Welcome to the Liberty Formulary

At Judi Rx, your health is our top priority. We prepared the Liberty Formulary (drug list) to ensure that you have access to a robust offering that meets your needs. This list of drugs is covered by your pharmacy prescription benefit. Some drugs on this list that display as covered on the formulary, may not be covered if your plan does not include coverage of certain categories. If you have any questions regarding your specific coverage, please call the number on the back of your member ID card.

The Liberty formulary is:

- Based on the recommendations of a committee of highly skilled physicians and pharmacists that review drugs regulated by the United States Food and Drug Administration (FDA)
- Inclusive of drugs regulated by the United States Food and Drug Administration (FDA)
- Ensures clinical efficacy, safety, and cost considerations
- Evaluated for financial considerations based on the review of market trends and driving the lowest net cost products where applicable
- Subject to change throughout the year

PLEASE NOTE: drugs the FDA newly approves will not be covered until the committee has been able to fully evaluate them.

Your pharmacy prescription benefit covers many prescription drugs, but some exclusions may apply. An alternative covered drug will be available if a drug is not covered. Drugs that have not received FDA approval or over-the-counter (OTC) equivalents may not be covered.

Please use this list as a guide to talk to your doctor about prescribing covered medications that are appropriate for you, as this may lower your out-of-pocket costs. For the most up to date version of the Liberty Formulary, please visit judi.health.

How to Navigate this List

Each prescription drug product is placed in a Tier from 1 to 3 that determines your cost-share:

- Generic (Tier 1)
- Preferred Brands (Tier 2)
- Non-Preferred Brands (Tier 3)

Generic drugs are displayed in *lowercase italicized lettering*. Brand drugs are displayed in UPPERCASE LETTERING. Brand drugs may be removed from your drug list after a generic equivalent becomes available. Generic drugs generally have the lowest cost share.

Drugs that do not appear on this list are excluded under the Liberty Formulary. If your prescribed medication is not covered, please contact your doctor to see if a covered alternative is right for you. If your prescriber determines that you require a drug that is not covered on the Liberty Formulary, a drug exception request with clinical documentation may be submitted.

If your plan offers a prescription drug benefit for preventive drugs listed under the Affordable Care Act or a Health Savings Account, the drugs will be flagged below. These drugs may be available at $0 or a lower cost share than regularly tiered drugs depending on your benefit.

Additional restrictions may apply and will be indicated next to the drug on the list below. Some drugs may only be covered for members within a certain age range or gender due to recommendations based on FDA-approved labeling and clinical practice guidelines. Some drugs are subject to prior authorization, step therapy, or quantity limits. Please reference the legend below for more information.

Formulary changes occur on a quarterly basis. Once a new generic is launched, the brand will be excluded from formulary two quarters following the date of the generic medication launch.

Medications with a Specialty Drug flag are used to treat complex medical conditions (e.g., hepatitis, multiple sclerosis, and hemophilia) and require special handling, administration, and member care management. Depending on your pharmacy benefit design, specialty drugs may be part of a benefit with specific coverage and copay requirements that differ from drugs in Tiers 1 – 3. If you do not have a defined specialty benefit, your copay may be based on whether the drug is generic or BRAND, therefore Tier 1 or Tier 3 copays may apply.

Note that some drug classes may be excluded by your plan or not covered on your pharmacy benefit. If you have questions about your coverage, please call the number on the back of your member ID card.

