialty Pharmacy. The St. Luke's Specialty Pharmacy offers best in class care and support. To learn more about the preferred specialty pharmacy call **208-205-7779**.

## Plan ID Card

Your Plan ID card works for both your doctor's visits and filling medications at the pharmacy. To get the most from your benefits, provide your pharmacy ID card to the pharmacy when dropping off or calling in your prescription.

Your ID card will communicate with the SLHS PBM database to review for drug interactions, potential allergies, improper doses, and more, all while ensuring you get the best price possible.

## Term and Acronym Dictionary

### Medication Tier:

Tiers are a way for an insurance provider to determine medication costs. The lowest tier (tier 1) will have the least expensive copay. The highest tier (tier 5) will have the most expensive copay.

### AL- Age Limit:

This prescription drug may only be covered if you meet the minimum or maximum age limit.

### PA - Preauthorization:

Selected high-risk or high-cost medications may require preauthorization to be eligible for coverage under the member's prescription drug benefit. For a member to receive coverage for a medication requiring preauthorization, the member's physician should contact the customer service center at **833-975-1281** to obtain a preauthorization form.

### PREV - High Deductible Health Plan Preventive Drug:

Recognizing that preventive services can lead to improved health by identifying and treating illnesses early, St. Luke's Health Plan does not require High Deductible Health Plan (HDHP) participants meet their deductible prior to covering drugs in some drug categories. If you are enrolled in a HDHP you will not have to meet your deductible before the Plan contributes to the cost of your prescription for medications listed in the categories below. Refer to the Prescription Drug List for a list of medications in the following categories:

- Asthma and COPD
- Blood Thinners
- Brand Contraceptives
- Cardiovascular
- Cholesterol
- Diabetes (Insulin, Non-Insulin, and Test Strips)
- Osteoporosis



**QL - Quantity Limit:**

Some medications are subject to limits on the amount of medication per prescription in line with recommendations from the manufacturer. If your prescriber deems it Medically Necessary to have a higher quantity limit, a formulary exception request may be submitted.

**ST - Step Therapy:**

Certain medications require you to have already tried an alternative medication preferred by St. Luke's Health Plan. This process is called "step therapy". The alternative medication is generally a more cost-effective therapy that does not compromise clinical quality. If your Provider feels that the alternative medication does not meet your needs, St. Luke's Health Plan may cover the medication without step therapy if St. Luke's Health Plan determines it is Medically Necessary. Medication samples may not be applicable to satisfying the step therapy requirement.