For the most up-to-date Formulary Drug list visit our website at judi.health

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LEGEND		
TIER		DESCRIPTION
1	Generics	
2	Preferred Brands	
3	Non-Preferred Brands	
TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
GL	Gender Limit	This prescription drug may only be covered for a single gender.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom	This drug has unique restrictions.
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
C3	C3	Custom UM #3.
ACA	Affordable Care Act	Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
clonidine hcl (adhd)	1	QL 120 / 30 day(s)
guanfacine hcl (adhd) (guanfacine hcl tab er 24hr 1 mg (base equiv), guanfacine hcl tab er 24hr 4 mg (base equiv))	1	QL 30 / 30 day(s)
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	QL 90 / 30 day(s)
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	QL 60 / 30 day(s)
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
atomoxetine hcl (atomoxetine hcl cap 10 mg (base equiv), atomoxetine hcl cap 40 mg (base equiv))	1	QL 60 / 30 DAYS
atomoxetine hcl (atomoxetine hcl cap 18 mg (base equiv), atomoxetine hcl cap 25 mg (base equiv))	1	QL 120 / 30 day(s)
atomoxetine hcl (atomoxetine hcl cap 60 mg (base equiv), atomoxetine hcl cap 80 mg (base equiv), atomoxetine hcl cap 100 mg (base equiv))	1	QL 30 / 30 DAYS
AMPHETAMINE MIXTURES		
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 5 mg)	1	QL 60 / 30 day(s)
amphetamine-dextroamphetamine (amphetamine-dextroamphetamine cap er 24hr 25 mg, amphetamine-dextroamphetamine cap er 24hr 30 mg)	1	QL 30 / 30 DAYS
amphetamine-dextroamphetamine (amphetamine-dextroamphetamine tab 12.5 mg, amphetamine-dextroamphetamine tab 15 mg)	1	QL 120 / 30 day(s)
amphetamine-dextroamphetamine (amphetamine-dextroamphetamine tab 5 mg, amphetamine-dextroamphetamine tab 10 mg)	1	QL 180 / 30 day(s)
amphetamine-dextroamphetamine tab 20 mg	1	QL 90 / 30 DAYS
amphetamine-dextroamphetamine tab 30 mg	1	QL 60 / 30 DAYS
amphetamine-dextroamphetamine tab 7.5 mg	1	QL 90 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMPHETAMINES		
dextroamphetamine sulfate (dextroamphetamine sulfate cap er 24hr 10 mg, dextroamphetamine sulfate cap er 24hr 15 mg)	1	QL 120 / 30 DAYS
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL 90 / 30 DAYS
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL 1800 / 30 DAYS
dextroamphetamine sulfate tab 10 mg	1	QL 180 / 30 DAYS
dextroamphetamine sulfate tab 5 mg	1	QL 360 / 30 day(s)
lisdexamfetamine dimesylate	1	QL 30 / 30 day(s)
methamphetamine hcl	1	QL 150 / 30 day(s) C ALT: dextroamphetamine 5 mg or 10 mg tab, Zenzedi 5 mg or 10 mg tab
ANALEPTICS		
CAFFEINE	3	
CAFFEINE ANHYDROUS	3	
caffeine citrate	1	
CAFFEINE CITRATED	3	
ANOREXIANT COMBINATIONS		
phentermine hcl-topiramate	1	QL 30 / 30 day(s) PA
ANOREXIANTS NON-AMPHETAMINE		
phentermine hcl (phentermine hcl cap 15 mg, phentermine hcl cap 30 mg, phentermine hcl cap 37.5 mg, phentermine hcl tab 37.5 mg)	1	QL 30 / 30 DAYS PA
phentermine hcl tab 8 mg	1	QL 90 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS		
ZEPBOUND (ZEPBOUND 5 MG/0.5ML SOLN A-INJ, ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 10 MG/0.5ML SOLN A-INJ, ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 15 MG/0.5ML SOLN A-INJ)	2	QL 2 / 28 day(s) PA
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	2	PA QLC 2 / 180 Days
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS		
FOUNDAYO (FOUNDAYO 0.8 MG TAB, FOUNDAYO 2.5 MG TAB)	2	PA QLC 60 / 180 days
FOUNDAYO (FOUNDAYO 5.5 MG TAB, FOUNDAYO 9 MG TAB, FOUNDAYO 14.5 MG TAB, FOUNDAYO 17.2 MG TAB)	2	QL 30 / 30 day(s) PA
liraglutide (weight management)	1	QL 15 / 30 day(s) PA
WEGOVY (WEGOVY 0.25 MG/0.5ML SOLN A-INJ, WEGOVY 0.5 MG/0.5ML SOLN A-INJ, WEGOVY 1 MG/0.5ML SOLN A-INJ)	2	PA QLC 4 / 180 days
WEGOVY (WEGOVY 1.5 MG TAB, WEGOVY 4 MG TAB, WEGOVY 9 MG TAB)	2	PA QLC 60 / 180 days
WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ)	2	QL 3 / 28 day(s) PA
WEGOVY 25 MG TAB	2	QL 30 / 30 day(s) PA
WEGOVY HD	2	QL 3 / 28 day(s) PA
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	QL 30 / 30 DAYS PA
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX	3	QL 60 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIPASE INHIBITORS		
ORLISTAT 120 MG CAP	3	QL 90 / 30 DAYS PA
XENICAL	3	QL 90 / 30 DAYS PA
STIMULANT COMBINATIONS		
AZSTARYS	2	QL 30 / 30 day(s)
STIMULANTS - MISC.		
armodafinil	1	
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 5 mg)	1	QL 60 / 30 day(s)
dexmethylphenidate hcl (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)	1	QL 30 / 30 DAYS
dexmethylphenidate hcl tab 10 mg	1	QL 60 / 30 DAYS
dexmethylphenidate hcl tab 2.5 mg	1	QL 240 / 30 day(s)
dexmethylphenidate hcl tab 5 mg	1	QL 120 / 30 day(s)
JORNAY PM	2	QL 30 / 30 DAYS
methylphenidate hcl (methylphenidate hcl cap er 10 mg (cd), methylphenidate hcl cap er 20 mg (cd), methylphenidate hcl cap er 24hr 30 mg (la), methylphenidate hcl cap er 30 mg (cd), methylphenidate hcl tab er osmotic release (osm) 18 mg, methylphenidate hcl tab er osmotic release (osm) 27 mg)	1	QL 60 / 30 day(s)
methylphenidate hcl (methylphenidate hcl cap er 24hr 10 mg (la), methylphenidate hcl cap er 24hr 40 mg (la), methylphenidate hcl cap er 40 mg (cd), methylphenidate hcl cap er 50 mg (cd), methylphenidate hcl cap er 60 mg (cd), methylphenidate hcl tab er osmotic release (osm) 54 mg)	1	QL 30 / 30 DAYS
methylphenidate hcl (methylphenidate hcl chew tab 2.5 mg, methylphenidate hcl chew tab 5 mg, methylphenidate hcl tab 10 mg)	1	QL 180 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl (methylphenidate hcl tab 20 mg, methylphenidate hcl tab er 10 mg, methylphenidate hcl tab er 20 mg)	1	QL 90 / 30 DAYS
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL 90 / 30 day(s)
methylphenidate hcl chew tab 10 mg	1	QL 180 / 30 DAYS
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	3	QL 30 / 30 DAYS C ALT: methylphenidate ER (OSM) 18 mg tab, methylphenidate ER (CD) cap, methylphenidate ER (LA) cap