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>aspirin (aspirin chew tab 81 mg, aspirin tab delayed release 81 mg)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>butalbital-aspirin-caffeine</i>	2	QL
<i>celecoxib (celecoxib cap 50 mg, celecoxib cap 100 mg, celecoxib cap 200 mg)</i>	1	
<i>celecoxib cap 400 mg</i>	2	
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium (diclofenac sodium tab delayed release 50 mg, diclofenac sodium tab delayed release 75 mg)</i>	1	
<i>diclofenac sodium soln 1.5%</i>	2	QL
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac w/ misoprostol (diclofenac w/ misoprostol tab delayed release 50-0.2 mg, diclofenac w/ misoprostol tab delayed release 75-0.2 mg)</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>etodolac (etodolac cap 200 mg, etodolac cap 300 mg, etodolac tab 400 mg, etodolac tab 500 mg, etodolac tab er 24hr 400 mg, etodolac tab er 24hr 500 mg, etodolac tab er 24hr 600 mg)</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	2	
<b>FLURBIPROFEN 50 MG TAB</b>	4	ST
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen (ibuprofen tab 400 mg, ibuprofen tab 600 mg, ibuprofen tab 800 mg)</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	2	
<i>indomethacin (indomethacin cap 25 mg, indomethacin cap 50 mg)</i>	1	
<i>indomethacin cap er 75 mg</i>	2	
<b>KETOPROFEN ER</b>	4	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketorolac tromethamine tab 10 mg</i>	1	QL
MECLOFENAMATE SODIUM (MECLOFENAMATE SODIUM 50 MG CAP, MECLOFENAMATE SODIUM 100 MG CAP)	4	ST
<i>mefenamic acid cap 250 mg</i>	2	
<i>meloxicam (meloxicam tab 7.5 mg, meloxicam tab 15 mg)</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen (naproxen tab 250 mg, naproxen tab 375 mg, naproxen tab 500 mg)</i>	1	
<i>naproxen sodium (naproxen sodium tab 275 mg, naproxen sodium tab 550 mg)</i>	2	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	AL
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac (sulindac tab 150 mg, sulindac tab 200 mg)</i>	1	
TOLMETIN SODIUM 400 MG CAP	4	ST
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA	3	QL PA AL
<i>fentanyl (fentanyl td patch 72hr 100 mcg/hr, fentanyl td patch 72hr 12 mcg/hr, fentanyl td patch 72hr 25 mcg/hr, fentanyl td patch 72hr 50 mcg/hr, fentanyl td patch 72hr 75 mcg/hr)</i>	2	QL PA
HYDROCODONE BITARTRATE ER	4	QL PA
<i>hydromorphone hcl (hydromorphone hcl tab er 24hr 12 mg, hydromorphone hcl tab er 24hr 16 mg, hydromorphone hcl tab er 24hr 32 mg, hydromorphone hcl tab er 24hr 8 mg)</i>	2	QL PA
<i>methadone hcl (methadone hcl conc 10 mg/ml, methadone hcl soln 5 mg/5ml, methadone hcl soln 10 mg/5ml, methadone hcl tab for oral susp 40 mg)</i>	2	QL PREV Preventive
<i>methadone hcl (methadone hcl tab 5 mg, methadone hcl tab 10 mg)</i>	1	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (morphine sulfate tab er 30 mg, morphine sulfate tab er 60 mg, morphine sulfate tab er 100 mg, morphine sulfate tab er 200 mg)</i>	2	QL PA
MORPHINE SULFATE ER	4	QL PA
<i>morphine sulfate tab er 15 mg</i>	1	QL PA
NUCYNTA ER (NUCYNTA ER 100 MG TAB ER 12H, NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H)	4	QL PA
NUCYNTA ER 50 MG TAB ER 12H	4	QL PA AL
OXYMORPHONE HCL ER	4	QL PA AL
TRAMADOL HCL (ER BIPHASIC)	4	QL PA AL
<i>tramadol hcl (tramadol hcl tab er 24hr 100 mg, tramadol hcl tab er 24hr 200 mg, tramadol hcl tab er 24hr 300 mg)</i>	2	QL PA AL
XTAMPZA ER	3	QL PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine (acetaminophen w/ codeine soln 120-12 mg/5ml, acetaminophen w/ codeine tab 300-15 mg, acetaminophen w/ codeine tab 300-30 mg)</i>	1	QL AL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL AL
ACETAMINOPHEN-CODEINE	1	QL AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
APADAZ	4	QL
BENZHYDROCODONE-ACETAMINOPHEN	4	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	QL
<i>butalbital-aspirin-caffeine w/cod</i>	2	QL AL
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL AL
CODEINE SULFATE (CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 60 MG TAB)	4	QL AL
<i>codeine sulfate tab 30 mg</i>	2	QL AL
<i>fentanyl citrate (fentanyl citrate 200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate lozenge on a handle 200 mcg, fentanyl citrate lozenge on a handle 400 mcg, fentanyl citrate lozenge on a handle 600 mcg, fentanyl citrate lozenge on a handle 800 mcg, fentanyl citrate lozenge on a handle 1200 mcg, fentanyl citrate lozenge on a handle 1600 mcg)</i>	2	QL PA AL
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 5-325 mg, hydrocodone-acetaminophen tab 7.5-325 mg)</i>	1	QL
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION	4	QL AL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL
HYDROCODONE-IBUPROFEN (HYDROCODONE-IBUPROFEN 5-200 MG TAB, HYDROCODONE-IBUPROFEN 10-200 MG TAB)	4	QL AL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL AL
<i>hydromorphone hcl (hydromorphone hcl liqd 1 mg/ml, hydromorphone hcl tab 8 mg)</i>	2	QL AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl (hydromorphone hcl tab 2 mg, hydromorphone hcl tab 4 mg)</i>	1	QL
MORPHINE SULFATE (CONCENTRATE)	2	QL
MORPHINE SULFATE (MORPHINE SULFATE 10 MG/5ML SOLUTION, MORPHINE SULFATE ORAL SOLN 10 MG/5ML)	1	QL
MORPHINE SULFATE 15 MG TAB	3	QL
MORPHINE SULFATE 20 MG/5ML SOLUTION	4	QL
MORPHINE SULFATE 30 MG TAB	3	QL AL
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL
<i>morphine sulfate tab 15 mg</i>	2	QL
<i>morphine sulfate tab 30 mg</i>	2	QL AL
NUCYNTA	4	QL
<i>oxycodone hcl (oxycodone hcl conc 100 mg/5ml (20 mg/ml), oxycodone hcl soln 5 mg/5ml)</i>	2	QL
<i>oxycodone hcl (oxycodone hcl tab 15 mg, oxycodone hcl tab 20 mg, oxycodone hcl tab 30 mg)</i>	2	QL AL
<i>oxycodone hcl (oxycodone hcl tab 5 mg, oxycodone hcl tab 10 mg)</i>	1	QL
<i>oxycodone w/ acetaminophen (oxycodone w/ acetaminophen tab 2.5-325 mg, oxycodone w/ acetaminophen tab 7.5-325 mg, oxycodone w/ acetaminophen tab 10-325 mg)</i>	2	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL
<i>oxymorphone hcl</i>	2	QL AL
<i>tramadol hcl tab 50 mg</i>	1	QL AL
<i>tramadol-acetaminophen</i>	1	QL AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl soln 4%</i>	2	QL PA
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>lidocaine patch 5%</i>	2	QL PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL PA
<b>NAYZILAM</b>	4	QL PREV Preventive
<b>SYNERA</b>	4	QL PA
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium</i>	2	PREV Preventive
<i>disulfiram (disulfiram tab 250 mg, disulfiram tab 500 mg)</i>	2	PREV Preventive
<b>OPIOID DEPENDENCE</b>		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL PREV Preventive
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL PREV Preventive
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	2	QL PREV Preventive
<i>lofexidine hcl</i>	2	
<b>LUCEMYRA</b>	4	
<b>OPIOID REVERSAL AGENTS</b>		
<b>KLOXXADO</b>	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naloxone hcl (naloxone hcl inj 0.4 mg/ml, naloxone hcl inj 4 mg/10ml, naloxone hcl nasal spray 4 mg/0.1ml, naloxone hcl soln prefilled syringe 2 mg/2ml)</i>	2	PREV Preventive
NALOXONE HCL 0.4 MG/ML SOLN CART	4	PREV Preventive
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	3	
<i>naltrexone hcl tab 50 mg</i>	2	PREV Preventive
ZIMHI	4	PREV Preventive
SMOKING CESSATION AGENTS		
<i>bupropion hcl (smoking deterrent)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>nicotine (nicotine td patch 24hr 14 mg/24hr, nicotine td patch 24hr 21 mg/24hr, nicotine td patch 24hr 7 mg/24hr)</i>	2	ACA Affordable Care Act Medications PREV Preventive
NICOTINE 21-14-7 MG/24HR KIT	3	ACA Affordable Care Act Medications PREV Preventive
<i>nicotine polacrilex (nicotine polacrilex gum 2 mg, nicotine polacrilex gum 4 mg, nicotine polacrilex lozenge 2 mg, nicotine polacrilex lozenge 4 mg)</i>	2	ACA Affordable Care Act Medications PREV Preventive
NICOTROL	3	ACA Affordable Care Act Medications PREV Preventive
NICOTROL NS	3	ACA Affordable Care Act Medications PREV Preventive
<i>varenicline tartrate (varenicline tartrate tab 0.5 mg (base equiv), varenicline tartrate tab 1 mg (base equiv), varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack)</i>	2	ACA Affordable Care Act Medications PREV Preventive
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE	5	QL PA
<i>gentamicin sulfate (topical)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMATIN	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	2	
ANTIBACTERIALS, OTHER		
<i>acetic acid (otic)</i>	2	
ALTABAX	4	
<i>clindamycin hcl (clindamycin hcl cap 75 mg, clindamycin hcl cap 150 mg, clindamycin hcl cap 300 mg)</i>	1	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal</i>	2	
CLINDESSE	4	
<i>fosfomycin tromethamine</i>	2	
<i>linezolid (linezolid for susp 100 mg/5ml, linezolid tab 600 mg)</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole (metronidazole tab 250 mg, metronidazole tab 500 mg)</i>	1	
<i>metronidazole (topical) (metronidazole cream 0.75%, metronidazole gel 0.75%, metronidazole gel 1%)</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole vaginal</i>	2	
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystalline cap 25 mg, nitrofurantoin macrocrystalline cap 50 mg, nitrofurantoin macrocrystalline cap 100 mg)</i>	2	
<i>nitrofurantoin monohyd macro</i>	1	
NUVESSA	4	
SIVEXTRO 200 MG TAB	4	
<i>tinidazole (tinidazole tab 250 mg, tinidazole tab 500 mg)</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl (vancomycin hcl cap 125 mg (base equivalent), vancomycin hcl cap 250 mg (base equivalent), vancomycin hcl for oral soln 25 mg/ml (base equivalent))</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	
VANDAZOLE	4	
XIFAXAN 200 MG TAB	4	
XIFAXAN 550 MG TAB	3	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	4	
<i>cefadroxil (cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)</i>	2	
CEFADROXIL 1 GM TAB	4	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefdinir (cefdinir for susp 125 mg/5ml, cefdinir for susp 250 mg/5ml)</i>	2	
<i>cefdinir cap 300 mg</i>	1	
<i>cefixime (cefixime for susp 100 mg/5ml, cefixime for susp 200 mg/5ml)</i>	2	
<i>cefpodoxime proxetil (cefpodoxime proxetil for susp 50 mg/5ml, cefpodoxime proxetil for susp 100 mg/5ml, cefpodoxime proxetil tab 100 mg, cefpodoxime proxetil tab 200 mg)</i>	2	
<i>cefprozil (cefprozil for susp 125 mg/5ml, cefprozil for susp 250 mg/5ml, cefprozil tab 250 mg, cefprozil tab 500 mg)</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cephalexin (cephalexin cap 250 mg, cephalexin cap 500 mg, cephalexin for susp 125 mg/5ml)</i>	1	
<i>cephalexin (cephalexin cap 750 mg, cephalexin for susp 250 mg/5ml)</i>	2	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin &amp; pot clavulanate (amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml, amoxicillin &amp; k clavulanate tab 500-125 mg, amoxicillin &amp; k clavulanate tab 875-125 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin &amp; pot clavulanate (amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml, amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml, amoxicillin &amp; k clavulanate tab 250-125 mg)</i>	2	
<i>amoxicillin (amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg)</i>	1	
AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 250 MG CHEW TAB)	4	
AMOXICILLIN-POT CLAVULANATE	4	
AMOXICILLIN-POT CLAVULANATE ER	4	
<i>ampicillin</i>	2	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	4	
<i>dicloxacillin sodium</i>	2	
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN)	4	
<i>penicillin v potassium (penicillin v potassium tab 250 mg, penicillin v potassium tab 500 mg)</i>	1	
<b>MACROLIDES</b>		
<i>azithromycin (azithromycin for susp 100 mg/5ml, azithromycin tab 600 mg)</i>	2	
<i>azithromycin (azithromycin for susp 200 mg/5ml, azithromycin tab 250 mg, azithromycin tab 500 mg)</i>	1	
AZITHROMYCIN 1 GM PACKET	4	
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	4	
<i>clarithromycin (clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg)</i>	2	
DIFICID (DIFICID 40 MG/ML RECON SUSP, DIFICID 200 MG TAB)	3	
E.E.S. 400	4	
ERYTHROCIN STEARATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin base (erythromycin tab 250 mg, erythromycin tab 500 mg, erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg)</i>	2	
ERYTHROMYCIN BASE 250 MG CP DR PART	4	
<i>erythromycin ethylsuccinate</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	4	
ZITHROMAX 1 GM PACKET	4	
QUINOLONES		
BAXDELA 450 MG TAB	4	
BESIVANCE	3	
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	4	
<i>ciprofloxacin (ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml))</i>	2	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	4	
<i>levofloxacin (levofloxacin tab 250 mg, levofloxacin tab 500 mg, levofloxacin tab 750 mg)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
OFLOXACIN 300 MG TAB	4	
<i>ofloxacin tab 400 mg</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium (acne)</i>	2	
SULFADIAZINE 500 MG TAB	4	
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim tab 400-80 mg, sulfamethoxazole-trimethoprim tab 800-160 mg)</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline (monohydrate) (doxycycline monohydrate cap 50 mg, doxycycline monohydrate cap 100 mg, doxycycline monohydrate tab 50 mg, doxycycline monohydrate tab 100 mg)</i>	1	
<i>doxycycline (monohydrate) (doxycycline monohydrate for susp 25 mg/5ml, doxycycline monohydrate tab 75 mg, doxycycline monohydrate tab 150 mg)</i>	2	
<i>doxycycline hyclate (doxycycline hyclate cap 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 100 mg)</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	2	PREV Preventive
<i>minocycline hcl (minocycline hcl cap 75 mg, minocycline hcl cap 100 mg)</i>	2	
<i>minocycline hcl cap 50 mg</i>	1	
NUZYRA 150 MG TAB	4	
<i>tetracycline hcl (tetracycline hcl cap 250 mg, tetracycline hcl cap 500 mg)</i>	2	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	4	PREV Preventive
DIACOMIT	5	
<i>divalproex sodium (divalproex sodium cap delayed release sprinkle 125 mg, divalproex sodium tab er 24 hr 250 mg, divalproex sodium tab er 24 hr 500 mg)</i>	2	PREV Preventive
<i>divalproex sodium (divalproex sodium tab delayed release 125 mg, divalproex sodium tab delayed release 250 mg, divalproex sodium tab delayed release 500 mg)</i>	1	PREV Preventive
EPIDIOLEX	5	PA
<i>felbamate (felbamate susp 600 mg/5ml, felbamate tab 400 mg, felbamate tab 600 mg)</i>	2	PREV Preventive
FINTEPLA	5	QL PA
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAMICTAL XR (LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT, LAMICTAL XR 25 & 50 & 100 MG KIT, LAMICTAL XR 50 & 100 & 200 MG KIT)	4	PREV Preventive
<i>lamotrigine (lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit, lamotrigine tab 35 x 25 mg starter kit, lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit, lamotrigine tab chewable dispersible 5 mg, lamotrigine tab chewable dispersible 25 mg, lamotrigine tab er 24hr 100 mg, lamotrigine tab er 24hr 200 mg, lamotrigine tab er 24hr 25 mg, lamotrigine tab er 24hr 250 mg, lamotrigine tab er 24hr 300 mg, lamotrigine tab er 24hr 50 mg)</i>	2	PREV Preventive
<i>lamotrigine (lamotrigine tab 25 mg, lamotrigine tab 100 mg, lamotrigine tab 150 mg, lamotrigine tab 200 mg)</i>	1	PREV Preventive
<i>levetiracetam (levetiracetam oral soln 100 mg/ml, levetiracetam tab 750 mg, levetiracetam tab 1000 mg, levetiracetam tab er 24hr 500 mg, levetiracetam tab er 24hr 750 mg)</i>	2	PREV Preventive
<i>levetiracetam (levetiracetam tab 250 mg, levetiracetam tab 500 mg)</i>	1	PREV Preventive
SPRITAM (SPRITAM 250 MG TAB, SPRITAM 500 MG TAB, SPRITAM 750 MG TAB)	4	AL PREV Preventive
SPRITAM 1000 MG TAB	4	PREV Preventive
<i>topiramate (topiramate cap er 24hr 100 mg, topiramate cap er 24hr 200 mg, topiramate cap er 24hr 25 mg, topiramate cap er 24hr 50 mg, topiramate cap er 24hr sprinkle 100 mg, topiramate cap er 24hr sprinkle 150 mg, topiramate cap er 24hr sprinkle 200 mg, topiramate cap er 24hr sprinkle 25 mg, topiramate cap er 24hr sprinkle 50 mg)</i>	2	QL PA PREV Preventive
<i>topiramate (topiramate sprinkle cap 15 mg, topiramate sprinkle cap 25 mg)</i>	2	PREV Preventive
<i>topiramate (topiramate tab 25 mg, topiramate tab 50 mg, topiramate tab 100 mg, topiramate tab 200 mg)</i>	1	PREV Preventive
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	PREV Preventive
<i>valproic acid cap 250 mg</i>	2	PREV Preventive
XCOPRI	4	PREV Preventive
XCOPRI (250 MG DAILY DOSE)	4	PREV Preventive
XCOPRI (350 MG DAILY DOSE)	4	PREV Preventive
ZTALMY	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
CELONTIN	4	PREV Preventive
<i>ethosuximide (ethosuximide cap 250 mg, ethosuximide soln 250 mg/5ml)</i>	2	PREV Preventive
<i>methsuximide</i>	2	PREV Preventive
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	4	PREV Preventive
<b>GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
<i>clobazam (clobazam suspension 2.5 mg/ml, clobazam tab 10 mg, clobazam tab 20 mg)</i>	2	PREV Preventive
DIASTAT ACUDIAL	3	PREV Preventive
DIASTAT PEDIATRIC	3	PREV Preventive
<i>diazepam (anticonvulsant) (diazepam rectal gel delivery system 10 mg, diazepam rectal gel delivery system 20 mg)</i>	2	PREV Preventive
DIAZEPAM 2.5 MG GEL	4	PREV Preventive
<i>gabapentin (gabapentin cap 100 mg, gabapentin cap 300 mg, gabapentin cap 400 mg, gabapentin tab 600 mg, gabapentin tab 800 mg)</i>	1	PREV Preventive
<i>gabapentin oral soln 250 mg/5ml</i>	2	PREV Preventive
MYSOLINE	4	PREV Preventive
<i>phenobarbital (phenobarbital elixir 20 mg/5ml, phenobarbital tab 16.2 mg, phenobarbital tab 32.4 mg, phenobarbital tab 64.8 mg, phenobarbital tab 97.2 mg)</i>	2	
<i>phenobarbital (phenobarbital tab 15 mg, phenobarbital tab 30 mg, phenobarbital tab 60 mg, phenobarbital tab 100 mg)</i>	1	
PRIMIDONE 125 MG TAB	4	PREV Preventive
<i>primidone tab 250 mg</i>	2	PREV Preventive
<i>primidone tab 50 mg</i>	1	PREV Preventive
<i>tiagabine hcl (tiagabine hcl tab 2 mg, tiagabine hcl tab 4 mg, tiagabine hcl tab 12 mg, tiagabine hcl tab 16 mg)</i>	2	PREV Preventive
VALTOCO 10 MG DOSE	4	QL PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALTOCO 15 MG DOSE	4	<div style="background-color: #800080; color: white; padding: 2px; border-radius: 5px;">QL</div> <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
VALTOCO 20 MG DOSE	4	<div style="background-color: #800080; color: white; padding: 2px; border-radius: 5px;">QL</div> <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
VALTOCO 5 MG DOSE	4	<div style="background-color: #800080; color: white; padding: 2px; border-radius: 5px;">QL</div> <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>vigabatrin</i>	5	
SODIUM CHANNEL AGENTS		
APTIOM	3	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>carbamazepine (carbamazepine cap er 12hr 100 mg, carbamazepine cap er 12hr 200 mg, carbamazepine cap er 12hr 300 mg, carbamazepine chew tab 100 mg, carbamazepine susp 100 mg/5ml, carbamazepine tab 200 mg, carbamazepine tab er 12hr 100 mg, carbamazepine tab er 12hr 200 mg, carbamazepine tab er 12hr 400 mg)</i>	2	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
CARBATROL	4	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
DILANTIN (DILANTIN 30 MG CAP, DILANTIN 100 MG CAP, DILANTIN 125 MG/5ML SUSPENSION)	4	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
DILANTIN INFATABS	4	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
DILANTIN-125	4	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>lacosamide (lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)</i>	2	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>oxcarbazepine (oxcarbazepine tab 300 mg, oxcarbazepine tab 600 mg)</i>	2	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>oxcarbazepine tab 150 mg</i>	1	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>phenytoin (phenytoin chew tab 50 mg, phenytoin susp 125 mg/5ml)</i>	2	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>phenytoin sodium extended (phenytoin sodium extended cap 100 mg, phenytoin sodium extended cap 200 mg, phenytoin sodium extended cap 300 mg)</i>	2	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive
<i>rufinamide (rufinamide susp 40 mg/ml, rufinamide tab 200 mg, rufinamide tab 400 mg)</i>	2	<div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 5px;">PREV</div> Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	4	PREV Preventive
TEGRETOL-XR	4	PREV Preventive
<i>zonisamide (zonisamide cap 25 mg, zonisamide cap 50 mg)</i>	1	PREV Preventive
<i>zonisamide cap 100 mg</i>	2	PREV Preventive
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl (bupropion hcl tab 75 mg, bupropion hcl tab 100 mg, bupropion hcl tab er 12hr 100 mg, bupropion hcl tab er 12hr 150 mg, bupropion hcl tab er 12hr 200 mg, bupropion hcl tab er 24hr 150 mg, bupropion hcl tab er 24hr 300 mg)</i>	1	QL PREV Preventive
CHLORDIAZEPOXIDE-AMITRIPTYLINE	4	
<i>mirtazapine (mirtazapine orally disintegrating tab 15 mg, mirtazapine orally disintegrating tab 30 mg, mirtazapine orally disintegrating tab 45 mg, mirtazapine tab 7.5 mg)</i>	2	QL PREV Preventive
<i>mirtazapine (mirtazapine tab 15 mg, mirtazapine tab 30 mg, mirtazapine tab 45 mg)</i>	1	QL PREV Preventive
PERPHENAZINE-AMITRIPTYLINE	4	
ZURZUVAE	5	QL
MONOAMINE OXIDASE INHIBITORS		
EMSAM	4	PREV Preventive
MARPLAN	4	PREV Preventive
PHENELZINE SULFATE 15 MG TAB	4	PREV Preventive
<i>tranylcypromine sulfate</i>	2	PREV Preventive
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (citalopram hydrobromide tab 10 mg (base equiv), citalopram hydrobromide tab 20 mg (base equiv), citalopram hydrobromide tab 40 mg (base equiv))</i>	1	QL PREV Preventive
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	QL PREV Preventive
<i>desvenlafaxine succinate</i>	2	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>escitalopram oxalate (escitalopram oxalate tab 5 mg (base equiv), escitalopram oxalate tab 10 mg (base equiv), escitalopram oxalate tab 20 mg (base equiv))</i>	1	QL PREV Preventive
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	QL PREV Preventive
FETZIMA	4	QL ST PREV Preventive
FETZIMA TITRATION	4	ST QL PREV Preventive
<i>fluoxetine hcl (fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg)</i>	1	QL PREV Preventive
FLUOXETINE HCL 90 MG CAP DR	4	QL ST PREV Preventive
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	QL PREV Preventive
<i>fluvoxamine maleate (fluvoxamine maleate tab 25 mg, fluvoxamine maleate tab 50 mg, fluvoxamine maleate tab 100 mg)</i>	2	QL PREV Preventive
NEFAZODONE HCL	4	PREV Preventive
<i>paroxetine hcl (paroxetine hcl tab 10 mg, paroxetine hcl tab 20 mg, paroxetine hcl tab 30 mg, paroxetine hcl tab 40 mg)</i>	1	QL PREV Preventive
<i>sertraline hcl (sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg)</i>	1	QL PREV Preventive
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	QL PREV Preventive
<i>trazodone hcl (trazodone hcl tab 50 mg, trazodone hcl tab 100 mg, trazodone hcl tab 150 mg)</i>	1	PREV Preventive
TRINTELLIX	4	QL ST PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl (venlafaxine hcl cap er 24hr 150 mg (base equivalent), venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), venlafaxine hcl cap er 24hr 75 mg (base equivalent), venlafaxine hcl tab 25 mg (base equivalent), venlafaxine hcl tab 37.5 mg (base equivalent), venlafaxine hcl tab 50 mg (base equivalent), venlafaxine hcl tab 75 mg (base equivalent), venlafaxine hcl tab 100 mg (base equivalent))</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; margin-right: 5px;">PREV</div> <span>Preventive</span> </div>
VIIBRYD STARTER PACK	4	<div style="display: flex; align-items: center;"> <div style="background-color: #2980b9; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; margin-right: 5px;">PREV</div> <span>Preventive</span> </div>
<i>vilazodone hcl</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; margin-right: 5px;">PREV</div> <span>Preventive</span> </div>
<b>TRICYCLICS</b>		
<i>amitriptyline hcl (amitriptyline hcl tab 10 mg, amitriptyline hcl tab 25 mg, amitriptyline hcl tab 50 mg, amitriptyline hcl tab 75 mg)</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>amitriptyline hcl (amitriptyline hcl tab 100 mg, amitriptyline hcl tab 150 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>amoxapine</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>clomipramine hcl (clomipramine hcl cap 25 mg, clomipramine hcl cap 50 mg, clomipramine hcl cap 75 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>desipramine hcl (desipramine hcl tab 10 mg, desipramine hcl tab 25 mg, desipramine hcl tab 50 mg, desipramine hcl tab 75 mg, desipramine hcl tab 100 mg, desipramine hcl tab 150 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>doxepin hcl (doxepin hcl cap 10 mg, doxepin hcl cap 25 mg, doxepin hcl conc 10 mg/ml)</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>doxepin hcl (doxepin hcl cap 50 mg, doxepin hcl cap 75 mg, doxepin hcl cap 100 mg, doxepin hcl cap 150 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>imipramine hcl (imipramine hcl tab 10 mg, imipramine hcl tab 25 mg, imipramine hcl tab 50 mg)</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>nortriptyline hcl (nortriptyline hcl cap 10 mg, nortriptyline hcl cap 25 mg, nortriptyline hcl cap 50 mg, nortriptyline hcl cap 75 mg)</i>	1	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>protriptyline hcl</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive
<i>trimipramine maleate (trimipramine maleate cap 25 mg, trimipramine maleate cap 50 mg, trimipramine maleate cap 100 mg)</i>	2	<div style="background-color: #27ae60; color: white; padding: 2px 5px;">PREV</div> Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl (metoclopramide hcl tab 5 mg (base equivalent), metoclopramide hcl tab 10 mg (base equivalent))</i>	1	
<b>METOCLOPRAMIDE HCL 5 MG TAB DISP</b>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>perphenazine (perphenazine tab 2 mg, perphenazine tab 4 mg, perphenazine tab 8 mg, perphenazine tab 16 mg)</i>	2	AL PREV Preventive
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>promethazine hcl (promethazine hcl suppos 12.5 mg, promethazine hcl suppos 25 mg)</i>	2	AL
<i>promethazine hcl (promethazine hcl tab 12.5 mg, promethazine hcl tab 25 mg, promethazine hcl tab 50 mg)</i>	1	AL
<b>PROMETHEGAN</b>	4	AL
<i>scopolamine</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	2	
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
<b>ANZEMET</b>	4	QL
<i>aprepitant</i>	2	QL
<i>dronabinol</i>	2	
<b>EMEND 125 MG/5ML RECON SUSP</b>	3	QL
<i>granisetron hcl tab 1 mg</i>	2	QL
<i>ondansetron (ondansetron orally disintegrating tab 4 mg, ondansetron orally disintegrating tab 8 mg)</i>	1	QL
<i>ondansetron hcl (ondansetron hcl oral soln 4 mg/5ml, ondansetron hcl tab 4 mg, ondansetron hcl tab 8 mg)</i>	1	QL
<b>ONDANSETRON HCL 24 MG TAB</b>	4	QL
<b>VARUBI (180 MG DOSE)</b>	3	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIFUNGALS</b>		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	4	PA
<i>econazole nitrate cream 1%</i>	2	
ERTACZO	4	
EXELDERM 1 % CREAM	4	
EXELDERM 1 % SOLUTION	4	
<i>fluconazole (fluconazole for susp 10 mg/ml, fluconazole for susp 40 mg/ml)</i>	2	
<i>fluconazole (fluconazole tab 50 mg, fluconazole tab 100 mg, fluconazole tab 150 mg, fluconazole tab 200 mg)</i>	1	
<i>flucytosine (flucytosine cap 250 mg, flucytosine cap 500 mg)</i>	2	
<i>griseofulvin microsize (griseofulvin microsize susp 125 mg/5ml, griseofulvin microsize tab 500 mg)</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
GYNAZOLE-1	4	
<i>itraconazole cap 100 mg</i>	2	QL
<i>itraconazole oral soln 10 mg/ml</i>	2	QL PA
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	2	
LULICONAZOLE	4	
MENTAX	4	
MICONAZOLE 3	4	
NAFTIFINE HCL 1 % CREAM	4	
NOXAFIL 300 MG PACKET	3	PA AL
<i>nystatin (topical) (nystatin cream 100000 unit/gm, nystatin oint 100000 unit/gm)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
ORAVIG	4	
<i>oxiconazole nitrate</i>	2	
<i>posaconazole (posaconazole susp 40 mg/ml, posaconazole tab delayed release 100 mg)</i>	2	PA
SULCONAZOLE NITRATE 1 % CREAM	4	
SULCONAZOLE NITRATE 1 % SOLUTION	4	
<i>terbinafine hcl tab 250 mg</i>	1	QL
<i>terconazole vaginal (terconazole vaginal cream 0.4%, terconazole vaginal cream 0.8%, terconazole vaginal suppos 80 mg)</i>	2	
<i>voriconazole (voriconazole for susp 40 mg/ml, voriconazole tab 50 mg, voriconazole tab 200 mg)</i>	2	PA
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol (allopurinol tab 100 mg, allopurinol tab 300 mg)</i>	1	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid</i>	2	
<i>febuxostat (febuxostat tab 40 mg, febuxostat tab 80 mg)</i>	2	
<i>probenecid</i>	2	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (dapsone tab 25 mg, dapsone tab 100 mg)</i>	2	
<i>rifabutin</i>	2	
<b>ANTITUBERCULARS</b>		
<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl (ethambutol hcl tab 100 mg, ethambutol hcl tab 400 mg)</i>	2	
ISONIAZID 100 MG TAB	4	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 300 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PASER	4	
PRETOMANID	4	AL
PRIFTIN	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifampin (rifampin cap 150 mg, rifampin cap 300 mg)</i>	2	
SIRTURO	5	
TRECTOR	4	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (cyclophosphamide 25 mg tab, cyclophosphamide 50 mg tab, cyclophosphamide cap 25 mg, cyclophosphamide cap 50 mg)</i>	5	
GLEOSTINE	5	
LEUKERAN	5	
MATULANE	5	PA
MELPHALAN	5	
MYLERAN	5	
<i>temozolomide</i>	5	PA
VALCHLOR	5	
ANTIANDROGENS		
<i>abiraterone acetate (abiraterone acetate tab 250 mg, abiraterone acetate tab 500 mg)</i>	5	QL PA
<i>bicalutamide</i>	5	
ERLEADA	5	QL PA
FLUTAMIDE	5	
<i>nilutamide</i>	5	
NUBEQA	5	QL PA
ORSERDU	5	QL PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI	5	QL PA
YONSA	5	QL PA
ANTIANGIOGENIC AGENTS		
<i>lenalidomide</i>	5	QL PA
POMALYST	5	QL PA
REVLIMID	5	QL PA
THALOMID	5	QL PA
ANTIESTROGENS/MODIFIERS		
EMCYT	5	
SOLTAMOX 10 MG/5ML SOLUTION	4	ACA Affordable Care Act Medications PREV Preventive
<i>tamoxifen citrate 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>tamoxifen citrate 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>toremifene citrate</i>	5	
ANTIMETABOLITES		
<i>capecitabine</i>	5	PA
DROXIA	5	
<i>hydroxyurea cap 500 mg</i>	5	
INQOVI	5	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mercaptopurine tab 50 mg</i>	5	
PURIXAN	5	
SIKLOS	5	
TABLOID	5	
ANTINEOPLASTICS, OTHER		
AKEEGA	5	QL PA
AUGTYRO	5	QL PA
AYVAKIT	5	QL PA
BESREMI	5	QL PA
BRUKINSA	5	QL PA
FOTIVDA	5	QL PA
IDHIFA	5	QL PA AL
INREBIC	5	QL PA
IWILFIN	5	QL PA
KISQALI FEMARA (200 MG DOSE)	5	QL PA AL
KISQALI FEMARA (400 MG DOSE)	5	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI FEMARA (600 MG DOSE)	5	QL PA AL
KOSELUGO	5	QL PA
KRAZATI	5	QL PA
<i>leucovorin calcium (leucovorin calcium tab 5 mg, leucovorin calcium tab 15 mg, leucovorin calcium tab 25 mg)</i>	2	
LONSURF	5	QL PA
LUMAKRAS	5	QL PA
LYSODREN	5	PA
MESNEX 400 MG TAB	3	
NINLARO	5	QL PA AL
OGSIVEO	5	QL PA
ONUREG	5	QL PA
QINLOCK	5	QL PA
RETEVMO	5	QL PA
ROZLYTREK	5	QL PA
SYNRIBO	5	
TABRECTA	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAZVERIK	5	QL PA
VANFLYTA 17.7 MG TAB	5	PA QL
VANFLYTA 26.5 MG TAB	5	QL PA
VIJOICE	5	QL PA
VONJO	5	QL PA
WELIREG	5	QL PA
XPOVIO (100 MG ONCE WEEKLY)	5	QL PA
XPOVIO (40 MG ONCE WEEKLY)	5	QL PA
XPOVIO (40 MG TWICE WEEKLY)	5	QL PA
XPOVIO (60 MG ONCE WEEKLY)	5	QL PA
XPOVIO (60 MG TWICE WEEKLY)	5	QL PA
XPOVIO (80 MG ONCE WEEKLY)	5	QL PA
XPOVIO (80 MG TWICE WEEKLY)	5	QL PA
ZOLINZA	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>exemestane</i>	2	PREV Preventive
<i>letrozole 2.5 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	5	
HYCAMTIN (HYCAMTIN 0.25 MG CAP, HYCAMTIN 1 MG CAP)	5	PA
TRUQAP	5	QL PA
MOLECULAR TARGET INHIBITORS		
ALECENSA	5	QL PA AL
ALUNBRIG (ALUNBRIG 30 MG TAB, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	5	QL PA AL
ALUNBRIG 90 & 180 MG TAB THPK	5	PA AL QL
BALVERSA	5	QL PA
BOSULIF	5	QL PA
BRAFTOVI	5	QL PA
CABOMETYX	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALQUENCE 100 MG CAP	5	QL PA AL
CALQUENCE 100 MG TAB	5	QL PA
CAPRELSA	5	QL PA
COMETRIQ (100 MG DAILY DOSE)	5	QL PA
COMETRIQ (140 MG DAILY DOSE)	5	QL PA
COMETRIQ (60 MG DAILY DOSE)	5	QL PA
COPIKTRA	5	QL PA
COTELLIC	5	QL PA AL
DAURISMO	5	QL PA
ERIVEDGE	5	QL PA
<i>erlotinib hcl</i>	5	QL PA
<i>everolimus</i>	5	QL PA
FRUZAQLA	5	QL PA
GAVRETO	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gefitinib</i>	5	QL PA
GILOTRIF	5	QL PA
IBRANCE	5	QL PA
ICLUSIG	5	QL PA
<i>imatinib mesylate (imatinib mesylate tab 100 mg (base equivalent), imatinib mesylate tab 400 mg (base equivalent))</i>	5	QL PA
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB)	5	QL PA
INLYTA	5	QL PA
IRESSA	5	QL PA
JAKAFI	5	QL PA
JAYPIRCA	5	QL PA
KISQALI (200 MG DOSE)	5	QL PA AL
KISQALI (400 MG DOSE)	5	QL PA AL
KISQALI (600 MG DOSE)	5	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lapatinib ditosylate</i>	5	QL PA
LENVIMA (10 MG DAILY DOSE)	5	QL PA
LENVIMA (12 MG DAILY DOSE)	5	QL PA
LENVIMA (14 MG DAILY DOSE)	5	QL PA
LENVIMA (18 MG DAILY DOSE)	5	QL PA
LENVIMA (20 MG DAILY DOSE)	5	QL PA
LENVIMA (24 MG DAILY DOSE)	5	QL PA
LENVIMA (4 MG DAILY DOSE)	5	QL PA
LENVIMA (8 MG DAILY DOSE)	5	QL PA
LORBRENA	5	QL PA
LYNPARZA	5	QL PA AL
LYTGOBI (12 MG DAILY DOSE)	5	QL PA
LYTGOBI (16 MG DAILY DOSE)	5	QL PA
LYTGOBI (20 MG DAILY DOSE)	5	QL PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEKINIST (MEKINIST 0.05 MG/ML RECON SOLN, MEKINIST 0.5 MG TAB, MEKINIST 2 MG TAB)	5	QL PA
MEKTOVI	5	QL PA
NERLYNX	5	QL PA AL
ODOMZO	5	QL PA
OJJAARA	5	QL PA
<i>pazopanib hcl</i>	5	QL PA
PEMAZYRE	5	QL PA
PIQRAY (200 MG DAILY DOSE)	5	QL PA
PIQRAY (250 MG DAILY DOSE)	5	QL PA
PIQRAY (300 MG DAILY DOSE)	5	QL PA
REZLIDHIA	5	QL PA
RUBRACA	5	QL PA AL
RYDAPT	5	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SCSEMBLIX	5	QL PA
<i>sorafenib tosylate</i>	5	QL PA
SPRYCEL	5	QL PA
STIVARGA	5	QL PA
<i>sunitinib malate</i>	5	QL PA
TAFINLAR	5	QL PA
TAGRISO	5	QL PA AL
TALZENNA	5	QL PA
TASIGNA	5	QL PA
TEPMETKO	5	QL PA
TIBSOVO	5	QL PA
TRUSELTIQ (100MG DAILY DOSE)	5	QL PA
TRUSELTIQ (125MG DAILY DOSE)	5	QL PA
TRUSELTIQ (50MG DAILY DOSE)	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (75MG DAILY DOSE)	5	QL PA
TUKYSA	5	QL PA
TURALIO	5	QL PA
VENCLEXTA	5	QL PA
VENCLEXTA STARTING PACK	5	PA QL
VERZENIO	5	QL PA AL
VITRAKVI (VITRAKVI 20 MG/ML SOLUTION, VITRAKVI 25 MG CAP, VITRAKVI 100 MG CAP)	5	QL PA
VIZIMPRO	5	QL PA
VOTRIENT	5	QL PA
XALKORI	5	QL PA
XOSPATA	5	QL PA
ZEJULA	5	QL PA AL
ZELBORAF	5	QL PA
ZYDELIG	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYKADIA	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> </div>
<b>RETINOIDS</b>		
<i>bexarotene</i>	5	<div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<i>bexarotene (topical)</i>	5	<div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<b>PANRETIN</b>		
<i>tretinoin (chemotherapy)</i>	5	<div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTHICS</b>		
<i>albendazole tab 200 mg</i>	2	
<b>EMVERM</b>		
<i>ivermectin tab 3 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	
<b>ANTIPROTOZOALS</b>		
ALINIA 100 MG/5ML RECON SUSP	3	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div>
ARAKODA	4	<div style="background-color: #2ecc71; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> Preventive
<i>atovaquone</i>	2	
<i>atovaquone-proguanil hcl</i>	2	<div style="background-color: #2ecc71; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> Preventive
<b>BENZNIDAZOLE</b>		
<i>chloroquine phosphate (chloroquine phosphate tab 250 mg, chloroquine phosphate tab 500 mg)</i>	2	<div style="background-color: #2ecc71; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> Preventive
<b>COARTEM</b>		
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate tab 100 mg, hydroxychloroquine sulfate tab 200 mg, hydroxychloroquine sulfate tab 300 mg)</i>	2	
<i>hydroxychloroquine sulfate tab 400 mg</i>	2	
<b>IMPAVIDO</b>		
KRINTAFEL	4	<div style="background-color: #2ecc71; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> Preventive
<b>LAMPIT</b>		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mefloquine hcl</i>	2	PREV Preventive
NITAZOXANIDE (NITAZOXANIDE 500 MG TAB, NITAZOXANIDE TAB 500 MG)	2	QL
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	PREV Preventive
<i>pyrimethamine tab 25 mg</i>	2	
<i>quinine sulfate cap 324 mg</i>	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate tab 0.5 mg, benztropine mesylate tab 1 mg, benztropine mesylate tab 2 mg)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl tab 2 mg, trihexyphenidyl hcl tab 5 mg)</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	4	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
<i>tolcapone</i>	2	
DOPAMINE AGONISTS		
APOKYN	5	
<i>apomorphine hydrochloride</i>	5	
<i>bromocriptine mesylate (bromocriptine mesylate cap 5 mg (base equivalent), bromocriptine mesylate tab 2.5 mg (base equivalent))</i>	2	
KYNMOBI	3	
NEUPRO	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pramipexole dihydrochloride (pramipexole dihydrochloride tab 0.125 mg, pramipexole dihydrochloride tab 0.25 mg, pramipexole dihydrochloride tab 0.5 mg, pramipexole dihydrochloride tab 0.75 mg, pramipexole dihydrochloride tab 1 mg, pramipexole dihydrochloride tab 1.5 mg)</i>	1	
<i>ropinirole hydrochloride (ropinirole hydrochloride tab 0.25 mg, ropinirole hydrochloride tab 0.5 mg, ropinirole hydrochloride tab 1 mg, ropinirole hydrochloride tab 2 mg, ropinirole hydrochloride tab 3 mg, ropinirole hydrochloride tab 4 mg, ropinirole hydrochloride tab 5 mg)</i>	1	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa (carbidopa &amp; levodopa tab 25-250 mg, carbidopa &amp; levodopa tab er 25-100 mg, carbidopa &amp; levodopa tab er 50-200 mg)</i>	2	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	4	
DUOPA	4	
INBRIJA	5	
RYTARY	4	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate (rasagiline mesylate tab 0.5 mg (base equiv), rasagiline mesylate tab 1 mg (base equiv))</i>	2	
<i>selegiline hcl</i>	2	
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen (baclofen tab 10 mg, baclofen tab 20 mg)</i>	1	
<i>dantrolene sodium (dantrolene sodium cap 25 mg, dantrolene sodium cap 50 mg, dantrolene sodium cap 100 mg)</i>	2	
<i>tizanidine hcl (tizanidine hcl tab 2 mg (base equivalent), tizanidine hcl tab 4 mg (base equivalent))</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
LIVTENCITY	5	QL
PREVMIS (PREVMIS 240 MG TAB, PREVMIS 480 MG TAB)	4	QL AL QL
<i>valganciclovir hcl (valganciclovir hcl for soln 50 mg/ml (base equiv), valganciclovir hcl tab 450 mg (base equivalent))</i>	2	
ZIRGAN	4	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil</i>	2	
BARACLUDE 0.05 MG/ML SOLUTION	3	
<i>entecavir</i>	2	
EPIVIR HBV 5 MG/ML SOLUTION	4	
<i>lamivudine (hbv)</i>	2	
VEMLIDY	3	AL PREV Preventive
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG PACKET)	5	QL PA AL
EPCLUSA 200-50 MG TAB	5	QL PA
HARVONI (HARVONI 33.75-150 MG PACKET, HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	5	QL PA
LEDIPASVIR-SOFOSBUVIR	5	QL PA
MAVYRET	5	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ribavirin (hepatitis c)</i>	5	
RIBAVIRIN (RIBAVIRIN 200 MG CAP, RIBAVIRIN 200 MG TAB)	5	
SOFOSBUVIR-VELPATASVIR	5	QL PA
SOVALDI	5	QL PA
VIEKIRA PAK	5	QL PA
VOSEVI	5	QL PA AL
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY	3	QL PREV Preventive
DOVATO	3	QL PREV Preventive
GENVOYA	3	QL PREV Preventive
ISENTRESS	3	QL PREV Preventive
ISENTRESS HD	3	QL PREV Preventive
JULUCA	3	QL PREV Preventive
STRIBILD	3	QL PREV Preventive
TIVICAY	3	QL PREV Preventive
TIVICAY PD	3	QL PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	3	QL PREV Preventive
DELSTRIGO	3	QL PREV Preventive
EDURANT	4	QL PREV Preventive
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP)	4	QL PREV Preventive
<i>efavirenz tab 600 mg</i>	2	QL PREV Preventive
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	2	QL PREV Preventive
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	2	QL PREV Preventive
<i>etravirine</i>	2	QL PREV Preventive
INTELENCE 25 MG TAB	3	QL PREV Preventive
NEVIRAPINE 50 MG/5ML SUSPENSION	4	QL PREV Preventive
NEVIRAPINE ER	4	QL PREV Preventive
<i>nevirapine tab 200 mg</i>	1	QL PREV Preventive
<i>nevirapine tab er 24hr 400 mg</i>	2	QL PREV Preventive
ODEFSEY	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate (abacavir sulfate soln 20 mg/ml (base equiv), abacavir sulfate tab 300 mg (base equiv))</i>	2	QL PREV Preventive
<i>abacavir sulfate-lamivudine</i>	2	QL PREV Preventive
CIMDUO	3	QL PREV Preventive
DESCOVY	3	QL PREV Preventive
<i>emtricitabine</i>	2	QL PREV Preventive
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	2	QL ACA Affordable Care Act Medications PREV Preventive
<i>emtricitabine-tenofovir disoproxil fumarate (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg, emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg)</i>	2	QL PREV Preventive
EMTRIVA 10 MG/ML SOLUTION	4	QL PREV Preventive
<i>lamivudine (lamivudine oral soln 10 mg/ml, lamivudine tab 150 mg, lamivudine tab 300 mg)</i>	2	QL PREV Preventive
<i>lamivudine-zidovudine</i>	2	QL PREV Preventive
STAVUDINE	4	QL PREV Preventive
<i>tenofovir disoproxil fumarate</i>	2	QL PREV Preventive
TRIUMEQ	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIUMEQ PD	3	QL PREV Preventive
TRIZIVIR	4	QL PREV Preventive
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	3	QL PREV Preventive
<i>zidovudine (zidovudine cap 100 mg, zidovudine syrup 10 mg/ml, zidovudine tab 300 mg)</i>	2	QL PREV Preventive
ANTI-HIV AGENTS, OTHER		
FUZEON	5	QL
<i>maraviroc</i>	2	QL PREV Preventive
RUKOBIA	4	QL PREV Preventive
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 25 MG TAB, SELZENTRY 75 MG TAB)	4	QL PREV Preventive
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	5	QL
TYBOST	4	QL PREV Preventive
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	4	QL PREV Preventive
<i>atazanavir sulfate</i>	2	QL PREV Preventive
<i>darunavir (darunavir tab 600 mg, darunavir tab 800 mg)</i>	2	QL PREV Preventive
EVOTAZ	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fosamprenavir calcium</i>	2	QL PREV Preventive
LEXIVA 50 MG/ML SUSPENSION	4	QL PREV Preventive
<i>lopinavir-ritonavir (lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml), lopinavir-ritonavir tab 100-25 mg, lopinavir-ritonavir tab 200-50 mg)</i>	2	QL PREV Preventive
NORVIR 100 MG PACKET	4	QL PREV Preventive
NORVIR 80 MG/ML SOLUTION	3	QL PREV Preventive
PREZCOBIX	3	QL PREV Preventive
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 100 MG/ML SUSPENSION, PREZISTA 150 MG TAB)	3	QL PREV Preventive
REYATAZ 50 MG PACKET	4	QL PREV Preventive
<i>ritonavir</i>	2	QL PREV Preventive
SYMTUZA	3	QL PREV Preventive
VIRACEPT	4	QL PREV Preventive
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate cap 30 mg (base equiv), oseltamivir phosphate cap 45 mg (base equiv), oseltamivir phosphate cap 75 mg (base equiv), oseltamivir phosphate for susp 6 mg/ml (base equiv))</i>	2	QL
RELENZA DISKHALER	4	QL
XENLETA 600 MG TAB	5	
XOFLUZA (40 MG DOSE)	4	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOFLUZA (80 MG DOSE)	4	QL
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir (acyclovir cap 200 mg, acyclovir tab 400 mg, acyclovir tab 800 mg)</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>famciclovir (famciclovir tab 125 mg, famciclovir tab 250 mg, famciclovir tab 500 mg)</i>	2	
<b>TRIFLURIDINE</b>		
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	1	
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose (acarbose tab 25 mg, acarbose tab 50 mg, acarbose tab 100 mg)</i>	2	PREV Preventive
BYDUREON BCISE	4	QL
		PA PREV Preventive
FARXIGA	3	QL
		PREV Preventive
<i>glimepiride (glimepiride tab 1 mg, glimepiride tab 2 mg, glimepiride tab 4 mg)</i>	1	PREV Preventive
<i>glipizide (glipizide tab 5 mg, glipizide tab 10 mg, glipizide tab er 24hr 10 mg, glipizide tab er 24hr 2.5 mg, glipizide tab er 24hr 5 mg)</i>	1	PREV Preventive
GLIPIZIDE 2.5 MG TAB	4	PREV Preventive
<i>glipizide-metformin hcl (glipizide-metformin hcl tab 2.5-250 mg, glipizide-metformin hcl tab 2.5-500 mg, glipizide-metformin hcl tab 5-500 mg)</i>	2	PREV Preventive
<i>glyburide (glyburide tab 1.25 mg, glyburide tab 2.5 mg, glyburide tab 5 mg)</i>	1	PREV Preventive
GLYBURIDE MICRONIZED	1	PREV Preventive
<i>glyburide-metformin</i>	1	PREV Preventive
GLYXAMBI	3	QL
		PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANUMET	3	QL PREV Preventive
JANUMET XR	3	QL PREV Preventive
JANUVIA	3	QL PREV Preventive
JARDIANCE	3	QL PREV Preventive
<i>metformin hcl (metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg)</i>	1	PREV Preventive
<i>metformin hcl (metformin hcl tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg)</i>	1	QL PREV Preventive
<i>miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 100 mg tab, miglitol tab 25 mg, miglitol tab 50 mg, miglitol tab 100 mg)</i>	2	PREV Preventive
MOUNJARO	3	QL PA PREV Preventive
<i>nateglinide</i>	2	PREV Preventive
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	QL PA PREV Preventive
OZEMPIC (1 MG/DOSE)	3	QL PA PREV Preventive
OZEMPIC (2 MG/DOSE)	3	QL PA PREV Preventive
<i>pioglitazone hcl</i>	1	PREV Preventive
<i>pioglitazone hcl-metformin hcl</i>	2	PREV Preventive
<i>repaglinide</i>	2	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYBELSUS (RYBELSUS 7 MG TAB, RYBELSUS 14 MG TAB)	3	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
RYBELSUS 3 MG TAB	3	<ul style="list-style-type: none"> <li>PA</li> <li>QL</li> <li>PREV Preventive</li> </ul>
SOLIQUA	3	<ul style="list-style-type: none"> <li>QL</li> <li>ST</li> <li>PREV Preventive</li> </ul>
SYNJARDY	3	<ul style="list-style-type: none"> <li>QL</li> <li>PREV Preventive</li> </ul>
SYNJARDY XR	3	<ul style="list-style-type: none"> <li>QL</li> <li>PREV Preventive</li> </ul>
TRIJARDY XR	3	<ul style="list-style-type: none"> <li>QL</li> <li>PREV Preventive</li> </ul>
TRULICITY	3	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H, XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	3	<ul style="list-style-type: none"> <li>QL</li> <li>PREV Preventive</li> </ul>
XULTOPHY	3	<ul style="list-style-type: none"> <li>QL</li> <li>ST</li> <li>PREV Preventive</li> </ul>
<b>GLYCEMIC AGENTS</b>		
BAQSIMI ONE PACK	3	<ul style="list-style-type: none"> <li>PREV Preventive</li> </ul>
BAQSIMI TWO PACK	3	<ul style="list-style-type: none"> <li>PREV Preventive</li> </ul>
<i>diazoxide susp 50 mg/ml</i>	2	<ul style="list-style-type: none"> <li>PREV Preventive</li> </ul>
GLUCAGEN HYPOKIT	4	<ul style="list-style-type: none"> <li>PREV Preventive</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCAGON EMERGENCY 1 MG KIT	2	PREV Preventive
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3	PREV Preventive
GVOKE HYPOPEN 1-PACK	3	PREV Preventive
GVOKE HYPOPEN 2-PACK	3	PREV Preventive
GVOKE KIT	3	PREV Preventive
GVOKE PFS	3	PREV Preventive
ZEGALOGUE	3	PREV Preventive
INSULINS		
FIASP	3	QL PREV Preventive
FIASP FLEXTOUCH	3	QL PREV Preventive
FIASP PENFILL	3	QL PREV Preventive
HUMALOG	4	QL PA PREV Preventive
HUMALOG JUNIOR KWIKPEN	4	QL PA PREV Preventive
HUMALOG KWIKPEN	4	QL PA PREV Preventive
HUMALOG MIX 50/50	4	QL PA PREV Preventive
HUMALOG MIX 50/50 KWIKPEN	4	QL PA PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 75/25	4	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
HUMALOG MIX 75/25 KWIKPEN	4	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
HUMALOG TEMPO PEN	4	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
HUMULIN 70/30	4	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
HUMULIN 70/30 KWIKPEN	4	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
HUMULIN N	4	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
HUMULIN N KWIKPEN	4	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
HUMULIN R	4	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>PREV Preventive</li> </ul>
HUMULIN R U-500 (CONCENTRATED)	3	<ul style="list-style-type: none"> <li>QL</li> <li>PREV Preventive</li> </ul>
HUMULIN R U-500 KWIKPEN	3	<ul style="list-style-type: none"> <li>QL</li> <li>PREV Preventive</li> </ul>
INSULIN ASP PROT & ASP FLEXPEN	3	<ul style="list-style-type: none"> <li>QL</li> <li>PREV Preventive</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN ASPART	3	QL PREV Preventive
INSULIN ASPART FLEXPEN	3	QL PREV Preventive
INSULIN ASPART PENFILL	3	QL PREV Preventive
INSULIN ASPART PROT & ASPART	3	QL PREV Preventive
INSULIN GLARGINE-YFGN	3	QL PREV Preventive
INSULIN LISPRO	4	QL PA PREV Preventive
INSULIN LISPRO (1 UNIT DIAL)	4	QL PA PREV Preventive
INSULIN LISPRO JUNIOR KWIKPEN	4	QL PA PREV Preventive
INSULIN LISPRO PROT & LISPRO	4	QL PA PREV Preventive
LEVEMIR	3	QL PREV Preventive
LEVEMIR FLEXPEN	3	QL PREV Preventive
LEVEMIR FLEXTOUCH	3	QL PREV Preventive
NOVOLIN 70/30	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN 70/30 FLEXPEN	3	QL PREV Preventive
NOVOLIN 70/30 FLEXPEN RELION	3	QL PREV Preventive
NOVOLIN 70/30 RELION	3	QL PREV Preventive
NOVOLIN N	3	QL PREV Preventive
NOVOLIN N FLEXPEN	3	QL PREV Preventive
NOVOLIN N FLEXPEN RELION	3	QL PREV Preventive
NOVOLIN N RELION	3	QL PREV Preventive
NOVOLIN R	3	QL PREV Preventive
NOVOLIN R FLEXPEN	3	QL PREV Preventive
NOVOLIN R FLEXPEN RELION	3	QL PREV Preventive
NOVOLIN R RELION	3	QL PREV Preventive
NOVOLOG	3	QL PREV Preventive
NOVOLOG 70/30 FLEXPEN RELION	3	QL PREV Preventive
NOVOLOG FLEXPEN	3	QL PREV Preventive
NOVOLOG FLEXPEN RELION	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLOG MIX 70/30	3	QL PREV Preventive
NOVOLOG MIX 70/30 FLEXPEN	3	QL PREV Preventive
NOVOLOG MIX 70/30 RELION	3	QL PREV Preventive
NOVOLOG PENFILL	3	QL PREV Preventive
NOVOLOG RELION	3	QL PREV Preventive
SEMGLEE (YFGN)	3	QL PREV Preventive
TOUJEO MAX SOLOSTAR	3	QL PREV Preventive
TOUJEO SOLOSTAR	3	QL PREV Preventive
TRESIBA	3	QL PREV Preventive
TRESIBA FLEXTOUCH	3	QL PREV Preventive
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate (dabigatran etexilate mesylate cap 75 mg (etexilate base eq), dabigatran etexilate mesylate cap 110 mg (etexilate base eq), dabigatran etexilate mesylate cap 150 mg (etexilate base eq))</i>	2	QL PREV Preventive
ELIQUIS	3	QL PREV Preventive
ELIQUIS DVT/PE STARTER PACK	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium</i>	2	QL PREV Preventive
<i>fondaparinux sodium</i>	2	QL PREV Preventive
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	4	QL PREV Preventive
FRAGMIN 10000 UNIT/4ML SOLUTION	4	QL PREV Preventive
<i>heparin sodium (porcine) (heparin sodium (porcine) inj 1000 unit/ml, heparin sodium (porcine) inj 5000 unit/ml, heparin sodium (porcine) inj 10000 unit/ml, heparin sodium (porcine) inj 20000 unit/ml, heparin sodium (porcine) pf inj 1000 unit/ml, heparin sodium (porcine) pf inj 5000 unit/0.5ml)</i>	2	PREV Preventive
HEPARIN SODIUM (PORCINE) PF	4	PREV Preventive
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG CAP, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET)	4	QL PREV Preventive
<i>warfarin sodium (warfarin sodium tab 1 mg, warfarin sodium tab 2 mg, warfarin sodium tab 2.5 mg, warfarin sodium tab 3 mg, warfarin sodium tab 4 mg, warfarin sodium tab 5 mg, warfarin sodium tab 6 mg, warfarin sodium tab 7.5 mg, warfarin sodium tab 10 mg)</i>	1	PREV Preventive
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	3	QL PREV Preventive
XARELTO STARTER PACK	3	QL PREV Preventive
ZONTIVITY	4	PREV Preventive
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl</i>	2	
ARANESP (ALBUMIN FREE)	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FULPHILA	5	
LEUKINE	5	
MIRCERA	4	PA
MULPLETA	5	PA QL
NIVESTYM	5	
NYVEPRIA	5	PA
PROMACTA	5	QL PA
PYRUKYND	5	QL PA
PYRUKYND TAPER PACK	5	PA QL
RETACRIT	5	PA
<i>tranexamic acid tab 650 mg</i>	2	
ZARXIO	5	
ZIEXTENZO	5	
HEMOSTASIS AGENTS		
ADVATE	5	PA
ADYNOVATE	5	PA
AFSTYLA	5	PA
ALPHANATE	5	PA
ALPHANINE SD	5	PA
ALPROLIX	5	PA
ALTUVIIIIO	5	PA
BENEFIX	5	PA
COAGADEX	5	PA
CORIFACT	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELOCTATE	5	PA
ESPEROCT	5	PA
FEIBA	5	
FIBRYGA	5	PA
HEMLIBRA	5	QL PA
HEMOFIL M	5	PA
HUMATE-P	5	PA
IDELVION	5	PA
IXINITY	5	PA
JIVI	5	PA
KOATE	5	PA
KOATE-DVI	5	PA
KOGENATE FS	5	PA
KOVALTRY	5	PA
NOVOEIGHT	5	PA
NOVOSEVEN RT	5	PA
NUWIQ	5	PA
OBIZUR	5	
<i>phytonadione tab 5 mg</i>	2	
PROFILNINE	5	PA
REBINYN	5	PA
RECOMBINATE	5	PA
RIASTAP	5	PA
RIXUBIS	5	PA
SEVENFACT	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRETTEN	5	
VONVENDI	5	PA
WILATE	5	PA
XYNTHA	5	PA
XYNTHA SOLOFUSE	5	PA
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole</i>	2	PREV Preventive
BRILINTA	3	PREV Preventive
CABLIVI	5	QL
<i>cilostazol</i>	1	PREV Preventive
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	PREV Preventive
<i>dipyridamole (dipyridamole tab 25 mg, dipyridamole tab 50 mg, dipyridamole tab 75 mg)</i>	2	PREV Preventive
DOPTELET	5	QL PA
OXBRYTA (OXBRYTA 300 MG TAB SOL, OXBRYTA 500 MG TAB)	5	QL PA
OXBRYTA 300 MG TAB	5	QL PA AL
<i>prasugrel hcl (prasugrel hcl tab 5 mg (base equiv), prasugrel hcl tab 10 mg (base equiv))</i>	2	PREV Preventive
TAVALISSE	5	QL PA
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine</i>	2	PREV Preventive
<i>clonidine hcl (clonidine hcl tab 0.1 mg, clonidine hcl tab 0.2 mg, clonidine hcl tab 0.3 mg)</i>	1	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>guanfacine hcl (guanfacine hcl tab 1 mg, guanfacine hcl tab 2 mg)</i>	2	PREV Preventive
METHYLDOPA	4	PREV Preventive
<i>midodrine hcl</i>	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (doxazosin mesylate tab 1 mg, doxazosin mesylate tab 2 mg, doxazosin mesylate tab 4 mg, doxazosin mesylate tab 8 mg)</i>	1	PREV Preventive
<i>phenoxybenzamine hcl cap 10 mg</i>	2	PREV Preventive
<i>prazosin hcl (prazosin hcl cap 2 mg, prazosin hcl cap 5 mg)</i>	2	PREV Preventive
<i>prazosin hcl cap 1 mg</i>	1	PREV Preventive
<i>terazosin hcl</i>	1	PREV Preventive
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (candesartan cilexetil tab 4 mg, candesartan cilexetil tab 8 mg, candesartan cilexetil tab 32 mg)</i>	2	PREV Preventive
<i>irbesartan</i>	1	PREV Preventive
<i>losartan potassium (losartan potassium tab 25 mg, losartan potassium tab 50 mg, losartan potassium tab 100 mg)</i>	1	PREV Preventive
<i>olmesartan medoxomil (olmesartan medoxomil tab 5 mg, olmesartan medoxomil tab 20 mg, olmesartan medoxomil tab 40 mg)</i>	1	PREV Preventive
<i>telmisartan (telmisartan tab 40 mg, telmisartan tab 80 mg)</i>	2	PREV Preventive
<i>telmisartan tab 20 mg</i>	1	PREV Preventive
<i>valsartan (valsartan tab 40 mg, valsartan tab 80 mg, valsartan tab 160 mg, valsartan tab 320 mg)</i>	1	PREV Preventive
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (benazepril hcl tab 5 mg, benazepril hcl tab 10 mg, benazepril hcl tab 20 mg, benazepril hcl tab 40 mg)</i>	1	PREV Preventive
<i>captopril (captopril tab 12.5 mg, captopril tab 25 mg, captopril tab 50 mg, captopril tab 100 mg)</i>	2	PREV Preventive
<i>enalapril maleate (enalapril maleate oral soln 1 mg/ml, enalapril maleate tab 2.5 mg, enalapril maleate tab 5 mg, enalapril maleate tab 10 mg, enalapril maleate tab 20 mg)</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fosinopril sodium</i>	1	PREV Preventive
<i>lisinopril (lisinopril tab 2.5 mg, lisinopril tab 5 mg, lisinopril tab 10 mg, lisinopril tab 20 mg, lisinopril tab 30 mg, lisinopril tab 40 mg)</i>	1	PREV Preventive
<i>moexipril hcl</i>	2	PREV Preventive
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE TAB 2 MG, PERINDOPRIL ERBUMINE TAB 4 MG)	2	PREV Preventive
PERINDOPRIL ERBUMINE 8 MG TAB	4	PREV Preventive
<i>quinapril hcl</i>	1	PREV Preventive
<i>ramipril</i>	1	PREV Preventive
<i>trandolapril</i>	1	PREV Preventive
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl tab 100 mg</i>	2	PREV Preventive
<i>amiodarone hcl tab 200 mg</i>	1	PREV Preventive
<i>disopyramide phosphate</i>	2	PREV Preventive
<i>dofetilide</i>	2	PREV Preventive
<i>flecainide acetate (flecainide acetate tab 50 mg, flecainide acetate tab 100 mg, flecainide acetate tab 150 mg)</i>	2	PREV Preventive
<i>mexiletine hcl (mexiletine hcl cap 150 mg, mexiletine hcl cap 200 mg, mexiletine hcl cap 250 mg)</i>	2	PREV Preventive
MULTAQ	3	PREV Preventive
NORPACE	4	PREV Preventive
NORPACE CR	4	PREV Preventive
<i>propafenone hcl (propafenone hcl cap er 12hr 225 mg, propafenone hcl cap er 12hr 325 mg, propafenone hcl cap er 12hr 425 mg, propafenone hcl tab 225 mg, propafenone hcl tab 300 mg)</i>	2	PREV Preventive
<i>propafenone hcl tab 150 mg</i>	1	PREV Preventive
<i>quinidine gluconate</i>	2	PREV Preventive
QUINIDINE SULFATE	4	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sotalol hcl (afib/afI) (sotalol hcl (afib/afI) tab 120 mg, sotalol hcl (afib/afI) tab 160 mg)</i>	2	PREV Preventive
<i>sotalol hcl (afib/afI) tab 80 mg</i>	1	PREV Preventive
<i>sotalol hcl (sotalol hcl tab 160 mg, sotalol hcl tab 240 mg)</i>	2	PREV Preventive
<i>sotalol hcl (sotalol hcl tab 80 mg, sotalol hcl tab 120 mg)</i>	1	PREV Preventive
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl (acebutolol hcl cap 200 mg, acebutolol hcl cap 400 mg)</i>	2	PREV Preventive
<i>atenolol (atenolol tab 25 mg, atenolol tab 50 mg, atenolol tab 100 mg)</i>	1	PREV Preventive
<i>betaxolol hcl (betaxolol hcl tab 10 mg, betaxolol hcl tab 20 mg)</i>	2	PREV Preventive
<i>bisoprolol fumarate tab 10 mg</i>	2	PREV Preventive
<i>bisoprolol fumarate tab 5 mg</i>	1	PREV Preventive
<i>carvedilol</i>	1	PREV Preventive
<i>labetalol hcl (labetalol hcl tab 200 mg, labetalol hcl tab 300 mg)</i>	2	PREV Preventive
<i>labetalol hcl tab 100 mg</i>	1	PREV Preventive
<i>metoprolol succinate (metoprolol succinate tab er 24hr 100 mg (tartrate equiv), metoprolol succinate tab er 24hr 25 mg (tartrate equiv), metoprolol succinate tab er 24hr 50 mg (tartrate equiv))</i>	1	PREV Preventive
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	PREV Preventive
<i>metoprolol tartrate (metoprolol tartrate tab 25 mg, metoprolol tartrate tab 37.5 mg, metoprolol tartrate tab 50 mg, metoprolol tartrate tab 75 mg, metoprolol tartrate tab 100 mg)</i>	1	PREV Preventive
<i>nadolol (nadolol tab 20 mg, nadolol tab 40 mg, nadolol tab 80 mg)</i>	2	PREV Preventive
<i>nebivolol hcl</i>	2	PREV Preventive
<i>pindolol</i>	2	PREV Preventive
<i>propranolol hcl (propranolol hcl cap er 24hr 120 mg, propranolol hcl cap er 24hr 160 mg, propranolol hcl cap er 24hr 60 mg, propranolol hcl cap er 24hr 80 mg, propranolol hcl tab 60 mg, propranolol hcl tab 80 mg)</i>	2	PREV Preventive
<i>propranolol hcl (propranolol hcl tab 10 mg, propranolol hcl tab 20 mg, propranolol hcl tab 40 mg)</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROPRANOLOL HCL 40 MG/5ML SOLUTION	3	PREV Preventive
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	PREV Preventive
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (amlodipine besylate tab 2.5 mg (base equivalent), amlodipine besylate tab 5 mg (base equivalent), amlodipine besylate tab 10 mg (base equivalent))</i>	1	PREV Preventive
<i>felodipine</i>	1	PREV Preventive
<i>nifedipine (nifedipine cap 10 mg, nifedipine cap 20 mg, nifedipine tab er 24hr 60 mg, nifedipine tab er 24hr 90 mg, nifedipine tab er 24hr osmotic release 60 mg, nifedipine tab er 24hr osmotic release 90 mg)</i>	2	PREV Preventive
<i>nifedipine (nifedipine tab er 24hr 30 mg, nifedipine tab er 24hr osmotic release 30 mg)</i>	1	PREV Preventive
<i>nimodipine cap 30 mg</i>	2	PREV Preventive
NYMALIZE	4	PREV Preventive
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl (diltiazem hcl cap er 12hr 120 mg, diltiazem hcl cap er 12hr 60 mg, diltiazem hcl cap er 12hr 90 mg, diltiazem hcl tab 90 mg, diltiazem hcl tab 120 mg, diltiazem hcl tab er 24hr 120 mg)</i>	2	PREV Preventive
<i>diltiazem hcl (diltiazem hcl cap er 24hr 180 mg, diltiazem hcl cap er 24hr 240 mg)</i>	2	PREV Preventive
<i>diltiazem hcl (diltiazem hcl tab 30 mg, diltiazem hcl tab 60 mg)</i>	1	PREV Preventive
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PREV Preventive
<i>diltiazem hcl coated beads (diltiazem hcl coated beads cap er 24hr 120 mg, diltiazem hcl coated beads cap er 24hr 180 mg)</i>	1	PREV Preventive
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PREV Preventive
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	PREV Preventive
<i>diltiazem hcl extended release beads (diltiazem hcl extended release beads cap er 24hr 120 mg, diltiazem hcl extended release beads cap er 24hr 180 mg)</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl extended release beads (diltiazem hcl extended release beads cap er 24hr 240 mg, diltiazem hcl extended release beads cap er 24hr 300 mg, diltiazem hcl extended release beads cap er 24hr 360 mg, diltiazem hcl extended release beads cap er 24hr 420 mg)</i>	2	PREV Preventive
<i>verapamil hcl (verapamil hcl cap er 24hr 120 mg, verapamil hcl cap er 24hr 180 mg, verapamil hcl cap er 24hr 240 mg)</i>	2	PREV Preventive
<i>verapamil hcl (verapamil hcl tab 40 mg, verapamil hcl tab 80 mg, verapamil hcl tab 120 mg, verapamil hcl tab er 120 mg, verapamil hcl tab er 180 mg, verapamil hcl tab er 240 mg)</i>	1	PREV Preventive
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>acetazolamide (acetazolamide tab 125 mg, acetazolamide tab 250 mg)</i>	2	PREV Preventive
ALDACTAZIDE 50-50 MG TAB	4	PREV Preventive
<i>amiloride &amp; hydrochlorothiazide</i>	1	PREV Preventive
AMILORIDE-HYDROCHLOROTHIAZIDE	4	PREV Preventive
<i>amlodipine besylate-benazepril hcl</i>	1	PREV Preventive
<i>amlodipine besylate-olmesartan medoxomil (amlodipine besylate-olmesartan medoxomil tab 5-20 mg, amlodipine besylate-olmesartan medoxomil tab 5-40 mg, amlodipine besylate-olmesartan medoxomil tab 10-20 mg, amlodipine besylate-olmesartan medoxomil tab 10-40 mg)</i>	2	PREV Preventive
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan tab 5-160 mg, amlodipine besylate-valsartan tab 5-320 mg, amlodipine besylate-valsartan tab 10-160 mg, amlodipine besylate-valsartan tab 10-320 mg)</i>	2	PREV Preventive
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2	PREV Preventive
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	2	PREV Preventive
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	PREV Preventive
<i>benazepril &amp; hydrochlorothiazide (benazepril &amp; hydrochlorothiazide tab 5-6.25 mg, benazepril &amp; hydrochlorothiazide tab 10-12.5 mg, benazepril &amp; hydrochlorothiazide tab 20-12.5 mg, benazepril &amp; hydrochlorothiazide tab 20-25 mg)</i>	2	PREV Preventive
<i>bisoprolol &amp; hydrochlorothiazide (bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg)</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	PREV Preventive
CAMZYOS	5	QL PA
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	PREV Preventive
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 5 MG/5ML SOLUTION, CORLANOR 7.5 MG TAB)	3	QL PA
<i>digoxin (digoxin oral soln 0.05 mg/ml, digoxin tab 62.5 mcg (0.0625 mg))</i>	2	PREV Preventive
<i>digoxin (digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i>	1	PREV Preventive
DIGOXIN 0.05 MG/ML SOLUTION	4	PREV Preventive
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	PREV Preventive
ENTRESTO	3	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	2	PREV Preventive
<i>irbesartan-hydrochlorothiazide</i>	1	PREV Preventive
<i>isosorbide dinitrate-hydralazine hcl</i>	2	
<i>ivabradine hcl</i>	2	QL PA
LANOXIN (LANOXIN 62.5 MCG TAB, LANOXIN 125 MCG TAB, LANOXIN 250 MCG TAB)	4	PREV Preventive
<i>lisinopril &amp; hydrochlorothiazide</i>	1	PREV Preventive
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	PREV Preventive
<i>metoprolol &amp; hydrochlorothiazide</i>	2	PREV Preventive
NEXLETOL	3	QL PA PREV Preventive
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	2	PREV Preventive
<i>olmesartan medoxomil-hydrochlorothiazide (olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg)</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	PREV Preventive
<i>pentoxifylline tab er 400 mg</i>	2	
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide tab 10-12.5 mg, quinapril-hydrochlorothiazide tab 20-12.5 mg, quinapril-hydrochlorothiazide tab 20-25 mg)</i>	2	PREV Preventive
<i>ranolazine</i>	2	PREV Preventive
<i>spironolactone &amp; hydrochlorothiazide</i>	2	PREV Preventive
TELMISARTAN-AMLODIPINE (TELMISARTAN-AMLODIPINE 40-10 MG TAB, TELMISARTAN-AMLODIPINE 40-5 MG TAB, TELMISARTAN-AMLODIPINE 80-10 MG TAB, TELMISARTAN-AMLODIPINE 80-5 MG TAB)	4	PREV Preventive
<i>telmisartan-amlodipine (telmisartan-amlodipine tab 40-10 mg, telmisartan-amlodipine tab 40-5 mg, telmisartan-amlodipine tab 80-10 mg, telmisartan-amlodipine tab 80-5 mg)</i>	2	PREV Preventive
<i>triamterene &amp; hydrochlorothiazide</i>	1	PREV Preventive
<i>valsartan-hydrochlorothiazide</i>	2	PREV Preventive
VECAMYL	5	
VERQUVO	3	QL PA PREV Preventive
VYNDAMAX	5	QL PA
DIURETICS, LOOP		
<i>bumetanide (bumetanide tab 1 mg, bumetanide tab 2 mg)</i>	2	PREV Preventive
<i>bumetanide tab 0.5 mg</i>	1	PREV Preventive
<i>ethacrynic acid</i>	2	
FUROSCIX	5	PA QL
<i>furosemide (furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg)</i>	1	PREV Preventive
<i>torseamide</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl tab 5 mg</i>	1	PREV Preventive
<i>eplerenone</i>	2	PREV Preventive
<i>spironolactone (spironolactone tab 25 mg, spironolactone tab 50 mg, spironolactone tab 100 mg)</i>	1	PREV Preventive
<i>triamterene (triamterene cap 50 mg, triamterene cap 100 mg)</i>	2	PREV Preventive
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone</i>	1	PREV Preventive
<b>DIURIL</b>	4	PREV Preventive
<i>hydrochlorothiazide (hydrochlorothiazide cap 12.5 mg, hydrochlorothiazide tab 12.5 mg, hydrochlorothiazide tab 25 mg, hydrochlorothiazide tab 50 mg)</i>	1	PREV Preventive
<i>indapamide</i>	1	PREV Preventive
<i>metolazone (metolazone tab 2.5 mg, metolazone tab 5 mg, metolazone tab 10 mg)</i>	2	PREV Preventive
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate tab 145 mg, fenofibrate tab 160 mg)</i>	1	PREV Preventive
<i>fenofibrate micronized (fenofibrate micronized cap 67 mg, fenofibrate micronized cap 134 mg)</i>	1	PREV Preventive
<i>fenofibrate micronized cap 200 mg</i>	2	PREV Preventive
<i>gemfibrozil tab 600 mg</i>	1	PREV Preventive
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (atorvastatin calcium tab 40 mg (base equivalent), atorvastatin calcium tab 80 mg (base equivalent))</i>	1	PREV Preventive
<i>atorvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>atorvastatin calcium 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluvastatin sodium (fluvastatin sodium cap 20 mg (base equivalent), fluvastatin sodium cap 40 mg (base equivalent), fluvastatin sodium tab er 24 hr 80 mg (base equivalent))</i>	2	PREV Preventive
<i>lovastatin 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>lovastatin 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>lovastatin 40 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>pravastatin sodium 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>pravastatin sodium 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>pravastatin sodium 40 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>pravastatin sodium 80 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>rosuvastatin calcium (rosuvastatin calcium tab 20 mg, rosuvastatin calcium tab 40 mg)</i>	1	PREV Preventive
<i>rosuvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>rosuvastatin calcium 5 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>simvastatin 10 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>simvastatin 20 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 40 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>simvastatin 5 mg tab</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>simvastatin tab 80 mg</i>	1	PREV Preventive
DYSLIPIDEMICS, OTHER		
<i>cholestyramine light</i>	2	PREV Preventive
<i>cholestyramine powder 4 gm/dose</i>	2	PREV Preventive
<i>colesevelam hcl tab 625 mg</i>	2	PREV Preventive
<i>colestipol hcl (colestipol hcl granule packets 5 gm, colestipol hcl granules 5 gm, colestipol hcl tab 1 gm)</i>	2	PREV Preventive
<i>ezetimibe tab 10 mg</i>	1	PREV Preventive
<i>ezetimibe-simvastatin</i>	2	PREV Preventive
JUXTAPID	5	QL PA
NEXLIZET	3	QL PA PREV Preventive
<i>niacin (antihyperlipidemic) (niacin tab er 500 mg (antihyperlipidemic), niacin tab er 750 mg (antihyperlipidemic), niacin tab er 1000 mg (antihyperlipidemic))</i>	2	PREV Preventive
REPATHA	3	QL PA PREV Preventive
REPATHA PUSHTRONEX SYSTEM	3	QL PA PREV Preventive
REPATHA SURECLICK	3	QL PA PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASCEPA	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV Preventive</div> </div>
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<i>hydralazine hcl (hydralazine hcl tab 10 mg, hydralazine hcl tab 25 mg, hydralazine hcl tab 50 mg, hydralazine hcl tab 100 mg)</i>	1	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
<i>minoxidil (minoxidil tab 2.5 mg, minoxidil tab 10 mg)</i>	1	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<i>isosorbide dinitrate (isosorbide dinitrate tab 5 mg, isosorbide dinitrate tab 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tab 30 mg)</i>	2	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
<i>isosorbide mononitrate (isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg)</i>	1	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
NITRO-BID	4	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR)	4	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
NITRO-TIME	4	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
<i>nitroglycerin (intra-anal)</i>	2	
<i>nitroglycerin (nitroglycerin sl tab 0.3 mg, nitroglycerin sl tab 0.6 mg, nitroglycerin td patch 24hr 0.1 mg/hr, nitroglycerin td patch 24hr 0.2 mg/hr, nitroglycerin td patch 24hr 0.4 mg/hr, nitroglycerin td patch 24hr 0.6 mg/hr, nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))</i>	2	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
<i>nitroglycerin sl tab 0.4 mg</i>	1	<span style="background-color: #2ecc71; color: white; padding: 2px 5px;">PREV</span> Preventive
RECTIV	4	
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride (donepezil hydrochloride orally disintegrating tab 5 mg, donepezil hydrochloride orally disintegrating tab 10 mg, donepezil hydrochloride tab 5 mg, donepezil hydrochloride tab 10 mg)</i>	1	<span style="background-color: #e91e63; color: white; padding: 2px 5px;">AL</span>
<i>donepezil hydrochloride tab 23 mg</i>	2	<span style="background-color: #e91e63; color: white; padding: 2px 5px;">AL</span>
ERGOLOID MESYLATES 1 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide (galantamine hydrobromide cap er 24hr 16 mg, galantamine hydrobromide cap er 24hr 24 mg, galantamine hydrobromide cap er 24hr 8 mg, galantamine hydrobromide tab 4 mg, galantamine hydrobromide tab 8 mg, galantamine hydrobromide tab 12 mg)</i>	2	AL
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	AL
<i>memantine hcl (memantine hcl oral solution 2 mg/ml, memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack)</i>	2	AL
<i>memantine hcl (memantine hcl tab 5 mg, memantine hcl tab 10 mg)</i>	1	AL
<i>rivastigmine</i>	2	AL
<i>rivastigmine tartrate</i>	2	AL
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole (aripiprazole oral solution 1 mg/ml, aripiprazole orally disintegrating tab 10 mg, aripiprazole orally disintegrating tab 15 mg, aripiprazole tab 20 mg, aripiprazole tab 30 mg)</i>	2	QL AL PREV Preventive
<i>aripiprazole (aripiprazole tab 2 mg, aripiprazole tab 5 mg, aripiprazole tab 10 mg, aripiprazole tab 15 mg)</i>	1	QL AL PREV Preventive
<i>asenapine maleate</i>	2	QL AL PREV Preventive
<i>chlorpromazine hcl (chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg)</i>	2	PREV Preventive
<i>clozapine (clozapine orally disintegrating tab 25 mg, clozapine orally disintegrating tab 100 mg, clozapine orally disintegrating tab 150 mg, clozapine orally disintegrating tab 200 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg)</i>	2	QL AL PREV Preventive
CLOZAPINE 12.5 MG TAB DISP	4	QL ST AL PREV Preventive
<i>clozapine tab 25 mg</i>	1	QL AL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT	4	<p>QL</p> <p>ST</p> <p>AL</p> <p>PREV Preventive</p>
FANAPT TITRATION PACK	4	<p>QL</p> <p>ST</p> <p>AL</p> <p>PREV Preventive</p>
<i>fluphenazine hcl</i>	2	<p>PREV Preventive</p>
FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 5 MG/ML CONC)	4	<p>PREV Preventive</p>
<i>haloperidol (haloperidol tab 0.5 mg, haloperidol tab 1 mg)</i>	1	<p>PREV Preventive</p>
<i>haloperidol (haloperidol tab 5 mg, haloperidol tab 10 mg, haloperidol tab 20 mg)</i>	2	<p>PREV Preventive</p>
<i>haloperidol lactate</i>	2	<p>PREV Preventive</p>
<i>haloperidol tab 2 mg</i>	2	<p>PREV Preventive</p>
<i>loxapine succinate</i>	2	<p>AL</p> <p>PREV Preventive</p>
<i>lurasidone hcl (lurasidone hcl tab 20 mg, lurasidone hcl tab 40 mg, lurasidone hcl tab 60 mg, lurasidone hcl tab 80 mg, lurasidone hcl tab 120 mg)</i>	2	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>
MOLINDONE HCL	4	<p>PREV Preventive</p>
<i>olanzapine (olanzapine orally disintegrating tab 5 mg, olanzapine orally disintegrating tab 10 mg, olanzapine orally disintegrating tab 15 mg, olanzapine orally disintegrating tab 20 mg)</i>	2	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>
<i>olanzapine (olanzapine tab 2.5 mg, olanzapine tab 5 mg, olanzapine tab 7.5 mg, olanzapine tab 10 mg, olanzapine tab 15 mg, olanzapine tab 20 mg)</i>	1	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>
<i>paliperidone</i>	2	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIMOZIDE	4	
<i>quetiapine fumarate (quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg, quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 150 mg)</i>	1	QL AL PREV Preventive
<i>quetiapine fumarate (quetiapine fumarate tab er 24hr 200 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg)</i>	2	QL AL PREV Preventive
REXULTI	3	QL AL PREV Preventive
<i>risperidone (risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone orally disintegrating tab 4 mg)</i>	2	QL AL PREV Preventive
<i>risperidone (risperidone tab 0.25 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg, risperidone tab 4 mg)</i>	1	QL AL PREV Preventive
RISPERIDONE 0.25 MG TAB DISP	4	QL ST PREV Preventive
<i>risperidone soln 1 mg/ml</i>	2	QL PREV Preventive
<i>risperidone tab 0.5 mg</i>	1	QL PREV Preventive
SECUADO	4	QL ST PREV Preventive
<i>thioridazine hcl (thioridazine hcl tab 10 mg, thioridazine hcl tab 25 mg, thioridazine hcl tab 50 mg, thioridazine hcl tab 100 mg)</i>	2	PREV Preventive
<i>thiothixene</i>	2	PREV Preventive
<i>trifluoperazine hcl</i>	2	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERSACLOZ	4	<p>QL</p> <p>ST</p> <p>AL</p> <p>PREV Preventive</p>
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	4	<p>QL</p> <p>ST</p> <p>AL</p> <p>PREV Preventive</p>
VRAYLAR 1.5 & 3 MG CAP THPK	4	<p>ST</p> <p>AL</p> <p>QL</p> <p>PREV Preventive</p>
ziprasidone hcl	2	<p>QL</p> <p>AL</p> <p>PREV Preventive</p>
<b>ANXIOLYTICS</b>		
alprazolam (alprazolam tab 0.25 mg, alprazolam tab 0.5 mg, alprazolam tab 1 mg, alprazolam tab 2 mg, alprazolam tab er 24hr 0.5 mg, alprazolam tab er 24hr 1 mg, alprazolam tab er 24hr 2 mg, alprazolam tab er 24hr 3 mg)	1	
bupirone hcl (bupirone hcl tab 5 mg, bupirone hcl tab 10 mg, bupirone hcl tab 15 mg)	1	
bupirone hcl tab 30 mg	2	
chlordiazepoxide hcl (chlordiazepoxide hcl cap 5 mg, chlordiazepoxide hcl cap 10 mg, chlordiazepoxide hcl cap 25 mg)	1	
clonazepam (clonazepam orally disintegrating tab 0.125 mg, clonazepam orally disintegrating tab 0.25 mg, clonazepam orally disintegrating tab 0.5 mg, clonazepam orally disintegrating tab 1 mg, clonazepam orally disintegrating tab 2 mg)	2	PREV Preventive
clonazepam (clonazepam tab 0.5 mg, clonazepam tab 1 mg, clonazepam tab 2 mg)	1	PREV Preventive
clorazepate dipotassium	2	
diazepam (diazepam oral soln 1 mg/ml, diazepam tab 2 mg, diazepam tab 5 mg, diazepam tab 10 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam conc 5 mg/ml</i>	2	
<i>lorazepam (lorazepam tab 0.5 mg, lorazepam tab 1 mg, lorazepam tab 2 mg)</i>	1	
<i>lorazepam conc 2 mg/ml</i>	2	
<i>meprobamate</i>	2	
<i>oxazepam</i>	2	
<b>MIGRAINE</b>		
AIMOVIG 140 MG/ML SOLN A-INJ	3	QL PA
AIMOVIG 70 MG/ML SOLN A-INJ	3	QL PA AL
AJOVY	3	QL PA
<i>almotriptan malate tab 12.5 mg</i>	2	QL
<i>almotriptan malate tab 6.25 mg</i>	2	QL
<i>candesartan cilexetil tab 16 mg</i>	2	PREV Preventive
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	QL ST
<i>eletriptan hydrobromide</i>	2	QL
EMGALITY	3	QL PA AL
EMGALITY (300 MG DOSE)	3	QL PA AL
ERGOMAR	4	QL ST
ERGOTAMINE-CAFFEINE	2	QL ST