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	3	QL 30 / 30 DAYS C ALT: methylphenidate ER (OSM) 27 mg tab, methylphenidate ER (diffus) 27 mg tab, methylphenidate ER (CD) cap, methylphenidate ER (LA) cap (except 60 mg)
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	3	QL 60 / 30 DAYS
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	3	QL 30 / 30 DAYS C ALT: methylphenidate ER (OSM) 54 mg tab, methylphenidate ER (diffus) 54 mg tab, methylphenidate ER (CD) cap, methylphenidate ER (LA) cap (except 60 mg)
METHYLPHENIDATE HCL ER(DIFFUS) (METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER, METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER)	3	QL 60 / 30 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER	3	QL 30 / 30 day(s)
methylphenidate hcl soln 10 mg/5ml	1	QL 900 / 30 DAYS
methylphenidate hcl soln 5 mg/5ml	1	QL 450 / 30 DAYS
methylphenidate hcl tab 5 mg	1	QL 360 / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
modafinil	1	
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 40 MG CHER)	2	QL 30 / 30 DAYS
QUILLICHEW ER 30 MG CHER	2	QL 60 / 30 DAYS
QUILLIVANT XR	2	QL 360 / 30 DAYS
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK	3	S
PALFORZIA (1 MG DAILY DOSE)	3	S
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	3	S
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	3	S
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	3	S
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	3	S
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	3	S
PALFORZIA (240 MG DAILY DOSE)	3	S
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	3	S
PALFORZIA (300 MG MAINTENANCE)	3	S
PALFORZIA (300 MG TITRATION)	3	S
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	3	S
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	3	S
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	3	S
PALFORZIA INITIAL DOSE 1-3YRS	3	S
PALFORZIA INITIAL DOSE 4-17YRS	3	S
PALFORZIA INITIAL ESCALATION	3	S
RAGWITEK	3	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIXED ALLERGENIC EXTRACTS		
ODACTRA	3	S
ORALAIR	3	S
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - PR'S		
EC-RX DHEA	3	
AMEBICIDES		
IODOQUINOL	3	
SOLOSEC	2	GL Female
AMINOGLYCOSIDES		
AMIKACIN SULFATE	3	
ARIKAYCE	3	QL 235.2 / 28 DAYS PA S
HUMATIN	2	C Alt: Generic Covered
KITABIS PAK	3	S
neomycin sulfate	1	
STREPTOMYCIN SULFATE POWDER	3	
TOBI PODHALER	3	S
tobramycin	1	S
TOBRAMYCIN 300 MG/5ML NEBU SOLN	3	S
TOBRAMYCIN SULFATE POWDER	3	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-AATY (1 PEN)	2	QL 2 / 28 day(s) PA S
ADALIMUMAB-AATY (2 PEN)	2	QL 2 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-AATY (2 SYRINGE)	2	QL 2 / 28 day(s) PA S
ADALIMUMAB-AATY CD/UC/HS START	2	PA S QLC 3 / 180 days
ADALIMUMAB-ADAZ (ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ, ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR)	2	QL 0.8 / 28 day(s) PA S
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	2	QL 0.2 / 28 day(s) PA S
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	2	QL 0.4 / 28 day(s) PA S
ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ	2	QL 1.6 / 28 day(s) PA S
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	QL 0.8 / 28 day(s) PA S
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	QL 1.6 / 28 day(s) PA S
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	QL 0.8 / 28 day(s) PA S
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	QL 1.6 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMLANDI (1 PEN)	2	QL 2 / 28 day(s) PA C ALT: adalimumab-aaty, adalimumab-adaz, Hadlima, Simlandi S
SIMLANDI (1 SYRINGE)	2	QL 2 / 28 day(s) PA S
SIMLANDI (2 PEN)	2	QL 2 / 28 day(s) PA C ALT: adalimumab-aaty, adalimumab-adaz, Hadlima, Simlandi S
SIMLANDI (2 SYRINGE)	2	QL 2 / 28 day(s) PA S
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	2	QL 1 / 28 DAYS PA S
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
OLUMIANT (OLUMIANT 1 MG TAB, OLUMIANT 2 MG TAB)	3	QL 30 / 30 DAYS PA C Alt: ACTEMRA, RINVOQ S
OLUMIANT 4 MG TAB	3	QL 30 / 30 day(s) PA S
RINVOQ 15 MG TAB ER 24H	2	QL 30 / 30 DAYS PA S
RINVOQ 30 MG TAB ER 24H	2	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RINVOQ 45 MG TAB ER 24H	2	PA S QLC 84 / 365 DAYS
RINVOQ LQ	2	QL 360 / 30 day(s) PA S
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	1	QL 240 / 30 day(s) PA S
tofacitinib citrate tab 10 mg (base equivalent)	1	PA S QLC 240 / 365 days
tofacitinib citrate tab 5 mg (base equivalent)	1	QL 60 / 30 day(s) PA S
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	1	QL 30 / 30 day(s) PA S
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	1	PA S QLC 120 / 365 days
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO	2	
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
celecoxib	1	
VYSCOXA	3	C ALT: celecoxib cap, ibuprofen 100 mg/5 mL susp
GOLD COMPOUNDS		
AURANOFIN	3	
RIDAURA	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INTERLEUKIN-1 BLOCKERS		
ARCALYST	3	QL 8 / 28 DAYS PA S
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA (AVTOZMA 162 MG/0.9ML SOLN A-INJ, AVTOZMA 162 MG/0.9ML SOLN PRSYR)	2	QL 3.6 / 28 day(s) PA S
KEVZARA	3	QL 2.28 / 28 DAYS PA S
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	2	QL 3.6 / 28 day(s) PA S
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
diclofenac w/ misoprostol	1	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
COXANTO	3	C ALT: oxaprozin 600 mg tab
diclofenac potassium cap 25 mg	1	C ALT: diclofenac 25 mg tab DR, diclofenac 50 mg tab
diclofenac potassium tab 25 mg	1	C ALT: diclofenac sodium tab DR, diclofenac potassium 50 mg tab
diclofenac potassium tab 50 mg	1	
diclofenac sodium (diclofenac sodium tab delayed release 25 mg, diclofenac sodium tab delayed release 50 mg, diclofenac sodium tab delayed release 75 mg)	1	
diclofenac sodium tab er 24hr 100 mg	1	C ALT: diclofenac 50 mg tab, diclofenac tab dr