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>frovatriptan succinate</i>	2	QL
<i>naratriptan hcl (naratriptan hcl tab 1 mg (base equiv), naratriptan hcl tab 2.5 mg (base equiv))</i>	2	QL
NURTEC	3	PA QL
QULIPTA	3	QL PA
REYVOW	3	PA AL QL
<i>rizatriptan benzoate (rizatriptan benzoate oral disintegrating tab 5 mg (base eq), rizatriptan benzoate oral disintegrating tab 10 mg (base eq))</i>	1	QL
<i>rizatriptan benzoate (rizatriptan benzoate tab 5 mg (base equivalent), rizatriptan benzoate tab 10 mg (base equivalent))</i>	1	QL
<i>sumatriptan (sumatriptan nasal spray 5 mg/act, sumatriptan nasal spray 20 mg/act)</i>	2	QL
<i>sumatriptan succinate (sumatriptan succinate inj 6 mg/0.5ml, sumatriptan succinate solution auto-injector 4 mg/0.5ml, sumatriptan succinate solution auto-injector 6 mg/0.5ml)</i>	2	QL
<i>sumatriptan succinate (sumatriptan succinate tab 25 mg, sumatriptan succinate tab 50 mg, sumatriptan succinate tab 100 mg)</i>	1	QL
<i>timolol maleate (timolol maleate tab 5 mg, timolol maleate tab 10 mg, timolol maleate tab 20 mg)</i>	2	PREV Preventive
UBRELVY	3	PA QL
<i>zolmitriptan (zolmitriptan tab 2.5 mg, zolmitriptan tab 5 mg)</i>	2	QL
MISCELLANEOUS		
EQUETRO	4	PREV Preventive
<i>lithium</i>	2	PREV Preventive
LITHIUM CARBONATE (LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP, LITHIUM CARBONATE 600 MG CAP)	4	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lithium carbonate (lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg)</i>	1	PREV Preventive
LITHOBID	4	PREV Preventive
<i>pyridostigmine bromide (pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg)</i>	2	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine cap er 24hr 10 mg, amphetamine-dextroamphetamine cap er 24hr 15 mg, amphetamine-dextroamphetamine cap er 24hr 20 mg, amphetamine-dextroamphetamine cap er 24hr 25 mg, amphetamine-dextroamphetamine cap er 24hr 30 mg, amphetamine-dextroamphetamine cap er 24hr 5 mg, amphetamine-dextroamphetamine tab 5 mg)</i>	1	QL
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine tab 7.5 mg, amphetamine-dextroamphetamine tab 10 mg, amphetamine-dextroamphetamine tab 12.5 mg, amphetamine-dextroamphetamine tab 15 mg, amphetamine-dextroamphetamine tab 20 mg, amphetamine-dextroamphetamine tab 30 mg)</i>	2	QL
<i>dextroamphetamine sulfate (dextroamphetamine sulfate cap er 24hr 10 mg, dextroamphetamine sulfate cap er 24hr 15 mg, dextroamphetamine sulfate cap er 24hr 5 mg, dextroamphetamine sulfate oral solution 5 mg/5ml, dextroamphetamine sulfate tab 5 mg, dextroamphetamine sulfate tab 10 mg)</i>	2	QL
<i>methamphetamine hcl</i>	2	QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	2	QL AL
<i>clonidine hcl (adhd)</i>	2	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl (dexmethylphenidate hcl cap er 24 hr 10 mg, dexmethylphenidate hcl cap er 24 hr 15 mg, dexmethylphenidate hcl cap er 24 hr 20 mg, dexmethylphenidate hcl cap er 24 hr 25 mg, dexmethylphenidate hcl cap er 24 hr 30 mg, dexmethylphenidate hcl cap er 24 hr 35 mg, dexmethylphenidate hcl cap er 24 hr 40 mg, dexmethylphenidate hcl cap er 24 hr 5 mg, dexmethylphenidate hcl tab 10 mg)</i>	2	QL
<i>dexmethylphenidate hcl (dexmethylphenidate hcl tab 2.5 mg, dexmethylphenidate hcl tab 5 mg)</i>	1	QL
<i>guanfacine hcl (adhd) (guanfacine hcl tab er 24hr 1 mg (base equiv), guanfacine hcl tab er 24hr 2 mg (base equiv), guanfacine hcl tab er 24hr 3 mg (base equiv), guanfacine hcl tab er 24hr 4 mg (base equiv))</i>	1	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl (methylphenidate hcl cap er 10 mg (cd), methylphenidate hcl cap er 20 mg (cd), methylphenidate hcl cap er 24hr 10 mg (la), methylphenidate hcl cap er 24hr 20 mg (la), methylphenidate hcl cap er 24hr 30 mg (la), methylphenidate hcl cap er 24hr 40 mg (la), methylphenidate hcl cap er 30 mg (cd), methylphenidate hcl cap er 40 mg (cd), methylphenidate hcl cap er 50 mg (cd), methylphenidate hcl cap er 60 mg (cd), methylphenidate hcl chew tab 2.5 mg, methylphenidate hcl chew tab 5 mg, methylphenidate hcl chew tab 10 mg, methylphenidate hcl soln 5 mg/5ml, methylphenidate hcl soln 10 mg/5ml, methylphenidate hcl tab 20 mg, methylphenidate hcl tab er 10 mg, methylphenidate hcl tab er 20 mg, methylphenidate hcl tab er osmotic release (osm) 18 mg, methylphenidate hcl tab er osmotic release (osm) 27 mg, methylphenidate hcl tab er osmotic release (osm) 36 mg, methylphenidate hcl tab er osmotic release (osm) 54 mg)</i>	2	QL
<i>methylphenidate hcl (methylphenidate hcl tab 5 mg, methylphenidate hcl tab 10 mg)</i>	1	QL
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO	5	QL PA
AUSTEDO XR	5	QL PA
AUSTEDO XR PATIENT TITRATION	5	PA QL
<i>butalbital-acetaminophen tab 50-325 mg</i>	2	QL
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL
FIRDAPSE	5	QL PA
INGREZZA (INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP SPRINK)	5	QL PA
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 60 MG CAP, INGREZZA 80 MG CAP)	5	QL PA AL
INGREZZA 40 & 80 MG CAP THPK	5	PA AL QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RADICAVA ORS	5	QL PA
RADICAVA ORS STARTER KIT	5	PA QL
RELYVRIO	5	QL PA
<i>riluzole</i>	5	
TENCON	4	QL
<i>tetrabenazine (tetrabenazine tab 12.5 mg, tetrabenazine tab 25 mg)</i>	5	QL PA
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine hcl (duloxetine hcl enteric coated pellets cap 20 mg (base eq), duloxetine hcl enteric coated pellets cap 30 mg (base eq), duloxetine hcl enteric coated pellets cap 60 mg (base eq))</i>	1	QL PREV Preventive
<i>pregabalin (pregabalin cap 25 mg, pregabalin cap 50 mg, pregabalin cap 75 mg, pregabalin cap 100 mg, pregabalin cap 150 mg, pregabalin cap 200 mg, pregabalin cap 225 mg, pregabalin cap 300 mg)</i>	1	QL PREV Preventive
<i>pregabalin soln 20 mg/ml</i>	2	QL PREV Preventive
SAVELLA	3	QL ST
SAVELLA TITRATION PACK	3	QL ST
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	5	QL PA
AVONEX PREFILLED	5	QL PA
BETASERON	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dalfampridine tab er 12hr 10 mg</i>	5	QL PA
<i>dimethyl fumarate (dimethyl fumarate capsule delayed release 240 mg, dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg)</i>	5	QL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	QL
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	QL
GILENYA 0.25 MG CAP	5	QL PA
<i>glatiramer acetate</i>	5	QL
KESIMPTA	5	QL PA
MAVENCLAD (10 TABS)	5	PA QL
MAVENCLAD (4 TABS)	5	PA QL
MAVENCLAD (5 TABS)	5	PA QL
MAVENCLAD (6 TABS)	5	PA QL
MAVENCLAD (7 TABS)	5	PA QL
MAVENCLAD (8 TABS)	5	PA QL
MAVENCLAD (9 TABS)	5	PA QL
MAYZENT	5	QL PA
MAYZENT STARTER PACK	5	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEGRIDY	5	QL PA
PLEGRIDY STARTER PACK	5	PA QL
REBIF	5	QL PA
REBIF REBIDOSE	5	QL PA
REBIF REBIDOSE TITRATION PACK	5	PA QL
REBIF TITRATION PACK	5	QL PA
<i>teriflunomide</i>	5	QL
VUMERITY	5	QL PA
ZEPOSIA	5	QL PA
ZEPOSIA 7-DAY STARTER PACK	5	QL PA
ZEPOSIA STARTER KIT	5	PA QL
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
FLUORIDEX SENSITIVITY RELIEF	4	ACA Affordable Care Act Medications PREV Preventive
NAFRINSE DAILY ACIDULATED	4	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NAFRINSE DAILY/NEUTRAL	4	ACA Affordable Care Act Medications PREV Preventive
NAFRINSE WEEKLY	4	ACA Affordable Care Act Medications PREV Preventive
PARODONTAX	4	ACA Affordable Care Act Medications PREV Preventive
<i>pilocarpine hcl (oral)</i>	2	
PREVIDENT 0.2 % SOLUTION	4	PREV Preventive
SENSODYNE COMPLETE PROTECTION	4	ACA Affordable Care Act Medications PREV Preventive
SENSODYNE RAPID RELIEF	4	ACA Affordable Care Act Medications PREV Preventive
SENSODYNE REPAIR & PROTECT	4	ACA Affordable Care Act Medications PREV Preventive
SOD FLUORIDE-POTASSIUM NITRATE	1	ACA Affordable Care Act Medications PREV Preventive
<i>sodium fluoride (dental) (sodium fluoride cream 1.1%, sodium fluoride gel 1.1% (0.5% f), sodium fluoride paste 1.1%, sodium fluoride rinse 0.2%)</i>	1	ACA Affordable Care Act Medications PREV Preventive
SODIUM FLUORIDE 5000 ENAMEL	1	ACA Affordable Care Act Medications PREV Preventive
SODIUM FLUORIDE 5000 SENSITIVE	1	ACA Affordable Care Act Medications PREV Preventive
<i>stannous fluoride (stannous fluoride conc 0.63%, stannous fluoride gel 0.4%)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>triamcinolone acetonide (mouth)</i>	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
<i>acitretin</i>	2	
<i>adapalene cream 0.1%</i>	2	PA
<i>azelaic acid gel 15%</i>	2	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>brimonidine tartrate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
<i>isotretinoin (isotretinoin cap 10 mg, isotretinoin cap 20 mg, isotretinoin cap 30 mg, isotretinoin cap 40 mg)</i>	2	
<b>RHOFADE</b>	4	
<i>tazarotene (tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%)</i>	2	PA
<i>tazarotene cream 0.05%</i>	2	
<b>TAZORAC 0.05 % CREAM</b>	3	
<i>tretinoin (tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%)</i>	2	PA
<b>DERMATITIS AND PRURITUS AGENTS</b>		
<i>alclometasone dipropionate oint 0.05%</i>	2	QL
<b>AMCINONIDE 0.1 % LOTION</b>	4	QL
<i>betamethasone dipropionate (topical) (betamethasone dipropionate cream 0.05%, betamethasone dipropionate lotion 0.05%)</i>	2	QL
<b>BETAMETHASONE DIPROPIONATE AUG</b>	4	QL
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL
<i>betamethasone valerate (betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate lotion 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent))</i>	2	QL
<i>clobetasol propionate (clobetasol propionate cream 0.05%, clobetasol propionate gel 0.05%, clobetasol propionate oint 0.05%, clobetasol propionate soln 0.05%)</i>	2	QL
<i>clobetasol propionate emollient base</i>	2	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORDRAN 4 MCG/SQCM TAPE	4	QL
<i>desonide (desonide cream 0.05%, desonide oint 0.05%)</i>	2	QL
<i>desoximetasone (desoximetasone cream 0.25%, desoximetasone oint 0.25%)</i>	2	QL
<i>fluocinolone acetonide (fluocinolone acetonide cream 0.01%, fluocinolone acetonide cream 0.025%, fluocinolone acetonide oil 0.01% (body oil), fluocinolone acetonide oil 0.01% (scalp oil), fluocinolone acetonide oint 0.025%, fluocinolone acetonide soln 0.01%)</i>	2	QL
<i>fluocinonide (fluocinonide 0.05 % gel, fluocinonide cream 0.05%, fluocinonide cream 0.1%, fluocinonide gel 0.05%, fluocinonide oint 0.05%, fluocinonide soln 0.05%)</i>	2	QL
<i>fluticasone propionate cream 0.05%</i>	1	QL
<i>fluticasone propionate oint 0.005%</i>	2	QL
<i>halobetasol propionate cream 0.05%</i>	2	QL
HALOG 0.1 % OINTMENT	4	QL
<i>hydrocortisone (topical) (hydrocortisone cream 2.5%, hydrocortisone lotion 2.5%, hydrocortisone oint 2.5%)</i>	1	QL
HYDROCORTISONE 2.5 % LOTION	1	QL
<i>hydrocortisone perianal cream 1%</i>	2	QL
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>lactic acid (ammonium lactate)</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL
<i>selenium sulfide lotion 2.5%</i>	1	
<i>tacrolimus oint 0.03%</i>	2	ST AL
<i>tacrolimus oint 0.1%</i>	2	AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide (topical) (triamcinolone acetonide cream 0.025%, triamcinolone acetonide cream 0.1%, triamcinolone acetonide cream 0.5%, triamcinolone acetonide oint 0.025%, triamcinolone acetonide oint 0.1%, triamcinolone acetonide oint 0.5%)</i>	1	QL
<i>triamcinolone acetonide (topical) (triamcinolone acetonide lotion 0.025%, triamcinolone acetonide lotion 0.1%)</i>	2	QL
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM-HC 2.5-1 % LOTION	4	
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML))	2	
CALCITRIOL 3 MCG/GM OINTMENT	4	
CIBINQO	5	QL PA
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
ENSTILAR	3	
<i>finasteride (alopecia)</i>	1	
FLUOROURACIL 2 % SOLUTION	4	
<i>fluorouracil cream 5%</i>	2	QL PA
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	QL AL
METHOXSALEN RAPID	4	
NEO-SYNALAR 0.5-0.025 % CREAM	4	
<i>nystatin-triamcinolone</i>	2	
OTEZLA (OTEZLA 20 MG TAB, OTEZLA 30 MG TAB)	5	QL PA
PODOFILOX 0.5 % SOLUTION	4	
<i>podofilox soln 0.5%</i>	2	
PROCTOFOAM HC	4	
REGRANEX	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANTYL	4	
<i>silver sulfadiazine cream 1%</i>	1	
VEREGEN	4	
PEDICULICIDES/SCABICIDES		
CROTAN	4	
IVERMECTIN 0.5 % LOTION	4	
LINDANE	4	
<i>malathion</i>	2	
NATROBA	4	
<i>permethrin cream 5%</i>	2	
SOOLANTRA	2	
SPINOSAD	4	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	2	AL
<i>ciclopirox (ciclopirox gel 0.77%, ciclopirox shampoo 1%)</i>	2	
<i>ciclopirox solution 8%</i>	2	QL
<i>clindamycin phosphate (topical) (clindamycin phosphate gel 1%, clindamycin phosphate lotion 1%, clindamycin phosphate soln 1%)</i>	2	
ERY	4	
<i>erythromycin (acne aid) (erythromycin gel 2%, erythromycin soln 2%)</i>	2	
<i>mafenide acetate (mafenide acetate 5 % packet, mafenide acetate packet for topical soln 5% (50 gm))</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>penciclovir</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	
XEPI	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>carglumic acid</i>	5	PA
IRON UP	3	ACA Affordable Care Act Medications
NOVAFERRUM PEDIATRIC DROPS	3	ACA Affordable Care Act Medications
<i>potassium chloride (potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	1	
<i>potassium chloride (potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq)</i>	2	
POTASSIUM CHLORIDE ER	4	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crystals er (potassium chloride microencapsulated crys er tab 10 meq, potassium chloride microencapsulated crys er tab 20 meq)</i>	1	
<i>potassium citrate (alkalinizer)</i>	2	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	3	
<i>deferiprone</i>	5	
FERRIPROX 100 MG/ML SOLUTION	5	
JYNARQUE	5	QL PA
<i>tolvaptan</i>	5	QL
<i>trientine hcl cap 250 mg</i>	5	
PHOSPHATE BINDERS		
AURYXIA	4	
<i>calcium acetate (phosphate binder)</i>	2	
FOSRENOL (FOSRENOL 750 MG PACKET, FOSRENOL 1000 MG PACKET)	4	
<i>lanthanum carbonate</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSLYRA	4	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hcl</i>	2	
VELPHORO	3	
<b>POTASSIUM BINDERS</b>		
<i>*sodium polystyrene sulfonate powder**</i>	2	
LOKELMA	3	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	2	
SPS (SODIUM POLYSTYRENE SULF)	2	
VELTASSA	3	
<b>VITAMINS</b>		
<i>cvs folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>fa-8 0.8 mg cap</i>	1	ACA Affordable Care Act Medications
<b>FERRETT'S CHEWABLE IRON</b>		
<i>ferrous sulfate (ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe))</i>	1	ACA Affordable Care Act Medications
<i>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</i>	2	ACA Affordable Care Act Medications
FLORICAL	4	ACA Affordable Care Act Medications PREV Preventive
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	4	ACA Affordable Care Act Medications PREV Preventive
<i>folate 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>folic acid (folic acid tab 1 mg, folic acid tab 400 mcg)</i>	1	
<i>folic acid 0.8 mg cap</i>	1	ACA Affordable Care Act Medications
<i>folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
GALZIN	4	
<i>gnp folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>hm folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
HYDROXOCOBALAMIN ACETATE	4	
IRON CHEWS PEDIATRIC	4	
<i>kp folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>levocarnitine (metabolic modifiers) (levocarnitine oral soln 1 gm/10ml (10%), levocarnitine tab 330 mg)</i>	2	
MONOCAL	4	ACA Affordable Care Act Medications PREV Preventive
NAFRINSE DROPS	4	ACA Affordable Care Act Medications PREV Preventive
PRENATAL 19 (PRENATAL 19 CHEW TAB, PRENATAL 19 29-1 MG CHEW TAB, PRENATAL 19 29-1 MG TAB)	3	PREV Preventive
PRENATAL PLUS	3	PREV Preventive
PRENATAL VITAMIN PLUS LOW IRON	3	PREV Preventive
PRENATAL-U	3	PREV Preventive
<i>px folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>qc folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>ra folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<i>ra folic acid 800 mcg tab</i>	1	ACA Affordable Care Act Medications
SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB)	3	PREV Preventive
<i>sm folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
SODIUM FLUORIDE (SODIUM FLUORIDE 1.1 (0.5 F) MG TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB)	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM FLUORIDE (SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION, SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF), SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF), SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF))	1	ACA Affordable Care Act Medications PREV Preventive
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	2	ACA Affordable Care Act Medications PREV Preventive
TRINATE	3	PREV Preventive
VINATE II	3	PREV Preventive
VINATE ONE	3	PREV Preventive
<i>wee care 15 mg/1.25ml suspension</i>	2	ACA Affordable Care Act Medications
<i>yl folic acid 400 mcg tab</i>	1	ACA Affordable Care Act Medications
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
<i>lactulose (encephalopathy)</i>	1	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lubiprostone</i>	2	QL PA
MOVANTIK	3	QL PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	2	PREV Preventive
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	ACA Affordable Care Act Medications PREV Preventive
PEG-PREP	4	PREV Preventive
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	2	PREV Preventive
SUPREP BOWEL PREP KIT	4	PREV Preventive
SUTAB	4	PREV Preventive
SYMPROIC	3	QL PA AL



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRULANCE	3	QL PA
ANTI-DIARRHEAL AGENTS		
<i>diphenoxylate w/ atropine</i>	2	
DIPHENOXYLATE-ATROPINE	4	
VIBERZI	4	
XERMELO	5	QL PA AL
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (dicyclomine hcl cap 10 mg, dicyclomine hcl tab 20 mg)</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>glycopyrrolate (glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 2 mg)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>methscopolamine bromide (methscopolamine bromide tab 2.5 mg, methscopolamine bromide tab 5 mg)</i>	2	
GASTROINTESTINAL AGENTS, OTHER		
AMOXICILL-CLARITHRO-LANSOPRAZ	4	
CHENODAL	5	
GATTEX	5	PA
GAVILYTE-C	4	PREV Preventive
MOTOFEN	4	
MYALEPT	5	PA
OCALIVA	5	QL PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>ursodiol (ursodiol cap 300 mg, ursodiol tab 250 mg, ursodiol tab 500 mg)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
CIMETIDINE HCL 300 MG/5ML SOLUTION	4	
<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine tab 40 mg</i>	1	
NIZATIDINE	4	
<b>PROTECTANTS</b>		
<i>misoprostol (misoprostol tab 100 mcg, misoprostol tab 200 mcg)</i>	1	
<i>sucralfate tab 1 gm</i>	2	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	2	QL
<i>esomeprazole magnesium (esomeprazole magnesium for delayed release susp packet 10 mg, esomeprazole magnesium for delayed release susp packet 20 mg, esomeprazole magnesium for delayed release susp packet 40 mg)</i>	2	QL
<i>lansoprazole cap delayed release 15 mg</i>	2	QL
<i>lansoprazole cap delayed release 30 mg</i>	1	QL
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET)	4	QL ST
<i>omeprazole (omeprazole cap delayed release 10 mg, omeprazole cap delayed release 20 mg, omeprazole cap delayed release 40 mg)</i>	1	QL
<i>pantoprazole sodium (pantoprazole sodium ec tab 20 mg (base equiv), pantoprazole sodium ec tab 40 mg (base equiv))</i>	1	QL
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<i>betaine</i>	5	
BYLVAY	5	PA
BYLVAY (PELLETS)	5	PA
CERDELGA	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CREON (CREON 3000-9500 UNIT CP DR PART, CREON 6000-19000 UNIT CP DR PART, CREON 12000-38000 UNIT CP DR PART, CREON 24000-76000 UNIT CP DR PART, CREON 36000-114000 UNIT CP DR PART)	3	
<i>cromolyn sodium (mastocytosis)</i>	2	
CYSTADROPS	5	
CYSTAGON	5	
CYSTARAN	5	
DAYBUE	5	QL PA
ENDARI	5	PA
GALAFOLD	5	QL PA
GLASSIA	5	
<i>glutamine (sickle cell)</i>	5	PA
JOENJA	5	QL PA
LIVMARLI 9.5 MG/ML SOLUTION	5	PA
<i>nitisinone</i>	5	
NITYR	5	
NULIBRY	5	
OPFOLDA	5	QL PA
ORFADIN (ORFADIN 4 MG/ML SUSPENSION, ORFADIN 20 MG CAP)	5	
PALYNZIQ	5	PA
PHEBURANE	5	PA
RAVICTI	5	PA
REVCOVI	5	
<i>sapropterin dihydrochloride</i>	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYCLARYS	5	QL PA
<i>sodium phenylbutyrate (sodium phenylbutyrate oral powder 3 gm/teaspoonful, sodium phenylbutyrate tab 500 mg)</i>	5	PA
SOHONOS	5	
STRENSIQ	5	PA
SUCRAID	5	QL PA
TEGSEDI	5	QL PA
VOXZOGO	5	QL PA
VYNDAQEL	5	QL PA
ZENPEP	3	
ZOKINVY	5	QL PA
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin hydrobromide</i>	2	
<i>flavoxate hcl</i>	2	
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	3	
<i>oxybutynin chloride (oxybutynin chloride solution 5 mg/5ml, oxybutynin chloride tab 5 mg, oxybutynin chloride tab er 24hr 10 mg, oxybutynin chloride tab er 24hr 15 mg, oxybutynin chloride tab er 24hr 5 mg)</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate (tolterodine tartrate cap er 24hr 2 mg, tolterodine tartrate cap er 24hr 4 mg, tolterodine tartrate tab 1 mg, tolterodine tartrate tab 2 mg)</i>	2	
<i>tropium chloride</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil (tadalafil tab 2.5 mg, tadalafil tab 5 mg)</i>	1	QL
<i>tamsulosin hcl</i>	1	
<b>GENITOURINARY AGENTS, OTHER</b>		
ADDYI	4	QL PA AL
<i>bethanechol chloride (bethanechol chloride tab 5 mg, bethanechol chloride tab 10 mg, bethanechol chloride tab 25 mg, bethanechol chloride tab 50 mg)</i>	2	
ELMIRON	4	PA
ENCARE	3	ACA Affordable Care Act Medications PREV Preventive
FILSPARI	5	QL PA
K-PHOS NO 2	3	
LITHOSTAT	4	
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA Affordable Care Act Medications PREV Preventive
<i>penicillamine tab 250 mg</i>	5	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	2	
<i>potassium phosphate monobasic tab 500 mg</i>	1	
SHUR-SEAL CONTRACEPTIVE	4	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	2	
THIOLA EC	4	
<i>tiopronin</i>	2	
TODAY SPONGE	4	ACA Affordable Care Act Medications PREV Preventive
VCF VAGINAL CONTRACEPTIVE (VCF VAGINAL CONTRACEPTIVE 4 % GEL, VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM, VCF VAGINAL CONTRACEPTIVE 28 % FILM)	4	ACA Affordable Care Act Medications PREV Preventive
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	5	PA
<i>alclometasone dipropionate cream 0.05%</i>	2	QL
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL
<i>betamethasone dipropionate oint 0.05%</i>	2	QL
<i>clocortolone pivalate</i>	2	QL
<i>dexamethasone (dexamethasone elixir 0.5 mg/5ml, dexamethasone tab 0.5 mg, dexamethasone tab 0.75 mg, dexamethasone tab 1 mg, dexamethasone tab 2 mg)</i>	2	
<i>dexamethasone (dexamethasone tab 1.5 mg, dexamethasone tab 4 mg, dexamethasone tab 6 mg)</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	4	
DEXAMETHASONE INTENSOL	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
ISTURISA	5	QL PA
KORLYM	5	QL PA
MEDROL 2 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone (methylprednisolone tab 4 mg, methylprednisolone tab 16 mg, methylprednisolone tab 32 mg, methylprednisolone tab therapy pack 4 mg (21))</i>	1	
<i>methylprednisolone tab 8 mg</i>	2	
<i>mifepristone tab 300 mg</i>	5	QL PA
<i>mometasone furoate cream 0.1%</i>	2	QL
<i>mometasone furoate oint 0.1%</i>	1	QL
PREDNICARBATE	4	QL
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	4	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone (prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21))</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	3	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin acetate (desmopressin acetate inj 4 mcg/ml, desmopressin acetate preservative free (pf) inj 4 mcg/ml, desmopressin acetate tab 0.1 mg, desmopressin acetate tab 0.2 mg)</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	
MYFEMBREE	3	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NORDITROPIN FLEXPRO	5	PA
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	5	PA
ORIAHNN	3	QL PA
SKYTROFA	5	PA
STIMATE	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol (danazol cap 50 mg, danazol cap 100 mg, danazol cap 200 mg)</i>	2	PA
METHITEST	4	QL PA
OXANDROLONE (OXANDROLONE 2.5 MG TAB, OXANDROLONE 10 MG TAB)	4	PA
<i>oxandrolone (oxandrolone tab 2.5 mg, oxandrolone tab 10 mg)</i>	2	PA
<i>testosterone (testosterone td gel 12.5 mg/act (1%), testosterone td gel 20.25 mg/act (1.62%), testosterone td gel 25 mg/2.5gm (1%), testosterone td gel 50 mg/5gm (1%), testosterone td soln 30 mg/act)</i>	2	QL PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QL PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	QL PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	4	QL PA
ESTROGENS		
ALORA (ALORA 0.025 MG/24HR PATCH TW, ALORA 0.075 MG/24HR PATCH TW)	4	QL
ANGELIQ	4	
CLIMARA PRO	3	QL



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLOMID	4	
CLOMIPHENE CITRATE 50 MG TAB	4	
COMBIPATCH	4	QL
DEPO-ESTRADIOL	4	
<i>desogestrel &amp; ethinyl estradiol</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	ACA Affordable Care Act Medications PREV Preventive
DIVIGEL (DIVIGEL 0.25 MG/0.25GM GEL, DIVIGEL 0.5 MG/0.5GM GEL, DIVIGEL 0.75 MG/0.75GM GEL, DIVIGEL 1 MG/GM GEL, DIVIGEL 1.25 MG/1.25GM GEL)	3	QL
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	2	ACA Affordable Care Act Medications PREV Preventive
DUAVEE	3	
ELESTRIN	4	QL
<i>estradiol &amp; norethindrone acetate</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump), estradiol td gel 0.25 mg/0.25gm (0.1%), estradiol td gel 0.5 mg/0.5gm (0.1%), estradiol td gel 0.75 mg/0.75gm (0.1%), estradiol td gel 1 mg/gm (0.1%), estradiol td gel 1.25 mg/1.25gm (0.1%), estradiol td patch twice weekly 0.025 mg/24hr, estradiol td patch twice weekly 0.0375 mg/24hr, estradiol td patch twice weekly 0.05 mg/24hr, estradiol td patch twice weekly 0.075 mg/24hr, estradiol td patch twice weekly 0.1 mg/24hr, estradiol td patch weekly 0.025 mg/24hr, estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), estradiol td patch weekly 0.05 mg/24hr, estradiol td patch weekly 0.06 mg/24hr, estradiol td patch weekly 0.075 mg/24hr, estradiol td patch weekly 0.1 mg/24hr)</i>	2	QL
<i>estradiol (estradiol tab 0.5 mg, estradiol tab 1 mg, estradiol tab 2 mg)</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	QL
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate (estradiol valerate im in oil 10 mg/ml, estradiol valerate im in oil 20 mg/ml, estradiol valerate im in oil 40 mg/ml)</i>	2	
ESTRING	3	QL
ESTROGEL	3	QL
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2	ACA Affordable Care Act Medications PREV Preventive
EVAMIST	4	QL
<i>levonorgestrel &amp; eth estradiol (levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel-ethinyl estradiol (91-day) (levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg, levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7), levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7), levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	ACA Affordable Care Act Medications PREV Preventive
LO LOESTRIN FE	3	ACA Affordable Care Act Medications PREV Preventive
MENEST	4	
MENOSTAR	4	QL
NATAZIA	4	ACA Affordable Care Act Medications PREV Preventive
<i>norelgestromin-ethinyl estradiol</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethin acet &amp; estrad-fe (norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethin acet &amp; estrad-fe (norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone &amp; eth estradiol (norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone &amp; ethinyl estradiol-fe (norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate-ethinyl estradiol</i>	2	ACA Affordable Care Act Medications
<i>norethindrone acetate-ethinyl estradiol-fe</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>norgestimate-ethinyl estradiol</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norgestrel &amp; ethinyl estradiol</i>	1	ACA Affordable Care Act Medications PREV Preventive
NUVARING	2	ACA Affordable Care Act Medications PREV Preventive
OSPHENA	4	PREV Preventive
PREFEST	4	
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB, PREMARIN 1.25 MG TAB)	3	
PREMARIN 0.625 MG/GM CREAM	4	
PREMPHASE	3	
PREMPRO	3	
<i>raloxifene hcl 60 mg tab</i>	2	ACA Affordable Care Act Medications PREV Preventive
TYBLUME	4	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VELIVET	4	ACA Affordable Care Act Medications PREV Preventive
<i>xulane 150-35 mcg/24hr patch wk</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>zafemy 150-35 mcg/24hr patch wk</i>	2	ACA Affordable Care Act Medications PREV Preventive
<b>PROGESTINS</b>		
DEPO-SUBQ PROVERA 104	4	ACA Affordable Care Act Medications PREV Preventive
ELLA	3	ACA Affordable Care Act Medications PREV Preventive
<i>levonorgestrel (emergency oc)</i>	2	ACA Affordable Care Act Medications PREV Preventive
<i>medroxyprogesterone acetate (contraceptive)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>medroxyprogesterone acetate (medroxyprogesterone acetate tab 2.5 mg, medroxyprogesterone acetate tab 5 mg, medroxyprogesterone acetate tab 10 mg)</i>	1	
<i>megestrol acetate (megestrol acetate tab 20 mg, megestrol acetate tab 40 mg)</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>norethindrone (contraceptive)</i>	1	ACA Affordable Care Act Medications PREV Preventive
<i>norethindrone acetate tab 5 mg</i>	2	
PHEXXI	4	ACA Affordable Care Act Medications PREV Preventive
<i>progesterone (progesterone cap 100 mg, progesterone cap 200 mg, progesterone im in oil 50 mg/ml)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA (ADTHYZA 15 MG TAB, ADTHYZA 16.25 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 60 MG TAB, ADTHYZA 65 MG TAB, ADTHYZA 90 MG TAB, ADTHYZA 97.5 MG TAB, ADTHYZA 120 MG TAB, ADTHYZA 130 MG TAB)	4	
ADTHYZA 30 MG TAB	4	
ARMOUR THYROID (ARMOUR THYROID 15 MG TAB, ARMOUR THYROID 60 MG TAB, ARMOUR THYROID 90 MG TAB, ARMOUR THYROID 120 MG TAB, ARMOUR THYROID 180 MG TAB, ARMOUR THYROID 240 MG TAB, ARMOUR THYROID 300 MG TAB)	4	
ARMOUR THYROID 30 MG TAB	4	
ERMEZA	4	
LEVOTHYROXINE SODIUM (LEVOTHYROXINE SODIUM 13 MCG CAP, LEVOTHYROXINE SODIUM 25 MCG CAP, LEVOTHYROXINE SODIUM 50 MCG CAP, LEVOTHYROXINE SODIUM 75 MCG CAP, LEVOTHYROXINE SODIUM 88 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG CAP, LEVOTHYROXINE SODIUM 112 MCG CAP, LEVOTHYROXINE SODIUM 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP)	4	
<i>levothyroxine sodium (levothyroxine sodium tab 25 mcg, levothyroxine sodium tab 50 mcg, levothyroxine sodium tab 75 mcg, levothyroxine sodium tab 88 mcg, levothyroxine sodium tab 100 mcg, levothyroxine sodium tab 112 mcg, levothyroxine sodium tab 125 mcg, levothyroxine sodium tab 137 mcg, levothyroxine sodium tab 150 mcg, levothyroxine sodium tab 175 mcg, levothyroxine sodium tab 200 mcg, levothyroxine sodium tab 300 mcg)</i>	1	
<i>liothyronine sodium (liothyronine sodium tab 5 mcg, liothyronine sodium tab 25 mcg, liothyronine sodium tab 50 mcg)</i>	2	
NIVA THYROID (NIVA THYROID 15 MG TAB, NIVA THYROID 60 MG TAB, NIVA THYROID 90 MG TAB, NIVA THYROID 120 MG TAB)	4	
NIVA THYROID 30 MG TAB	4	
NP THYROID (NP THYROID 15 MG TAB, NP THYROID 60 MG TAB, NP THYROID 90 MG TAB, NP THYROID 120 MG TAB)	4	
NP THYROID 30 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNTHROID	3	
THYQUIDITY	4	
THYROID (THYROID 15 MG TAB, THYROID 60 MG TAB, THYROID 90 MG TAB, THYROID 120 MG TAB)	4	
THYROID 30 MG TAB	4	
TIROSINT	4	
TIROSINT-SOL	4	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	2	
ELIGARD (ELIGARD 7.5 MG KIT, ELIGARD 22.5 MG KIT, ELIGARD 30 MG KIT, ELIGARD 45 MG KIT)	5	
LEUPROLIDE ACETATE (3 MONTH)	5	
<i>leuprolide acetate (leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml), leuprolide acetate inj kit 5 mg/ml)</i>	5	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH)	5	
LUPRON DEPOT-PED (6-MONTH)	5	
MYCAPSSA	5	
<i>octreotide acetate (octreotide acetate 50 mcg/ml soln prsyr, octreotide acetate 100 mcg/ml soln prsyr, octreotide acetate 500 mcg/ml soln prsyr, octreotide acetate inj 50 mcg/ml (0.05 mg/ml), octreotide acetate inj 100 mcg/ml (0.1 mg/ml), octreotide acetate inj 200 mcg/ml (0.2 mg/ml), octreotide acetate inj 500 mcg/ml (0.5 mg/ml), octreotide acetate inj 1000 mcg/ml (1 mg/ml))</i>	5	
ORGOVYX	5	QL PA
ORILISSA	3	QL PA AL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR	5	
SOMAVERT	5	
SYNAREL	5	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole (methimazole tab 5 mg, methimazole tab 10 mg)</i>	1	
<i>propylthiouracil</i>	2	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT	5	QL PA
HAEGARDA	5	QL PA
<i>icatibant acetate</i>	5	QL PA
ORLADEYO	5	QL PA
RUCONEST	5	QL PA
TAKHZYRO	5	QL PA
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5	QL PA
ACTEMRA ACTPEN	5	QL PA
ADBRY 150 MG/ML SOLN PRSYR	5	QL PA
ARCALYST	5	QL PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	5	QL PA
COSENTYX (300 MG DOSE)	5	QL PA
COSENTYX (COSENTYX 75 MG/0.5ML SOLN PRSYR, COSENTYX 150 MG/ML SOLN PRSYR)	5	QL PA
COSENTYX SENSOREADY (300 MG)	5	QL PA
COSENTYX SENSOREADY PEN	5	QL PA
COSENTYX UNOREADY	5	QL PA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR, DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	5	QL PA AL
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5	QL PA
EMPAVELI	5	QL PA
ENSPRYNG	5	PA QL
KEVZARA	5	QL PA AL
OLUMIANT	5	QL PA
ORENCIA (ORENCIA 50 MG/0.4ML SOLN PRSYR, ORENCIA 87.5 MG/0.7ML SOLN PRSYR, ORENCIA 125 MG/ML SOLN PRSYR)	5	QL PA
ORENCIA CLICKJECT	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 10 & 20 & 30 MG TAB THPK)	5	PA QL
PALFORZIA (12 MG DAILY DOSE)	5	QL PA
PALFORZIA (120 MG DAILY DOSE)	5	QL PA
PALFORZIA (160 MG DAILY DOSE)	5	QL PA
PALFORZIA (20 MG DAILY DOSE)	5	QL PA
PALFORZIA (200 MG DAILY DOSE)	5	QL PA
PALFORZIA (240 MG DAILY DOSE)	5	QL PA
PALFORZIA (3 MG DAILY DOSE)	5	QL PA
PALFORZIA (300 MG MAINTENANCE)	5	QL PA
PALFORZIA (300 MG TITRATION)	5	QL PA
PALFORZIA (40 MG DAILY DOSE)	5	QL PA
PALFORZIA (6 MG DAILY DOSE)	5	QL PA
PALFORZIA (80 MG DAILY DOSE)	5	QL PA
PALFORZIA INITIAL ESCALATION	5	PA QL
RIDAURA	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI (150 MG DOSE)	5	PA QL
SKYRIZI (SKYRIZI 150 MG/ML SOLN PRSYR, SKYRIZI 180 MG/1.2ML SOLN CART)	5	PA QL
SKYRIZI 360 MG/2.4ML SOLN CART	5	QL PA
SKYRIZI PEN	5	PA QL
SOTYKTU	5	QL PA
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION, STELARA 90 MG/ML SOLN PRSYR)	5	QL PA
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	5	QL PA
TREMFYA (TREMFYA 100 MG/ML SOLN A-INJ, TREMFYA 100 MG/ML SOLN PRSYR)	5	QL PA AL
XELJANZ (XELJANZ 1 MG/ML SOLUTION, XELJANZ 5 MG TAB)	5	QL PA
XELJANZ 10 MG TAB	5	PA QL
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR, XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR, XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	5	PA AL
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE	5	
INTRON A	5	
PEGASYS	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IMMUNOSUPPRESSANTS</b>		
AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN A-INJ, AMJEVITA 40 MG/0.8ML SOLN PRSYR)	5	QL PA
ASTAGRAF XL	4	PREV Preventive
<i>azathioprine (azathioprine tab 50 mg, azathioprine tab 75 mg, azathioprine tab 100 mg)</i>	2	PREV Preventive
CIMZIA (2 SYRINGE)	5	QL PA
CIMZIA-STARTER	5	QL PA QL
<i>cyclosporine (cyclosporine cap 25 mg, cyclosporine cap 100 mg)</i>	2	PREV Preventive
<i>cyclosporine modified (for microemulsion) (cyclosporine modified cap 25 mg, cyclosporine modified cap 50 mg, cyclosporine modified cap 100 mg, cyclosporine modified oral soln 100 mg/ml)</i>	2	PREV Preventive
ENBREL (ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	5	QL PA
ENBREL 25 MG/0.5ML SOLN PRSYR	5	PA QL
ENBREL MINI	5	QL PA
ENBREL SURECLICK	5	QL PA
ENTYVIO 108 MG/0.68ML SOLN A-INJ	5	QL PA
ENVARUSUS XR	4	PREV Preventive
<i>everolimus (immunosuppressant)</i>	2	PREV Preventive
HADLIMA	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HADLIMA PUSH TOUCH	5	QL PA
HUMIRA	5	QL PA
HUMIRA (2 PEN)	5	QL PA
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5	QL PA
HUMIRA-CD/UC/HS STARTER	5	PA QL
HUMIRA-PED<40KG CROHNS STARTER	5	PA QL
HUMIRA-PED>=40KG CROHNS START	5	PA QL
HUMIRA-PED>=40KG UC STARTER	5	PA QL
HUMIRA-PS/UV/ADOL HS STARTER	5	PA QL
HUMIRA-PSORIASIS/UEVIT STARTER	5	PA QL
HYFTOR	4	PA QL
<i>leflunomide (leflunomide tab 10 mg, leflunomide tab 20 mg)</i>	2	
LUPKYNIS	5	QL PA
<i>methotrexate sodium (methotrexate sodium for inj 1 gm, methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml))</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methotrexate sodium (methotrexate sodium inj 50 mg/2ml (25 mg/ml), methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), methotrexate sodium inj pf 250 mg/10ml (25 mg/ml), methotrexate sodium tab 2.5 mg (base equiv))</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	4	
<i>mycophenolate mofetil (mycophenolate mofetil cap 250 mg, mycophenolate mofetil for oral susp 200 mg/ml, mycophenolate mofetil tab 500 mg)</i>	2	PREV Preventive
<i>mycophenolate sodium (mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv))</i>	2	PREV Preventive
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	4	PREV Preventive
OTREXUP	3	ST
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP)	4	PREV Preventive
RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB)	4	PREV Preventive
REDITREX	3	ST
REZUROCK	5	QL PA
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	5	QL PA
RINVOQ 45 MG TAB ER 24H	5	PA QL
RINVOQ LQ	5	QL PA
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP, SANDIMMUNE 100 MG/ML SOLUTION)	4	PREV Preventive
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	5	QL PA
<i>sirolimus (sirolimus oral soln 1 mg/ml, sirolimus tab 0.5 mg, sirolimus tab 1 mg, sirolimus tab 2 mg)</i>	2	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus (tacrolimus cap 0.5 mg, tacrolimus cap 1 mg, tacrolimus cap 5 mg)</i>	2	PREV Preventive
XELJANZ XR 11 MG TAB ER 24H	5	QL PA
XELJANZ XR 22 MG TAB ER 24H	5	PA QL
ZORTRESS	4	PREV Preventive
VACCINES		
ABRYSVO	3	ACA Affordable Care Act Medications PREV Preventive
ACTHIB	3	ACA Affordable Care Act Medications PREV Preventive
ADACEL	3	ACA Affordable Care Act Medications PREV Preventive
AFLURIA	3	AL ACA Affordable Care Act Medications PREV Preventive
AFLURIA PRESERVATIVE FREE	3	AL ACA Affordable Care Act Medications PREV Preventive
AFLURIA QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
AREXVY	3	AL ACA Affordable Care Act Medications PREV Preventive
BEXSERO	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOOSTRIX	3	ACA Affordable Care Act Medications PREV Preventive
CAPVAXIVE	3	ACA Affordable Care Act Medications PREV Preventive
COMIRNATY	3	AL ACA Affordable Care Act Medications PREV Preventive
DAPTACEL	3	ACA Affordable Care Act Medications PREV Preventive
DIPHThERIA-TETANUS TOXOIDS DT	3	ACA Affordable Care Act Medications PREV Preventive
ENGERIX-B	3	ACA Affordable Care Act Medications PREV Preventive
FLUAD	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUAD QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUARIX	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUARIX QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUBLOK	3	AL ACA Affordable Care Act Medications PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUBLOK QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUCELVAX	3	ACA Affordable Care Act Medications PREV Preventive
FLUCELVAX QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
FLULAVAL	3	AL ACA Affordable Care Act Medications PREV Preventive
FLULAVAL QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUMIST	3	ACA Affordable Care Act Medications PREV Preventive
FLUMIST QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUZONE (FLUZONE SUSPENSION, FLUZONE 0.5 ML SUSP PRSYR)	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUZONE HIGH-DOSE	3	AL ACA Affordable Care Act Medications PREV Preventive
FLUZONE HIGH-DOSE QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUZONE QUADRIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
GARDASIL 9	3	ACA Affordable Care Act Medications PREV Preventive
HAVRIX	3	ACA Affordable Care Act Medications PREV Preventive
HEPLISAV-B	3	ACA Affordable Care Act Medications PREV Preventive
HIBERIX	3	ACA Affordable Care Act Medications PREV Preventive
IMOVAX RABIES	3	PREV Preventive
INFANRIX	3	ACA Affordable Care Act Medications PREV Preventive
IPOL	3	ACA Affordable Care Act Medications PREV Preventive
JANSSEN COVID-19 VACCINE	3	AL
JYNNEOS	3	PREV Preventive
KINRIX	3	ACA Affordable Care Act Medications PREV Preventive
M-M-R II	3	ACA Affordable Care Act Medications PREV Preventive
MENACTRA	3	ACA Affordable Care Act Medications PREV Preventive
MENQUADFI	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	3	ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 BIVAL 6M-5Y	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 BIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VAC (BOOSTER)	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	3	ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VACC 6M-5Y	3	AL ACA Affordable Care Act Medications PREV Preventive
MODERNA COVID-19 VACCINE	3	AL ACA Affordable Care Act Medications PREV Preventive
MRESVIA	3	AL ACA Affordable Care Act Medications PREV Preventive
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	3	AL ACA Affordable Care Act Medications PREV Preventive
PEDIARIX	4	ACA Affordable Care Act Medications PREV Preventive
PEDVAX HIB	4	ACA Affordable Care Act Medications PREV Preventive
PENBRAYA	3	ACA Affordable Care Act Medications PREV Preventive
PENTACEL	4	ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 BIVAL 6MO-4YR	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC BIVAL 5-11	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC BIVALENT	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC-TRIS 5-11Y	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	AL ACA Affordable Care Act Medications PREV Preventive
PFIZER-BIONT COVID-19 VAC-TRIS	3	AL ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PFIZER-BIONTECH COVID-19 VACC	3	AL ACA Affordable Care Act Medications PREV Preventive
PNEUMOVAX 23	4	ACA Affordable Care Act Medications PREV Preventive
PREHEVBRIO	3	ACA Affordable Care Act Medications PREV Preventive
PREVNAR 13	4	ACA Affordable Care Act Medications PREV Preventive
PREVNAR 20	3	ACA Affordable Care Act Medications PREV Preventive
PRIORIX	3	ACA Affordable Care Act Medications PREV Preventive
PROQUAD	4	ACA Affordable Care Act Medications PREV Preventive
QUADRACEL	4	ACA Affordable Care Act Medications PREV Preventive
RABAVERT	4	PREV Preventive
RECOMBIVAX HB	4	ACA Affordable Care Act Medications PREV Preventive
ROTARIX	4	ACA Affordable Care Act Medications PREV Preventive
ROTATEQ	4	ACA Affordable Care Act Medications PREV Preventive
SHINGRIX	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPIKEVAX	3	AL ACA Affordable Care Act Medications PREV Preventive
SPIKEVAX COVID-19 VACCINE	3	AL ACA Affordable Care Act Medications PREV Preventive
TDVAX	4	ACA Affordable Care Act Medications PREV Preventive
TENIVAC	4	ACA Affordable Care Act Medications PREV Preventive
TRUMENBA	4	ACA Affordable Care Act Medications PREV Preventive
TWINRIX	4	ACA Affordable Care Act Medications PREV Preventive
VAQTA	4	ACA Affordable Care Act Medications PREV Preventive
VARIVAX	4	ACA Affordable Care Act Medications PREV Preventive
VAXELIS	3	ACA Affordable Care Act Medications PREV Preventive
VAXNEUVANCE	3	ACA Affordable Care Act Medications PREV Preventive
VIVOTIF	4	PREV Preventive
ZOSTAVAX	3	ACA Affordable Care Act Medications

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
<i>balsalazide disodium</i>	2	
<b>DIPENTUM</b>	4	
<i>mesalamine (mesalamine cap dr 400 mg, mesalamine cap er 24hr 0.375 gm, mesalamine enema 4 gm, mesalamine suppos 1000 mg, mesalamine tab delayed release 1.2 gm, mesalamine tab delayed release 800 mg)</i>	2	
<i>sulfasalazine (sulfasalazine tab 500 mg, sulfasalazine tab delayed release 500 mg)</i>	2	
<b>GLUCOCORTICOIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	2	
<b>CORTIFOAM</b>	3	
<i>hydrocortisone (hydrocortisone tab 5 mg, hydrocortisone tab 10 mg, hydrocortisone tab 20 mg)</i>	2	
<i>hydrocortisone (intrarectal)</i>	2	
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sodium (alendronate sodium tab 10 mg, alendronate sodium tab 35 mg, alendronate sodium tab 70 mg)</i>	1	PREV Preventive
<b>ALENDRONATE SODIUM 5 MG TAB</b>	4	PREV Preventive
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	PREV Preventive
<i>calcitonin (salmon) (calcitonin (salmon) inj 200 unit/ml, calcitonin (salmon) nasal soln 200 unit/act)</i>	2	PREV Preventive
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>cinacalcet hcl</i>	5	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<b>FORTEO</b>	5	QL PA
<b>FOSAMAX PLUS D</b>	4	PREV Preventive
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATPARA	5	
<i>paricalcitol (paricalcitol cap 1 mcg, paricalcitol cap 2 mcg, paricalcitol cap 4 mcg)</i>	2	
<i>risedronate sodium (risedronate sodium tab 5 mg, risedronate sodium tab 30 mg, risedronate sodium tab 35 mg, risedronate sodium tab 150 mg)</i>	2	PREV Preventive
<i>teriparatide</i>	5	QL PA
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	5	QL PA
TYMLOS	5	QL PA AL
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS	3	PREV Preventive
1ST TIER UNIFINE PENTIPS PLUS	3	PREV Preventive
1ST TIER UNILET COMFORTOUCH	3	PREV Preventive
ABOUTTIME PEN NEEDLE	3	PREV Preventive
ACCU-CHEK FASTCLIX LANCET	3	PREV Preventive
ACCU-CHEK FASTCLIX LANCETS	3	PREV Preventive
ACCU-CHEK SAFE-T PRO LANCETS	3	PREV Preventive
ACCU-CHEK SOFTCLIX LANCET DEV	3	PREV Preventive
ACCU-CHEK SOFTCLIX LANCETS	3	PREV Preventive
ACTI-LANCE 28G	3	PREV Preventive
ACTI-LANCE LITE LANCETS 28G	3	PREV Preventive
ACTI-LANCE SPECIAL LANCETS 17G	3	PREV Preventive
ACTI-LANCE UNIVERSAL 23G	3	PREV Preventive
ADJUSTABLE LANCING DEVICE	3	PREV Preventive
ADVANCED MOBILE LANCET	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVOCATE INSULIN PEN NEEDLE	3	PREV Preventive
ADVOCATE INSULIN PEN NEEDLES	3	PREV Preventive
ADVOCATE INSULIN SYRINGE	3	PREV Preventive
ADVOCATE LANCETS	3	PREV Preventive
ADVOCATE LANCETS 30G	3	PREV Preventive
ADVOCATE LANCING DEVICE	3	PREV Preventive
ADVOCATE RAPID-SAFE LANCING	3	PREV Preventive
ADVOCATE SAFETY LANCETS	3	PREV Preventive
ADVOCATE SAFETY LANCETS 26G	3	PREV Preventive
AGAMATRIX ULTRA-THIN LANCETS	3	PREV Preventive
AIMSCO LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
AIMSCO TWIST LANCETS 32G	3	PREV Preventive
AIMSCO TWIST LANCETS 33G	3	PREV Preventive
ALLERGY SYRINGE	3	
AQ INSULIN SYRINGE	3	PREV Preventive
AQINJECT PEN NEEDLE	3	PREV Preventive
AQUALANCE LANCETS 30G	3	PREV Preventive
ASSURE COMFORT LANCETS 28G	3	PREV Preventive
ASSURE HAEMOLANCE PLUS HIGH	3	PREV Preventive
ASSURE HAEMOLANCE PLUS LOW	3	PREV Preventive
ASSURE HAEMOLANCE PLUS MICRO	3	PREV Preventive
ASSURE HAEMOLANCE PLUS NORMAL	3	PREV Preventive
ASSURE HAEMOLANCE PLUS PED	3	PREV Preventive
ASSURE ID DUO PRO PEN NEEDLES	3	PREV Preventive
ASSURE ID INSULIN SAFETY SYR	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE ID PRO PEN NEEDLES	3	PREV Preventive
ASSURE ID SAFETY PEN NEEDLES	3	PREV Preventive
ASSURE LANCE LANCETS	3	PREV Preventive
ASSURE LANCE LANCETS 21G	3	PREV Preventive
ASSURE LANCE PLUS SAFETY 25G	3	PREV Preventive
ASSURE LANCE PLUS SAFETY 30G	3	PREV Preventive
ASSURE LANCE SAFETY LANCET 28G	3	PREV Preventive
AUM INSULIN SAFETY PEN NEEDLE	3	PREV Preventive
AUM MINI INSULIN PEN NEEDLE	3	PREV Preventive
AUM PEN NEEDLE	3	PREV Preventive
AUM READYGARD DUO PEN NEEDLE	3	PREV Preventive
AUM SAFETY PEN NEEDLE	3	PREV Preventive
AURORA LANCET SUPER THIN 30G	3	PREV Preventive
AURORA LANCET THIN 23G	3	PREV Preventive
AURORA PEN NEEDLES	3	PREV Preventive
AURORA UNIFINE PENTIPS	3	PREV Preventive
AUTO-LANCET	3	PREV Preventive
AUTO-LANCET MINI	3	PREV Preventive
AUTOLET II CLINISAFE	3	PREV Preventive
AUTOLET LANCING DEVICE	3	PREV Preventive
AUTOLET LITE CLINISAFE	3	PREV Preventive
AUTOLET LITE STARTER PACK	3	PREV Preventive
AUTOLET MINI	3	PREV Preventive
AUTOLET PLATFORMS	3	PREV Preventive
AUTOLET PLUS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTOPEN	3	
BARDIA BULB IRRIGATION SYRINGE	3	
BARDIA PISTON IRRIGATION SYR	3	
BD ALLERGIST TRAY	3	
BD ALLERGY SYRINGE	3	
BD AUTOSHIELD	3	PREV Preventive
BD AUTOSHIELD DUO	3	PREV Preventive
BD BLUNT FILL NEEDLE	3	
BD BLUNT FILTER NEEDLE	3	
BD CONTROL SYRING LUER-LOK	3	
BD DISP NEEDLE (BD DISP NEEDLE 23G X 1" MISC, BD DISP NEEDLE 25G X 1" MISC, BD DISP NEEDLE 30G X 1" MISC)	3	
BD DISP NEEDLES (BD DISP NEEDLES 16G X 1-1/2" MISC, BD DISP NEEDLES 18G X 1-1/2" MISC, BD DISP NEEDLES 19G X 1" MISC, BD DISP NEEDLES 20G X 1" MISC, BD DISP NEEDLES 20G X 1-1/2" MISC, BD DISP NEEDLES 21G X 1-1/2" MISC, BD DISP NEEDLES 22G X 1-1/2" MISC, BD DISP NEEDLES 25G X 5/8" MISC, BD DISP NEEDLES 25G X 7/8" MISC, BD DISP NEEDLES 27G X 1/2" MISC, BD DISP NEEDLES 30G X 1/2" MISC)	3	
BD ECLIPSE LUER-LOK NEEDLE	3	
BD ECLIPSE NEEDLE (BD ECLIPSE NEEDLE 18G X 1-1/2" MISC, BD ECLIPSE NEEDLE 21G X 1" MISC, BD ECLIPSE NEEDLE 21G X 1-1/2" MISC, BD ECLIPSE NEEDLE 23G X 1" MISC, BD ECLIPSE NEEDLE 25G X 1" MISC, BD ECLIPSE NEEDLE 25G X 1-1/2" MISC, BD ECLIPSE NEEDLE 25G X 5/8" MISC, BD ECLIPSE NEEDLE 27G X 1/2" MISC)	3	
BD ECLIPSE SHIELDED NEEDLE	3	
BD ECLIPSE SYRINGE (BD ECLIPSE SYRINGE 21G X 1" 3 ML MISC, BD ECLIPSE SYRINGE 25G X 1" 3 ML MISC, BD ECLIPSE SYRINGE 27G X 1/2" 1 ML MISC, BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC)	3	
BD ECLIPSE SYRINGE/NEEDLE	3	
BD FILTER NEEDLE	3	
BD FILTER NEEDLE/5 MICRON	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD HYPODERMIC NEEDLE (BD HYPODERMIC NEEDLE 16G X 1" MISC, BD HYPODERMIC NEEDLE 18G X 1" MISC, BD HYPODERMIC NEEDLE 18G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 19G X 1" MISC, BD HYPODERMIC NEEDLE 19G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 21G X 1" MISC, BD HYPODERMIC NEEDLE 21G X 2" MISC, BD HYPODERMIC NEEDLE 22G X 1" MISC, BD HYPODERMIC NEEDLE 22G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 23G X 1" MISC, BD HYPODERMIC NEEDLE 23G X 3/4" MISC, BD HYPODERMIC NEEDLE 25G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 26G X 1/2" MISC)	3	
BD INSULIN SYR ULTRAFINE II	3	PREV Preventive
BD INSULIN SYRINGE (BD INSULIN SYRINGE 25G X 1" 1 ML MISC, BD INSULIN SYRINGE 25G X 5/8" 1 ML MISC, BD INSULIN SYRINGE 26G X 1/2" 1 ML MISC, BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC, BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC, BD INSULIN SYRINGE U-100 1 ML MISC)	3	PREV Preventive
BD INSULIN SYRINGE HALF-UNIT	3	PREV Preventive
BD INSULIN SYRINGE MICROFINE	3	PREV Preventive
BD INSULIN SYRINGE U-500	3	PREV Preventive
BD INSULIN SYRINGE U/F	3	PREV Preventive
BD INSULIN SYRINGE U/F 1/2UNIT	3	PREV Preventive
BD INSULIN SYRINGE ULTRAFINE	3	PREV Preventive
BD INTEGRA NEEDLE	3	
BD INTEGRA SYRINGE	3	
BD LANCET ULTRAFINE 30G	3	PREV Preventive
BD LANCET ULTRAFINE 33G	3	PREV Preventive
BD LUER-LOCK SYRINGE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD LUER-LOK SYRINGE (BD LUER-LOK SYRINGE 10 ML MISC, BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 20G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 20G X 1-1/2" 10 ML MISC, BD LUER-LOK SYRINGE 20G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 21G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 10 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 10 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 22G X 1" 5 ML MISC, BD LUER-LOK SYRINGE 22G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 22G X 1-1/2" 5 ML MISC, BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 23G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 1" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 1-1/2" 3 ML MISC, BD LUER-LOK SYRINGE 25G X 5/8" 1 ML MISC, BD LUER-LOK SYRINGE 25G X 5/8" 3 ML MISC, BD LUER-LOK SYRINGE 26G X 5/8" 3 ML MISC)	3	
BD MICROTAINER LANCETS	3	PREV Preventive
BD NOKOR ADMIX NEEDLE	3	
BD PEN	3	
BD PEN MINI	3	
BD PEN NEEDLE MICRO U/F	3	PREV Preventive
BD PEN NEEDLE MINI U/F	3	PREV Preventive
BD PEN NEEDLE NANO 2ND GEN	3	PREV Preventive
BD PEN NEEDLE NANO U/F	3	PREV Preventive
BD PEN NEEDLE ORIGINAL U/F	3	PREV Preventive
BD PEN NEEDLE SHORT U/F	3	PREV Preventive
BD PLASTIPAK SYRINGE (BD PLASTIPAK SYRINGE 3 ML MISC, BD PLASTIPAK SYRINGE 21G X 1" 3 ML MISC)	3	
BD PRECISIONGLIDE NEEDLE (BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC, BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" MISC, BD PRECISIONGLIDE NEEDLE 27G X 3/8" MISC)	3	
BD SAFETY-LOK INSULIN SYRINGE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD SAFETYGLIDE ALLERGY SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE	3	PREV Preventive
BD SAFETYGLIDE NEEDLE (BD SAFETYGLIDE NEEDLE 18G X 1-1/2" MISC, BD SAFETYGLIDE NEEDLE 21G X 1" MISC, BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML MISC, BD SAFETYGLIDE NEEDLE 25G X 1" MISC, BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC, BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC)	3	
BD SAFETYGLIDE SHIELDED NEEDLE (BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" MISC, BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" MISC, BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML MISC, BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" MISC)	3	
BD SAFETYGLIDE SYRINGE/NEEDLE (BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML MISC, BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC)	3	
BD SYRINGE	3	
BD SYRINGE BLUNT CANNULA 17G	3	
BD SYRINGE DISPOSABLE	3	
BD SYRINGE DUAL CANNULA	3	
BD SYRINGE LUER SLIP TIP	3	
BD SYRINGE LUER-LOK (BD SYRINGE LUER-LOK 1 ML MISC, BD SYRINGE LUER-LOK 3 ML MISC, BD SYRINGE LUER-LOK 5 ML MISC, BD SYRINGE LUER-LOK 10 ML MISC, BD SYRINGE LUER-LOK 20 ML MISC, BD SYRINGE LUER-LOK 30 ML MISC)	3	
BD SYRINGE SLIP TIP (BD SYRINGE SLIP TIP 1 ML MISC, BD SYRINGE SLIP TIP 3 ML MISC, BD SYRINGE SLIP TIP 10 ML MISC, BD SYRINGE SLIP TIP 25G X 5/8" 1 ML MISC, BD SYRINGE SLIP TIP 26G X 3/8" 1 ML MISC, BD SYRINGE SLIP TIP 26G X 5/8" 1 ML MISC)	3	
BD SYRINGE/NEEDLE (BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC, BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC, BD SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC, BD SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC)	3	
BD TB SYRINGE	3	
BD VEO INSULIN SYR U/F 1/2UNIT	3	PREV Preventive
BD VEO INSULIN SYRINGE U/F	3	PREV Preventive
CARDIOCOM LANCING DEVICE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREFINE PEN NEEDLES	3	PREV Preventive
CAREONE ADVANCED LANCING DEV	3	PREV Preventive
CAREONE INSULIN SYRINGE	3	PREV Preventive
CAREONE LANCET SUPER THIN 30G	3	PREV Preventive
CAREONE LANCET THIN 23G	3	PREV Preventive
CAREONE UNIFINE PENTIPS	3	PREV Preventive
CAREONE UNIFINE PENTIPS PLUS	3	PREV Preventive
CAREPOINT POLY HUB NEEDLE (CAREPOINT POLY HUB NEEDLE 18G X 1" MISC, CAREPOINT POLY HUB NEEDLE 18G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 20G X 1" MISC, CAREPOINT POLY HUB NEEDLE 21G X 1" MISC, CAREPOINT POLY HUB NEEDLE 21G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 22G X 1" MISC, CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 23G X 1" MISC, CAREPOINT POLY HUB NEEDLE 23G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 25G X 1" MISC, CAREPOINT POLY HUB NEEDLE 25G X 1-1/2" MISC, CAREPOINT POLY HUB NEEDLE 25G X 5/8" MISC, CAREPOINT POLY HUB NEEDLE 27G X 1/2" MISC, CAREPOINT POLY HUB NEEDLE 30G X 1/2" MISC)	3	
CAREPOINT SAFETY 1ST NEEDLE (CAREPOINT SAFETY 1ST NEEDLE 23G X 1" MISC, CAREPOINT SAFETY 1ST NEEDLE 23G X 1-1/2" MISC, CAREPOINT SAFETY 1ST NEEDLE 25G X 1" MISC, CAREPOINT SAFETY 1ST NEEDLE 25G X 1-1/2" MISC, CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" MISC)	3	
CAREPOINT SAFETY1ST SYR/NEEDLE (CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML MISC, CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 5/8" 3 ML MISC)	3	
CAREPOINT SYRINGE CATHETER TIP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREPOINT SYRINGE LUER LOCK (CAREPOINT SYRINGE LUER LOCK 1 ML MISC, CAREPOINT SYRINGE LUER LOCK 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 5 ML MISC, CAREPOINT SYRINGE LUER LOCK 10 ML MISC, CAREPOINT SYRINGE LUER LOCK 20 ML MISC, CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 30 ML MISC, CAREPOINT SYRINGE LUER LOCK 60 ML MISC)	3	
CAREPOINT SYRINGE LUER SLIP	3	
CAREPOINT TUBERCLN SYR/LUER SL	3	
CARESENS LANCETS	3	PREV Preventive
CARESENS LANCETS 30G	3	PREV Preventive
CARETOUCH CATHETER TIP SYRINGE	3	
CARETOUCH HYPODERMIC NEEDLE (CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC, CARETOUCH HYPODERMIC NEEDLE 20G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 22G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 23G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC, CARETOUCH HYPODERMIC NEEDLE 25G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC, CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC, CARETOUCH HYPODERMIC NEEDLE 26G X 1" MISC, CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC)	3	
CARETOUCH INSULIN SYRINGE	3	PREV Preventive
CARETOUCH LANCING/EJECTOR	3	PREV Preventive
CARETOUCH LUER LOCK (CARETOUCH LUER LOCK 1 ML MISC, CARETOUCH LUER LOCK 3 ML MISC, CARETOUCH LUER LOCK 5 ML MISC, CARETOUCH LUER LOCK 10 ML MISC, CARETOUCH LUER LOCK 23G X 1" 3 ML MISC)	3	
CARETOUCH LUER LOCK SYR/NEEDLE	3	
CARETOUCH LUER SLIP	3	
CARETOUCH PEN NEEDLES	3	PREV Preventive
CARETOUCH SAFETY LANCETS	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARETOUCH SAFETY LANCETS 26G	3	PREV Preventive
CARETOUCH TWIST LANCETS 28G	3	PREV Preventive
CARETOUCH TWIST LANCETS 30G	3	PREV Preventive
CARETOUCH TWIST LANCETS 33G	3	PREV Preventive
CARETOUCH TWIST MC LANCETS 30G	3	PREV Preventive
CAYA	3	ACA Affordable Care Act Medications PREV Preventive
CEQR SIMPLICITY 2U	3	
CERVIDIL	4	
CHOSEN LANCETS 30G	3	PREV Preventive
CHOSEN LANCING DEVICE	3	PREV Preventive
CHOSEN SAFETY LANCETS 28G	3	PREV Preventive
CLEANLET LANCETS 28G	3	PREV Preventive
CLEVER CHEK LANCETS	3	PREV Preventive
CLEVER CHOICE COMFORT EZ (CLEVER CHOICE COMFORT EZ MISC, CLEVER CHOICE COMFORT EZ 29G X 12MM MISC, CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC)	3	PREV Preventive
CLEVER CHOICE LANCETS 21G	3	PREV Preventive
CLEVER CHOICE LANCETS 23G	3	PREV Preventive
CLEVER CHOICE LANCETS 28G	3	PREV Preventive
CLICKFINE PEN NEEDLES	3	PREV Preventive
COAGUCHEK LANCETS	3	PREV Preventive
COMFORT ASSIST INSULIN SYRINGE	3	PREV Preventive
COMFORT ASSURED LANCETS 28G	3	PREV Preventive
COMFORT ASSURED LANCETS 33G	3	PREV Preventive
COMFORT EZ INSULIN SYRINGE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT EZ MICRO PEN NEEDLES	3	PREV Preventive
COMFORT EZ PEN NEEDLES	3	PREV Preventive
COMFORT EZ PRO PEN NEEDLES	3	PREV Preventive
COMFORT EZ SHORT PEN NEEDLES	3	PREV Preventive
COMFORT LANCETS	3	PREV Preventive
COMFORT TOUCH INSULIN PEN NEED	3	PREV Preventive
COMFORT TOUCH LANCETS 31G	3	PREV Preventive
COMFORT TOUCH PLUS LANCETS 28G	3	PREV Preventive
COMFORT TOUCH PLUS LANCETS 30G	3	PREV Preventive
COMFORT TOUCH TWIST LANCET 30G	3	PREV Preventive
CONDOMS	3	ACA Affordable Care Act Medications PREV Preventive
CONTOUR CONTROL	3	PREV Preventive
CONTOUR NEXT CONTROL	3	PREV Preventive
CONTOUR NEXT EZ	3	PREV Preventive
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	3	PREV Preventive
CONTOUR NEXT MONITOR	3	PREV Preventive
CONTOUR NEXT ONE	3	PREV Preventive
CONTOUR NEXT TEST	3	QL PREV Preventive
CONTOUR PLUS TEST	3	QL PREV Preventive
CONTOUR TEST	3	QL PREV Preventive
CRONO SYRINGE (CRONO SYRINGE 19G X 1-1/2" 10 ML MISC, CRONO SYRINGE 19G X 1-1/2" 20 ML MISC)	3	
CVS LANCETS 21G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS LANCETS MICRO THIN 33G	3	PREV Preventive
CVS LANCETS ORIGINAL	3	PREV Preventive
CVS LANCETS THIN 26G	3	PREV Preventive
CVS LANCETS ULTRA THIN 30G	3	PREV Preventive
CVS LANCETS ULTRA-THIN 30G	3	PREV Preventive
CVS LANCING DEVICE	3	PREV Preventive
CVS ULTRA THIN LANCETS	3	PREV Preventive
DEXCOM G6 RECEIVER	3	ST QL
DEXCOM G6 SENSOR	3	QL ST
DEXCOM G6 TRANSMITTER	3	ST QL
DEXCOM G7 RECEIVER	3	ST QL
DEXCOM G7 SENSOR	3	QL ST
DIATHRIVE LANCET ULTRA THIN 30	3	PREV Preventive
DIATHRIVE LANCETS	3	PREV Preventive
DIATHRIVE LANCING DEVICE	3	PREV Preventive
DIATHRIVE PEN NEEDLE	3	PREV Preventive
DROPLET GENTEEL LANCING DEVICE	3	PREV Preventive
DROPLET INSULIN SYRINGE	3	PREV Preventive
DROPLET LANCETS ULTRA THIN 30G	3	PREV Preventive
DROPLET LANCING DEVICE	3	PREV Preventive
DROPLET MICRON	3	PREV Preventive
DROPLET PEN NEEDLES	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPLET PERSONAL LANCETS 30G	3	PREV Preventive
DROPSAFE SAFETY PEN NEEDLES	3	PREV Preventive
DROPSAFE SAFETY SYRINGE/NEEDLE	3	PREV Preventive
DROPSAFE SICURA	3	
DRUG MART LANCETS THIN 26G	3	PREV Preventive
DRUG MART LANCING DEVICE	3	PREV Preventive
DRUG MART ON-THE-GO LANCET 30G	3	PREV Preventive
DRUG MART UNIFINE PENTIPS	3	PREV Preventive
DRUG MART UNIFINE PENTIPS PLUS	3	PREV Preventive
DRUG MART UNILET LANCETS 28G	3	PREV Preventive
DRUG MART UNILET LANCETS 30G	3	PREV Preventive
DRUG MART UNILET LANCETS 33G	3	PREV Preventive
DUREX EXTRA SENSITIVE THIN	3	ACA Affordable Care Act Medications PREV Preventive
DUREX REALFEEL	3	ACA Affordable Care Act Medications PREV Preventive
DUREX TROPICAL	3	ACA Affordable Care Act Medications PREV Preventive
E-Z JECT LANCET MICRO-THIN 33G	3	PREV Preventive
E-Z JECT LANCET SUPER THIN 30G	3	PREV Preventive
E-Z JECT LANCETS	3	PREV Preventive
E-Z JECT LANCETS 21G	3	PREV Preventive
E-Z JECT LANCETS THIN 26G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC)	3	PREV Preventive
EASY COMFORT LANCETS	3	PREV Preventive
EASY COMFORT LANCETS TWIST TOP	3	PREV Preventive
EASY COMFORT PEN NEEDLES	3	PREV Preventive
EASY GLIDE CATH TIP SYRINGE	3	
EASY GLIDE LUER LOCK SYRINGE	3	
EASY GLIDE PEN NEEDLES	3	PREV Preventive
EASY GLIDE SLIP LOCK SYRINGE	3	
EASY MINI EJECT LANCING DEVICE	3	PREV Preventive
EASY MINI LANCING DEVICE	3	PREV Preventive
EASY TOUCH ALLERGY SYRINGE	3	
EASY TOUCH FLIPLOCK INSULIN SY	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK NEEDLES (EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC, EASY TOUCH FLIPLOCK NEEDLES 18G X 1-1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 19G X 1" MISC, EASY TOUCH FLIPLOCK NEEDLES 19G X 1-1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 20G X 1" MISC, EASY TOUCH FLIPLOCK NEEDLES 20G X 1-1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 21G X 1" MISC, EASY TOUCH FLIPLOCK NEEDLES 21G X 1-1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 22G X 1" MISC, EASY TOUCH FLIPLOCK NEEDLES 22G X 1-1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 22G X 3/4" MISC, EASY TOUCH FLIPLOCK NEEDLES 23G X 1" MISC, EASY TOUCH FLIPLOCK NEEDLES 23G X 1-1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 23G X 5/8" MISC, EASY TOUCH FLIPLOCK NEEDLES 25G X 1" MISC, EASY TOUCH FLIPLOCK NEEDLES 25G X 1-1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" MISC, EASY TOUCH FLIPLOCK NEEDLES 26G X 1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 27G X 1" MISC, EASY TOUCH FLIPLOCK NEEDLES 27G X 1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 28G X 1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 29G X 1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 30G X 1/2" MISC, EASY TOUCH FLIPLOCK NEEDLES 30G X 5/16" MISC, EASY TOUCH FLIPLOCK NEEDLES 31G X 5/16" MISC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK SAFETY SYR (EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1.5" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1.5" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1-1/2" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 10 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 3 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 5 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 26G X 3/8" 1 ML MISC, EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML MISC)	3	
EASY TOUCH FLURINGE	3	
EASY TOUCH FLURINGE FLIPLOCK	3	
EASY TOUCH FLURINGE SHEATHLOCK	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH HYPODERMIC NEEDLE (EASY TOUCH HYPODERMIC NEEDLE 16G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25" MISC, EASY TOUCH HYPODERMIC NEEDLE 19G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 20G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 21G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 22G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 24G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 30G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16" MISC, EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16" MISC)	3	
EASY TOUCH INSULIN SAFETY SYR	3	PREV Preventive
EASY TOUCH INSULIN SYRINGE	3	PREV Preventive
EASY TOUCH LANCETS 21G	3	PREV Preventive
EASY TOUCH LANCETS 23G	3	PREV Preventive
EASY TOUCH LANCETS 26G	3	PREV Preventive
EASY TOUCH LANCETS 28G	3	PREV Preventive
EASY TOUCH LANCETS 28G/TWIST	3	PREV Preventive
EASY TOUCH LANCETS 30G	3	PREV Preventive
EASY TOUCH LANCETS 30G/TWIST	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 32G	3	PREV Preventive
EASY TOUCH LANCETS 32G/TWIST	3	PREV Preventive
EASY TOUCH LANCETS 33G/TWIST	3	PREV Preventive
EASY TOUCH LANCING DEVICE	3	PREV Preventive
EASY TOUCH PEN NEEDLES	3	PREV Preventive
EASY TOUCH SAFETY LANCETS 21G	3	PREV Preventive
EASY TOUCH SAFETY LANCETS 23G	3	PREV Preventive
EASY TOUCH SAFETY LANCETS 26G	3	PREV Preventive
EASY TOUCH SAFETY LANCETS 28G	3	PREV Preventive
EASY TOUCH SAFETY PEN NEEDLES	3	PREV Preventive
EASY TOUCH SAFETY SYRINGE (EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 21G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 22G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 1" 3 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML MISC, EASY TOUCH SAFETY SYRINGE 25G X 5/8" 3 ML MISC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SHEATHLOCK SYRINGE (EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 5 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 25G X 5/8" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC)	3	PREV Preventive
EASY TOUCH SYRINGE BARREL	3	
EASY TOUCH SYRINGE BARREL 10ML	3	
EASY TOUCH SYRINGE BARREL 1ML	3	
EASY TOUCH SYRINGE BARREL 3ML	3	
EASY TOUCH SYRINGE BARREL 5ML	3	
EASY TOUCH TB FLIPLOCK SYRINGE	3	
EASY TOUCH TB SHEATHLOCK SYR (EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML MISC, EASY TOUCH TB SHEATHLOCK SYR 28G X 1/2" 1 ML MISC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASYPOINT NEEDLE (EASYPOINT NEEDLE 18G X 1" MISC, EASYPOINT NEEDLE 18G X 1-1/2" MISC, EASYPOINT NEEDLE 20G X 1" MISC, EASYPOINT NEEDLE 20G X 1-1/2" MISC, EASYPOINT NEEDLE 21G X 1" MISC, EASYPOINT NEEDLE 21G X 1-1/2" MISC, EASYPOINT NEEDLE 22G X 1" MISC, EASYPOINT NEEDLE 22G X 1-1/2" MISC, EASYPOINT NEEDLE 23G X 1" MISC, EASYPOINT NEEDLE 25G X 1" MISC, EASYPOINT NEEDLE 25G X 1-1/2" MISC, EASYPOINT NEEDLE 25G X 5/8" MISC)	3	
EASYPOINT NEEDLE/SYRINGE	3	
EMBRACE LANCETS ULTRA THIN 30G	3	PREV Preventive
EMBRACE LANCING DEVICE/EJECTOR	3	PREV Preventive
EMBRACE PEN NEEDLES	3	PREV Preventive
EMBRACE PRESSURE ACTIVATED 21G	3	PREV Preventive
EMBRACE PRESSURE ACTIVATED 28G	3	PREV Preventive
EQL COLOR LANCETS 21G	3	PREV Preventive
EQL COLOR LANCETS MICRO 33G	3	PREV Preventive
EQL INSULIN SYRINGE	3	PREV Preventive
EQL SUPER THIN LANCETS 30G	3	PREV Preventive
EQL THIN LANCETS 26G	3	PREV Preventive
EVRYSDI	5	QL PA
EXEL COMFORT POINT INSULIN SYR	3	PREV Preventive
EXEL COMFORT POINT PEN NEEDLE	3	PREV Preventive
EZ-LETS LANCETS 21G	3	PREV Preventive
EZ-LETS LANCETS 26G	3	PREV Preventive
EZ-LETS LANCETS 28G	3	PREV Preventive
EZ-LETS LANCETS 30G	3	PREV Preventive
FANTASY LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANTASY LUBRICATED/SPERMICIDE	3	ACA Affordable Care Act Medications PREV Preventive
FC2 FEMALE CONDOM	3	ACA Affordable Care Act Medications PREV Preventive
FEMCAP	3	ACA Affordable Care Act Medications PREV Preventive
FIFTY50 PEN NEEDLES	3	PREV Preventive
FIFTY50 SAFETY SEAL LANCETS	3	PREV Preventive
FIFTY50 SUPERIOR COMFORT SYR	3	PREV Preventive
FIFTY50 UNILET LANCETS 33G	3	PREV Preventive
FINE 30	3	PREV Preventive
FINGERSTIX LANCETS	3	PREV Preventive
FLOW-EZE VENTED NEEDLE	3	
FORA LANCETS	3	PREV Preventive
FORA LANCING DEVICE	3	PREV Preventive
FREDS PHARMACY AUTOLET LANCING	3	PREV Preventive
FREDS PHARMACY UNIFINE PENTIP+	3	PREV Preventive
FREDS PHARMACY UNIFINE PENTIPS	3	PREV Preventive
FREDS PHARMACY UNILET LANC 28G	3	PREV Preventive
FREDS PHARMACY UNILET LANC 30G	3	PREV Preventive
FREESTYLE LANCETS	3	PREV Preventive
FREESTYLE UNISTICK II LANCETS	3	PREV Preventive
GENTEEL BUTTERFLY TOUCH LANCET	3	PREV Preventive
GENTEEL CONTACT TIPS (BLUE)	3	PREV Preventive
GENTEEL CONTACT TIPS (CLEAR)	3	PREV Preventive
GENTEEL CONTACT TIPS (GREEN)	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENTEEL CONTACT TIPS (ORANGE)	3	PREV Preventive
GENTEEL CONTACT TIPS (RAINBOW)	3	PREV Preventive
GENTEEL CONTACT TIPS (VIOLET)	3	PREV Preventive
GENTEEL CONTACT TIPS (YELLOW)	3	PREV Preventive
GENTEEL LANCING KIT (BLUE)	3	PREV Preventive
GENTEEL NOZZLES	3	PREV Preventive
GENTEEL PLUS LANCING (BLACK)	3	PREV Preventive
GENTEEL PLUS LANCING (PURPLE)	3	PREV Preventive
GENTEEL PLUS LANCING (WHITE)	3	PREV Preventive
GENTEEL PLUS LANCING DEV(BLUE)	3	PREV Preventive
GENTEEL PLUS LANCING DEV(PINK)	3	PREV Preventive
GENTLE-LET GP LANCETS	3	PREV Preventive
GENTLE-LET LANCETS	3	PREV Preventive
GENTLE-LET PLATFORMS	3	PREV Preventive
GLOBAL EASE INJECT PEN NEEDLES	3	PREV Preventive
GLOBAL EASY GLIDE INSULIN SYR	3	PREV Preventive
GLOBAL EASY GLIDE PEN NEEDLES	3	PREV Preventive
GLOBAL INJECT EASE INSULIN SYR	3	PREV Preventive
GLOBAL INJECT EASE LANCETS 28G	3	PREV Preventive
GLOBAL INJECT EASE LANCETS 30G	3	PREV Preventive
GLOBAL INSULIN SYRINGES	3	PREV Preventive
GLOBAL LANCING DEVICE	3	PREV Preventive
GLUCOCOM LANCETS 28G	3	PREV Preventive
GLUCOCOM LANCETS 30G	3	PREV Preventive
GLUCOCOM LANCETS 33G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOPRO INSULIN SYRINGE	3	PREV Preventive
GNP CLICKFINE PEN NEEDLES	3	PREV Preventive
GNP INSULIN SYRINGE	3	PREV Preventive
GNP INSULIN SYRINGES	3	PREV Preventive
GNP INSULIN SYRINGES 28GX1/2"	3	PREV Preventive
GNP INSULIN SYRINGES 29GX1/2"	3	PREV Preventive
GNP INSULIN SYRINGES 30GX5/16"	3	PREV Preventive
GNP INSULIN SYRINGES 31GX5/16"	3	PREV Preventive
GNP LANCETS 21G	3	PREV Preventive
GNP LANCETS THIN 26G	3	PREV Preventive
GNP LANCING SYSTEM DEVICE	3	PREV Preventive
GNP STERILE LANCETS 28G	3	PREV Preventive
GNP STERILE LANCETS 30G	3	PREV Preventive
GNP STERILE LANCETS 33G	3	PREV Preventive
GNP ULTICARE PEN NEEDLES	3	PREV Preventive
GNP ULTIGUARD SAFEPACK NEEDLE	3	PREV Preventive
GNP ULTRA COM INSULIN SYRINGE	3	PREV Preventive
GOJJI LANCING DEVICE/CLEAR CAP	3	PREV Preventive
GOJJI STERILE LANCETS	3	PREV Preventive
GOODSENSE CLICKFINE PEN NEEDLE	3	PREV Preventive
GOODSENSE COLOR LANCETS 33G	3	PREV Preventive
GOODSENSE LANCETS 26G UNIV	3	PREV Preventive
GOODSENSE LANCETS 30G	3	PREV Preventive
GOODSENSE LANCETS 30G UNIV	3	PREV Preventive
GOODSENSE LANCETS 33G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCETS 33G UNIV	3	PREV Preventive
GOODSENSE LANCING DEVICE	3	PREV Preventive
GOODSENSE PEN NEEDLE PENFINE	3	PREV Preventive
H-E-B INCONTROL ADV LANCING	3	PREV Preventive
H-E-B INCONTROL LANCETS 28G	3	PREV Preventive
H-E-B INCONTROL LANCETS 30G	3	PREV Preventive
H-E-B INCONTROL LANCETS 33G	3	PREV Preventive
H-E-B INCONTROL PEN NEEDLES	3	PREV Preventive
H-E-B INCONTROL UNIFINE PENTIP	3	PREV Preventive
HAEMOLANCE	3	PREV Preventive
HAEMOLANCE LOW FLOW LANCETS	3	PREV Preventive
HAEMOLANCE PLUS	3	PREV Preventive
HAEMOLANCE PLUS HIGH FLOW	3	PREV Preventive
HAEMOLANCE PLUS LOW FLOW	3	PREV Preventive
HAEMOLANCE PLUS MAX FLOW	3	PREV Preventive
HAEMOLANCE PLUS PEDIATRIC FLOW	3	PREV Preventive
HEALTH CARE LANCING DEVICE	3	PREV Preventive
HEALTHWISE INSULIN SYR/NEEDLE	3	PREV Preventive
HEALTHWISE MICRON PEN NEEDLES	3	PREV Preventive
HEALTHWISE MINI PEN NEEDLES	3	PREV Preventive
HEALTHWISE PEN NEEDLES	3	PREV Preventive
HEALTHWISE SHORT PEN NEEDLES	3	PREV Preventive
HEALTHWISE UNIFINE PENTIPS	3	PREV Preventive
HEALTHY ACCENTS LANCING DEVICE	3	PREV Preventive
HEALTHY ACCENTS UNIFINE PENTIP	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEALTHY ACCENTS UNILET LANCETS	3	PREV Preventive
HM ULTICARE INSULIN SYRINGE	3	PREV Preventive
HM ULTICARE MINI PEN NEEDLES	3	PREV Preventive
HM ULTICARE SHORT PEN NEEDLES	3	PREV Preventive
HUBER NEEDLE (HUBER NEEDLE 19G X 1" MISC, HUBER NEEDLE 19G X 1-1/4" MISC, HUBER NEEDLE 19G X 3/4" MISC, HUBER NEEDLE 20G X 1" MISC, HUBER NEEDLE 20G X 1-1/2" MISC, HUBER NEEDLE 20G X 1-1/4" MISC, HUBER NEEDLE 20G X 3/4" MISC, HUBER NEEDLE 22G X 1" MISC, HUBER NEEDLE 22G X 1-1/2" MISC, HUBER NEEDLE 22G X 1-1/4" MISC, HUBER NEEDLE 22G X 3/4" MISC)	3	
HY-VEE LANCETS	3	PREV Preventive
HY-VEE THIN LANCETS	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPODERMIC NEEDLE (HYPODERMIC NEEDLE 18G X 1" MISC, HYPODERMIC NEEDLE 18G X 1-1/2" MISC, HYPODERMIC NEEDLE 19G X 1" MISC, HYPODERMIC NEEDLE 19G X 1-1/2" MISC, HYPODERMIC NEEDLE 20G X 1" MISC, HYPODERMIC NEEDLE 20G X 1-1/2" MISC, HYPODERMIC NEEDLE 20G X 3/4" MISC, HYPODERMIC NEEDLE 21G X 1" MISC, HYPODERMIC NEEDLE 21G X 1-1/2" MISC, HYPODERMIC NEEDLE 21G X 1-1/4" MISC, HYPODERMIC NEEDLE 22G X 1" MISC, HYPODERMIC NEEDLE 22G X 1-1/2" MISC, HYPODERMIC NEEDLE 22G X 1-1/4" MISC, HYPODERMIC NEEDLE 22G X 3/4" MISC, HYPODERMIC NEEDLE 23G X 1" MISC, HYPODERMIC NEEDLE 23G X 1-1/2" MISC, HYPODERMIC NEEDLE 23G X 3/4" MISC, HYPODERMIC NEEDLE 25G X 1" MISC, HYPODERMIC NEEDLE 25G X 1-1/2" MISC, HYPODERMIC NEEDLE 25G X 3/4" MISC, HYPODERMIC NEEDLE 25G X 5/8" MISC, HYPODERMIC NEEDLE 26G X 1/2" MISC, HYPODERMIC NEEDLE 26G X 3/8" MISC, HYPODERMIC NEEDLE 26G X 5/8" MISC, HYPODERMIC NEEDLE 27G X 1-1/2" MISC, HYPODERMIC NEEDLE 27G X 1-1/4" MISC, HYPODERMIC NEEDLE 27G X 1/2" MISC, HYPODERMIC NEEDLE 30G X 1/2" MISC)	3	
HYPOLANCE AST LANCING	3	PREV Preventive
IN TOUCH LANCING DEVICE	3	PREV Preventive
IN TOUCH STERILE LANCETS 30G	3	PREV Preventive
INCONTROL ULTICARE PEN NEEDLES	3	PREV Preventive
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-LILLY-HUMALOG	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-LILLY-HUMALOG	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
INSULIN SYRINGE	3	PREV Preventive
INSULIN SYRINGE-NEEDLE U-100	3	PREV Preventive
INSULIN SYRINGE/NEEDLE	3	PREV Preventive
INSUPEN PEN NEEDLES	3	PREV Preventive
INSUPEN SENSITIVE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSUPEN ULTRAFIN	3	PREV Preventive
INTRAROSA	4	AL
K-Y ME & YOU EXTRA LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
K-Y ME & YOU INTENSE	3	ACA Affordable Care Act Medications PREV Preventive
KAMELEON LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO COLORS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO MAXX-LARGE FLARE	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO MICRO THIN	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO MICRO THIN PLUS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO PLUS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO PS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO PS PLUS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO SENSATION	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KIMONO SENSATION PLUS	3	ACA Affordable Care Act Medications PREV Preventive
KIMONO SPECIAL	3	ACA Affordable Care Act Medications PREV Preventive
KINNEY LANCETS	3	PREV Preventive
KINNEY THIN LANCETS	3	PREV Preventive
KINRAY INSULIN SYRINGE	3	PREV Preventive
KMART VALU INSULIN SYRINGE 29G	3	PREV Preventive
KMART VALU INSULIN SYRINGE 30G	3	PREV Preventive
KROGER AUTOLET LANCING DEVICE	3	PREV Preventive
KROGER HEALTHPRO LANCET 26G	3	PREV Preventive
KROGER INSULIN SYRINGE	3	PREV Preventive
KROGER LANCETS	3	PREV Preventive
KROGER LANCETS 21G	3	PREV Preventive
KROGER LANCETS MICRO THIN 33G	3	PREV Preventive
KROGER LANCETS SUPER THIN	3	PREV Preventive
KROGER LANCETS THIN	3	PREV Preventive
KROGER LANCETS THIN 26G	3	PREV Preventive
KROGER LANCETS ULTRATHIN 30G	3	PREV Preventive
KROGER LANCING DEVICE	3	PREV Preventive
KROGER PEN NEEDLES	3	PREV Preventive
LAGEVRIO	4	AL QL
LANCET DEVICE	3	PREV Preventive
LANCET DEVICE WITH EJECTOR	3	PREV Preventive
LANCET TRANSPORTER CASE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LANCETS	3	PREV Preventive
LANCETS 30G	3	PREV Preventive
LANCETS 33G	3	PREV Preventive
LANCETS MICRO THIN 33G	3	PREV Preventive
LANCETS SUPER THIN	3	PREV Preventive
LANCETS SUPER THIN 28G	3	PREV Preventive
LANCETS THIN	3	PREV Preventive
LANCETS ULTRA THIN	3	PREV Preventive
LANCETS ULTRA THIN 30G	3	PREV Preventive
LANCING DEVICE	3	PREV Preventive
LANZO	3	PREV Preventive
LEADER ADVANCED LANCING DEVICE	3	PREV Preventive
LEADER INSULIN SYRINGE	3	PREV Preventive
LEADER UNIFINE PENTIPS	3	PREV Preventive
LEADER UNIFINE PENTIPS PLUS	3	PREV Preventive
LIBERTY MEDICAL LANCETS	3	PREV Preventive
LIBERTY MINI LANCING DEVICE	3	PREV Preventive
LIFESCAN UNISTIK 2	3	PREV Preventive
LIFESCAN UNISTIK II LANCETS	3	PREV Preventive
LITE TOUCH LANCETS	3	PREV Preventive
LITE TOUCH LANCING PEN	3	PREV Preventive
LITETOUCH INSULIN SYRINGE	3	PREV Preventive
LITETOUCH LANCETS	3	PREV Preventive
LITETOUCH PEN NEEDLES	3	PREV Preventive
LIVE BETTER ADV LANCING DEVICE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVE BETTER LANCET SUPER THIN	3	PREV Preventive
LIVE BETTER LANCET ULTRA THIN	3	PREV Preventive
LONGS INSULIN SYRINGE	3	PREV Preventive
LONGS LANCETS STANDARD	3	PREV Preventive
LONGS LANCETS THIN	3	PREV Preventive
LONGS LANCETS ULTRA THIN	3	PREV Preventive
LUER LOCK SAFETY SYRINGES (LUER LOCK SAFETY SYRINGES 3 ML MISC, LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML MISC, LUER LOCK SAFETY SYRINGES 22G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML MISC, LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 25G X 1" 3 ML MISC, LUER LOCK SAFETY SYRINGES 25G X 5/8" 3 ML MISC)	3	
MAGELLAN INSULIN SAFETY SYR	3	PREV Preventive
MAGELLAN SYRINGE-SAFETY NEEDLE	3	
MAGELLAN TUBERCULIN SYRINGE	3	
MARATHON MEDICAL PENTIPS	3	PREV Preventive
MAXI-COMFORT INSULIN SYRINGE	3	PREV Preventive
MAXI-COMFORT SAFETY PEN NEEDLE	3	PREV Preventive
MAXICOMFORT II PEN NEEDLE	3	PREV Preventive
MAXICOMFORT SYR 27G X 1/2"	3	PREV Preventive
MAXX	3	ACA Affordable Care Act Medications PREV Preventive
MAXX PLUS	3	ACA Affordable Care Act Medications PREV Preventive
MEDIC INSULIN SYRINGE	3	PREV Preventive
MEDICHOICE SAFETY LANCET	3	PREV Preventive
MEDICHOICE SAFETY LANCET EXTRA	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDICHOICE SAFETY LANCET NORM	3	PREV Preventive
MEDICINE SHOPPE PEN NEEDLES	3	PREV Preventive
MEDLANCE EXTRA 21G	3	PREV Preventive
MEDLANCE LITE 25G	3	PREV Preventive
MEDLANCE PLUS EXTRA 21G	3	PREV Preventive
MEDLANCE PLUS LANCETS	3	PREV Preventive
MEDLANCE PLUS LITE 25G	3	PREV Preventive
MEDLANCE PLUS SPECIAL 0.8MM	3	PREV Preventive
MEDLANCE PLUS SUPERLITE 30G	3	PREV Preventive
MEDLANCE PLUS UNIVERSAL 21G	3	PREV Preventive
MEDLANCE UNIVERSAL 21G	3	PREV Preventive
MEIJER LANCETS	3	PREV Preventive
MEIJER LANCETS THIN	3	PREV Preventive
MEIJER LANCETS UNIVERSAL 21G	3	PREV Preventive
MEIJER LANCETS UNIVERSAL 30G	3	PREV Preventive
MEIJER LANCETS UNIVERSAL 33G	3	PREV Preventive
MEIJER PEN NEEDLES	3	PREV Preventive
MEIJER SUPER THIN LANCETS	3	PREV Preventive
<i>methylergonovine maleate tab 0.2 mg</i>	2	
MICRODOT PEN NEEDLE	3	PREV Preventive
MICROLET LANCETS	3	PREV Preventive
MICROLET NEXT LANCING DEVICE	3	PREV Preventive
MINI LANCING DEVICE	3	PREV Preventive
MM INSULIN SYRINGE/NEEDLE	3	PREV Preventive
MM LANCING DEVICE	3	PREV Preventive
MM PEN NEEDLES	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MM TWIST LANCETS	3	PREV Preventive
MONOJECT ALLERGIST TRAY	3	
MONOJECT BLUNTIP CANNULA (MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC, MONOJECT BLUNTIP CANNULA 21G X 1" MISC)	3	
MONOJECT BLUNTIP SYR/CANNULA	3	
MONOJECT CONTROL SYRINGE	3	
MONOJECT FILTER ASPIRATOR	3	
MONOJECT FILTER NEEDLE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT HYPODERMIC NEEDLE (MONOJECT		
HYPODERMIC NEEDLE 14G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 14G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 14G X 2" MISC, MONOJECT		
HYPODERMIC NEEDLE 16G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 16G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 16G X 3/4" MISC, MONOJECT		
HYPODERMIC NEEDLE 16G X 5/8" MISC, MONOJECT		
HYPODERMIC NEEDLE 18G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 18G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 19G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 19G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 20G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 20G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 21G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 21G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 21G X 2" MISC, MONOJECT	3	
HYPODERMIC NEEDLE 22G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 22G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 23G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 23G X 3/4" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 1" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 1-1/4" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 2" MISC, MONOJECT		
HYPODERMIC NEEDLE 25G X 5/8" MISC, MONOJECT		
HYPODERMIC NEEDLE 26G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 26G X 1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 27G X 1-1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 27G X 1-1/4" MISC, MONOJECT		
HYPODERMIC NEEDLE 27G X 1/2" MISC, MONOJECT		
HYPODERMIC NEEDLE 30G X 3/4" MISC)		