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	1	
FENOPROFEN CALCIUM POWDER	3	
FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 400 MG CAP, FENOPROFEN CALCIUM 600 MG TAB)	3	C ALT: etodolac, ibuprofen tab (except 200 mg), sulindac 150 mg or 200 mg tab
FENOPROFEN CALCIUM 200 MG CAP	3	C ALT: ibuprofen tab (except 200 mg), diclofenac tab, indomethacin 25 mg or 50 mg cap, naproxen tab (except 220 mg), sulindac 150 mg or 200 mg tab
fenoprofen calcium cap 300 mg	1	C ALT: ibuprofen tab (except 200 mg), diclofenac tab, indomethacin 25 mg or 50 mg cap, naproxen tab (except 220 mg), sulindac 150 mg or 200 mg tab
fenoprofen calcium cap 400 mg	1	C ALT: etodolac, ibuprofen tab (except 200 mg), sulindac 150 mg or 200 mg tab
flurbiprofen	1	C ALT: ibuprofen tab (except 200 mg and 300 mg), celecoxib
FLURBIPROFEN POWDER	3	
FLURBIPROFEN 100 MG TAB	3	C ALT: ibuprofen tab (except 200 mg and 300 mg), celecoxib
FLURBIPROFEN 50 MG TAB	3	C ALT: meloxicam, celecoxib
IBUPROFEN POWDER	3	
ibuprofen (ibuprofen susp 100 mg/5ml, ibuprofen tab 400 mg, ibuprofen tab 600 mg, ibuprofen tab 800 mg)	1	
IBUPROFEN 300 MG TAB	3	C ALT: OTC ibuprofen 200 mg or ibuprofen 600 mg, 800 mg
INDOMETHACIN POWDER	3	
indomethacin (indomethacin cap 25 mg, indomethacin cap 50 mg, indomethacin cap er 75 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
indomethacin suppos 50 mg	1	QL 120 / 30 day(s) PA C ALT: indomethacin 25 mg or 50 mg cap
indomethacin susp 25 mg/5ml	1	C ALT: indomethacin 25 mg or 50 mg cap
KETOPROFEN (KETOPROFEN 25 MG CAP, KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	3	C ALT: ibuprofen tab (except 200 mg), diclofenac tab, indomethacin 25 mg or 50 mg cap, naproxen tab (except 220 mg), sulindac 150 mg or 200 mg tab
KETOPROFEN ER	3	C ALT: ibuprofen tab (except 200 mg), diclofenac tab, indomethacin 25 mg or 50 mg cap, naproxen tab (except 220 mg), sulindac 150 mg or 200 mg tab
ketorolac tromethamine tab 10 mg	1	QLC 20 / 5 days
KIPROFEN	3	C ALT: ibuprofen tab (except 200 mg), diclofenac tab, indomethacin 25 mg or 50 mg cap, naproxen tab (except 220 mg), sulindac 150 mg or 200 mg tab
LURBIPR	3	C ALT: ibuprofen tab (except 200 mg and 300 mg), celecoxib
LURBIRO	3	C ALT: ibuprofen tab (except 200 mg and 300 mg), celecoxib
MECLOFENAMATE SODIUM POWDER	3	
MECLOFENAMATE SODIUM (MECLOFENAMATE SODIUM 50 MG CAP, MECLOFENAMATE SODIUM 100 MG CAP)	3	C ALT: ibuprofen, diclofenac, indomethacin, naproxen, sulindac
mefenamic acid	1	C ALT: naproxen tab (except 220 mg), ibuprofen tab (except 200 mg and 300 mg)
MEFENAMIC ACID	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
meloxicam (meloxicam tab 7.5 mg, meloxicam tab 15 mg)	1	
MELOXICAM 7.5 MG/5ML SUSPENSION	3	C ALT: meloxicam tab
meloxicam cap 10 mg	1	C ALT: meloxicam tab
meloxicam cap 5 mg	1	C ALT: meloxicam 7.5 mg tab
nabumetone	1	
NALFON 600 MG TAB	3	C ALT: etodolac, ibuprofen tab (except 200 mg), sulindac 150 mg or 200 mg tab
NAPROXEN	3	
naproxen (naproxen tab 250 mg, naproxen tab 375 mg, naproxen tab 500 mg)	1	
NAPROXEN SODIUM	3	
naproxen sodium (naproxen sodium tab 275 mg, naproxen sodium tab 550 mg)	1	
NAPROXEN SODIUM ER	3	C ALT: naproxen 550 mg tab DR
naproxen sodium tab er 24hr 375 mg (base equiv)	1	C ALT: naproxen 375 mg tab
naproxen sodium tab er 24hr 500 mg (base equiv)	1	C ALT: naproxen 500 mg tab, naproxen sodium 550 mg tab
naproxen sodium tab er 24hr 750 mg (base equiv)	1	C ALT: naproxen 550 mg tab DR
naproxen susp 125 mg/5ml	1	C ALT: naproxen tab (except 220 mg)
naproxen tab ec 375 mg	1	C ALT: naproxen 375 mg tab