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE U-100 1 ML MISC)	3	<div style="background-color: #00c090; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> Preventive
MONOJECT INTRODUCER NEEDLE	3	
MONOJECT LIFESHIELD SYRINGE (MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML MISC, MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML MISC)	3	
MONOJECT MAGELLAN SAFETY NDL (MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 19G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 20G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 21G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" MISC, MONOJECT MAGELLAN SAFETY NDL 22G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2" MISC, MONOJECT MAGELLAN SAFETY NDL 23G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" MISC, MONOJECT MAGELLAN SAFETY NDL 25G X 1" MISC, MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" MISC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT MAGELLAN SYRINGE (MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML MISC, MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML MISC)	3	
MONOJECT MEDICATION TRANSF NDJL	3	
MONOJECT PHARMACY TRAY	3	
MONOJECT PISTON SYRINGE	3	
MONOJECT SOFTPACK/CATHTIP	3	
MONOJECT SOFTPACK/LLOCK	3	
MONOJECT SOFTPACK/LTIP	3	
MONOJECT SOFTPACK/RG LOCK	3	
MONOJECT SOFTPACK/RG LUER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT SYRINGE (MONOJECT SYRINGE 3 ML MISC, MONOJECT SYRINGE 6 ML MISC, MONOJECT SYRINGE 12 ML MISC, MONOJECT SYRINGE 18G X 1" 12 ML MISC, MONOJECT SYRINGE 20G X 1" 3 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 12 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 20G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 20G X 3/4" 3 ML MISC, MONOJECT SYRINGE 21G X 1" 3 ML MISC, MONOJECT SYRINGE 21G X 1" 6 ML MISC, MONOJECT SYRINGE 21G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 21G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 22G X 1" 3 ML MISC, MONOJECT SYRINGE 22G X 1-1/2" 3 ML MISC, MONOJECT SYRINGE 22G X 1-1/2" 6 ML MISC, MONOJECT SYRINGE 23G X 1" 3 ML MISC, MONOJECT SYRINGE 25G X 1" 3 ML MISC, MONOJECT SYRINGE 25G X 1-1/4" 3 ML MISC, MONOJECT SYRINGE 25G X 5/8" 3 ML MISC, MONOJECT SYRINGE 27G X 1-1/4" 3 ML MISC, MONOJECT SYRINGE 27G X 1/2" 1 ML MISC)	3	
MONOJECT SYRINGE CATH TIP	3	
MONOJECT SYRINGE ECC LUER	3	
MONOJECT SYRINGE ECCENTRIC TIP	3	
MONOJECT SYRINGE LUER LOCK	3	
MONOJECT SYRINGE LUER-LOCK TIP	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT SYRINGE REG LUER	3	
MONOJECT SYRINGE REGULAR TIP	3	
MONOJECT SYRINGE TOOMEY TYPE	3	
MONOJECT TB SAFETY SYRINGE	3	
MONOJECT TB SYRINGE (MONOJECT TB SYRINGE 1 ML MISC, MONOJECT TB SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT TB SYRINGE 26G X 3/8" 1 ML MISC, MONOJECT TB SYRINGE 27G X 1/2" 1 ML MISC, MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML MISC, MONOJECT TB SYRINGE 28G X 1/2" 1 ML MISC)	3	
MONOJECT ULTRA COMFORT SYRINGE	3	PREV Preventive
MONOLET LANCETS	3	PREV Preventive
MONOLET OPD LANCETS	3	PREV Preventive
MONOLETTOR SAFETY LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MPD SAFETY LANCET 21G	3	PREV Preventive
MPD SAFETY LANCET 23G	3	PREV Preventive
MPD SAFETY LANCET 28G	3	PREV Preventive
MPD SAFETY LANCET 30G	3	PREV Preventive
MS INSULIN SYRINGE	3	PREV Preventive
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 20G X 1" MISC, MULTI-DRAW NEEDLE 20G X 1-1/2" MISC, MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 21G X 1-1/2" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1-1/2" MISC)	3	
MULTI-LANCET DEVICE	3	PREV Preventive
MULTI-LANCET DEVICE 2	3	PREV Preventive
MYGLUCOHEALTH LANCETS 30G	3	PREV Preventive
NOKOR VENTED NEEDLE	3	
NORM-JECT LUER LOCK SYRINGE	3	
NORM-JECT LUER SLIP SYRINGE	3	
NOVA SAFETY LANCETS 23G	3	PREV Preventive
NOVA SAFETY LANCETS 28G	3	PREV Preventive
NOVA SUREFLEX LANCETS	3	PREV Preventive
NOVA SUREFLEX LANCING DEVICE	3	PREV Preventive
NOVOFINE AUTOCOVER PEN NEEDLE	3	PREV Preventive
NOVOFINE PEN NEEDLE	3	PREV Preventive
NOVOFINE PLUS PEN NEEDLE	3	PREV Preventive
NOVOPEN ECHO	3	
ODACTRA	4	QL PA
OMNIFLEX DIAPHRAGM	3	ACA Affordable Care Act Medications PREV Preventive
OMNIPOD 5 G6 INTRO (GEN 5)	3	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD 5 G6 PODS (GEN 5)	3	QL PA
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA QL
OMNIPOD 5 G7 PODS (GEN 5)	3	QL PA
OMNIPOD 5 LIBRE2 PLUS G6	3	PA QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL PA
OMNIPOD 5 PACK	3	QL PA
OMNIPOD CLASSIC PDM (GEN 3)	3	PA QL
OMNIPOD DASH INTRO (GEN 4)	3	PA QL
OMNIPOD DASH PDM (GEN 4)	3	PA QL
OMNIPOD DASH PODS (GEN 4)	3	QL PA
ONETOUCH CLUB LANCETS FINE PT	3	PREV Preventive
ONETOUCH DELICA LANCETS 30G	3	PREV Preventive
ONETOUCH DELICA LANCETS 33G	3	PREV Preventive
ONETOUCH DELICA LANCING DEV	3	PREV Preventive
ONETOUCH DELICA PLUS LANCET30G	3	PREV Preventive
ONETOUCH DELICA PLUS LANCET33G	3	PREV Preventive
ONETOUCH DELICA PLUS LANCING	3	PREV Preventive
ONETOUCH DELICA SAFETY LANCING	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONETOUCH FINEPOINT LANCETS	3	PREV Preventive
ONETOUCH SURESOFT LANCING DEV	3	PREV Preventive
ONETOUCH ULTRA	3	QL PREV Preventive
ONETOUCH ULTRA CONTROL	3	PREV Preventive
ONETOUCH ULTRA TEST	3	QL PREV Preventive
ONETOUCH ULTRASOFT 2 LANCETS	3	PREV Preventive
ONETOUCH ULTRASOFT LANCETS	3	PREV Preventive
ONETOUCH VERIO STRIP	3	QL PREV Preventive
ONETOUCH VERIO (ONETOUCH VERIO LIQUID, ONETOUCH VERIO HIGH LIQUID)	3	PREV Preventive
OPVEE	3	PREV Preventive
PATIENT SAFE SYRINGE	3	
PAXLOVID (150/100)	3	AL QL
PAXLOVID (300/100)	3	AL QL
PC LANCETS SUPER THIN 30G	3	PREV Preventive
PC UNIFINE PENTIPS	3	PREV Preventive
PEN NEEDLES	3	PREV Preventive
PEN NEEDLES 5/16"	3	PREV Preventive
PENLET II BLOOD SAMPLER	3	PREV Preventive
PENLET II REPLACEMENT CAP	3	PREV Preventive
PENTIPS (PENTIPS 29G X 12MM MISC, PENTIPS 31G X 5 MM MISC, PENTIPS 31G X 6 MM MISC, PENTIPS 31G X 8 MM MISC, PENTIPS 32G X 4 MM MISC, PENTIPS 32G X 6 MM MISC)	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERFECT LANCETS 28G	3	PREV Preventive
PERFECT LANCETS 30G	3	PREV Preventive
PERFECT POINT SAFETY LANCETS	3	PREV Preventive
PERFECT POINT SAFETY NEEDLE	3	
PHARMACIST CHOICE LANCETS	3	PREV Preventive
PHARMACY COUNTER LANCETS	3	PREV Preventive
PIP LANCETS 28G	3	PREV Preventive
PIP LANCETS 30G	3	PREV Preventive
PIP PEN NEEDLES 31G X 5MM	3	PREV Preventive
PIP PEN NEEDLES 32G X 4MM	3	PREV Preventive
POLY HUB NEEDLE (POLY HUB NEEDLE 18G X 1" MISC, POLY HUB NEEDLE 18G X 1-1/2" MISC, POLY HUB NEEDLE 21G X 1" MISC, POLY HUB NEEDLE 21G X 1-1/2" MISC, POLY HUB NEEDLE 22G X 1" MISC, POLY HUB NEEDLE 22G X 1-1/2" MISC, POLY HUB NEEDLE 23G X 1" MISC, POLY HUB NEEDLE 23G X 1-1/2" MISC, POLY HUB NEEDLE 25G X 1" MISC, POLY HUB NEEDLE 25G X 1-1/2" MISC, POLY HUB NEEDLE 25G X 5/8" MISC, POLY HUB NEEDLE 27G X 1-1/4" MISC, POLY HUB NEEDLE 27G X 1/2" MISC, POLY HUB NEEDLE 30G X 1/2" MISC)	3	
PRECISION SURE-DOSE SYRINGE	3	PREV Preventive
PRECISION THINS GP LANCETS	3	PREV Preventive
PREFERRED PLUS INSULIN SYRINGE	3	PREV Preventive
PREFERRED PLUS LANCETS COLORED	3	PREV Preventive
PREFERRED PLUS LANCETS THIN	3	PREV Preventive
PREFERRED PLUS UNIFINE PENTIPS	3	PREV Preventive
PREMIUM CONDOMS LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
PREVENT DROPSAFE PEN NEEDLES	3	PREV Preventive
PREVENT SAFETY PEN NEEDLES	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRO COMFORT INSULIN SYRINGE	3	PREV Preventive
PRO COMFORT LANCETS 30G	3	PREV Preventive
PRO COMFORT LANCETS 31G	3	PREV Preventive
PRO COMFORT PEN NEEDLES	3	PREV Preventive
PRO COMFORT SAFETY LANCETS 30G	3	PREV Preventive
PRODIGY INSULIN SYRINGE	3	PREV Preventive
PRODIGY LANCETS 28G	3	PREV Preventive
PRODIGY LANCING DEVICE	3	PREV Preventive
PRODIGY SAFETY LANCETS 26G	3	PREV Preventive
PRODIGY TWIST TOP LANCETS 28G	3	PREV Preventive
PSS SELECT GP LANCETS	3	PREV Preventive
PSS SELECT PLATFORMS	3	PREV Preventive
PSS SELECT SAFETY LANCETS	3	PREV Preventive
PURE COMFORT LANCETS 30G	3	PREV Preventive
PURE COMFORT PEN NEEDLE	3	PREV Preventive
PURE COMFORT SAFETY PEN NEEDLE	3	PREV Preventive
PX ADVANCED LANCING DEVICE	3	PREV Preventive
PX EXTRA SHORT PEN NEEDLES	3	PREV Preventive
PX INSULIN SYRINGE	3	PREV Preventive
PX LANCET AUTO INJECTOR	3	PREV Preventive
PX LANCETS MICROTHIN 33G	3	PREV Preventive
PX LANCETS ULTRA THIN	3	PREV Preventive
PX LANCETS ULTRA THIN 28G	3	PREV Preventive
PX MINI PEN NEEDLES	3	PREV Preventive
PX PEN NEEDLE	3	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PX SHORTLENGTH PEN NEEDLES	3	PREV Preventive
QC ADVANCED LANCING DEVICE	3	PREV Preventive
QC LANCETS SUPER THIN 30G	3	PREV Preventive
QC LANCETS ULTRA THIN	3	PREV Preventive
QC PEN NEEDLES	3	PREV Preventive
QC UNIFINE PENTIPS	3	PREV Preventive
QC UNILET LANCETS 28G	3	PREV Preventive
QC UNILET LANCETS MICRO THIN	3	PREV Preventive
RA E-ZJECT LANCETS 28G	3	PREV Preventive
RA E-ZJECT LANCETS THIN 26G	3	PREV Preventive
RA E-ZJECT LANCETS THIN 28G	3	PREV Preventive
RA E-ZJECT LANCETS ULTRA THIN	3	PREV Preventive
RA INSULIN SYRINGE	3	PREV Preventive
RA PEN NEEDLES	3	PREV Preventive
RAYA SURE PEN NEEDLE	3	PREV Preventive
READYLANCE SAFETY LANCETS	3	PREV Preventive
REALITY INSULIN SYRINGE	3	PREV Preventive
REALITY LANCETS	3	PREV Preventive
REALITY LATEX CONDOMS	3	ACA Affordable Care Act Medications PREV Preventive
REALITY LATEX/ULTRA TEXTURED	3	ACA Affordable Care Act Medications PREV Preventive
REALITY LATEX/ULTRA THIN	3	ACA Affordable Care Act Medications PREV Preventive
REALITY TRIGGER LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION INSULIN SYRINGE	3	PREV Preventive
RELION LANCET DEVICES 30G	3	PREV Preventive
RELION LANCETS	3	PREV Preventive
RELION LANCETS MICRO-THIN 33G	3	PREV Preventive
RELION LANCETS THIN 26G	3	PREV Preventive
RELION LANCETS ULTRA-THIN 30G	3	PREV Preventive
RELION LANCING DEVICE (RELION LANCING DEVICE KIT, RELION LANCING DEVICE MISC)	3	PREV Preventive
RELION MINI PEN NEEDLES	3	PREV Preventive
RELION PEN NEEDLES	3	PREV Preventive
RELION SHORT PEN NEEDLES	3	PREV Preventive
RELION ULTRA THIN LANCETS 30G	3	PREV Preventive
RELION ULTRA THIN PLUS LANCETS	3	PREV Preventive
REXALL LANCETS ULTRA THIN 30G	3	PREV Preventive
RIGHTEST ALTERNATE SITE ADAPT	3	PREV Preventive
RIGHTEST GD500 LANCING DEVICE	3	PREV Preventive
RIGHTEST GL300 LANCETS	3	PREV Preventive
SAFE-T-LANCE	3	PREV Preventive
SAFE-T-LANCE PLUS	3	PREV Preventive
SAFETY LANCET 30G/PRESSURE ACT	3	PREV Preventive
SAFETY LANCETS	3	PREV Preventive
SAFETY LANCETS 21G	3	PREV Preventive
SAFETY LANCETS 23G	3	PREV Preventive
SAFETY LANCETS 28G	3	PREV Preventive
SAFETY PEN NEEDLES	3	PREV Preventive
SAPS HEALTH PLUS LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAPS HEALTH TWIST TOP LANCETS	3	PREV Preventive
SAPS TWIST TOP LANCETS	3	PREV Preventive
SAPSCARE TWIST TOP LANCETS	3	PREV Preventive
SB INSULIN SYRINGE	3	PREV Preventive
SB LANCETS THIN	3	PREV Preventive
SB LANCETS ULTRA THIN	3	PREV Preventive
SECURESAFE HYPODERMIC NEEDLE (SECURESAFE HYPODERMIC NEEDLE 19G X 1" MISC, SECURESAFE HYPODERMIC NEEDLE 19G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 21G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 22G X 1" MISC, SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 26G X 1/2" MISC, SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" MISC)	3	
SECURESAFE INSULIN SYRINGE	3	PREV Preventive
SECURESAFE SAFETY PEN NEEDLES	3	PREV Preventive
SECURESAFE SYRINGE/NEEDLE (SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 20G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 21G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 25G X 1-1/2" 1 ML MISC, SECURESAFE SYRINGE/NEEDLE 25G X 5/8" 3 ML MISC, SECURESAFE SYRINGE/NEEDLE 27G X 1/2" 1 ML MISC)	3	
SELECT-LITE DEVICE/LANCETS	3	PREV Preventive
SELECT-LITE LANCING DEVICE	3	PREV Preventive
SHOPKO AUTOLET LANCING DEVICE	3	PREV Preventive
SHOPKO ON-THE-GO LANCETS 30G	3	PREV Preventive
SHOPKO UNIFINE PENTIPS	3	PREV Preventive
SHOPKO UNIFINE PENTIPS PLUS	3	PREV Preventive
SHOPKO UNILET LANCETS 28G	3	PREV Preventive
SHOPKO UNILET LANCETS 30G	3	PREV Preventive
SIMPLE DIAGNOSTICS LANCING DEV	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SINGLE-LET	3	PREV Preventive
SM LANCETS 33G	3	PREV Preventive
SM TRUEDRAW LANCING DEVICE	3	PREV Preventive
SMART DIABETES VANTAGE LANCING	3	PREV Preventive
SMART SENSE COLOR LANCETS 33G	3	PREV Preventive
SMART SENSE STANDARD LANCETS	3	PREV Preventive
SMART SENSE SUPER THIN LANCETS	3	PREV Preventive
SMART SENSE THIN LANCETS 26G	3	PREV Preventive
SMARTEST LANCETS 28G	3	PREV Preventive
SOLUS V2 LANCETS 28G	3	PREV Preventive
SOLUS V2 LANCING DEVICE	3	PREV Preventive
SOLUS V2 TWIST LANCETS 30G	3	PREV Preventive
SPINAL NEEDLE (REUSABLE) (SPINAL NEEDLE (REUSABLE) 18G X 3-1/2" MISC, SPINAL NEEDLE (REUSABLE) 20G X 3-1/2" MISC, SPINAL NEEDLE (REUSABLE) 22G X 3-1/2" MISC, SPINAL NEEDLE (REUSABLE) 25G X 3-1/2" MISC)	3	
STERILANCE PA	3	PREV Preventive
STERILANCE TL	3	PREV Preventive
SUPER THIN LANCETS	3	PREV Preventive
SURE COMFORT INSULIN SYRINGE	3	PREV Preventive
SURE COMFORT LANCETS 18G	3	PREV Preventive
SURE COMFORT LANCETS 21G	3	PREV Preventive
SURE COMFORT LANCETS 23G	3	PREV Preventive
SURE COMFORT LANCETS 28G	3	PREV Preventive
SURE COMFORT LANCETS 30G	3	PREV Preventive
SURE COMFORT LANCING PEN	3	PREV Preventive
SURE COMFORT PEN NEEDLES	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURELITE LANCETS	3	PREV Preventive
SYRINGE (SYRINGE 2G X 1-1/4" 3 ML MISC, SYRINGE 18G X 1-1/2" 3 ML MISC, SYRINGE 20G X 1" 12 ML MISC, SYRINGE 20G X 1" 3 ML MISC, SYRINGE 20G X 1" 6 ML MISC, SYRINGE 20G X 1-1/2" 12 ML MISC, SYRINGE 20G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1" 12 ML MISC, SYRINGE 21G X 1" 3 ML MISC, SYRINGE 21G X 1" 6 ML MISC, SYRINGE 21G X 1-1/2" 12 ML MISC, SYRINGE 21G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1-1/2" 6 ML MISC, SYRINGE 21G X 1-1/4" 3 ML MISC, SYRINGE 21G X 1-1/4" 6 ML MISC, SYRINGE 22G X 1" 12 ML MISC, SYRINGE 22G X 1" 3 ML MISC, SYRINGE 22G X 1" 6 ML MISC, SYRINGE 22G X 1-1/2" 12 ML MISC, SYRINGE 22G X 1-1/2" 3 ML MISC, SYRINGE 22G X 1-1/2" 6 ML MISC, SYRINGE 22G X 1-1/4" 6 ML MISC, SYRINGE 22G X 3/4" 3 ML MISC, SYRINGE 23G X 1" 3 ML MISC, SYRINGE 25G X 1" 3 ML MISC, SYRINGE 25G X 1-1/2" 3 ML MISC, SYRINGE 25G X 5/8" 3 ML MISC, SYRINGE 27G X 1-1/4" 3 ML MISC)	3	
SYRINGE 10-12 ML	3	
SYRINGE 2-3 ML	3	
SYRINGE 20-25 ML	3	
SYRINGE 30-35 ML	3	
SYRINGE 5-6 ML	3	
SYRINGE 50-60 ML	3	
SYRINGE DISPOSABLE 10 ML MISC	3	
SYRINGE ECCENTRIC TIP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE LUER LOCK (SYRINGE LUER LOCK 3 ML MISC, SYRINGE LUER LOCK 5 ML MISC, SYRINGE LUER LOCK 10 ML MISC, SYRINGE LUER LOCK 20 ML MISC, SYRINGE LUER LOCK 20G X 1" 10 ML MISC, SYRINGE LUER LOCK 20G X 1" 3 ML MISC, SYRINGE LUER LOCK 20G X 1" 5 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 10 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 20G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 21G X 1" 10 ML MISC, SYRINGE LUER LOCK 21G X 1" 3 ML MISC, SYRINGE LUER LOCK 21G X 1" 5 ML MISC, SYRINGE LUER LOCK 21G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 21G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 22G X 1" 10 ML MISC, SYRINGE LUER LOCK 22G X 1" 3 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 10 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 22G X 1-1/2" 5 ML MISC, SYRINGE LUER LOCK 23G X 1" 3 ML MISC, SYRINGE LUER LOCK 23G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 25G X 1" 3 ML MISC, SYRINGE LUER LOCK 25G X 1-1/2" 3 ML MISC, SYRINGE LUER LOCK 25G X 5/8" 3 ML MISC, SYRINGE LUER LOCK 30 ML MISC, SYRINGE LUER LOCK 60 ML MISC)	3	
SYRINGE LUER SLIP (SYRINGE LUER SLIP 1 ML MISC, SYRINGE LUER SLIP 3 ML MISC, SYRINGE LUER SLIP 5 ML MISC, SYRINGE LUER SLIP 10 ML MISC, SYRINGE LUER SLIP 25G X 5/8" 1 ML MISC, SYRINGE LUER SLIP 26G X 3/8" 1 ML MISC, SYRINGE LUER SLIP 27G X 1/2" 1 ML MISC, SYRINGE LUER SLIP 35 ML MISC, SYRINGE LUER SLIP 60 ML MISC)	3	
SYRINGE/HYPODERMIC SAFETY	3	
TB SYRINGE 1 ML	3	
TECHLITE AST LANCETS	3	PREV Preventive
TECHLITE INSULIN SYRINGE	3	PREV Preventive
TECHLITE LANCETS	3	PREV Preventive
TECHLITE LANCETS 26G	3	PREV Preventive
TECHLITE LANCETS 30G	3	PREV Preventive
TECHLITE PEN NEEDLES	3	PREV Preventive
TECHLITE PLUS PEN NEEDLES	3	PREV Preventive
TGT LANCET MICRO THIN 33G	3	PREV Preventive
TGT LANCET THIN 26G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TGT LANCET ULTRA THIN 30G	3	PREV Preventive
TGT LANCING DEVICE	3	PREV Preventive
THINLETS GP LANCETS	3	PREV Preventive
TODAYS HEALTH LANCING DEVICE	3	PREV Preventive
TODAYS HEALTH MINI PEN NEEDLES	3	PREV Preventive
TODAYS HEALTH PEN NEEDLES	3	PREV Preventive
TODAYS HEALTH SHORT PEN NEEDLE	3	PREV Preventive
TODAYS HEALTH THIN LANCETS 28G	3	PREV Preventive
TODAYS HEALTH THIN LANCETS 30G	3	PREV Preventive
TOOMEY SYRINGE	3	
TOPCARE CLICKFINE PEN NEEDLES	3	PREV Preventive
TOPCARE LANCETS MICRO-THIN 33G	3	PREV Preventive
TOPCARE ULTRA COMFORT INS SYR	3	PREV Preventive
TRAVEL LANCETS	3	PREV Preventive
TRAVEL LANCETS ADVANCED 28G	3	PREV Preventive
TRUE COMFORT INSULIN SYRINGE	3	PREV Preventive
TRUE COMFORT PEN NEEDLES (TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC, TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC, TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC, TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC, TRUE COMFORT PEN NEEDLES 32G X 5 MM MISC, TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC, TRUE COMFORT PEN NEEDLES 33G X 4 MM MISC, TRUE COMFORT PEN NEEDLES 33G X 5 MM MISC, TRUE COMFORT PEN NEEDLES 33G X 6 MM MISC)	3	PREV Preventive
TRUE COMFORT PRO INSULIN SYR	3	PREV Preventive
TRUE COMFORT PRO PEN NEEDLES	3	PREV Preventive
TRUE COMFORT SAFETY LANCETS	3	PREV Preventive
TRUE COMFORT TWIST TOP LANCETS	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COVER	3	ACA Affordable Care Act Medications PREV Preventive
TRUEDRAW LANCING DEVICE	3	PREV Preventive
TRUEPLUS 5-BEVEL PEN NEEDLES	3	PREV Preventive
TRUEPLUS INSULIN SYRINGE	3	PREV Preventive
TRUEPLUS LANCETS 26G	3	PREV Preventive
TRUEPLUS LANCETS 28G	3	PREV Preventive
TRUEPLUS LANCETS 30G	3	PREV Preventive
TRUEPLUS LANCETS 33G	3	PREV Preventive
TRUEPLUS PEN NEEDLES	3	PREV Preventive
TRUEPLUS SAFETY LANCETS 28G	3	PREV Preventive
TRUSTEX COLOR CONDOMS + LUBE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUB/RIBBED/STUDDED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUB/SPERMICIDE EX ST	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUB/SPERMICIDE XL	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUBRICATED EX LARGE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX LUBRICATED EXTRA ST	3	ACA Affordable Care Act Medications PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSTEX LUBRICATED/SPERMICIDE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX NATURAL CONDOMS + LUBE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX NON-LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX RIA LUB/SPERMICIDE	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX RIA LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX RIA NON-LUBRICATED	3	ACA Affordable Care Act Medications PREV Preventive
TRUSTEX-NONOXYNOL-9/RIB/STUD	3	ACA Affordable Care Act Medications PREV Preventive
TUBERCULIN SYRINGE	3	
TWIST TOP LANCETS 30G	3	PREV Preventive
ULTI-LANCE AUTOMATIC	3	PREV Preventive
ULTICARE INSULIN SAFETY SYR	3	PREV Preventive
ULTICARE INSULIN SYR 1/2 UNIT	3	PREV Preventive
ULTICARE INSULIN SYRINGE	3	PREV Preventive
ULTICARE MICRO PEN NEEDLES	3	PREV Preventive
ULTICARE MINI PEN NEEDLES	3	PREV Preventive
ULTICARE PEN NEEDLES	3	PREV Preventive
ULTICARE SHORT PEN NEEDLES	3	PREV Preventive
ULTICARE SYRINGE (ULTICARE SYRINGE 22G X 1-1/2" 1 ML MISC, ULTICARE SYRINGE 22G X 1-1/2" 3 ML MISC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTICARE TUBERCULIN SAFETY SYR (ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 27G X 5/8" 1 ML MISC, ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML MISC)	3	
ULTIGUARD SAFEPACK PEN NEEDLE	3	PREV Preventive
ULTIGUARD SAFEPACK SYR/NEEDLE	3	PREV Preventive
ULTILET CLASSIC LANCETS	3	PREV Preventive
ULTILET LANCETS	3	PREV Preventive
ULTILET PEN NEEDLE	3	PREV Preventive
ULTILET SAFETY LANCETS	3	PREV Preventive
ULTILET SAFETY LANCETS 23G	3	PREV Preventive
ULTRA COMFORT INSULIN SYRINGE	3	PREV Preventive
ULTRA FLO INSULIN PEN NEEDLES	3	PREV Preventive
ULTRA FLO INSULIN SYR 1/2 UNIT	3	PREV Preventive
ULTRA FLO INSULIN SYRINGE	3	PREV Preventive
ULTRA THIN LANCETS 31G	3	PREV Preventive
ULTRA THIN PEN NEEDLES	3	PREV Preventive
ULTRA-CARE LANCETS 30G	3	PREV Preventive
ULTRA-THIN II AUTO LANCET	3	PREV Preventive
ULTRA-THIN II INS SYR SHORT	3	PREV Preventive
ULTRA-THIN II INSULIN SYRINGE	3	PREV Preventive
ULTRA-THIN II LANCETS	3	PREV Preventive
ULTRA-THIN II MINI PEN NEEDLE	3	PREV Preventive
ULTRA-THIN II PEN NEEDLE SHORT	3	PREV Preventive
ULTRA-THIN II PEN NEEDLES	3	PREV Preventive
ULTRACARE INSULIN SYRINGE	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRACARE PEN NEEDLES	3	PREV Preventive
UNIFINE PEN NEEDLES	3	PREV Preventive
UNIFINE PENTIPS	3	PREV Preventive
UNIFINE PENTIPS PLUS	3	PREV Preventive
UNIFINE PROTECT PEN NEEDLE	3	PREV Preventive
UNIFINE SAFECONTROL PEN NEEDLE	3	PREV Preventive
UNIFINE ULTRA PEN NEEDLE	3	PREV Preventive
UNILET COMFORTOUCH LANCET	3	PREV Preventive
UNILET EXCELITE	3	PREV Preventive
UNILET EXCELITE II	3	PREV Preventive
UNILET G.P. LANCET	3	PREV Preventive
UNILET G.P. SUPERLITE LANCET	3	PREV Preventive
UNILET GP 28 ULTRA THIN	3	PREV Preventive
UNILET LANCET	3	PREV Preventive
UNILET MICRO-THIN 33G	3	PREV Preventive
UNILET SUPER-THIN 30G	3	PREV Preventive
UNILET SUPERLITE LANCET	3	PREV Preventive
UNILET ULTRA-THIN 28G	3	PREV Preventive
UNISTIK 1	3	PREV Preventive
UNISTIK 2	3	PREV Preventive
UNISTIK 2 COMFORT	3	PREV Preventive
UNISTIK 2 EXTRA	3	PREV Preventive
UNISTIK 2 NEONATAL	3	PREV Preventive
UNISTIK 2 NORMAL	3	PREV Preventive
UNISTIK 2 SUPER	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK 3	3	PREV Preventive
UNISTIK 3 COMFORT	3	PREV Preventive
UNISTIK 3 EXTRA	3	PREV Preventive
UNISTIK 3 GENTLE	3	PREV Preventive
UNISTIK 3 NEONATAL	3	PREV Preventive
UNISTIK 3 NORMAL	3	PREV Preventive
UNISTIK CZT COMFORT	3	PREV Preventive
UNISTIK CZT NORMAL	3	PREV Preventive
UNISTIK NORMAL	3	PREV Preventive
UNISTIK PRO SAFETY LANCET	3	PREV Preventive
UNISTIK SAFETY LANCETS 28G	3	PREV Preventive
UNISTIK SAFETY LANCETS 30G	3	PREV Preventive
UNISTIK TOUCH SAFETY LANC 21G	3	PREV Preventive
UNISTIK TOUCH SAFETY LANC 23G	3	PREV Preventive
UNISTIK TOUCH SAFETY LANC 28G	3	PREV Preventive
UNISTIK TOUCH SAFETY LANC 30G	3	PREV Preventive
UNIVERSAL 1 LANCETS THIN 26G	3	PREV Preventive
UNIVERSAL 1 LANCETS THIN 33G	3	PREV Preventive
UNIVERSAL 1 LANCETS ULTRA THIN	3	PREV Preventive
VALUE HEALTH INSULIN SYRINGE	3	PREV Preventive
VALUE PLUS LANCET STANDARD 21G	3	PREV Preventive
VALUE PLUS LANCETS SUPER THIN	3	PREV Preventive
VALUE PLUS LANCETS THIN 26G	3	PREV Preventive
VALUE PLUS LANCING DEVICE	3	PREV Preventive
VALUMARK LANCET SUPER THIN 30G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALUMARK LANCET ULTRA THIN 28G	3	PREV Preventive
VALUMARK PEN NEEDLES	3	PREV Preventive
VANISHPOINT ALLERGY TRAY	3	
VANISHPOINT INSULIN SYRINGE	3	PREV Preventive
VANISHPOINT SAFETY SYRINGE (VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 20G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 10 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML MISC, VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 23G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 1" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 1-1/2" 3 ML MISC, VANISHPOINT SAFETY SYRINGE 25G X 5/8" 3 ML MISC)	3	
VANISHPOINT SYRINGE (VANISHPOINT SYRINGE 20G X 1" 3 ML MISC, VANISHPOINT SYRINGE 20G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 21G X 1-1/2" 5 ML MISC, VANISHPOINT SYRINGE 22G X 1" 3 ML MISC, VANISHPOINT SYRINGE 22G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 23G X 1" 3 ML MISC, VANISHPOINT SYRINGE 23G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 25G X 1" 1 ML MISC, VANISHPOINT SYRINGE 25G X 1" 3 ML MISC, VANISHPOINT SYRINGE 25G X 1-1/2" 3 ML MISC, VANISHPOINT SYRINGE 25G X 5/8" 3 ML MISC)	3	
VANISHPOINT TUBERCULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	3	PREV Preventive
VERIFINE INSULIN SYRINGE	3	PREV Preventive
VERIFINE PLUS PEN NEEDLE	3	PREV Preventive
VERIFINE SAFE LANCET MINI 21G	3	PREV Preventive
VERIFINE SAFE LANCET MINI 23G	3	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERIFINE SAFE LANCET MINI 28G	3	PREV Preventive
VERIFINE SAFE LANCET MINI 30G	3	PREV Preventive
VERIFINE UNIVERSAL LANCETS 28G	3	PREV Preventive
VERIFINE UNIVERSAL LANCETS 30G	3	PREV Preventive
VERIFINE UNIVERSAL LANCETS 33G	3	PREV Preventive
VIDA MIA AUTOLET LANCING DEV	3	PREV Preventive
VIDA MIA UNIFINE PENTIPS	3	PREV Preventive
VIDA MIA UNILET LANCETS 28G	3	PREV Preventive
VIDA MIA UNILET LANCETS 30G	3	PREV Preventive
VIVAGUARD LANCETS	3	PREV Preventive
VIVAGUARD LANCETS 30G	3	PREV Preventive
VIVAGUARD LANCING DEVICE	3	PREV Preventive
VIVAGUARD SAFETY LANCETS 28G	3	PREV Preventive
VOWST	5	PA QL
VP INSULIN SYRINGE	3	PREV Preventive
WALGREENS ADV TRAVEL LANCETS	3	PREV Preventive
WALGREENS LANCETS	3	PREV Preventive
WALGREENS LANCETS MICRO THIN	3	PREV Preventive
WALGREENS LANCETS SUPER THIN	3	PREV Preventive
WALGREENS THIN LANCETS	3	PREV Preventive
WALGREENS ULTRA THIN LANCETS	3	PREV Preventive
WEGMANS UNIFINE PENTIPS PLUS	3	PREV Preventive
WIDE-SEAL DIAPHRAGM 60	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 65	3	ACA Affordable Care Act Medications PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 70	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 75	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 80	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 85	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 90	3	ACA Affordable Care Act Medications PREV Preventive
WIDE-SEAL DIAPHRAGM 95	3	ACA Affordable Care Act Medications PREV Preventive
YALE DISP NEEDLES	3	
ZEVRX INSULIN SYRINGE	3	PREV Preventive
ZEVRX PEN NEEDLES	3	PREV Preventive
ZEVRX TWIST TOP LANCETS 30G	3	PREV Preventive
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ATROPINE SULFATE 1 % SOLUTION	4	
<i>atropine sulfate ophth soln 1%</i>	2	
<i>bacitracin-poly-neomycin-hc</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>brimonidine tartrate-timolol maleate</i>	2	
CYCLOGYL (CYCLOGYL 0.5 % SOLUTION, CYCLOGYL 2 % SOLUTION)	4	
CYCLOMYDRIL	4	
<i>cyclopentolate hcl (cyclopentolate hcl ophth soln 0.5%, cyclopentolate hcl ophth soln 1%)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclopentolate hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
ISOPTO ATROPINE	4	
LACRISERT	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymy-dexameth (neomycin-polymyxin-dexamethasone ophth oint 0.1%, neomycin-polymyxin-dexamethasone ophth susp 0.1%)</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	4	
OXERVATE	5	PA QL
<i>phenylephrine hcl (mydriatic)</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
SULFACETAMIDE-PREDNISOLONE	4	
<i>tetracaine hcl (ophth)</i>	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
<i>tobramycin-dexamethasone</i>	2	
XIIDRA	4	QL PA AL
ZYLET	4	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	4	ST
ALOMIDE	4	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	2	
<i>cromolyn sodium (ophth)</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	4	
<i>epinastine hcl (ophth)</i>	2	
LASTACFT	4	ST



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	4	
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>erythromycin (ophth)</i>	1	ACA Affordable Care Act Medications
<i>gatifloxacin (ophth)</i>	2	
GENTAK	4	
<i>gentamicin sulfate (ophth)</i>	1	
<i>levofloxacin (ophth)</i>	2	
LEVOFLOXACIN 0.5 % SOLUTION	4	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	2	
SULFACETAMIDE SODIUM 10 % OINTMENT	4	
<i>tobramycin (ophth)</i>	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	4	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	4	
<i>diclofenac sodium (ophth)</i>	1	
<i>difluprednate</i>	2	
FLAREX	4	
<i>fluorometholone (ophth)</i>	2	
FLURBIPROFEN SODIUM	4	
ILEVRO	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX 0.5 % OINTMENT	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOTEMAX SM	4	
<i>loteprednol etabonate (loteprednol etabonate ophth gel 0.5%, loteprednol etabonate ophth susp 0.5%)</i>	2	
<i>loteprednol etabonate ophth susp 0.2%</i>	2	
MAXIDEX	4	
PREDNISOLONE ACETATE 1 % SUSPENSION	3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	4	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl (ophth)</i>	2	
BETAXOLOL HCL 0.5 % SOLUTION	4	
CARTEOLOL HCL	4	
LEVOBUNOLOL HCL	4	
<i>timolol maleate (ophth) (timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%)</i>	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide cap er 12hr 500 mg</i>	2	PREV Preventive
APRACLONIDINE HCL 0.5 % SOLUTION	4	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>methazolamide (methazolamide tab 25 mg, methazolamide tab 50 mg)</i>	2	PREV Preventive
<i>pilocarpine hcl (pilocarpine hcl ophth soln 1%, pilocarpine hcl ophth soln 2%, pilocarpine hcl ophth soln 4%)</i>	2	
RHOPRESSA	4	QL
SIMBRINZA	3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophth soln 0.03%</i>	2	QL
<i>latanoprost ophth soln 0.005%</i>	1	QL
<i>tafluprost</i>	2	QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>travoprost</i>	2	QL
OTIC AGENTS		
CETRAXAL	4	
CIPROFLOXACIN HCL 0.2 % SOLUTION	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF	4	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc (otic) (neomycin-polymyxin-hc otic soln 1%, neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%)</i>	2	
<i>ofloxacin (otic)</i>	2	
OTOVEL	4	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUIITY ELLIPTA	3	QL PREV Preventive
ASMANEX (120 METERED DOSES)	3	QL PREV Preventive
ASMANEX (30 METERED DOSES)	3	QL PREV Preventive
ASMANEX (60 METERED DOSES)	3	QL PREV Preventive
ASMANEX HFA	3	QL PREV Preventive
<i>budesonide (inhalation)</i>	2	PREV Preventive
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL AL
QVAR REDIHALER	3	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XHANCE	4	QL PA
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	4	AL
<i>carbinoxamine maleate tab 4 mg</i>	2	AL
CLEMASTINE FUMARATE 2.68 MG TAB	4	AL
<i>cyproheptadine hcl (cyproheptadine hcl syrup 2 mg/5ml, cyproheptadine hcl tab 4 mg)</i>	1	AL
<i>desloratadine tab 5 mg</i>	1	
<i>hydroxyzine hcl (hydroxyzine hcl tab 10 mg, hydroxyzine hcl tab 25 mg, hydroxyzine hcl tab 50 mg)</i>	1	AL
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine pamoate (hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg)</i>	1	AL
HYDROXYZINE PAMOATE 100 MG CAP	4	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl (nasal)</i>	2	QL
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	AL
RYCLORA	4	AL
ZERVIAE	4	ST
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium (montelukast sodium chew tab 4 mg (base equiv), montelukast sodium chew tab 5 mg (base equiv), montelukast sodium tab 10 mg (base equiv))</i>	1	PREV Preventive
<i>zafirlukast</i>	2	PREV Preventive
<i>zileuton</i>	2	PREV Preventive
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA	4	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRUSE ELLIPTA	3	QL PREV Preventive
<i>ipratropium bromide (nasal)</i>	2	QL
<i>ipratropium bromide inhal soln 0.02%</i>	1	PREV Preventive
SPIRIVA HANDIHALER	2	QL PREV Preventive
SPIRIVA RESPIMAT	3	QL PREV Preventive
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate syrup 2 mg/5ml)</i>	1	PREV Preventive
<i>albuterol sulfate (albuterol sulfate soln nebu 0.5% (5 mg/ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv), albuterol sulfate tab 2 mg, albuterol sulfate tab 4 mg)</i>	2	PREV Preventive
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL PREV Preventive
<i>arformoterol tartrate</i>	2	PREV Preventive
AUVI-Q (AUVI-Q 0.1 MG/0.1ML SOLN A-INJ, AUVI-Q 0.15 MG/0.15ML SOLN A-INJ)	3	
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	3	
<i>epinephrine (anaphylaxis) (epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000), epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))</i>	2	
<i>levalbuterol hcl (levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv), levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv), levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv))</i>	2	PREV Preventive
SEREVENT DISKUS	3	QL PREV Preventive
STRIVERDI RESPIMAT	3	QL PREV Preventive
SYMJEPI	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>terbutaline sulfate (terbutaline sulfate tab 2.5 mg, terbutaline sulfate tab 5 mg)</i>	2	PREV Preventive
VENTOLIN HFA	2	QL PREV Preventive
CYSTIC FIBROSIS AGENTS		
CAYSTON	5	
KALYDECO	5	QL PA
KITABIS PAK	5	
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 100-125 MG TAB, ORKAMBI 150-188 MG PACKET, ORKAMBI 200-125 MG TAB)	5	QL PA
ORKAMBI 75-94 MG PACKET	5	QL PA AL
PULMOZYME	5	
SYMDEKO	5	QL PA
TOBI PODHALER	5	
<i>tobramycin (tobramycin 300 mg/5ml nebu soln, tobramycin nebu soln 300 mg/4ml, tobramycin nebu soln 300 mg/5ml)</i>	5	
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 150 MG TAB THPK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	5	QL PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2	
<i>roflumilast (roflumilast tab 250 mcg, roflumilast tab 500 mcg)</i>	2	PREV Preventive
THEO-24	4	PREV Preventive
<i>theophylline (theophylline elixir 80 mg/15ml, theophylline soln 80 mg/15ml, theophylline tab er 12hr 300 mg, theophylline tab er 12hr 450 mg, theophylline tab er 24hr 400 mg, theophylline tab er 24hr 600 mg)</i>	2	PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5	QL PA
<i>ambrisentan</i>	5	QL PA
<i>bosentan</i>	5	QL PA
OPSUMIT	5	QL PA
ORENITRAM	5	PA
ORENITRAM MONTH 1	5	PA QL
ORENITRAM MONTH 2	5	PA QL
ORENITRAM MONTH 3	5	PA QL
<i>sildenafil citrate tab 20 mg</i>	5	QL PA AL
<i>tadalafil (pulmonary hypertension)</i>	5	QL PA
TRACLEER 32 MG TAB SOL	5	QL PA
TYVASO	5	QL PA
TYVASO REFILL	5	QL PA
TYVASO STARTER	5	PA QL

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	5	QL PA AL
VENTAVIS	5	QL PA
PULMONARY FIBROSIS AGENTS		
OFEV	5	QL PA
<i>pirfenidone (pirfenidone cap 267 mg, pirfenidone tab 267 mg, pirfenidone tab 801 mg)</i>	5	QL PA
PIRFENIDONE 534 MG TAB	5	PA QL
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (acetylcysteine inhal soln 10%, acetylcysteine inhal soln 20%)</i>	2	
ADVAIR HFA	1	QL PREV Preventive
ANORO ELLIPTA	3	QL PREV Preventive
BREO ELLIPTA (BREO ELLIPTA 100-25 MCG/ACT AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	3	QL PREV Preventive
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	QL AL PREV Preventive
BREZTRI AEROSPHERE	3	QL PREV Preventive
COMBIVENT RESPIMAT	3	QL PREV Preventive
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	PREV Preventive



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CUROSURF	4	
DULERA	3	QL PREV Preventive
FASENRA PEN	5	QL PA AL
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	2	QL AL PREV Preventive
<i>fluticasone-salmeterol (fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act)</i>	2	QL PREV Preventive
GRASTEK	4	QL PA
HYDROCOD POLI-CHLORPHE POLI ER	2	AL
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	2	AL
INFASURF	4	
<i>ipratropium-albuterol</i>	2	PREV Preventive
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	5	QL PA AL
RAGWITEK	4	QL PA
<i>sodium chloride (inhalant) (sodium chloride soln nebu 3%, sodium chloride soln nebu 7%)</i>	1	
STIOLTO RESPIMAT	3	QL PREV Preventive
SURVANTA	4	
SYMBICORT	2	QL PREV Preventive

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRELEGY ELLIPTA	3	QL PREV Preventive
TUZISTRA XR	4	AL
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol tab 250 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	2	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl tab 5 mg, cyclobenzaprine hcl tab 10 mg)</i>	1	
<i>metaxalone</i>	2	
<i>methocarbamol (methocarbamol tab 500 mg, methocarbamol tab 750 mg)</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	
<i>orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg</i>	2	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA	3	QL ST
DAYVIGO	4	QL ST
<i>estazolam</i>	2	
<i>eszopiclone (eszopiclone tab 1 mg, eszopiclone tab 2 mg)</i>	1	QL
<i>eszopiclone tab 3 mg</i>	1	QL AL
FLURAZEPAM HCL	4	
HETLIOZ LQ	5	QL PA
<i>ramelteon</i>	2	QL
<i>tasimelteon</i>	5	QL PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temazepam (temazepam cap 15 mg, temazepam cap 30 mg)</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	2	
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate (zolpidem tartrate tab 5 mg, zolpidem tartrate tab 10 mg)</i>	1	QL
<i>zolpidem tartrate (zolpidem tartrate tab er 6.25 mg, zolpidem tartrate tab er 12.5 mg)</i>	2	QL
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil (armodafinil tab 150 mg, armodafinil tab 200 mg, armodafinil tab 250 mg)</i>	2	
<i>armodafinil tab 50 mg</i>	1	
LUMRYZ	5	QL PA
<i>modafinil (modafinil tab 100 mg, modafinil tab 200 mg)</i>	2	
SODIUM OXYBATE	4	QL PA
SUNOSI	3	QL PA AL
XYREM	5	QL PA
XYWAV	5	QL PA
Uncategorized		
Unclassified		
ACTHAR GEL	5	PA
ADBRY 300 MG/2ML SOLN A-INJ	5	QL PA

# Index of covered drugs

## 1

1ST TIER UNIFINE PENTIPS	118
1ST TIER UNIFINE PENTIPS PLUS	118
1ST TIER UNILET COMFORTOUCH	118

## A

abacavir sulfate	40
abacavir sulfate-lamivudine	40
abiraterone acetate	22
ABOUTTIME PEN NEEDLE	118
ABRYSVO	109
acamprosate calcium	6
acarbose	43
ACCU-CHEK FASTCLIX LANCET	118
ACCU-CHEK FASTCLIX LANCETS	118
ACCU-CHEK SAFE-T PRO LANCETS	118
ACCU-CHEK SOFTCLIX LANCET DEV	118
ACCU-CHEK SOFTCLIX LANCETS	118
acebutolol hcl	57
acetaminophen w/ codeine	3
ACETAMINOPHEN-CODEINE	3
acetazolamide	59,176
acetic acid (otic)	8
acetylcysteine	182
acitretin	79
ACTEMRA	102
ACTEMRA ACTPEN	102
ACTHAR	92
ACTHAR GEL	185
ACTHIB	109
ACTI-LANCE 28G	118
ACTI-LANCE LITE LANCETS 28G	118
ACTI-LANCE SPECIAL LANCETS 17G	118
ACTI-LANCE UNIVERSAL 23G	118
ACTIMMUNE	105
acyclovir	43
acyclovir topical	82
ADACEL	109
adapalene	79
ADBRY	102,185

ADDYI	91
adefovir dipivoxil	37
ADEMPAS	181
ADJUSTABLE LANCING DEVICE	118
ADTHYZA	100
ADVAIR HFA	182
ADVANCED MOBILE LANCET	118
ADVATE	52
ADVOCATE INSULIN PEN NEEDLE	119
ADVOCATE INSULIN PEN NEEDLES	119
ADVOCATE INSULIN SYRINGE	119
ADVOCATE LANCETS	119
ADVOCATE LANCETS 30G	119
ADVOCATE LANCING DEVICE	119
ADVOCATE RAPID-SAFE LANCING	119
ADVOCATE SAFETY LANCETS	119
ADVOCATE SAFETY LANCETS 26G	119
ADYNOVATE	52
AFLURIA	109
AFLURIA PRESERVATIVE FREE	109
AFLURIA QUADRIVALENT	109
AFSTYLA	52
AGAMATRIX ULTRA-THIN LANCETS	119
AIMOVIG	70
AIMSCO LUBRICATED	119
AIMSCO TWIST LANCETS 32G	119
AIMSCO TWIST LANCETS 33G	119
AJOVY	70
AKEEGA	24
albendazole	34
albuterol sulfate	179
alclometasone dipropionate	79,92
ALDACTAZIDE	59
ALECENSA	27
alendronate sodium	117
ALENDRONATE SODIUM	117
alfuzosin hcl	91
ALINIA	34
ALLERGY SYRINGE	119
allopurinol	21
almotriptan malate	70

ALOCRIL . . . . .	174	APOKYN . . . . .	35
ALOMIDE . . . . .	174	apomorphine hydrochloride . . . . .	35
ALORA . . . . .	94	APRACLONIDINE HCL . . . . .	176
ALPHANATE . . . . .	52	apraclonidine hcl . . . . .	176
ALPHANINE SD . . . . .	52	aprepitant . . . . .	19
alprazolam . . . . .	69	APTIOM . . . . .	15
ALPROLIX . . . . .	52	APTIVUS . . . . .	41
ALREX . . . . .	175	AQ INSULIN SYRINGE . . . . .	119
ALTABAX . . . . .	8	AQINJECT PEN NEEDLE . . . . .	119
ALTUVIIO . . . . .	52	AQUALANCE LANCETS 30G . . . . .	119
ALUNBRIG . . . . .	27	ARAKODA . . . . .	34
amantadine hcl . . . . .	35	ARANESP (ALBUMIN FREE) . . . . .	51
ambrisentan . . . . .	181	ARCALYST . . . . .	102
AMCINONIDE . . . . .	79	AREXVY . . . . .	109
amiloride & hydrochlorothiazide . . . . .	59	arformoterol tartrate . . . . .	179
amiloride hcl . . . . .	62	ARIKAYCE . . . . .	7
AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .	59	aripiprazole . . . . .	66
amiodarone hcl . . . . .	56	armodafinil . . . . .	185
amitriptyline hcl . . . . .	18	ARMOUR THYROID . . . . .	100
AMJEVITA . . . . .	106	ARNUITY ELLIPTA . . . . .	177
amlodipine besylate . . . . .	58	asenapine maleate . . . . .	66
amlodipine besylate-benazepril hcl . . . . .	59	ASMANEX (120 METERED DOSES) . . . . .	177
amlodipine besylate-olmesartan medoxomil . . . . .	59	ASMANEX (30 METERED DOSES) . . . . .	177
amlodipine besylate-valsartan . . . . .	59	ASMANEX (60 METERED DOSES) . . . . .	177
amlodipine-valsartan-hydrochlorothiazide . . . . .	59	ASMANEX HFA . . . . .	177
amoxapine . . . . .	18	aspirin . . . . .	1
AMOXICILL-CLARITHRO-LANSOPRAZ . . . . .	87	aspirin-dipyridamole . . . . .	54
amoxicillin . . . . .	10	ASSURE COMFORT LANCETS 28G . . . . .	119
AMOXICILLIN . . . . .	10	ASSURE HAEMOLANCE PLUS HIGH . . . . .	119
amoxicillin & pot clavulanate . . . . .	9,10	ASSURE HAEMOLANCE PLUS LOW . . . . .	119
AMOXICILLIN-POT CLAVULANATE . . . . .	10	ASSURE HAEMOLANCE PLUS MICRO . . . . .	119
AMOXICILLIN-POT CLAVULANATE ER . . . . .	10	ASSURE HAEMOLANCE PLUS NORMAL . . . . .	119
amphetamine-dextroamphetamine . . . . .	72	ASSURE HAEMOLANCE PLUS PED . . . . .	119
ampicillin . . . . .	10	ASSURE ID DUO PRO PEN NEEDLES . . . . .	119
anagrelide hcl . . . . .	51	ASSURE ID INSULIN SAFETY SYR . . . . .	119
ANALPRAM-HC . . . . .	81	ASSURE ID PRO PEN NEEDLES . . . . .	120
anastrozole 1 mg tab . . . . .	27	ASSURE ID SAFETY PEN NEEDLES . . . . .	120
ANGELIQ . . . . .	94	ASSURE LANCE LANCETS . . . . .	120
ANORO ELLIPTA . . . . .	182	ASSURE LANCE LANCETS 21G . . . . .	120
ANZEMET . . . . .	19	ASSURE LANCE PLUS SAFETY 25G . . . . .	120
APADAZ . . . . .	4	ASSURE LANCE PLUS SAFETY 30G . . . . .	120

ASSURE LANCE SAFETY LANCET 28G . . . . .	120	AVONEX PREFILLED . . . . .	75
ASTAGRAF XL . . . . .	106	AYVAKIT . . . . .	24
atazanavir sulfate . . . . .	41	AZASITE . . . . .	175
atenolol . . . . .	57	azathioprine . . . . .	106
atenolol & chlorthalidone . . . . .	59	azelaic acid . . . . .	79
atomoxetine hcl . . . . .	72	azelastine hcl . . . . .	178
atorvastatin calcium . . . . .	62	azelastine hcl (ophth) . . . . .	174
atorvastatin calcium 10 mg tab . . . . .	62	azithromycin . . . . .	10
atorvastatin calcium 20 mg tab . . . . .	62	AZITHROMYCIN . . . . .	10
atovaquone . . . . .	34		
atovaquone-proguanil hcl . . . . .	34	<b>B</b>	
ATROPINE SULFATE . . . . .	173	BACITRACIN . . . . .	175
atropine sulfate (ophthalmic) . . . . .	173	bacitracin-poly-neomycin-hc . . . . .	173
ATROVENT HFA . . . . .	178	bacitracin-polymyxin b (ophth) . . . . .	173
AUGMENTIN . . . . .	10	baclofen . . . . .	36
AUGTYRO . . . . .	24	balsalazide disodium . . . . .	117
AUM INSULIN SAFETY PEN NEEDLE . . . . .	120	BALVERSA . . . . .	27
AUM MINI INSULIN PEN NEEDLE . . . . .	120	BAQSIMI ONE PACK . . . . .	45
AUM PEN NEEDLE . . . . .	120	BAQSIMI TWO PACK . . . . .	45
AUM READYGARD DUO PEN NEEDLE . . . . .	120	BARACLUDE . . . . .	37
AUM SAFETY PEN NEEDLE . . . . .	120	BARDIA BULB IRRIGATION SYRINGE . . . . .	121
AURORA LANCET SUPER THIN 30G . . . . .	120	BARDIA PISTON IRRIGATION SYR . . . . .	121
AURORA LANCET THIN 23G . . . . .	120	BAXDELA . . . . .	11
AURORA PEN NEEDLES . . . . .	120	BD ALLERGIST TRAY . . . . .	121
AURORA UNIFINE PENTIPS . . . . .	120	BD ALLERGY SYRINGE . . . . .	121
AURYXIA . . . . .	83	BD AUTOSHIELD . . . . .	121
AUSTEDO . . . . .	74	BD AUTOSHIELD DUO . . . . .	121
AUSTEDO XR . . . . .	74	BD BLUNT FILL NEEDLE . . . . .	121
AUSTEDO XR PATIENT TITRATION . . . . .	74	BD BLUNT FILTER NEEDLE . . . . .	121
AUTO-LANCET . . . . .	120	BD CONTROL SYRING LUER-LOK . . . . .	121
AUTO-LANCET MINI . . . . .	120	BD DISP NEEDLE . . . . .	121
AUTOLET II CLINISAFE . . . . .	120	BD DISP NEEDLES . . . . .	121
AUTOLET LANCING DEVICE . . . . .	120	BD ECLIPSE LUER-LOK NEEDLE . . . . .	121
AUTOLET LITE CLINISAFE . . . . .	120	BD ECLIPSE NEEDLE . . . . .	121
AUTOLET LITE STARTER PACK . . . . .	120	BD ECLIPSE SHIELDED NEEDLE . . . . .	121
AUTOLET MINI . . . . .	120	BD ECLIPSE SYRINGE . . . . .	121
AUTOLET PLATFORMS . . . . .	120	BD ECLIPSE SYRINGE/NEEDLE . . . . .	121
AUTOLET PLUS . . . . .	120	BD FILTER NEEDLE . . . . .	121
AUTOPEN . . . . .	121	BD FILTER NEEDLE/5 MICRON . . . . .	121
AUVI-Q . . . . .	179	BD HYPODERMIC NEEDLE . . . . .	122
AVONEX PEN . . . . .	75	BD INSULIN SYR ULTRAFINE II . . . . .	122

BD INSULIN SYRINGE . . . . .	122	BD VEO INSULIN SYRINGE U/F . . . . .	124
BD INSULIN SYRINGE HALF-UNIT . . . . .	122	BELBUCA . . . . .	2
BD INSULIN SYRINGE MICROFINE . . . . .	122	BELSOMRA . . . . .	184
BD INSULIN SYRINGE U-500 . . . . .	122	benazepril & hydrochlorothiazide . . . . .	59
BD INSULIN SYRINGE U/F . . . . .	122	benazepril hcl . . . . .	55
BD INSULIN SYRINGE U/F 1/2UNIT . . . . .	122	BENEFIX . . . . .	52
BD INSULIN SYRINGE ULTRAFINE . . . . .	122	BENLYSTA . . . . .	103
BD INTEGRA NEEDLE . . . . .	122	BENZHYDROCODONE-ACETAMINOPHEN . . . . .	4
BD INTEGRA SYRINGE . . . . .	122	BENZNIDAZOLE . . . . .	34
BD LANCET ULTRAFINE 30G . . . . .	122	benzoyl peroxide-erythromycin . . . . .	79
BD LANCET ULTRAFINE 33G . . . . .	122	benztropine mesylate . . . . .	35
BD LUER-LOCK SYRINGE . . . . .	122	bepotastine besilate . . . . .	174
BD LUER-LOK SYRINGE . . . . .	123	BERINERT . . . . .	102
BD MICROTAINER LANCETS . . . . .	123	BESIVANCE . . . . .	11
BD NOKOR ADMIX NEEDLE . . . . .	123	BESREMI . . . . .	24
BD PEN . . . . .	123	betaine . . . . .	88
BD PEN MINI . . . . .	123	betamethasone dipropionate (topical) . . . . .	79,92
BD PEN NEEDLE MICRO U/F . . . . .	123	BETAMETHASONE DIPROPIONATE AUG . . . . .	79
BD PEN NEEDLE MINI U/F . . . . .	123	betamethasone dipropionate augmented . . . . .	79,92
BD PEN NEEDLE NANO 2ND GEN . . . . .	123	betamethasone valerate . . . . .	79
BD PEN NEEDLE NANO U/F . . . . .	123	BETASERON . . . . .	75
BD PEN NEEDLE ORIGINAL U/F . . . . .	123	betaxolol hcl . . . . .	57
BD PEN NEEDLE SHORT U/F . . . . .	123	BETAXOLOL HCL . . . . .	176
BD PLASTIPAK SYRINGE . . . . .	123	betaxolol hcl (ophth) . . . . .	176
BD PRECISIONGLIDE NEEDLE . . . . .	123	bethanechol chloride . . . . .	91
BD SAFETY-LOK INSULIN SYRINGE . . . . .	123	bexarotene . . . . .	34
BD SAFETYGLIDE ALLERGY SYRINGE . . . . .	124	bexarotene (topical) . . . . .	34
BD SAFETYGLIDE INSULIN SYRINGE . . . . .	124	BEXSERO . . . . .	109
BD SAFETYGLIDE NEEDLE . . . . .	124	bicalutamide . . . . .	22
BD SAFETYGLIDE SHIELDED NEEDLE . . . . .	124	BIKTARVY . . . . .	38
BD SAFETYGLIDE SYRINGE/NEEDLE . . . . .	124	bimatoprost . . . . .	176
BD SYRINGE . . . . .	124	bisoprolol & hydrochlorothiazide . . . . .	59,60
BD SYRINGE BLUNT CANNULA 17G . . . . .	124	bisoprolol fumarate . . . . .	57
BD SYRINGE DISPOSABLE . . . . .	124	BOOSTRIX . . . . .	110
BD SYRINGE DUAL CANNULA . . . . .	124	bosentan . . . . .	181
BD SYRINGE LUER SLIP TIP . . . . .	124	BOSULIF . . . . .	27
BD SYRINGE LUER-LOK . . . . .	124	BRAFTOVI . . . . .	27
BD SYRINGE SLIP TIP . . . . .	124	BREO ELLIPTA . . . . .	182
BD SYRINGE/NEEDLE . . . . .	124	BREZTRI AEROSPHERE . . . . .	182
BD TB SYRINGE . . . . .	124	BRILINTA . . . . .	54
BD VEO INSULIN SYR U/F 1/2UNIT . . . . .	124	brimonidine tartrate . . . . .	176

brimonidine tartrate (topical) . . . . .	79	captopril . . . . .	55
brimonidine tartrate-timolol maleate . . . . .	173	CAPVAXIVE . . . . .	110
brinzolamide . . . . .	176	carbamazepine . . . . .	15
BRIVIACT . . . . .	12	CARBATROL . . . . .	15
bromfenac sodium (ophth) . . . . .	175	carbidopa . . . . .	36
bromocriptine mesylate . . . . .	35	carbidopa-levodopa . . . . .	36
BRUKINSA . . . . .	24	CARBIDOPA-LEVODOPA . . . . .	36
budesonide . . . . .	117	carbidopa-levodopa-entacapone . . . . .	35
budesonide (inhalation) . . . . .	177	CARBINOXAMINE MALEATE . . . . .	178
bumetanide . . . . .	61	carbinoxamine maleate . . . . .	178
buprenorphine hcl . . . . .	6	CARDIOCOM LANCING DEVICE . . . . .	124
buprenorphine hcl-naloxone hcl dihydrate . . . . .	6	CAREFINE PEN NEEDLES . . . . .	125
bupropion hcl . . . . .	16	CAREONE ADVANCED LANCING DEV . . . . .	125
bupropion hcl (smoking deterrent) . . . . .	7	CAREONE INSULIN SYRINGE . . . . .	125
bupirone hcl . . . . .	69	CAREONE LANCET SUPER THIN 30G . . . . .	125
butalbital-acetaminophen . . . . .	74	CAREONE LANCET THIN 23G . . . . .	125
butalbital-acetaminophen-caffeine . . . . .	74	CAREONE UNIFINE PENTIPS . . . . .	125
butalbital-acetaminophen-caffeine w/ codeine . . . . .	4	CAREONE UNIFINE PENTIPS PLUS . . . . .	125
butalbital-aspirin-caffeine . . . . .	1	CAREPOINT POLY HUB NEEDLE . . . . .	125
butalbital-aspirin-caffeine w/cod . . . . .	4	CAREPOINT SAFETY 1ST NEEDLE . . . . .	125
butorphanol tartrate . . . . .	4	CAREPOINT SAFETY1ST SYR/NEEDLE . . . . .	125
BYDUREON BCISE . . . . .	43	CAREPOINT SYRINGE CATHETER TIP . . . . .	125
BYLVAY . . . . .	88	CAREPOINT SYRINGE LUER LOCK . . . . .	126
BYLVAY (PELLETS) . . . . .	88	CAREPOINT SYRINGE LUER SLIP . . . . .	126
 		CAREPOINT TUBERCLN SYR/LUER SL . . . . .	126
<b>C</b>		CARESENS LANCETS . . . . .	126
cabergoline . . . . .	101	CARESENS LANCETS 30G . . . . .	126
CABLIVI . . . . .	54	CARETOUCH CATHETER TIP SYRINGE . . . . .	126
CABOMETYX . . . . .	27	CARETOUCH HYPODERMIC NEEDLE . . . . .	126
caffeine citrate . . . . .	180	CARETOUCH INSULIN SYRINGE . . . . .	126
CALCIPOTRIENE . . . . .	81	CARETOUCH LANCING/EJECTOR . . . . .	126
calcitonin (salmon) . . . . .	117	CARETOUCH LUER LOCK . . . . .	126
CALCITRIOL . . . . .	81	CARETOUCH LUER LOCK SYR/NEEDLE . . . . .	126
calcitriol . . . . .	117	CARETOUCH LUER SLIP . . . . .	126
calcium acetate (phosphate binder) . . . . .	83	CARETOUCH PEN NEEDLES . . . . .	126
CALQUENCE . . . . .	28	CARETOUCH SAFETY LANCETS . . . . .	126
CAMZYOS . . . . .	60	CARETOUCH SAFETY LANCETS 26G . . . . .	127
candesartan cilexetil . . . . .	55,70	CARETOUCH TWIST LANCETS 28G . . . . .	127
candesartan cilexetil-hydrochlorothiazide . . . . .	60	CARETOUCH TWIST LANCETS 30G . . . . .	127
capecitabine . . . . .	23	CARETOUCH TWIST LANCETS 33G . . . . .	127
CAPRELSA . . . . .	28	CARETOUCH TWIST MC LANCETS 30G . . . . .	127



carglumic acid . . . . .	83	CIMDUO . . . . .	40
carisoprodol . . . . .	184	CIMETIDINE HCL . . . . .	88
CARTEOLOL HCL . . . . .	176	cimetidine hcl . . . . .	88
carvedilol . . . . .	57	CIMZIA (2 SYRINGE) . . . . .	106
CAYA . . . . .	127	CIMZIA-STARTER . . . . .	106
CAYSTON . . . . .	180	cinacalcet hcl . . . . .	117
CEFACTOR . . . . .	9	CIPRO . . . . .	11
cefadroxil . . . . .	9	ciprofloxacin . . . . .	11
CEFADROXIL . . . . .	9	ciprofloxacin hcl . . . . .	11
cefdinir . . . . .	9	CIPROFLOXACIN HCL . . . . .	11,177
cefixime . . . . .	9	ciprofloxacin hcl (ophth) . . . . .	11
cefpodoxime proxetil . . . . .	9	ciprofloxacin-dexamethasone . . . . .	177
cefprozil . . . . .	9	CIPROFLOXACIN-FLUOCINOLONE PF . . . . .	177
cefuroxime axetil . . . . .	9	citalopram hydrobromide . . . . .	16
celecoxib . . . . .	1	CLARITHROMYCIN . . . . .	10
CELONTIN . . . . .	14	clarithromycin . . . . .	10
cephalexin . . . . .	9	CLEANLET LANCETS 28G . . . . .	127
CEQR SIMPLICITY 2U . . . . .	127	CLEMASTINE FUMARATE . . . . .	178
CERDELGA . . . . .	88	CLEVER CHEK LANCETS . . . . .	127
CERVIDIL . . . . .	127	CLEVER CHOICE COMFORT EZ . . . . .	127
CETRAXAL . . . . .	177	CLEVER CHOICE LANCETS 21G . . . . .	127
cevimeline hcl . . . . .	77	CLEVER CHOICE LANCETS 23G . . . . .	127
CHEMET . . . . .	83	CLEVER CHOICE LANCETS 28G . . . . .	127
CHENODAL . . . . .	87	CLICKFINE PEN NEEDLES . . . . .	127
chlordiazepoxide hcl . . . . .	69	CLIMARA PRO . . . . .	94
CHLORDIAZEPOXIDE-AMITRIPTYLINE . . . . .	16	clindamycin hcl . . . . .	8
chlorhexidine gluconate (mouth-throat) . . . . .	77	clindamycin palmitate hydrochloride . . . . .	8
chloroquine phosphate . . . . .	34	clindamycin phosphate (topical) . . . . .	8,82
chlorpromazine hcl . . . . .	66	clindamycin phosphate vaginal . . . . .	8
chlorthalidone . . . . .	62	clindamycin phosphate-benzoyl peroxide (refrigerate) . . . . .	79
chlorzoxazone . . . . .	184	CLINDESSE . . . . .	8
cholecalciferol . . . . .	117	clobazam . . . . .	14
cholestyramine . . . . .	64	clobetasol propionate . . . . .	79
cholestyramine light . . . . .	64	clobetasol propionate emollient base . . . . .	79
CHOSEN LANCETS 30G . . . . .	127	clocortolone pivalate . . . . .	92
CHOSEN LANCING DEVICE . . . . .	127	CLOMID . . . . .	95
CHOSEN SAFETY LANCETS 28G . . . . .	127	CLOMIPHENE CITRATE . . . . .	95
CIBINQO . . . . .	81	clomipramine hcl . . . . .	18
ciclopirox . . . . .	82	clonazepam . . . . .	69
ciclopirox olamine . . . . .	20	clonidine . . . . .	54
cilostazol . . . . .	54		

clonidine hcl . . . . .	54	CONTOUR NEXT EZ . . . . .	128
clonidine hcl (adhd) . . . . .	72	CONTOUR NEXT GEN MONITOR . . . . .	128
clopidogrel bisulfate . . . . .	54	CONTOUR NEXT MONITOR . . . . .	128
clorazepate dipotassium . . . . .	69	CONTOUR NEXT ONE . . . . .	128
clotrimazole . . . . .	20	CONTOUR NEXT TEST . . . . .	128
clotrimazole w/ betamethasone . . . . .	81	CONTOUR PLUS TEST . . . . .	128
clozapine . . . . .	66	CONTOUR TEST . . . . .	128
CLOZAPINE . . . . .	66	COPIKTRA . . . . .	28
COAGADEX . . . . .	52	CORDRAN . . . . .	80
COAGUCHEK LANCETS . . . . .	127	CORIFACT . . . . .	52
COARTEM . . . . .	34	CORLANOR . . . . .	60
CODEINE SULFATE . . . . .	4	CORTIFOAM . . . . .	117
codeine sulfate . . . . .	4	CORTISPORIN-TC . . . . .	177
colchicine . . . . .	21	COSENTYX . . . . .	103
colchicine w/ probenecid . . . . .	21	COSENTYX (300 MG DOSE) . . . . .	103
colesevelam hcl . . . . .	64	COSENTYX SENSOREADY (300 MG) . . . . .	103
colestipol hcl . . . . .	64	COSENTYX SENSOREADY PEN . . . . .	103
COMBIPATCH . . . . .	95	COSENTYX UNOREADY . . . . .	103
COMBIVENT RESPIMAT . . . . .	182	COTELLIC . . . . .	28
COMETRIQ (100 MG DAILY DOSE) . . . . .	28	CREON . . . . .	89
COMETRIQ (140 MG DAILY DOSE) . . . . .	28	CRESEMBA . . . . .	20
COMETRIQ (60 MG DAILY DOSE) . . . . .	28	CROMOLYN SODIUM . . . . .	174
COMFORT ASSIST INSULIN SYRINGE . . . . .	127	cromolyn sodium . . . . .	182
COMFORT ASSURED LANCETS 28G . . . . .	127	cromolyn sodium (mastocytosis) . . . . .	89
COMFORT ASSURED LANCETS 33G . . . . .	127	cromolyn sodium (ophth) . . . . .	174
COMFORT EZ INSULIN SYRINGE . . . . .	127	CRONO SYRINGE . . . . .	128
COMFORT EZ MICRO PEN NEEDLES . . . . .	128	CROTAN . . . . .	82
COMFORT EZ PEN NEEDLES . . . . .	128	CUROSURF . . . . .	183
COMFORT EZ PRO PEN NEEDLES . . . . .	128	cvs folic acid 800 mcg tab . . . . .	84
COMFORT EZ SHORT PEN NEEDLES . . . . .	128	CVS LANCETS 21G . . . . .	128
COMFORT LANCETS . . . . .	128	CVS LANCETS MICRO THIN 33G . . . . .	129
COMFORT TOUCH INSULIN PEN NEED . . . . .	128	CVS LANCETS ORIGINAL . . . . .	129
COMFORT TOUCH LANCETS 31G . . . . .	128	CVS LANCETS THIN 26G . . . . .	129
COMFORT TOUCH PLUS LANCETS 28G . . . . .	128	CVS LANCETS ULTRA THIN 30G . . . . .	129
COMFORT TOUCH PLUS LANCETS 30G . . . . .	128	CVS LANCETS ULTRA-THIN 30G . . . . .	129
COMFORT TOUCH TWIST LANCET 30G . . . . .	128	CVS LANCING DEVICE . . . . .	129
COMIRNATY . . . . .	110	CVS ULTRA THIN LANCETS . . . . .	129
COMPLERA . . . . .	39	cyanocobalamin . . . . .	84
CONDOMS . . . . .	128	cyclobenzaprine hcl . . . . .	184
CONTOUR CONTROL . . . . .	128	CYCLOGYL . . . . .	173
CONTOUR NEXT CONTROL . . . . .	128	CYCLOMYDRIL . . . . .	173

cyclopentolate hcl . . . . .	173,174	DEXAMETHASONE SODIUM PHOSPHATE . . . . .	175
cyclophosphamide . . . . .	22	DEXCOM G6 RECEIVER . . . . .	129
cycloserine . . . . .	21	DEXCOM G6 SENSOR . . . . .	129
cyclosporine . . . . .	106	DEXCOM G6 TRANSMITTER . . . . .	129
cyclosporine modified (for microemulsion) . . . . .	106	DEXCOM G7 RECEIVER . . . . .	129
cyproheptadine hcl . . . . .	178	DEXCOM G7 SENSOR . . . . .	129
CYSTADROPS . . . . .	89	dexlansoprazole . . . . .	88
CYSTAGON . . . . .	89	dexmethylphenidate hcl . . . . .	73
CYSTARAN . . . . .	89	dextroamphetamine sulfate . . . . .	72
<b>D</b>		DIACOMIT . . . . .	12
dabigatran etexilate mesylate . . . . .	50	DIASTAT ACUDIAL . . . . .	14
dalfampridine . . . . .	76	DIASTAT PEDIATRIC . . . . .	14
danazol . . . . .	94	DIATHRIVE LANCET ULTRA THIN 30 . . . . .	129
dantrolene sodium . . . . .	36	DIATHRIVE LANCETS . . . . .	129
dapsone . . . . .	21	DIATHRIVE LANCING DEVICE . . . . .	129
DAPTACEL . . . . .	110	DIATHRIVE PEN NEEDLE . . . . .	129
darifenacin hydrobromide . . . . .	90	DIAZEPAM . . . . .	14
darunavir . . . . .	41	diazepam . . . . .	69,70
DAURISMO . . . . .	28	diazepam (anticonvulsant) . . . . .	14
DAYBUE . . . . .	89	diazoxide . . . . .	45
DAYVIGO . . . . .	184	diclofenac potassium . . . . .	1
deferiprone . . . . .	83	diclofenac sodium . . . . .	1
DELSTRIGO . . . . .	39	diclofenac sodium (ophth) . . . . .	175
demeclocycline hcl . . . . .	11	diclofenac sodium (topical) . . . . .	1
DEPO-ESTRADIOL . . . . .	95	diclofenac w/ misoprostol . . . . .	1
DEPO-SUBQ PROVERA 104 . . . . .	99	dicloxacillin sodium . . . . .	10
DESCOVY . . . . .	40	dicyclomine hcl . . . . .	87
desipramine hcl . . . . .	18	DIFICID . . . . .	10
desloratadine . . . . .	178	diflunisal . . . . .	1
desmopressin acetate . . . . .	93	difluprednate . . . . .	175
desmopressin acetate spray . . . . .	93	digoxin . . . . .	60
desmopressin acetate spray refrigerated . . . . .	93	DIGOXIN . . . . .	60
desogestrel & ethinyl estradiol . . . . .	95	dihydroergotamine mesylate . . . . .	70
desogestrel-ethinyl estradiol (biphasic) . . . . .	95	DILANTIN . . . . .	15
desonide . . . . .	80	DILANTIN INFATABS . . . . .	15
desoximetasone . . . . .	80	DILANTIN-125 . . . . .	15
desvenlafaxine succinate . . . . .	16	diltiazem hcl . . . . .	58
dexamethasone . . . . .	92	diltiazem hcl coated beads . . . . .	58
DEXAMETHASONE . . . . .	92	diltiazem hcl extended release beads . . . . .	58,59
DEXAMETHASONE INTENSOL . . . . .	92	dimethyl fumarate . . . . .	76
		DIPENTUM . . . . .	117

diphenoxylate w/ atropine . . . . .	.87	DUAVEE . . . . .	.95
DIPHENOXYLATE-ATROPINE . . . . .	.87	DULERA . . . . .	.183
DIPHThERIA-TETANUS TOXOIDS DT . . . . .	.110	duloxetine hcl . . . . .	.75
dipyridamole . . . . .	.54	DUOPA . . . . .	.36
disopyramide phosphate . . . . .	.56	DUPIXENT . . . . .	.103
disulfiram . . . . .	.6	DUREX EXTRA SENSITIVE THIN . . . . .	.130
DIURIL . . . . .	.62	DUREX REALFEEL . . . . .	.130
divalproex sodium . . . . .	.12	DUREX TROPICAL . . . . .	.130
DIVIGEL . . . . .	.95	dutasteride . . . . .	.91
dofetilide . . . . .	.56	dutasteride-tamsulosin hcl . . . . .	.91
donepezil hydrochloride . . . . .	.65		
DOPTELET . . . . .	.54	<b>E</b>	
dorzolamide hcl . . . . .	.176	E-Z JECT LANCET MICRO-THIN 33G . . . . .	.130
dorzolamide hcl-timolol maleate . . . . .	.174	E-Z JECT LANCET SUPER THIN 30G . . . . .	.130
DOVATO . . . . .	.38	E-Z JECT LANCETS . . . . .	.130
doxazosin mesylate . . . . .	.55	E-Z JECT LANCETS 21G . . . . .	.130
doxepin hcl . . . . .	.18	E-Z JECT LANCETS THIN 26G . . . . .	.130
doxycycline (monohydrate) . . . . .	.12	E.E.S. 400 . . . . .	.10
doxycycline hyclate . . . . .	.12	EASY COMFORT INSULIN SYRINGE . . . . .	.131
dronabinol . . . . .	.19	EASY COMFORT LANCETS . . . . .	.131
DROPLET GENTEEL LANCING DEVICE . . . . .	.129	EASY COMFORT LANCETS TWIST TOP . . . . .	.131
DROPLET INSULIN SYRINGE . . . . .	.129	EASY COMFORT PEN NEEDLES . . . . .	.131
DROPLET LANCETS ULTRA THIN 30G . . . . .	.129	EASY GLIDE CATH TIP SYRINGE . . . . .	.131
DROPLET LANCING DEVICE . . . . .	.129	EASY GLIDE LUER LOCK SYRINGE . . . . .	.131
DROPLET MICRON . . . . .	.129	EASY GLIDE PEN NEEDLES . . . . .	.131
DROPLET PEN NEEDLES . . . . .	.129	EASY GLIDE SLIP LOCK SYRINGE . . . . .	.131
DROPLET PERSONAL LANCETS 30G . . . . .	.130	EASY MINI EJECT LANCING DEVICE . . . . .	.131
DROPSAFE SAFETY PEN NEEDLES . . . . .	.130	EASY MINI LANCING DEVICE . . . . .	.131
DROPSAFE SAFETY SYRINGE/NEEDLE . . . . .	.130	EASY TOUCH ALLERGY SYRINGE . . . . .	.131
DROPSAFE SICURA . . . . .	.130	EASY TOUCH FLIPLOCK INSULIN SY . . . . .	.131
drosiprenone-ethinyl estradiol . . . . .	.95	EASY TOUCH FLIPLOCK NEEDLES . . . . .	.132
drosiprenone-ethinyl estradiol-levomefolate calcium . . . . .	.95	EASY TOUCH FLIPLOCK SAFETY SYR . . . . .	.133
DROXIA . . . . .	.23	EASY TOUCH FLURINGE . . . . .	.133
DRUG MART LANCETS THIN 26G . . . . .	.130	EASY TOUCH FLURINGE FLIPLOCK . . . . .	.133
DRUG MART LANCING DEVICE . . . . .	.130	EASY TOUCH FLURINGE SHEATHLOCK . . . . .	.133
DRUG MART ON-THE-GO LANCET 30G . . . . .	.130	EASY TOUCH HYPODERMIC NEEDLE . . . . .	.134
DRUG MART UNIFINE PENTIPS . . . . .	.130	EASY TOUCH INSULIN SAFETY SYR . . . . .	.134
DRUG MART UNIFINE PENTIPS PLUS . . . . .	.130	EASY TOUCH INSULIN SYRINGE . . . . .	.134
DRUG MART UNILET LANCETS 28G . . . . .	.130	EASY TOUCH LANCETS 21G . . . . .	.134
DRUG MART UNILET LANCETS 30G . . . . .	.130	EASY TOUCH LANCETS 23G . . . . .	.134
DRUG MART UNILET LANCETS 33G . . . . .	.130	EASY TOUCH LANCETS 26G . . . . .	.134

EASY TOUCH LANCETS 28G.....	134	EMBRACE PEN NEEDLES.....	137
EASY TOUCH LANCETS 28G/TWIST.....	134	EMBRACE PRESSURE ACTIVATED 21G.....	137
EASY TOUCH LANCETS 30G.....	134	EMBRACE PRESSURE ACTIVATED 28G.....	137
EASY TOUCH LANCETS 30G/TWIST.....	134	EMCYT.....	23
EASY TOUCH LANCETS 32G.....	135	EMEND.....	19
EASY TOUCH LANCETS 32G/TWIST.....	135	EMGALITY.....	70
EASY TOUCH LANCETS 33G/TWIST.....	135	EMGALITY (300 MG DOSE).....	70
EASY TOUCH LANCING DEVICE.....	135	EMPAVELI.....	103
EASY TOUCH PEN NEEDLES.....	135	EMSAM.....	16
EASY TOUCH SAFETY LANCETS 21G.....	135	emtricitabine.....	40
EASY TOUCH SAFETY LANCETS 23G.....	135	emtricitabine-tenofovir df 200-300 mg tab.....	40
EASY TOUCH SAFETY LANCETS 26G.....	135	emtricitabine-tenofovir disoproxil fumarate.....	40
EASY TOUCH SAFETY LANCETS 28G.....	135	EMTRIVA.....	40
EASY TOUCH SAFETY PEN NEEDLES.....	135	EMVERM.....	34
EASY TOUCH SAFETY SYRINGE.....	135	enalapril maleate.....	55
EASY TOUCH SHEATHLOCK SYRINGE.....	136	enalapril maleate & hydrochlorothiazide.....	60
EASY TOUCH SYRINGE BARREL.....	136	ENBREL.....	106
EASY TOUCH SYRINGE BARREL 10ML.....	136	ENBREL MINI.....	106
EASY TOUCH SYRINGE BARREL 1ML.....	136	ENBREL SURECLICK.....	106
EASY TOUCH SYRINGE BARREL 3ML.....	136	ENCARE.....	91
EASY TOUCH SYRINGE BARREL 5ML.....	136	ENDARI.....	89
EASY TOUCH TB FLIPLOCK SYRINGE.....	136	ENGERIX-B.....	110
EASY TOUCH TB SHEATHLOCK SYR.....	136	enoxaparin sodium.....	51
EASYPPOINT NEEDLE.....	137	ENSPRYNG.....	103
EASYPPOINT NEEDLE/SYRINGE.....	137	ENSTILAR.....	81
econazole nitrate.....	20	entacapone.....	35
EDURANT.....	39	entecavir.....	37
EFAVIRENZ.....	39	ENTRESTO.....	60
efavirenz.....	39	ENTYVIO.....	106
efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	39	ENVARUSUS XR.....	106
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	39	EPCLUSA.....	37
ELESTRIN.....	95	EPIDIOLEX.....	12
eletriptan hydrobromide.....	70	epinastine hcl (ophth).....	174
ELIGARD.....	101	epinephrine (anaphylaxis).....	179
ELIQUIS.....	50	EPIVIR HBV.....	37
ELIQUIS DVT/PE STARTER PACK.....	50	eplerenone.....	62
ELLA.....	99	EQL COLOR LANCETS 21G.....	137
ELMIRON.....	91	EQL COLOR LANCETS MICRO 33G.....	137
ELOCTATE.....	53	EQL INSULIN SYRINGE.....	137
EMBRACE LANCETS ULTRA THIN 30G.....	137	EQL SUPER THIN LANCETS 30G.....	137
EMBRACE LANCING DEVICE/EJECTOR.....	137	EQL THIN LANCETS 26G.....	137

EQUETRO . . . . .	71	EXEL COMFORT POINT INSULIN SYR . . . . .	137
ergocalciferol . . . . .	117	EXEL COMFORT POINT PEN NEEDLE . . . . .	137
ERGOLOID MESYLATES . . . . .	65	EXELDERM . . . . .	20
ERGOMAR . . . . .	70	exemestane . . . . .	27
ERGOTAMINE-CAFFEINE . . . . .	70	EZ-LETS LANCETS 21G . . . . .	137
ERIVEDGE . . . . .	28	EZ-LETS LANCETS 26G . . . . .	137
ERLEADA . . . . .	22	EZ-LETS LANCETS 28G . . . . .	137
erlotinib hcl . . . . .	28	EZ-LETS LANCETS 30G . . . . .	137
ERMEZA . . . . .	100	ezetimibe . . . . .	64
ERTACZO . . . . .	20	ezetimibe-simvastatin . . . . .	64
ERY . . . . .	82		
ERYTHROCIN STEARATE . . . . .	10	<b>F</b>	
erythromycin (acne aid) . . . . .	82	fa-8 0.8 mg cap . . . . .	84
erythromycin (ophth) . . . . .	175	famciclovir . . . . .	43
erythromycin base . . . . .	11	famotidine . . . . .	88
ERYTHROMYCIN BASE . . . . .	11	FANAPT . . . . .	67
erythromycin ethylsuccinate . . . . .	11	FANAPT TITRATION PACK . . . . .	67
ERYTHROMYCIN ETHYLSUCCINATE . . . . .	11	FANTASY LUBRICATED . . . . .	137
escitalopram oxalate . . . . .	17	FANTASY LUBRICATED/SPERMICIDE . . . . .	138
esomeprazole magnesium . . . . .	88	FARXIGA . . . . .	43
ESPEROCT . . . . .	53	FASENRA PEN . . . . .	183
estazolam . . . . .	184	FC2 FEMALE CONDOM . . . . .	138
estradiol . . . . .	96	febuxostat . . . . .	21
estradiol & norethindrone acetate . . . . .	95	FEIBA . . . . .	53
estradiol vaginal . . . . .	96	felbamate . . . . .	12
estradiol valerate . . . . .	96	felodipine . . . . .	58
ESTRING . . . . .	96	FEMCAP . . . . .	138
ESTROGEL . . . . .	96	fenofibrate . . . . .	62
eszopiclone . . . . .	184	fenofibrate micronized . . . . .	62
ethacrynic acid . . . . .	61	fenoprofen calcium . . . . .	1
ethambutol hcl . . . . .	21	fentanyl . . . . .	2
ethosuximide . . . . .	14	fentanyl citrate . . . . .	4
ethynodiol diacet & eth estrad . . . . .	96	FERRETT'S CHEWABLE IRON . . . . .	84
etodolac . . . . .	1	FERRIPROX . . . . .	83
ETOPOSIDE . . . . .	27	ferrous sulfate . . . . .	84
etravirine . . . . .	39	FETZIMA . . . . .	17
EVAMIST . . . . .	96	FETZIMA TITRATION . . . . .	17
everolimus . . . . .	28	FIASP . . . . .	46
everolimus (immunosuppressant) . . . . .	106	FIASP FLEXTOUCH . . . . .	46
EVOTAZ . . . . .	41	FIASP PENFILL . . . . .	46
EVRYSDI . . . . .	137	FIBRYGA . . . . .	53

FIFTY50 PEN NEEDLES.....	138	FLUOXETINE HCL.....	17
FIFTY50 SAFETY SEAL LANCETS.....	138	fluphenazine hcl.....	67
FIFTY50 SUPERIOR COMFORT SYR.....	138	FLUPHENAZINE HCL.....	67
FIFTY50 UNILET LANCETS 33G.....	138	FLURAZEPAM HCL.....	184
FILSPARI.....	91	FLURBIPROFEN.....	1
finasteride.....	91	flurbiprofen.....	1
finasteride (alopecia).....	81	FLURBIPROFEN SODIUM.....	175
FINE 30.....	138	FLUTAMIDE.....	22
FINGERSTIX LANCETS.....	138	fluticasone propionate.....	80
fingolimod hcl.....	76	fluticasone propionate (nasal).....	177
FINTEPLA.....	12	FLUTICASONE-SALMETEROL.....	183
FIRDAPSE.....	74	fluticasone-salmeterol.....	183
FLAREX.....	175	fluvastatin sodium.....	63
flavoxate hcl.....	90	fluvoxamine maleate.....	17
flecainide acetate.....	56	FLUZONE.....	111
FLORICAL.....	84	FLUZONE HIGH-DOSE.....	111
FLORIVA.....	84	FLUZONE HIGH-DOSE QUADRIVALENT.....	111
FLOW-EZE VENTED NEEDLE.....	138	FLUZONE QUADRIVALENT.....	112
FLUAD.....	110	folate 400 mcg tab.....	84
FLUAD QUADRIVALENT.....	110	folic acid.....	84
FLUARIX.....	110	folic acid 0.8 mg cap.....	84
FLUARIX QUADRIVALENT.....	110	folic acid 400 mcg tab.....	84
FLUBLOK.....	110	folic acid 800 mcg tab.....	85
FLUBLOK QUADRIVALENT.....	111	fondaparinux sodium.....	51
FLUCELVAX.....	111	FORA LANCETS.....	138
FLUCELVAX QUADRIVALENT.....	111	FORA LANCING DEVICE.....	138
fluconazole.....	20	FORTEO.....	117
flucytosine.....	20	FOSAMAX PLUS D.....	117
fludrocortisone acetate.....	92	fosamprenavir calcium.....	42
FLULAVAL.....	111	fosfomycin tromethamine.....	8
FLULAVAL QUADRIVALENT.....	111	fosinopril sodium.....	56
FLUMIST.....	111	fosinopril sodium & hydrochlorothiazide.....	60
FLUMIST QUADRIVALENT.....	111	FOSRENOL.....	83
fluocinolone acetonide.....	80	FOTIVDA.....	24
fluocinolone acetonide (otic).....	177	FRAGMIN.....	51
fluocinonide.....	80	FREDS PHARMACY AUTOLET LANCING.....	138
FLUORIDEX SENSITIVITY RELIEF.....	77	FREDS PHARMACY UNIFINE PENTIP+.....	138
fluorometholone (ophth).....	175	FREDS PHARMACY UNIFINE PENTIPS.....	138
FLUOROURACIL.....	81	FREDS PHARMACY UNILET LANC 28G.....	138
fluorouracil (topical).....	81	FREDS PHARMACY UNILET LANC 30G.....	138
fluoxetine hcl.....	17	FREESTYLE LANCETS.....	138

FREESTYLE UNISTICK II LANCETS	138	GENTEEL PLUS LANCING DEV(PINK)	139
frovatriptan succinate	71	GENTLE-LET GP LANCETS	139
FRUZAQLA	28	GENTLE-LET LANCETS	139
FULPHILA	52	GENTLE-LET PLATFORMS	139
FUROSCIX	61	GENVOYA	38
furosemide	61	GILENYA	76
FUZEON	41	GILOTRIF	29
FYCOMPA	12	GLASSIA	89
		glatiramer acetate	76
<b>G</b>		GLEOSTINE	22
gabapentin	14	glimepiride	43
GALAFOLD	89	glipizide	43
galantamine hydrobromide	66	GLIPIZIDE	43
GALANTAMINE HYDROBROMIDE	66	glipizide-metformin hcl	43
GALZIN	85	GLOBAL EASE INJECT PEN NEEDLES	139
GARDASIL 9	112	GLOBAL EASY GLIDE INSULIN SYR	139
gatifloxacin (ophth)	175	GLOBAL EASY GLIDE PEN NEEDLES	139
GATTEX	87	GLOBAL INJECT EASE INSULIN SYR	139
GAVILYTE-C	87	GLOBAL INJECT EASE LANCETS 28G	139
GAVRETO	28	GLOBAL INJECT EASE LANCETS 30G	139
gefitinib	29	GLOBAL INSULIN SYRINGES	139
gemfibrozil	62	GLOBAL LANCING DEVICE	139
GENOTROPIN	93	GLUCAGEN HYPOKIT	45
GENOTROPIN MINIQUICK	93	GLUCAGON EMERGENCY	46
GENTAK	175	GLUCOCOM LANCETS 28G	139
gentamicin sulfate (ophth)	175	GLUCOCOM LANCETS 30G	139
gentamicin sulfate (topical)	7	GLUCOCOM LANCETS 33G	139
GENTEEL BUTTERFLY TOUCH LANCET	138	GLUCOPRO INSULIN SYRINGE	140
GENTEEL CONTACT TIPS (BLUE)	138	glutamine (sickle cell)	89
GENTEEL CONTACT TIPS (CLEAR)	138	glyburide	43
GENTEEL CONTACT TIPS (GREEN)	138	GLYBURIDE MICRONIZED	43
GENTEEL CONTACT TIPS (ORANGE)	139	glyburide-metformin	43
GENTEEL CONTACT TIPS (RAINBOW)	139	glycopyrrolate	87
GENTEEL CONTACT TIPS (VIOLET)	139	GLYXAMBI	43
GENTEEL CONTACT TIPS (YELLOW)	139	GNP CLICKFINE PEN NEEDLES	140
GENTEEL LANCING KIT (BLUE)	139	gnp folic acid 400 mcg tab	85
GENTEEL NOZZLES	139	GNP INSULIN SYRINGE	140
GENTEEL PLUS LANCING (BLACK)	139	GNP INSULIN SYRINGES	140
GENTEEL PLUS LANCING (PURPLE)	139	GNP INSULIN SYRINGES 28GX1/2"	140
GENTEEL PLUS LANCING (WHITE)	139	GNP INSULIN SYRINGES 29GX1/2"	140
GENTEEL PLUS LANCING DEV(BLUE)	139	GNP INSULIN SYRINGES 30GX5/16"	140



GNP INSULIN SYRINGES 31GX5/16".....	140	HADLIMA PUSHTOUCH.....	107
GNP LANCETS 21G.....	140	HAEGARDA.....	102
GNP LANCETS THIN 26G.....	140	HAEMOLANCE.....	141
GNP LANCING SYSTEM DEVICE.....	140	HAEMOLANCE LOW FLOW LANCETS.....	141
GNP STERILE LANCETS 28G.....	140	HAEMOLANCE PLUS.....	141
GNP STERILE LANCETS 30G.....	140	HAEMOLANCE PLUS HIGH FLOW.....	141
GNP STERILE LANCETS 33G.....	140	HAEMOLANCE PLUS LOW FLOW.....	141
GNP ULTICARE PEN NEEDLES.....	140	HAEMOLANCE PLUS MAX FLOW.....	141
GNP ULTIGUARD SAFEPACK NEEDLE.....	140	HAEMOLANCE PLUS PEDIATRIC FLOW.....	141
GNP ULTRA COM INSULIN SYRINGE.....	140	halobetasol propionate.....	80
GOJJI LANCING DEVICE/CLEAR CAP.....	140	HALOG.....	80
GOJJI STERILE LANCETS.....	140	haloperidol.....	67
GOODSENSE CLICKFINE PEN NEEDLE.....	140	haloperidol lactate.....	67
GOODSENSE COLOR LANCETS 33G.....	140	HARVONI.....	37
GOODSENSE LANCETS 26G UNIV.....	140	HAVRIX.....	112
GOODSENSE LANCETS 30G.....	140	HEALTH CARE LANCING DEVICE.....	141
GOODSENSE LANCETS 30G UNIV.....	140	HEALTHWISE INSULIN SYR/NEEDLE.....	141
GOODSENSE LANCETS 33G.....	140	HEALTHWISE MICRON PEN NEEDLES.....	141
GOODSENSE LANCETS 33G UNIV.....	141	HEALTHWISE MINI PEN NEEDLES.....	141
GOODSENSE LANCING DEVICE.....	141	HEALTHWISE PEN NEEDLES.....	141
GOODSENSE PEN NEEDLE PENFINE.....	141	HEALTHWISE SHORT PEN NEEDLES.....	141
granisetron hcl.....	19	HEALTHWISE UNIFINE PENTIPS.....	141
GRASTEK.....	183	HEALTHY ACCENTS LANCING DEVICE.....	141
griseofulvin microsize.....	20	HEALTHY ACCENTS UNIFINE PENTIP.....	141
griseofulvin ultramicrosize.....	20	HEALTHY ACCENTS UNILET LANCETS.....	142
guanfacine hcl.....	55	HEMLIBRA.....	53
guanfacine hcl (adhd).....	73	HEMOFIL M.....	53
GVOKE HYPOPEN 1-PACK.....	46	heparin sodium (porcine).....	51
GVOKE HYPOPEN 2-PACK.....	46	HEPARIN SODIUM (PORCINE) PF.....	51
GVOKE KIT.....	46	HEPLISAV-B.....	112
GVOKE PFS.....	46	HETLIOZ LQ.....	184
GYNAZOLE-1.....	20	HIBERIX.....	112
		hm folic acid 400 mcg tab.....	85
<b>H</b>		HM ULTICARE INSULIN SYRINGE.....	142
H-E-B INCONTROL ADV LANCING.....	141	HM ULTICARE MINI PEN NEEDLES.....	142
H-E-B INCONTROL LANCETS 28G.....	141	HM ULTICARE SHORT PEN NEEDLES.....	142
H-E-B INCONTROL LANCETS 30G.....	141	HUBER NEEDLE.....	142
H-E-B INCONTROL LANCETS 33G.....	141	HUMALOG.....	46
H-E-B INCONTROL PEN NEEDLES.....	141	HUMALOG JUNIOR KWIKPEN.....	46
H-E-B INCONTROL UNIFINE PENTIP.....	141	HUMALOG KWIKPEN.....	46
HADLIMA.....	106	HUMALOG MIX 50/50.....	46



INPEN 100-GREY-LILLY-HUMALOG . . . . .	143	isosorbide mononitrate . . . . .	65
INPEN 100-GREY-NOVOLOG-FIASP . . . . .	143	isotretinoin . . . . .	79
INPEN 100-PINK-LILLY-HUMALOG . . . . .	143	ISTURISA . . . . .	92
INPEN 100-PINK-NOVOLOG-FIASP . . . . .	143	itraconazole . . . . .	20
INQOVI . . . . .	23	ivabradine hcl . . . . .	60
INREBIC . . . . .	24	ivermectin . . . . .	34
INSULIN ASP PROT & ASP FLEXPEN . . . . .	47	IVERMECTIN . . . . .	82
INSULIN ASPART . . . . .	48	IWILFIN . . . . .	24
INSULIN ASPART FLEXPEN . . . . .	48	IXINITY . . . . .	53
INSULIN ASPART PENFILL . . . . .	48		
INSULIN ASPART PROT & ASPART . . . . .	48	<b>J</b>	
INSULIN GLARGINE-YFGN . . . . .	48	JAKAFI . . . . .	29
INSULIN LISPRO . . . . .	48	JANSSEN COVID-19 VACCINE . . . . .	112
INSULIN LISPRO (1 UNIT DIAL) . . . . .	48	JANUMET . . . . .	44
INSULIN LISPRO JUNIOR KWIKPEN . . . . .	48	JANUMET XR . . . . .	44
INSULIN LISPRO PROT & LISPRO . . . . .	48	JANUVIA . . . . .	44
INSULIN SYRINGE . . . . .	143	JARDIANCE . . . . .	44
INSULIN SYRINGE-NEEDLE U-100 . . . . .	143	JAYPIRCA . . . . .	29
INSULIN SYRINGE/NEEDLE . . . . .	143	JIVI . . . . .	53
INSUPEN PEN NEEDLES . . . . .	143	JOENJA . . . . .	89
INSUPEN SENSITIVE . . . . .	143	JULUCA . . . . .	38
INSUPEN ULTRAFIN . . . . .	144	JUXTAPID . . . . .	64
INTELENCE . . . . .	39	JYNARQUE . . . . .	83
INTRAROSA . . . . .	144	JYNNEOS . . . . .	112
INTRON A . . . . .	105		
IPOL . . . . .	112	<b>K</b>	
ipratropium bromide . . . . .	179	K-PHOS NO 2 . . . . .	91
ipratropium bromide (nasal) . . . . .	179	K-Y ME & YOU EXTRA LUBRICATED . . . . .	144
ipratropium-albuterol . . . . .	183	K-Y ME & YOU INTENSE . . . . .	144
irbesartan . . . . .	55	KALYDECO . . . . .	180
irbesartan-hydrochlorothiazide . . . . .	60	KAMELEON LUBRICATED . . . . .	144
IRESSA . . . . .	29	KESIMPTA . . . . .	76
IRON CHEWS PEDIATRIC . . . . .	85	ketoconazole . . . . .	20
IRON UP . . . . .	83	ketoconazole (topical) . . . . .	20
ISENTRESS . . . . .	38	KETOPROFEN ER . . . . .	1
ISENTRESS HD . . . . .	38	ketorolac tromethamine . . . . .	2
ISONIAZID . . . . .	21	ketorolac tromethamine (ophth) . . . . .	175
isoniazid . . . . .	21	KEVZARA . . . . .	103
ISOPTO ATROPINE . . . . .	174	KIMONO . . . . .	144
isosorbide dinitrate . . . . .	65	KIMONO COLORS . . . . .	144
isosorbide dinitrate-hydralazine hcl . . . . .	60	KIMONO MAXX-LARGE FLARE . . . . .	144

KIMONO MICRO THIN . . . . .	144	KROGER LANCING DEVICE . . . . .	145
KIMONO MICRO THIN PLUS . . . . .	144	KROGER PEN NEEDLES . . . . .	145
KIMONO PLUS . . . . .	144	KYNMOBI . . . . .	35
KIMONO PS . . . . .	144		
KIMONO PS PLUS . . . . .	144	<b>L</b>	
KIMONO SENSATION . . . . .	144	labetalol hcl . . . . .	57
KIMONO SENSATION PLUS . . . . .	145	lacosamide . . . . .	15
KIMONO SPECIAL . . . . .	145	LACRISERT . . . . .	174
KINNEY LANCETS . . . . .	145	lactic acid (ammonium lactate) . . . . .	80
KINNEY THIN LANCETS . . . . .	145	lactulose . . . . .	86
KINRAY INSULIN SYRINGE . . . . .	145	lactulose (encephalopathy) . . . . .	86
KINRIX . . . . .	112	LAGEVRIO . . . . .	145
KISQALI (200 MG DOSE) . . . . .	29	LAMICTAL XR . . . . .	13
KISQALI (400 MG DOSE) . . . . .	29	lamivudine . . . . .	40
KISQALI (600 MG DOSE) . . . . .	29	lamivudine (hbv) . . . . .	37
KISQALI FEMARA (200 MG DOSE) . . . . .	24	lamivudine-zidovudine . . . . .	40
KISQALI FEMARA (400 MG DOSE) . . . . .	24	lamotrigine . . . . .	13
KISQALI FEMARA (600 MG DOSE) . . . . .	25	LAMPIT . . . . .	34
KITABIS PAK . . . . .	180	LANCET DEVICE . . . . .	145
KLOXXADO . . . . .	6	LANCET DEVICE WITH EJECTOR . . . . .	145
KMART VALU INSULIN SYRINGE 29G . . . . .	145	LANCET TRANSPORTER CASE . . . . .	145
KMART VALU INSULIN SYRINGE 30G . . . . .	145	LANCETS . . . . .	146
KOATE . . . . .	53	LANCETS 30G . . . . .	146
KOATE-DVI . . . . .	53	LANCETS 33G . . . . .	146
KOGENATE FS . . . . .	53	LANCETS MICRO THIN 33G . . . . .	146
KORLYM . . . . .	92	LANCETS SUPER THIN . . . . .	146
KOSELUGO . . . . .	25	LANCETS SUPER THIN 28G . . . . .	146
KOVALTRY . . . . .	53	LANCETS THIN . . . . .	146
kp folic acid 800 mcg tab . . . . .	85	LANCETS ULTRA THIN . . . . .	146
KRAZATI . . . . .	25	LANCETS ULTRA THIN 30G . . . . .	146
KRINTAFEL . . . . .	34	LANCING DEVICE . . . . .	146
KROGER AUTOLET LANCING DEVICE . . . . .	145	LANOXIN . . . . .	60
KROGER HEALTHPRO LANCET 26G . . . . .	145	lansoprazole . . . . .	88
KROGER INSULIN SYRINGE . . . . .	145	lanthanum carbonate . . . . .	83
KROGER LANCETS . . . . .	145	LANZO . . . . .	146
KROGER LANCETS 21G . . . . .	145	lapatinib ditosylate . . . . .	30
KROGER LANCETS MICRO THIN 33G . . . . .	145	LASTACAPT . . . . .	174
KROGER LANCETS SUPER THIN . . . . .	145	latanoprost . . . . .	176
KROGER LANCETS THIN . . . . .	145	LEADER ADVANCED LANCING DEVICE . . . . .	146
KROGER LANCETS THIN 26G . . . . .	145	LEADER INSULIN SYRINGE . . . . .	146
KROGER LANCETS ULTRATHIN 30G . . . . .	145	LEADER UNIFINE PENTIPS . . . . .	146

LEADER UNIFINE PENTIPS PLUS . . . . .	146	lidocaine hcl (mouth-throat) . . . . .	6
LEDIPASVIR-SOFOSBUVIR . . . . .	37	lidocaine-prilocaine . . . . .	6
leflunomide . . . . .	107	LIFESCAN UNISTIK 2 . . . . .	146
lenalidomide . . . . .	23	LIFESCAN UNISTIK II LANCETS . . . . .	146
LENVIMA (10 MG DAILY DOSE) . . . . .	30	LINDANE . . . . .	82
LENVIMA (12 MG DAILY DOSE) . . . . .	30	linezolid . . . . .	8
LENVIMA (14 MG DAILY DOSE) . . . . .	30	liothyronine sodium . . . . .	100
LENVIMA (18 MG DAILY DOSE) . . . . .	30	lisinopril . . . . .	56
LENVIMA (20 MG DAILY DOSE) . . . . .	30	lisinopril & hydrochlorothiazide . . . . .	60
LENVIMA (24 MG DAILY DOSE) . . . . .	30	LITE TOUCH LANCETS . . . . .	146
LENVIMA (4 MG DAILY DOSE) . . . . .	30	LITE TOUCH LANCING PEN . . . . .	146
LENVIMA (8 MG DAILY DOSE) . . . . .	30	LITETOUCH INSULIN SYRINGE . . . . .	146
letrozole 2.5 mg tab . . . . .	27	LITETOUCH LANCETS . . . . .	146
leucovorin calcium . . . . .	25	LITETOUCH PEN NEEDLES . . . . .	146
LEUKERAN . . . . .	22	lithium . . . . .	71
LEUKINE . . . . .	52	LITHIUM CARBONATE . . . . .	71
leuprolide acetate . . . . .	101	lithium carbonate . . . . .	72
LEUPROLIDE ACETATE (3 MONTH) . . . . .	101	LITHOBID . . . . .	72
levalbuterol hcl . . . . .	179	LITHOSTAT . . . . .	91
LEVEMIR . . . . .	48	LIVE BETTER ADV LANCING DEVICE . . . . .	146
LEVEMIR FLEXPEN . . . . .	48	LIVE BETTER LANCET SUPER THIN . . . . .	147
LEVEMIR FLEXTOUCH . . . . .	48	LIVE BETTER LANCET ULTRA THIN . . . . .	147
levetiracetam . . . . .	13	LIVMARLI . . . . .	89
LEVOBUNOLOL HCL . . . . .	176	LIVTENCITY . . . . .	37
levocarnitine (metabolic modifiers) . . . . .	85	LO LOESTRIN FE . . . . .	97
levocetirizine dihydrochloride . . . . .	178	lofexidine hcl . . . . .	6
levofloxacin . . . . .	11	LOKELMA . . . . .	84
LEVOFLOXACIN . . . . .	175	LONGS INSULIN SYRINGE . . . . .	147
levofloxacin (ophth) . . . . .	175	LONGS LANCETS STANDARD . . . . .	147
levonorgestrel & eth estradiol . . . . .	96	LONGS LANCETS THIN . . . . .	147
levonorgestrel (emergency oc) . . . . .	99	LONGS LANCETS ULTRA THIN . . . . .	147
levonorgestrel-eth estradiol (triphasic) . . . . .	96	LONSURF . . . . .	25
levonorgestrel-ethinyl estradiol (91-day) . . . . .	97	lopinavir-ritonavir . . . . .	42
levonorgestrel-ethinyl estradiol (continuous) . . . . .	97	lorazepam . . . . .	70
LEVOTHYROXINE SODIUM . . . . .	100	LORBRENA . . . . .	30
levothyroxine sodium . . . . .	100	losartan potassium . . . . .	55
LEXIVA . . . . .	42	losartan potassium & hydrochlorothiazide . . . . .	60
LIBERTY MEDICAL LANCETS . . . . .	146	LOTEMAX . . . . .	175
LIBERTY MINI LANCING DEVICE . . . . .	146	LOTEMAX SM . . . . .	176
lidocaine . . . . .	6	loteprednol etabonate . . . . .	176
lidocaine hcl . . . . .	6	lovastatin 10 mg tab . . . . .	63

lovastatin 20 mg tab . . . . .	63	MAVENCLAD (9 TABS) . . . . .	76
lovastatin 40 mg tab . . . . .	63	MAVYRET . . . . .	37
loxapine succinate . . . . .	67	MAXI-COMFORT INSULIN SYRINGE . . . . .	147
lubiprostone . . . . .	86	MAXI-COMFORT SAFETY PEN NEEDLE . . . . .	147
LUCEMYRA . . . . .	6	MAXICOMFORT II PEN NEEDLE . . . . .	147
LUER LOCK SAFETY SYRINGES . . . . .	147	MAXICOMFORT SYR 27G X 1/2" . . . . .	147
LULICONAZOLE . . . . .	20	MAXIDEX . . . . .	176
LUMAKRAS . . . . .	25	MAXX . . . . .	147
LUMRYZ . . . . .	185	MAXX PLUS . . . . .	147
LUPKYNIS . . . . .	107	MAYZENT . . . . .	76
LUPRON DEPOT (1-MONTH) . . . . .	101	MAYZENT STARTER PACK . . . . .	76
LUPRON DEPOT (3-MONTH) . . . . .	101	meclizine hcl . . . . .	19
LUPRON DEPOT (4-MONTH) . . . . .	101	MECLOFENAMATE SODIUM . . . . .	2
LUPRON DEPOT (6-MONTH) . . . . .	101	MEDIC INSULIN SYRINGE . . . . .	147
LUPRON DEPOT-PED (1-MONTH) . . . . .	101	MEDICHOICE SAFETY LANCET . . . . .	147
LUPRON DEPOT-PED (3-MONTH) . . . . .	101	MEDICHOICE SAFETY LANCET EXTRA . . . . .	147
LUPRON DEPOT-PED (6-MONTH) . . . . .	101	MEDICHOICE SAFETY LANCET NORM . . . . .	148
lurasidone hcl . . . . .	67	MEDICINE SHOPPE PEN NEEDLES . . . . .	148
LYNPARZA . . . . .	30	MEDLANCE EXTRA 21G . . . . .	148
LYSODREN . . . . .	25	MEDLANCE LITE 25G . . . . .	148
LYTGOBI (12 MG DAILY DOSE) . . . . .	30	MEDLANCE PLUS EXTRA 21G . . . . .	148
LYTGOBI (16 MG DAILY DOSE) . . . . .	30	MEDLANCE PLUS LANCETS . . . . .	148
LYTGOBI (20 MG DAILY DOSE) . . . . .	30	MEDLANCE PLUS LITE 25G . . . . .	148
		MEDLANCE PLUS SPECIAL 0.8MM . . . . .	148
		MEDLANCE PLUS SUPERLITE 30G . . . . .	148
		MEDLANCE PLUS UNIVERSAL 21G . . . . .	148
		MEDLANCE UNIVERSAL 21G . . . . .	148
		MEDROL . . . . .	92
		medroxyprogesterone acetate . . . . .	99
		medroxyprogesterone acetate (contraceptive) . . . . .	99
		mefenamic acid . . . . .	2
		mefloquine hcl . . . . .	35
		megestrol acetate . . . . .	99
		MEIJER LANCETS . . . . .	148
		MEIJER LANCETS THIN . . . . .	148
		MEIJER LANCETS UNIVERSAL 21G . . . . .	148
		MEIJER LANCETS UNIVERSAL 30G . . . . .	148
		MEIJER LANCETS UNIVERSAL 33G . . . . .	148
		MEIJER PEN NEEDLES . . . . .	148
		MEIJER SUPER THIN LANCETS . . . . .	148
		MEKINIST . . . . .	31

## M

MEKTOVI . . . . .	31	mexiletine hcl . . . . .	56
meloxicam . . . . .	2	MICONAZOLE 3 . . . . .	20
MELPHALAN . . . . .	22	MICRODOT PEN NEEDLE . . . . .	148
memantine hcl . . . . .	66	MICROLET LANCETS . . . . .	148
MENACTRA . . . . .	112	MICROLET NEXT LANCING DEVICE . . . . .	148
MENEST . . . . .	97	midodrine hcl . . . . .	55
MENOSTAR . . . . .	97	mifepristone (hyperglycemia) . . . . .	93
MENQUADFI . . . . .	112	miglitol . . . . .	44
MENTAX . . . . .	20	MINI LANCING DEVICE . . . . .	148
MENVEO . . . . .	113	minocycline hcl . . . . .	12
meprobamate . . . . .	70	minoxidil . . . . .	65
mercaptopurine . . . . .	24	MIRCERA . . . . .	52
mesalamine . . . . .	117	mirtazapine . . . . .	16
MESNEX . . . . .	25	misoprostol . . . . .	88
metaxalone . . . . .	184	MM INSULIN SYRINGE/NEEDLE . . . . .	148
metformin hcl . . . . .	44	MM LANCING DEVICE . . . . .	148
methadone hcl . . . . .	2	MM PEN NEEDLES . . . . .	148
methamphetamine hcl . . . . .	72	MM TWIST LANCETS . . . . .	149
methazolamide . . . . .	176	modafinil . . . . .	185
methenamine hippurate . . . . .	8	MODERNA COVID-19 BIVAL 6M-5Y . . . . .	113
methimazole . . . . .	102	MODERNA COVID-19 BIVALENT . . . . .	113
METHITEST . . . . .	94	MODERNA COVID-19 VAC (BOOSTER) . . . . .	113
methocarbamol . . . . .	184	MODERNA COVID-19 VAC 6M-11Y . . . . .	113
methotrexate sodium . . . . .	107,108	MODERNA COVID-19 VACC 6M-5Y . . . . .	113
METHOTREXATE SODIUM . . . . .	108	MODERNA COVID-19 VACCINE . . . . .	113
METHOXSALEN RAPID . . . . .	81	moexipril hcl . . . . .	56
methscopolamine bromide . . . . .	87	MOLINDONE HCL . . . . .	67
methsuximide . . . . .	14	mometasone furoate . . . . .	80,93
METHYLDOPA . . . . .	55	MONOCAL . . . . .	85
methylergonovine maleate . . . . .	148	MONOJECT ALLERGIST TRAY . . . . .	149
methylphenidate hcl . . . . .	74	MONOJECT BLUNTIP CANNULA . . . . .	149
methylprednisolone . . . . .	93	MONOJECT BLUNTIP SYR/CANNULA . . . . .	149
metoclopramide hcl . . . . .	19	MONOJECT CONTROL SYRINGE . . . . .	149
METOCLOPRAMIDE HCL . . . . .	19	MONOJECT FILTER ASPIRATOR . . . . .	149
metolazone . . . . .	62	MONOJECT FILTER NEEDLE . . . . .	149
metoprolol & hydrochlorothiazide . . . . .	60	MONOJECT HYPODERMIC NEEDLE . . . . .	150
metoprolol succinate . . . . .	57	MONOJECT INSULIN SYRINGE . . . . .	151
metoprolol tartrate . . . . .	57	MONOJECT INTRODUCER NEEDLE . . . . .	151
metronidazole . . . . .	8	MONOJECT LIFESHIELD SYRINGE . . . . .	151
metronidazole (topical) . . . . .	8	MONOJECT MAGELLAN SAFETY NDL . . . . .	151
metronidazole vaginal . . . . .	8	MONOJECT MAGELLAN SYRINGE . . . . .	152

MONOJECT MEDICATION TRANSF NDL . . . . .	152	MULTAQ . . . . .	56
MONOJECT PHARMACY TRAY . . . . .	152	MULTI-DRAW NEEDLE . . . . .	154
MONOJECT PISTON SYRINGE . . . . .	152	MULTI-LANCET DEVICE . . . . .	154
MONOJECT SOFTPACK/CATHTIP . . . . .	152	MULTI-LANCET DEVICE 2 . . . . .	154
MONOJECT SOFTPACK/LLOCK . . . . .	152	mupirocin . . . . .	82
MONOJECT SOFTPACK/LTIP . . . . .	152	MYALEPT . . . . .	87
MONOJECT SOFTPACK/RG LOCK . . . . .	152	MYCAPSSA . . . . .	101
MONOJECT SOFTPACK/RG LUER . . . . .	152	mycophenolate mofetil . . . . .	108
MONOJECT SYRINGE . . . . .	153	mycophenolate sodium . . . . .	108
MONOJECT SYRINGE CATH TIP . . . . .	153	MYFEMBREE . . . . .	93
MONOJECT SYRINGE ECC LUER . . . . .	153	MYGLUCOHEALTH LANCETS 30G . . . . .	154
MONOJECT SYRINGE ECCENTRIC TIP . . . . .	153	MYLERAN . . . . .	22
MONOJECT SYRINGE LUER LOCK . . . . .	153	MYRBETRIQ . . . . .	90
MONOJECT SYRINGE LUER-LOCK TIP . . . . .	153	MYSOLINE . . . . .	14
MONOJECT SYRINGE PHARMACY TRAY . . . . .	153		
MONOJECT SYRINGE REG LUER . . . . .	153	<b>N</b>	
MONOJECT SYRINGE REGULAR TIP . . . . .	153	nabumetone . . . . .	2
MONOJECT SYRINGE TOOMEY TYPE . . . . .	153	nadolol . . . . .	57
MONOJECT TB SAFETY SYRINGE . . . . .	153	NAFRINSE DAILY ACIDULATED . . . . .	77
MONOJECT TB SYRINGE . . . . .	153	NAFRINSE DAILY/NEUTRAL . . . . .	78
MONOJECT ULTRA COMFORT SYRINGE . . . . .	153	NAFRINSE DROPS . . . . .	85
MONOLET LANCETS . . . . .	153	NAFRINSE WEEKLY . . . . .	78
MONOLET OPD LANCETS . . . . .	153	NAFTIFINE HCL . . . . .	20
MONOLETTOR SAFETY LANCETS . . . . .	153	naloxone hcl . . . . .	7
montelukast sodium . . . . .	178	NALOXONE HCL . . . . .	7
morphine sulfate . . . . .	3,5	naltrexone hcl . . . . .	7
MORPHINE SULFATE . . . . .	5	naproxen . . . . .	2
MORPHINE SULFATE (CONCENTRATE) . . . . .	5	naproxen sodium . . . . .	2
MORPHINE SULFATE ER . . . . .	3	naratriptan hcl . . . . .	71
MOTOFEN . . . . .	87	NATACYN . . . . .	175
MOUNJARO . . . . .	44	NATAZIA . . . . .	97
MOVANTIK . . . . .	86	nateglinide . . . . .	44
moxifloxacin hcl . . . . .	11	NATPARA . . . . .	118
moxifloxacin hcl (ophth) . . . . .	175	NATROBA . . . . .	82
MPD SAFETY LANCET 21G . . . . .	154	NAYZILAM . . . . .	6
MPD SAFETY LANCET 23G . . . . .	154	nebivolol hcl . . . . .	57
MPD SAFETY LANCET 28G . . . . .	154	NEFAZODONE HCL . . . . .	17
MPD SAFETY LANCET 30G . . . . .	154	NEO-SYNALAR . . . . .	81
MRESVIA . . . . .	113	neomycin sulfate . . . . .	8
MS INSULIN SYRINGE . . . . .	154	neomycin-bacitracin zn-polymyxin . . . . .	174
MULPLETA . . . . .	52	neomycin-polymy-dexameth . . . . .	174



NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . . .	174	norethindrone (contraceptive) . . . . .	99
neomycin-polymyxin-hc (otic) . . . . .	177	norethindrone acet & eth estra . . . . .	97
NEORAL . . . . .	108	norethindrone acetate . . . . .	99
NERLYNX . . . . .	31	norethindrone acetate-ethinyl estradiol . . . . .	98
NEUPRO . . . . .	35	norethindrone acetate-ethinyl estradiol-fe . . . . .	98
NEVIRAPINE . . . . .	39	norethindrone-eth estradiol (triphasic) . . . . .	98
nevirapine . . . . .	39	norgestimate-ethinyl estradiol . . . . .	98
NEVIRAPINE ER . . . . .	39	norgestimate-ethinyl estradiol (triphasic) . . . . .	98
NEXIUM . . . . .	88	norgestrel & ethinyl estradiol . . . . .	98
NEXLETOL . . . . .	60	NORM-JECT LUER LOCK SYRINGE . . . . .	154
NEXLIZET . . . . .	64	NORM-JECT LUER SLIP SYRINGE . . . . .	154
niacin (antihyperlipidemic) . . . . .	64	NORPACE . . . . .	56
nicotine . . . . .	7	NORPACE CR . . . . .	56
NICOTINE . . . . .	7	nortriptyline hcl . . . . .	18
nicotine polacrilex . . . . .	7	NORVIR . . . . .	42
NICOTROL . . . . .	7	NOVA SAFETY LANCETS 23G . . . . .	154
NICOTROL NS . . . . .	7	NOVA SAFETY LANCETS 28G . . . . .	154
nifedipine . . . . .	58	NOVA SUREFLEX LANCETS . . . . .	154
nilutamide . . . . .	22	NOVA SUREFLEX LANCING DEVICE . . . . .	154
nimodipine . . . . .	58	NOVAFERRUM PEDIATRIC DROPS . . . . .	83
NINLARO . . . . .	25	NOVAVAX COVID-19 VACCINE . . . . .	113,114
NITAZOXANIDE . . . . .	35	NOVOEIGHT . . . . .	53
nitisinone . . . . .	89	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	154
NITRO-BID . . . . .	65	NOVOFINE PEN NEEDLE . . . . .	154
NITRO-DUR . . . . .	65	NOVOFINE PLUS PEN NEEDLE . . . . .	154
NITRO-TIME . . . . .	65	NOVOLIN 70/30 . . . . .	48
nitrofurantoin . . . . .	8	NOVOLIN 70/30 FLEXPEN . . . . .	49
nitrofurantoin macrocrystal . . . . .	8	NOVOLIN 70/30 FLEXPEN RELION . . . . .	49
nitrofurantoin monohyd macro . . . . .	8	NOVOLIN 70/30 RELION . . . . .	49
nitroglycerin . . . . .	65	NOVOLIN N . . . . .	49
nitroglycerin (intra-anal) . . . . .	65	NOVOLIN N FLEXPEN . . . . .	49
NITYR . . . . .	89	NOVOLIN N FLEXPEN RELION . . . . .	49
NIVA THYROID . . . . .	100	NOVOLIN N RELION . . . . .	49
NIVESTYM . . . . .	52	NOVOLIN R . . . . .	49
NIZATIDINE . . . . .	88	NOVOLIN R FLEXPEN . . . . .	49
NOKOR VENTED NEEDLE . . . . .	154	NOVOLIN R FLEXPEN RELION . . . . .	49
NORDITROPIN FLEXPEN . . . . .	94	NOVOLIN R RELION . . . . .	49
norelgestromin-ethinyl estradiol . . . . .	97	NOVOLOG . . . . .	49
norethin acet & estrad-fe . . . . .	97	NOVOLOG 70/30 FLEXPEN RELION . . . . .	49
norethindrone & eth estradiol . . . . .	97	NOVOLOG FLEXPEN . . . . .	49
norethindrone & ethinyl estradiol-fe . . . . .	97	NOVOLOG FLEXPEN RELION . . . . .	49

NOVOLOG MIX 70/30	50	olmesartan medoxomil	55
NOVOLOG MIX 70/30 FLEXPEN	50	olmesartan medoxomil-amlodipine- hydrochlorothiazide	60,61
NOVOLOG MIX 70/30 RELION	50	olmesartan medoxomil-hydrochlorothiazide	60,61
NOVOLOG PENFILL	50	olopatadine hcl	175
NOVOLOG RELION	50	olopatadine hcl (nasal)	178
NOVOPEN ECHO	154	OLUMIANT	103
NOVOSEVEN RT	53	omeprazole	88
NOXAFIL	20	OMNIFLEX DIAPHRAGM	154
NP THYROID	100	OMNIPOD 5 G6 INTRO (GEN 5)	154
NUBEQA	22	OMNIPOD 5 G6 PODS (GEN 5)	155
NUCALA	183	OMNIPOD 5 G7 INTRO (GEN 5)	155
NUCYNTA	5	OMNIPOD 5 G7 PODS (GEN 5)	155
NUCYNTA ER	3	OMNIPOD 5 LIBRE2 PLUS G6	155
NULIBRY	89	OMNIPOD 5 LIBRE2 PLUS G6 PODS	155
NURTEC	71	OMNIPOD 5 PACK	155
NUVARING	98	OMNIPOD CLASSIC PDM (GEN 3)	155
NUVESSA	8	OMNIPOD DASH INTRO (GEN 4)	155
NUWIQ	53	OMNIPOD DASH PDM (GEN 4)	155
NUZYRA	12	OMNIPOD DASH PODS (GEN 4)	155
NYMALIZE	58	OMNITROPE	94
nystatin	21	ondansetron	19
nystatin (mouth-throat)	21	ondansetron hcl	19
nystatin (topical)	20,21	ONDANSETRON HCL	19
nystatin-triamcinolone	81	ONETOUCH CLUB LANCETS FINE PT	155
NYVEPRIA	52	ONETOUCH DELICA LANCETS 30G	155
		ONETOUCH DELICA LANCETS 33G	155
<b>O</b>		ONETOUCH DELICA LANCING DEV	155
OBIZUR	53	ONETOUCH DELICA PLUS LANCET30G	155
OCALIVA	87	ONETOUCH DELICA PLUS LANCET33G	155
octreotide acetate	101	ONETOUCH DELICA PLUS LANCING	155
ODACTRA	154	ONETOUCH DELICA SAFETY LANCING	155
ODEFSEY	39	ONETOUCH FINEPOINT LANCETS	156
ODOMZO	31	ONETOUCH SURESOFT LANCING DEV	156
OFEV	182	ONETOUCH ULTRA	156
OFLOXACIN	11	ONETOUCH ULTRA CONTROL	156
ofloxacin	11	ONETOUCH ULTRA TEST	156
ofloxacin (ophth)	175	ONETOUCH ULTRASOFT 2 LANCETS	156
ofloxacin (otic)	177	ONETOUCH ULTRASOFT LANCETS	156
OGSIVEO	25	ONETOUCH VERIO	156
OJJAARA	31	ONUREG	25
olanzapine	67		

OPFOLDA	89
OPSUMIT	181
OPTIONS GYNOL II CONTRACEPTIVE	91
OPVEE	156
ORAVIG	21
ORENCIA	103
ORENCIA CLICKJECT	103
ORENITRAM	181
ORENITRAM MONTH 1	181
ORENITRAM MONTH 2	181
ORENITRAM MONTH 3	181
ORFADIN	89
ORGOVYX	101
ORIAHNN	94
ORLISSA	101
ORKAMBI	180
ORLADEYO	102
orphenadrine citrate	184
orphenadrine w/ aspirin & caff	184
ORSERDU	22
oseltamivir phosphate	42
OSPHENA	98
OTEZLA	81,104
OTOVEL	177
OTREXUP	108
OXANDROLONE	94
oxandrolone	94
oxaprozin	2
oxazepam	70
OXBRYTA	54
oxcarbazepine	15
OXERVATE	174
oxiconazole nitrate	21
oxybutynin chloride	90
oxycodone hcl	5
oxycodone w/ acetaminophen	5
oxymorphone hcl	5
OXYMORPHONE HCL ER	3
OZEMPIC (0.25 OR 0.5 MG/DOSE)	44
OZEMPIC (1 MG/DOSE)	44
OZEMPIC (2 MG/DOSE)	44

## P

PALFORZIA (12 MG DAILY DOSE)	104
PALFORZIA (120 MG DAILY DOSE)	104
PALFORZIA (160 MG DAILY DOSE)	104
PALFORZIA (20 MG DAILY DOSE)	104
PALFORZIA (200 MG DAILY DOSE)	104
PALFORZIA (240 MG DAILY DOSE)	104
PALFORZIA (3 MG DAILY DOSE)	104
PALFORZIA (300 MG MAINTENANCE)	104
PALFORZIA (300 MG TITRATION)	104
PALFORZIA (40 MG DAILY DOSE)	104
PALFORZIA (6 MG DAILY DOSE)	104
PALFORZIA (80 MG DAILY DOSE)	104
PALFORZIA INITIAL ESCALATION	104
paliperidone	67
PALYNZIQ	89
PANRETIN	34
pantoprazole sodium	88
paricalcitol	118
PARODONTAX	78
paramomycin sulfate	8
paroxetine hcl	17
PASER	22
PATIENT SAFE SYRINGE	156
PAXLOVID (150/100)	156
PAXLOVID (300/100)	156
pazopanib hcl	31
PC LANCETS SUPER THIN 30G	156
PC UNIFINE PENTIPS	156
PEDIARIX	114
PEDVAX HIB	114
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	86
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	87
peg 3350-potassium chloride-sod bicarbonate-sod chloride	86
PEG-PREP	86
PEGASYS	105
PEMAZYRE	31
PEN NEEDLES	156

PEN NEEDLES 5/16" . . . . .	156	PIMOZIDE . . . . .	68
PENBRAYA . . . . .	114	pindolol . . . . .	57
penciclovir . . . . .	82	pioglitazone hcl . . . . .	44
penicillamine . . . . .	91	pioglitazone hcl-metformin hcl . . . . .	44
PENICILLIN V POTASSIUM . . . . .	10	PIP LANCETS 28G . . . . .	157
penicillin v potassium . . . . .	10	PIP LANCETS 30G . . . . .	157
PENLET II BLOOD SAMPLER . . . . .	156	PIP PEN NEEDLES 31G X 5MM . . . . .	157
PENLET II REPLACEMENT CAP . . . . .	156	PIP PEN NEEDLES 32G X 4MM . . . . .	157
PENTACEL . . . . .	114	PIQRAY (200 MG DAILY DOSE) . . . . .	31
pentamidine isethionate . . . . .	35	PIQRAY (250 MG DAILY DOSE) . . . . .	31
PENTIPS . . . . .	156	PIQRAY (300 MG DAILY DOSE) . . . . .	31
pentoxifylline . . . . .	61	pirfenidone . . . . .	182
PERFECT LANCETS 28G . . . . .	157	PIRFENIDONE . . . . .	182
PERFECT LANCETS 30G . . . . .	157	piroxicam . . . . .	2
PERFECT POINT SAFETY LANCETS . . . . .	157	PLEGRIDY . . . . .	77
PERFECT POINT SAFETY NEEDLE . . . . .	157	PLEGRIDY STARTER PACK . . . . .	77
PERINDOPRIL ERBUMINE . . . . .	56	PNEUMOVAX 23 . . . . .	115
permethrin . . . . .	82	PODOFILOX . . . . .	81
perphenazine . . . . .	19	podofilox . . . . .	81
PERPHENAZINE-AMITRIPTYLINE . . . . .	16	POLY HUB NEEDLE . . . . .	157
PFIZER COVID-19 BIVAL 6MO-4YR . . . . .	114	polymyxin b-trimethoprim . . . . .	175
PFIZER COVID-19 VAC BIVAL 5-11 . . . . .	114	POMALYST . . . . .	23
PFIZER COVID-19 VAC BIVALENT . . . . .	114	posaconazole . . . . .	21
PFIZER COVID-19 VAC-TRIS 5-11Y . . . . .	114	pot phosphate monobasic w/ sod phosphate dibasic & monobasic . . . . .	91
PFIZER COVID-19 VAC-TRIS 6M-4Y . . . . .	114	potassium chloride . . . . .	83
PFIZER-BIONT COVID-19 VAC-TRIS . . . . .	114	POTASSIUM CHLORIDE ER . . . . .	83
PFIZER-BIONTECH COVID-19 VACC . . . . .	115	potassium chloride microencapsulated crystals er . . . . .	83
PHARMACIST CHOICE LANCETS . . . . .	157	potassium citrate (alkalinizer) . . . . .	83
PHARMACY COUNTER LANCETS . . . . .	157	potassium phosphate monobasic . . . . .	91
PHEBURANE . . . . .	89	PRADAXA . . . . .	51
PHENELZINE SULFATE . . . . .	16	pramipexole dihydrochloride . . . . .	36
phenobarbital . . . . .	14	prasugrel hcl . . . . .	54
phenoxybenzamine hcl . . . . .	55	pravastatin sodium 10 mg tab . . . . .	63
phenylephrine hcl (mydriatic) . . . . .	174	pravastatin sodium 20 mg tab . . . . .	63
phenytoin . . . . .	15	pravastatin sodium 40 mg tab . . . . .	63
phenytoin sodium extended . . . . .	15	pravastatin sodium 80 mg tab . . . . .	63
PHEXXI . . . . .	99	praziquantel . . . . .	34
PHOSLYRA . . . . .	84	prazosin hcl . . . . .	55
phytonadione . . . . .	53	PRECISION SURE-DOSE SYRINGE . . . . .	157
pilocarpine hcl . . . . .	176	PRECISION THINS GP LANCETS . . . . .	157
pilocarpine hcl (oral) . . . . .	78		

PRED-G	174	PRO COMFORT PEN NEEDLES	158
PRED-G S.O.P.	174	PRO COMFORT SAFETY LANCETS 30G	158
PREDNICARBATE	93	probenecid	21
prednisolone	93	prochlorperazine	19
PREDNISOLONE ACETATE	176	prochlorperazine maleate	19
prednisolone sodium phosphate	93	PROCTOFOAM HC	81
PREDNISOLONE SODIUM PHOSPHATE	93,176	PRODIGY INSULIN SYRINGE	158
prednisone	93	PRODIGY LANCETS 28G	158
PREDNISONONE	93	PRODIGY LANCING DEVICE	158
PREFERRED PLUS INSULIN SYRINGE	157	PRODIGY SAFETY LANCETS 26G	158
PREFERRED PLUS LANCETS COLORED	157	PRODIGY TWIST TOP LANCETS 28G	158
PREFERRED PLUS LANCETS THIN	157	PROFILNINE	53
PREFERRED PLUS UNIFINE PENTIPS	157	progesterone	99
PREFEST	98	PROGRAF	108
pregabalin	75	PROMACTA	52
PREHEVBRIO	115	promethazine hcl	19,178
PREMARIN	98	PROMETHEGAN	19
PREMIUM CONDOMS LUBRICATED	157	propafenone hcl	56
PREMPHASE	98	propranolol hcl	57,58
PREMPRO	98	PROPRANOLOL HCL	58
PRENATAL 19	85	propylthiouracil	102
PRENATAL PLUS	85	PROQUAD	115
PRENATAL VITAMIN PLUS LOW IRON	85	protriptyline hcl	18
PRENATAL-U	85	PSS SELECT GP LANCETS	158
PRETOMANID	22	PSS SELECT PLATFORMS	158
PREVENT DROPSAFE PEN NEEDLES	157	PSS SELECT SAFETY LANCETS	158
PREVENT SAFETY PEN NEEDLES	157	PULMOZYME	180
PREVIDENT	78	PURE COMFORT LANCETS 30G	158
PREVNAR 13	115	PURE COMFORT PEN NEEDLE	158
PREVNAR 20	115	PURE COMFORT SAFETY PEN NEEDLE	158
PREVYMIS	37	PURIXAN	24
PREZCOBIX	42	PX ADVANCED LANCING DEVICE	158
PREZISTA	42	PX EXTRA SHORT PEN NEEDLES	158
PRIFTIN	22	px folic acid 400 mcg tab	85
primaquine phosphate	35	PX INSULIN SYRINGE	158
PRIMIDONE	14	PX LANCET AUTO INJECTOR	158
primidone	14	PX LANCETS MICROTHIN 33G	158
PRIORIX	115	PX LANCETS ULTRA THIN	158
PRO COMFORT INSULIN SYRINGE	158	PX LANCETS ULTRA THIN 28G	158
PRO COMFORT LANCETS 30G	158	PX MINI PEN NEEDLES	158
PRO COMFORT LANCETS 31G	158	PX PEN NEEDLE	158

PX SHORTLENGTH PEN NEEDLES . . . . .	159	raltaxifene hcl 60 mg tab . . . . .	98
pyrazinamide . . . . .	22	ramelteon . . . . .	184
pyridostigmine bromide . . . . .	72	ramipril . . . . .	56
pyrimethamine . . . . .	35	ranolazine . . . . .	61
PYRUKYND . . . . .	52	RAPAMUNE . . . . .	108
PYRUKYND TAPER PACK . . . . .	52	rasagiline mesylate . . . . .	36
<b>Q</b>		RAVICTI . . . . .	89
QC ADVANCED LANCING DEVICE . . . . .	159	RAYA SURE PEN NEEDLE . . . . .	159
qc folic acid 800 mcg tab . . . . .	85	READYLANCE SAFETY LANCETS . . . . .	159
QC LANCETS SUPER THIN 30G . . . . .	159	REALITY INSULIN SYRINGE . . . . .	159
QC LANCETS ULTRA THIN . . . . .	159	REALITY LANCETS . . . . .	159
QC PEN NEEDLES . . . . .	159	REALITY LATEX CONDOMS . . . . .	159
QC UNIFINE PENTIPS . . . . .	159	REALITY LATEX/ULTRA TEXTURED . . . . .	159
QC UNILET LANCETS 28G . . . . .	159	REALITY LATEX/ULTRA THIN . . . . .	159
QC UNILET LANCETS MICRO THIN . . . . .	159	REALITY TRIGGER LANCETS . . . . .	159
QINLOCK . . . . .	25	REBIF . . . . .	77
QUADRACEL . . . . .	115	REBIF REBIDOSE . . . . .	77
quetiapine fumarate . . . . .	68	REBIF REBIDOSE TITRATION PACK . . . . .	77
quinapril hcl . . . . .	56	REBIF TITRATION PACK . . . . .	77
quinapril-hydrochlorothiazide . . . . .	61	REBINYN . . . . .	53
quinidine gluconate . . . . .	56	RECOMBIMATE . . . . .	53
QUINIDINE SULFATE . . . . .	56	RECOMBIVAX HB . . . . .	115
quinine sulfate . . . . .	35	RECTIV . . . . .	65
QULIPTA . . . . .	71	REDITREX . . . . .	108
QVAR REDIHALER . . . . .	177	REGRANEX . . . . .	81
<b>R</b>		RELENZA DISKHALER . . . . .	42
RA E-ZJECT LANCETS 28G . . . . .	159	RELION INSULIN SYRINGE . . . . .	160
RA E-ZJECT LANCETS THIN 26G . . . . .	159	RELION LANCET DEVICES 30G . . . . .	160
RA E-ZJECT LANCETS THIN 28G . . . . .	159	RELION LANCETS . . . . .	160
RA E-ZJECT LANCETS ULTRA THIN . . . . .	159	RELION LANCETS MICRO-THIN 33G . . . . .	160
ra folic acid 400 mcg tab . . . . .	85	RELION LANCETS THIN 26G . . . . .	160
ra folic acid 800 mcg tab . . . . .	85	RELION LANCETS ULTRA-THIN 30G . . . . .	160
RA INSULIN SYRINGE . . . . .	159	RELION LANCING DEVICE . . . . .	160
RA PEN NEEDLES . . . . .	159	RELION MINI PEN NEEDLES . . . . .	160
RABAVERT . . . . .	115	RELION PEN NEEDLES . . . . .	160
rabeprazole sodium . . . . .	88	RELION SHORT PEN NEEDLES . . . . .	160
RADICAVA ORS . . . . .	75	RELION ULTRA THIN LANCETS 30G . . . . .	160
RADICAVA ORS STARTER KIT . . . . .	75	RELION ULTRA THIN PLUS LANCETS . . . . .	160
RAGWITEK . . . . .	183	RELYVRIO . . . . .	75
		repaglinide . . . . .	44
		REPATHA . . . . .	64

REPATHA PUSHTRONEX SYSTEM . . . . .	64	ROZLYTREK . . . . .	25
REPATHA SURECLICK . . . . .	64	RUBRACA . . . . .	31
RETACRIT . . . . .	52	RUCONEST . . . . .	102
RETEVMO . . . . .	25	rufinamide . . . . .	15
REVCOVI . . . . .	89	RUKOBIA . . . . .	41
REVLIMID . . . . .	23	RYBELSUS . . . . .	45
REXALL LANCETS ULTRA THIN 30G . . . . .	160	RYCLORA . . . . .	178
REXULTI . . . . .	68	RYDAPT . . . . .	31
REYATAZ . . . . .	42	RYTARY . . . . .	36
REYVOW . . . . .	71		
REZLIDHIA . . . . .	31	<b>S</b>	
REZUROCK . . . . .	108	SAFE-T-LANCE . . . . .	160
RHOFADE . . . . .	79	SAFE-T-LANCE PLUS . . . . .	160
RHOPRESSA . . . . .	176	SAFETY LANCET 30G/PRESSURE ACT . . . . .	160
RIASTAP . . . . .	53	SAFETY LANCETS . . . . .	160
RIBAVIRIN . . . . .	38	SAFETY LANCETS 21G . . . . .	160
ribavirin (hepatitis c) . . . . .	38	SAFETY LANCETS 23G . . . . .	160
RIDAURA . . . . .	104	SAFETY LANCETS 28G . . . . .	160
rifabutin . . . . .	21	SAFETY PEN NEEDLES . . . . .	160
rifampin . . . . .	22	SANDIMMUNE . . . . .	108
RIGHTEST ALTERNATE SITE ADAPT . . . . .	160	SANTYL . . . . .	82
RIGHTEST GD500 LANCING DEVICE . . . . .	160	sapropterin dihydrochloride . . . . .	89
RIGHTEST GL300 LANCETS . . . . .	160	SAPS HEALTH PLUS LANCETS . . . . .	160
riluzole . . . . .	75	SAPS HEALTH TWIST TOP LANCETS . . . . .	161
RINVOQ . . . . .	108	SAPS TWIST TOP LANCETS . . . . .	161
RINVOQ LQ . . . . .	108	SAPSCARE TWIST TOP LANCETS . . . . .	161
risedronate sodium . . . . .	118	SAVELLA . . . . .	75
risperidone . . . . .	68	SAVELLA TITRATION PACK . . . . .	75
RISPERIDONE . . . . .	68	SB INSULIN SYRINGE . . . . .	161
ritonavir . . . . .	42	SB LANCETS THIN . . . . .	161
rivastigmine . . . . .	66	SB LANCETS ULTRA THIN . . . . .	161
rivastigmine tartrate . . . . .	66	SCEMBLIX . . . . .	32
RIXUBIS . . . . .	53	scopolamine . . . . .	19
rizatriptan benzoate . . . . .	71	SE-NATAL 19 . . . . .	85
roflumilast . . . . .	180	SECUADO . . . . .	68
ropinirole hydrochloride . . . . .	36	SECURESAFE HYPODERMIC NEEDLE . . . . .	161
rosuvastatin calcium . . . . .	63	SECURESAFE INSULIN SYRINGE . . . . .	161
rosuvastatin calcium 10 mg tab . . . . .	63	SECURESAFE SAFETY PEN NEEDLES . . . . .	161
rosuvastatin calcium 5 mg tab . . . . .	63	SECURESAFE SYRINGE/NEEDLE . . . . .	161
ROTARIX . . . . .	115	SELECT-LITE DEVICE/LANCETS . . . . .	161
ROTATEQ . . . . .	115	SELECT-LITE LANCING DEVICE . . . . .	161

selegiline hcl . . . . .	36	SKYTROFA . . . . .	94
selenium sulfide . . . . .	80	sm folic acid 400 mcg tab . . . . .	85
SELZENTRY . . . . .	41	SM LANCETS 33G . . . . .	162
SEMGLEE (YFGN) . . . . .	50	SM TRUEDRAW LANCING DEVICE . . . . .	162
SENSODYNE COMPLETE PROTECTION . . . . .	78	SMART DIABETES VANTAGE LANCING . . . . .	162
SENSODYNE RAPID RELIEF . . . . .	78	SMART SENSE COLOR LANCETS 33G . . . . .	162
SENSODYNE REPAIR & PROTECT . . . . .	78	SMART SENSE STANDARD LANCETS . . . . .	162
SEREVENT DISKUS . . . . .	179	SMART SENSE SUPER THIN LANCETS . . . . .	162
sertraline hcl . . . . .	17	SMART SENSE THIN LANCETS 26G . . . . .	162
sevelamer carbonate . . . . .	84	SMARTEST LANCETS 28G . . . . .	162
sevelamer hcl . . . . .	84	SOD FLUORIDE-POTASSIUM NITRATE . . . . .	78
SEVENFACT . . . . .	53	sodium chloride (inhalant) . . . . .	183
SHINGRIX . . . . .	115	sodium citrate & citric acid . . . . .	92
SHOPKO AUTOLET LANCING DEVICE . . . . .	161	SODIUM FLUORIDE . . . . .	85,86
SHOPKO ON-THE-GO LANCETS 30G . . . . .	161	sodium fluoride . . . . .	86
SHOPKO UNIFINE PENTIPS . . . . .	161	sodium fluoride (dental) . . . . .	78
SHOPKO UNIFINE PENTIPS PLUS . . . . .	161	SODIUM FLUORIDE 5000 ENAMEL . . . . .	78
SHOPKO UNILET LANCETS 28G . . . . .	161	SODIUM FLUORIDE 5000 SENSITIVE . . . . .	78
SHOPKO UNILET LANCETS 30G . . . . .	161	SODIUM OXYBATE . . . . .	185
SHUR-SEAL CONTRACEPTIVE . . . . .	91	sodium phenylbutyrate . . . . .	90
SIGNIFOR . . . . .	102	sodium polystyrene sulfonate . . . . .	84
SIKLOS . . . . .	24	sodium sulfate-potassium sulfate-magnesium sulfate	86
sildenafil citrate (pulmonary hypertension) . . . . .	181	SOFOSBUVIR-VELPATASVIR . . . . .	38
silodosin . . . . .	91	SOHONOS . . . . .	90
silver sulfadiazine . . . . .	82	solifenacin succinate . . . . .	90
SIMBRINZA . . . . .	176	SOLIQUA . . . . .	45
SIMPLE DIAGNOSTICS LANCING DEV . . . . .	161	SOLTAMOX 10 MG/5ML SOLUTION . . . . .	23
SIMPONI . . . . .	108	SOLUS V2 LANCETS 28G . . . . .	162
simvastatin . . . . .	64	SOLUS V2 LANCING DEVICE . . . . .	162
simvastatin 10 mg tab . . . . .	63	SOLUS V2 TWIST LANCETS 30G . . . . .	162
simvastatin 20 mg tab . . . . .	63	SOMAVERT . . . . .	102
simvastatin 40 mg tab . . . . .	64	SOOLANTRA . . . . .	82
simvastatin 5 mg tab . . . . .	64	sorafenib tosylate . . . . .	32
SINGLE-LET . . . . .	162	sotalol hcl . . . . .	57
sirolimus . . . . .	108	sotalol hcl (afib/afi) . . . . .	57
SIRTURO . . . . .	22	SOTYKTU . . . . .	105
SIVEXTRO . . . . .	8	SOVALDI . . . . .	38
SKYCLARYS . . . . .	90	SPIKEVAX . . . . .	116
SKYRIZI . . . . .	105	SPIKEVAX COVID-19 VACCINE . . . . .	116
SKYRIZI (150 MG DOSE) . . . . .	105	SPINAL NEEDLE (REUSABLE) . . . . .	162
SKYRIZI PEN . . . . .	105	SPINOSAD . . . . .	82



SPIRIVA HANDIHALER.....	179	SURE COMFORT LANCETS 28G.....	162
SPIRIVA RESPIMAT.....	179	SURE COMFORT LANCETS 30G.....	162
spironolactone.....	62	SURE COMFORT LANCING PEN.....	162
spironolactone & hydrochlorothiazide.....	61	SURE COMFORT PEN NEEDLES.....	162
SPRITAM.....	13	SURELITE LANCETS.....	163
SPRYCEL.....	32	SURVANTA.....	183
SPS (SODIUM POLYSTYRENE SULF).....	84	SUTAB.....	86
stannous fluoride.....	78	SYMBICORT.....	183
STAVUDINE.....	40	SYMDEKO.....	180
STELARA.....	105	SYMJEPI.....	179
STERILANCE PA.....	162	SYMPROIC.....	86
STERILANCE TL.....	162	SYMTUZA.....	42
STIMATE.....	94	SYNAREL.....	102
STIOLTO RESPIMAT.....	183	SYNERA.....	6
STIVARGA.....	32	SYNJARDY.....	45
STRENSIQ.....	90	SYNJARDY XR.....	45
STRIBILD.....	38	SYNRIBO.....	25
STRIVERDI RESPIMAT.....	179	SYNTHROID.....	101
SUCRAID.....	90	SYRINGE.....	163
sucrafate.....	88	SYRINGE 10-12 ML.....	163
SULCONAZOLE NITRATE.....	21	SYRINGE 2-3 ML.....	163
SULFACETAMIDE SODIUM.....	175	SYRINGE 20-25 ML.....	163
sulfacetamide sodium (acne).....	11	SYRINGE 30-35 ML.....	163
sulfacetamide sodium (ophth).....	175	SYRINGE 5-6 ML.....	163
SULFACETAMIDE-PREDNISOLONE.....	174	SYRINGE 50-60 ML.....	163
SULFADIAZINE.....	11	SYRINGE DISPOSABLE.....	163
sulfamethoxazole-trimethoprim.....	11	SYRINGE ECCENTRIC TIP.....	163
SULFAMYLON.....	82	SYRINGE LUER LOCK.....	164
sulfasalazine.....	117	SYRINGE LUER SLIP.....	164
sulindac.....	2	SYRINGE/HYPODERMIC SAFETY.....	164
sumatriptan.....	71		
sumatriptan succinate.....	71	<b>T</b>	
sunitinib malate.....	32	TABLOID.....	24
SUNLENCA.....	41	TABRECTA.....	25
SUNOSI.....	185	tacrolimus.....	109
SUPER THIN LANCETS.....	162	tacrolimus (topical).....	80
SUPREP BOWEL PREP KIT.....	86	tadalafil.....	91
SURE COMFORT INSULIN SYRINGE.....	162	tadalafil (pulmonary hypertension).....	181
SURE COMFORT LANCETS 18G.....	162	TAFINLAR.....	32
SURE COMFORT LANCETS 21G.....	162	tafluprost.....	176
SURE COMFORT LANCETS 23G.....	162	TAGRISSO.....	32

TAKHZYRO . . . . .	102	TESTOSTERONE ENANTHATE . . . . .	94
TALZENNA . . . . .	32	tetrabenazine . . . . .	75
tamoxifen citrate 10 mg tab . . . . .	23	tetracaine hcl (ophth) . . . . .	174
tamoxifen citrate 20 mg tab . . . . .	23	tetracycline hcl . . . . .	12
tamsulosin hcl . . . . .	91	TEZSPIRE . . . . .	105
TASIGNA . . . . .	32	TGT LANCET MICRO THIN 33G . . . . .	164
tasimelteon . . . . .	184	TGT LANCET THIN 26G . . . . .	164
TAVALISSE . . . . .	54	TGT LANCET ULTRA THIN 30G . . . . .	165
tazarotene . . . . .	79	TGT LANCING DEVICE . . . . .	165
TAZORAC . . . . .	79	THALOMID . . . . .	23
TAZVERIK . . . . .	26	THEO-24 . . . . .	180
TB SYRINGE 1 ML . . . . .	164	theophylline . . . . .	180
TDVAX . . . . .	116	THINLETS GP LANCETS . . . . .	165
TECHLITE AST LANCETS . . . . .	164	THIOLA EC . . . . .	92
TECHLITE INSULIN SYRINGE . . . . .	164	thioridazine hcl . . . . .	68
TECHLITE LANCETS . . . . .	164	thiothixene . . . . .	68
TECHLITE LANCETS 26G . . . . .	164	THYQUIDITY . . . . .	101
TECHLITE LANCETS 30G . . . . .	164	THYROID . . . . .	101
TECHLITE PEN NEEDLES . . . . .	164	tiagabine hcl . . . . .	14
TECHLITE PLUS PEN NEEDLES . . . . .	164	TIBSOVO . . . . .	32
TEGRETOL . . . . .	16	timolol maleate . . . . .	71
TEGRETOL-XR . . . . .	16	timolol maleate (ophth) . . . . .	176
TEGSEDI . . . . .	90	tinidazole . . . . .	8
telmisartan . . . . .	55	tiopronin . . . . .	92
TELMISARTAN-AMLODIPINE . . . . .	61	TIROSINT . . . . .	101
telmisartan-amlodipine . . . . .	61	TIROSINT-SOL . . . . .	101
temazepam . . . . .	185	TIVICAY . . . . .	38
temozolomide . . . . .	22	TIVICAY PD . . . . .	38
TENCON . . . . .	75	tizanidine hcl . . . . .	36
TENIVAC . . . . .	116	TOBI PODHALER . . . . .	180
tenofovir disoproxil fumarate . . . . .	40	TOBRADEX . . . . .	174
TEPMETKO . . . . .	32	tobramycin . . . . .	180
terazosin hcl . . . . .	55	tobramycin (ophth) . . . . .	175
terbinafine hcl . . . . .	21	tobramycin-dexamethasone . . . . .	174
terbutaline sulfate . . . . .	180	TODAY SPONGE . . . . .	92
terconazole vaginal . . . . .	21	TODAYS HEALTH LANCING DEVICE . . . . .	165
teriflunomide . . . . .	77	TODAYS HEALTH MINI PEN NEEDLES . . . . .	165
teriparatide . . . . .	118	TODAYS HEALTH PEN NEEDLES . . . . .	165
teriparatide (recombinant) . . . . .	118	TODAYS HEALTH SHORT PEN NEEDLE . . . . .	165
testosterone . . . . .	94	TODAYS HEALTH THIN LANCETS 28G . . . . .	165
testosterone cypionate . . . . .	94	TODAYS HEALTH THIN LANCETS 30G . . . . .	165

tolcapone . . . . .	35	TRIHEXYPHENIDYL HCL . . . . .	35
TOLMETIN SODIUM . . . . .	2	TRIJARDY XR . . . . .	45
tolterodine tartrate . . . . .	90	TRIKAFTA . . . . .	180
tolvaptan . . . . .	83	trimethobenzamide hcl . . . . .	19
TOOMEY SYRINGE . . . . .	165	trimethoprim . . . . .	8
TOPCARE CLICKFINE PEN NEEDLES . . . . .	165	trimipramine maleate . . . . .	18
TOPCARE LANCETS MICRO-THIN 33G . . . . .	165	TRINATE . . . . .	86
TOPCARE ULTRA COMFORT INS SYR . . . . .	165	TRINTELLIX . . . . .	17
topiramate . . . . .	13	TRIUMEQ . . . . .	40
toremifene citrate . . . . .	23	TRIUMEQ PD . . . . .	41
torseamide . . . . .	61	TRIZIVIR . . . . .	41
TOUJEO MAX SOLOSTAR . . . . .	50	tropium chloride . . . . .	90
TOUJEO SOLOSTAR . . . . .	50	TRUE COMFORT INSULIN SYRINGE . . . . .	165
TRACLEER . . . . .	181	TRUE COMFORT PEN NEEDLES . . . . .	165
tramadol hcl . . . . .	3,5	TRUE COMFORT PRO INSULIN SYR . . . . .	165
TRAMADOL HCL (ER BIPHASIC) . . . . .	3	TRUE COMFORT PRO PEN NEEDLES . . . . .	165
tramadol-acetaminophen . . . . .	5	TRUE COMFORT SAFETY LANCETS . . . . .	165
trandolapril . . . . .	56	TRUE COMFORT TWIST TOP LANCETS . . . . .	165
tranexamic acid . . . . .	52	TRUE COVER . . . . .	166
tranylcypramine sulfate . . . . .	16	TRUEDRAW LANCING DEVICE . . . . .	166
TRAVEL LANCETS . . . . .	165	TRUEPLUS 5-BEVEL PEN NEEDLES . . . . .	166
TRAVEL LANCETS ADVANCED 28G . . . . .	165	TRUEPLUS INSULIN SYRINGE . . . . .	166
travoprost . . . . .	177	TRUEPLUS LANCETS 26G . . . . .	166
trazodone hcl . . . . .	17	TRUEPLUS LANCETS 28G . . . . .	166
TRECTOR . . . . .	22	TRUEPLUS LANCETS 30G . . . . .	166
TRELEGY ELLIPTA . . . . .	184	TRUEPLUS LANCETS 33G . . . . .	166
TREMFYA . . . . .	105	TRUEPLUS PEN NEEDLES . . . . .	166
TRESIBA . . . . .	50	TRUEPLUS SAFETY LANCETS 28G . . . . .	166
TRESIBA FLEXTOUCH . . . . .	50	TRULANCE . . . . .	87
tretinoin . . . . .	79	TRULICITY . . . . .	45
tretinoin (chemotherapy) . . . . .	34	TRUMENBA . . . . .	116
TRETTEN . . . . .	54	TRUQAP . . . . .	27
triamcinolone acetonide (mouth) . . . . .	78	TRUSELTIQ (100MG DAILY DOSE) . . . . .	32
triamcinolone acetonide (topical) . . . . .	81	TRUSELTIQ (125MG DAILY DOSE) . . . . .	32
triamterene . . . . .	62	TRUSELTIQ (50MG DAILY DOSE) . . . . .	32
triamterene & hydrochlorothiazide . . . . .	61	TRUSELTIQ (75MG DAILY DOSE) . . . . .	33
triazolam . . . . .	185	TRUSTEX COLOR CONDOMS + LUBE . . . . .	166
trientine hcl . . . . .	83	TRUSTEX LUB/RIBBED/STUDDED . . . . .	166
trifluoperazine hcl . . . . .	68	TRUSTEX LUB/SPERMICIDE EX ST . . . . .	166
TRIFLURIDINE . . . . .	43	TRUSTEX LUB/SPERMICIDE XL . . . . .	166
trihexyphenidyl hcl . . . . .	35	TRUSTEX LUBRICATED . . . . .	166

TRUSTEX LUBRICATED EX LARGE.....	166	ULTRA COMFORT INSULIN SYRINGE.....	168
TRUSTEX LUBRICATED EXTRA ST.....	166	ULTRA FLO INSULIN PEN NEEDLES.....	168
TRUSTEX LUBRICATED/SPERMICIDE.....	167	ULTRA FLO INSULIN SYR 1/2 UNIT.....	168
TRUSTEX NATURAL CONDOMS + LUBE.....	167	ULTRA FLO INSULIN SYRINGE.....	168
TRUSTEX NON-LUBRICATED.....	167	ULTRA THIN LANCETS 31G.....	168
TRUSTEX RIA LUB/SPERMICIDE.....	167	ULTRA THIN PEN NEEDLES.....	168
TRUSTEX RIA LUBRICATED.....	167	ULTRA-CARE LANCETS 30G.....	168
TRUSTEX RIA NON-LUBRICATED.....	167	ULTRA-THIN II AUTO LANCET.....	168
TRUSTEX-NONOXYNOL-9/RIB/STUD.....	167	ULTRA-THIN II INS SYR SHORT.....	168
TUBERCULIN SYRINGE.....	167	ULTRA-THIN II INSULIN SYRINGE.....	168
TUKYSA.....	33	ULTRA-THIN II LANCETS.....	168
TURALIO.....	33	ULTRA-THIN II MINI PEN NEEDLE.....	168
TUZISTRA XR.....	184	ULTRA-THIN II PEN NEEDLE SHORT.....	168
TWINRIX.....	116	ULTRA-THIN II PEN NEEDLES.....	168
TWIST TOP LANCETS 30G.....	167	ULTRACARE INSULIN SYRINGE.....	168
TYBLUME.....	98	ULTRACARE PEN NEEDLES.....	169
TYBOST.....	41	UNIFINE PEN NEEDLES.....	169
TYMLOS.....	118	UNIFINE PENTIPS.....	169
TYVASO.....	181	UNIFINE PENTIPS PLUS.....	169
TYVASO REFILL.....	181	UNIFINE PROTECT PEN NEEDLE.....	169
TYVASO STARTER.....	181	UNIFINE SAFECONTROL PEN NEEDLE.....	169
<b>U</b>		UNIFINE ULTRA PEN NEEDLE.....	169
UBRELVY.....	71	UNILET COMFORTOUCH LANCET.....	169
ULTI-LANCE AUTOMATIC.....	167	UNILET EXCELITE.....	169
ULTICARE INSULIN SAFETY SYR.....	167	UNILET EXCELITE II.....	169
ULTICARE INSULIN SYR 1/2 UNIT.....	167	UNILET G.P. LANCET.....	169
ULTICARE INSULIN SYRINGE.....	167	UNILET G.P. SUPERLITE LANCET.....	169
ULTICARE MICRO PEN NEEDLES.....	167	UNILET GP 28 ULTRA THIN.....	169
ULTICARE MINI PEN NEEDLES.....	167	UNILET LANCET.....	169
ULTICARE PEN NEEDLES.....	167	UNILET MICRO-THIN 33G.....	169
ULTICARE SHORT PEN NEEDLES.....	167	UNILET SUPER-THIN 30G.....	169
ULTICARE SYRINGE.....	167	UNILET SUPERLITE LANCET.....	169
ULTICARE TUBERCULIN SAFETY SYR.....	168	UNILET ULTRA-THIN 28G.....	169
ULTIGUARD SAFEPACK PEN NEEDLE.....	168	UNISTIK 1.....	169
ULTIGUARD SAFEPACK SYR/NEEDLE.....	168	UNISTIK 2.....	169
ULTILET CLASSIC LANCETS.....	168	UNISTIK 2 COMFORT.....	169
ULTILET LANCETS.....	168	UNISTIK 2 EXTRA.....	169
ULTILET PEN NEEDLE.....	168	UNISTIK 2 NEONATAL.....	169
ULTILET SAFETY LANCETS.....	168	UNISTIK 2 NORMAL.....	169
ULTILET SAFETY LANCETS 23G.....	168	UNISTIK 2 SUPER.....	169
		UNISTIK 3.....	170

UNISTIK 3 COMFORT.....	170	vancomycin hcl.....	8,9
UNISTIK 3 EXTRA.....	170	VANDAZOLE.....	9
UNISTIK 3 GENTLE.....	170	VANFLYTA.....	26
UNISTIK 3 NEONATAL.....	170	VANISHPOINT ALLERGY TRAY.....	171
UNISTIK 3 NORMAL.....	170	VANISHPOINT INSULIN SYRINGE.....	171
UNISTIK CZT COMFORT.....	170	VANISHPOINT SAFETY SYRINGE.....	171
UNISTIK CZT NORMAL.....	170	VANISHPOINT SYRINGE.....	171
UNISTIK NORMAL.....	170	VANISHPOINT TUBERCULIN SYRINGE.....	171
UNISTIK PRO SAFETY LANCET.....	170	VAQTA.....	116
UNISTIK SAFETY LANCETS 28G.....	170	varenicline tartrate.....	7
UNISTIK SAFETY LANCETS 30G.....	170	VARIVAX.....	116
UNISTIK TOUCH SAFETY LANC 21G.....	170	VARUBI (180 MG DOSE).....	19
UNISTIK TOUCH SAFETY LANC 23G.....	170	VASCEPA.....	65
UNISTIK TOUCH SAFETY LANC 28G.....	170	VAXELIS.....	116
UNISTIK TOUCH SAFETY LANC 30G.....	170	VAXNEUVANCE.....	116
UNIVERSAL 1 LANCETS THIN 26G.....	170	VCF VAGINAL CONTRACEPTIVE.....	92
UNIVERSAL 1 LANCETS THIN 33G.....	170	VECAMYL.....	61
UNIVERSAL 1 LANCETS ULTRA THIN.....	170	VELIVET.....	99
UPTRAVI.....	182	VELPHORO.....	84
ursodiol.....	87	VELTASSA.....	84
		VEMLIDY.....	37
<b>V</b>		VENCLEXTA.....	33
valacyclovir hcl.....	43	VENCLEXTA STARTING PACK.....	33
VALCHLOR.....	22	venlafaxine hcl.....	18
valganciclovir hcl.....	37	VENTAVIS.....	182
valproate sodium.....	13	VENTOLIN HFA.....	180
valproic acid.....	13	verapamil hcl.....	59
valsartan.....	55	VEREGEN.....	82
valsartan-hydrochlorothiazide.....	61	VERIFINE INSULIN PEN NEEDLE.....	171
VALTOCO 10 MG DOSE.....	14	VERIFINE INSULIN SYRINGE.....	171
VALTOCO 15 MG DOSE.....	15	VERIFINE PLUS PEN NEEDLE.....	171
VALTOCO 20 MG DOSE.....	15	VERIFINE SAFE LANCET MINI 21G.....	171
VALTOCO 5 MG DOSE.....	15	VERIFINE SAFE LANCET MINI 23G.....	171
VALUE HEALTH INSULIN SYRINGE.....	170	VERIFINE SAFE LANCET MINI 28G.....	172
VALUE PLUS LANCET STANDARD 21G.....	170	VERIFINE SAFE LANCET MINI 30G.....	172
VALUE PLUS LANCETS SUPER THIN.....	170	VERIFINE UNIVERSAL LANCETS 28G.....	172
VALUE PLUS LANCETS THIN 26G.....	170	VERIFINE UNIVERSAL LANCETS 30G.....	172
VALUE PLUS LANCING DEVICE.....	170	VERIFINE UNIVERSAL LANCETS 33G.....	172
VALUMARK LANCET SUPER THIN 30G.....	170	VERQUVO.....	61
VALUMARK LANCET ULTRA THIN 28G.....	171	VERSACLOZ.....	69
VALUMARK PEN NEEDLES.....	171	VERZENIO.....	33

VIBERZI	87	warfarin sodium	51
VIDA MIA AUTOLET LANCING DEV	172	wee care 15 mg/1.25ml suspension	86
VIDA MIA UNIFINE PENTIPS	172	WEGMANS UNIFINE PENTIPS PLUS	172
VIDA MIA UNILET LANCETS 28G	172	WELIREG	26
VIDA MIA UNILET LANCETS 30G	172	WIDE-SEAL DIAPHRAGM 60	172
VIEKIRA PAK	38	WIDE-SEAL DIAPHRAGM 65	172
vigabatrin	15	WIDE-SEAL DIAPHRAGM 70	173
VIIBRYD STARTER PACK	18	WIDE-SEAL DIAPHRAGM 75	173
VIJOICE	26	WIDE-SEAL DIAPHRAGM 80	173
vilazodone hcl	18	WIDE-SEAL DIAPHRAGM 85	173
VINATE II	86	WIDE-SEAL DIAPHRAGM 90	173
VINATE ONE	86	WIDE-SEAL DIAPHRAGM 95	173
VIRACEPT	42	WILATE	54
VIREAD	41		
VITRAKVI	33	<b>X</b>	
VIVAGUARD LANCETS	172	XALKORI	33
VIVAGUARD LANCETS 30G	172	XARELTO	51
VIVAGUARD LANCING DEVICE	172	XARELTO STARTER PACK	51
VIVAGUARD SAFETY LANCETS 28G	172	XCOPRI	13
VIVOTIF	116	XCOPRI (250 MG DAILY DOSE)	13
VIZIMPRO	33	XCOPRI (350 MG DAILY DOSE)	13
VONJO	26	XELJANZ	105
VONVENDI	54	XELJANZ XR	109
voriconazole	21	XENLETA	42
VOSEVI	38	XEPI	82
VOTRIENT	33	XERMELO	87
VOWST	172	XHANCE	178
VOXZOGO	90	XIFAXAN	9
VP INSULIN SYRINGE	172	XIGDUO XR	45
VRAYLAR	69	XIIDRA	174
VUMERITY	77	XOFLUZA (40 MG DOSE)	42
VYNDAMAX	61	XOFLUZA (80 MG DOSE)	43
VYNDAQEL	90	XOLAIR	105
		XOSPATA	33
<b>W</b>		XPOVIO (100 MG ONCE WEEKLY)	26
WALGREENS ADV TRAVEL LANCETS	172	XPOVIO (40 MG ONCE WEEKLY)	26
WALGREENS LANCETS	172	XPOVIO (40 MG TWICE WEEKLY)	26
WALGREENS LANCETS MICRO THIN	172	XPOVIO (60 MG ONCE WEEKLY)	26
WALGREENS LANCETS SUPER THIN	172	XPOVIO (60 MG TWICE WEEKLY)	26
WALGREENS THIN LANCETS	172	XPOVIO (80 MG ONCE WEEKLY)	26
WALGREENS ULTRA THIN LANCETS	172	XPOVIO (80 MG TWICE WEEKLY)	26

XTAMPZA ER.....	3
XTANDI.....	23
xulane 150-35 mcg/24hr patch wk.....	99
XULTOPHY.....	45
XYNTHA.....	54
XYNTHA SOLOFUSE.....	54
XYREM.....	185
XYWAV.....	185

## Y

YALE DISP NEEDLES.....	173
yl folic acid 400 mcg tab.....	86
YONSA.....	23

## Z

zafemy 150-35 mcg/24hr patch wk.....	99
zafirlukast.....	178
zaleplon.....	185
ZARONTIN.....	14
ZARXIO.....	52
ZEGALOGUE.....	46
ZEJULA.....	33
ZELBORAF.....	33
ZENPEP.....	90
ZEPOSIA.....	77
ZEPOSIA 7-DAY STARTER PACK.....	77
ZEPOSIA STARTER KIT.....	77
ZERVIAE.....	178
ZEVRX INSULIN SYRINGE.....	173
ZEVRX PEN NEEDLES.....	173
ZEVRX TWIST TOP LANCETS 30G.....	173
zidovudine.....	41
ZIEXTENZO.....	52
zileuton.....	178
ZIMHI.....	7
ziprasidone hcl.....	69
ZIRGAN.....	37
ZITHROMAX.....	11
ZOKINVY.....	90
ZOLINZA.....	26
zolmitriptan.....	71

zolpidem tartrate.....	185
zonisamide.....	16
ZONTIVITY.....	51
ZORTRESS.....	109
ZOSTAVAX.....	116
ZTALMY.....	13
ZURZUVAE.....	16
ZYDELIG.....	33
ZYKADIA.....	34
ZYLET.....	174