naproxen tab ec 500 mg	1	C ALT: naproxen 500 mg tab, naproxen sodium 550 mg tab
ORUDIS	3	C ALT: ibuprofen tab (except 200 mg), diclofenac tab, indomethacin 25 mg or 50 mg cap, naproxen tab (except 220 mg), sulindac 150 mg or 200 mg tab
OXAPROZIN	3	C ALT: oxaprozin 600 mg tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxaprozin	1	
piroxicam	1	
PIROXICAM POWDER	3	
RELAFEN DS	3	C ALT: nabumetone 500 and 750 mg tab
SPRIX	3	C ALT: ibuprofen tab (except 200 mg), diclofenac tab, indomethacin 25 mg or 50 mg cap, naproxen tab (except 220 mg), sulindac 150 mg or 200 mg tab QLC 5 / 5 days
SULINDAC	3	
sulindac	1	
TOLECTIN 600	3	C ALT: etodolac, ibuprofen (except 200 mg or 300 mg), sulindac
TOLECTIN DS	3	C ALT: etodolac, ibuprofen tab (except 200 mg), sulindac 150 mg or 200 mg tab
TOLMETIN SODIUM (TOLMETIN SODIUM 200 MG TAB, TOLMETIN SODIUM 400 MG CAP)	3	C ALT: etodolac, ibuprofen tab (except 200 mg), sulindac 150 mg or 200 mg tab
TOLMETIN SODIUM 600 MG TAB	3	C ALT: etodolac, ibuprofen (except 200 mg or 300 mg), sulindac
ZYBIC	3	C ALT: meloxicam tab
PHENYLBUTAZONES		
PHENYLBUTAZONE	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 10 & 20 & 30 MG TAB THPK)	2	PA S QLC 55 / 180 DAYS
OTEZLA 20 MG TAB	2	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA 30 MG TAB	2	QL 60 / 30 DAYS PA S
OTEZLA XR	2	QL 30 / 30 day(s) PA S
OTEZLA/OTEZLA XR INITIATION PK	2	PA S QLC 41 / 180 days
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	3	QL 4 / 28 DAYS PA S
ORENCIA 50 MG/0.4ML SOLN PRSYR	3	QL 1.6 / 28 DAYS PA S
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	3	QL 2.8 / 28 DAYS PA S
ORENCIA CLICKJECT	3	QL 4 / 28 DAYS PA S
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL 25 MG/0.5ML SOLN PRSYR	2	QL 2 / 28 day(s) PA S
ENBREL 25 MG/0.5ML SOLUTION	2	QL 4 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL 50 MG/ML SOLN PRSYR	2	QL 4 / 28 DAYS PA S
ENBREL MINI	2	QL 4 / 28 DAYS PA S
ENBREL SURECLICK	2	QL 4 / 28 DAYS PA S
ANALGESICS - NONNARCOTIC		
ANALGESICS - SELECTIVE NAV1.8 SODIUM CHANNEL INHIBITORS		
JOURNAVX 50 MG TAB	3	QLC 30 / 90 days
ANALGESICS OTHER		
CLONIDINE HCL (BULK)	3	
ANALGESICS-SEDATIVES		
ALLZITAL	3	QL 360 / 30 day(s) C ALT: butalbital-acetaminophen 50-325 mg tab
butalbital-acetaminophen	1	QL 180 / 30 day(s) C ALT: butalbital-acetaminophen 50-325 mg tab
butalbital-acetaminophen-caffeine (butalbital-acetaminophen-caffeine cap 50-300-40 mg, butalbital-acetaminophen-caffeine cap 50-325-40 mg)	1	QL 180 / 30 DAYS C ALT: butalbital-APAP-caffeine 50-325-40 mg tab, Bac 50-325-40mg tab
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL 180 / 30 DAYS
BUTALBITAL-APAP-CAFFEINE	3	QL 2700 / 30 day(s) C ALT: butalbital-APAP-caffeine 50-325-40 mg tab, Bac 50-325-40mg tab
butalbital-aspirin-caffeine	1	QL 180 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TENCON	3	QL 180 / 30 DAYS
SALICYLATES		
ACETYL SALICYLIC ACID	3	
ASPIRIN POWDER	3	
aspirin (aspirin chew tab 81 mg, aspirin tab delayed release 81 mg)	1	ACA Affordable Care Act
DIFLUNISAL	3	
diflunisal	1	
DOLOBID 250 MG TAB	3	C ALT: diflunisal 500 mg tab
DOLOBID 375 MG TAB	3	C ALT: diflunisal tab
SODIUM SALICYLATE	3	
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
acetaminophen w/ codeine (acetaminophen w/ codeine tab 300-15 mg, acetaminophen w/ codeine tab 300-30 mg)	1	QL 360 / 30 DAYS
acetaminophen w/ codeine tab 300-60 mg	1	QL 180 / 30 DAYS
ACETAMINOPHEN-CODEINE	3	QL 2700 / 30 day(s)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL 180 / 30 DAYS C ALT: butalbital-APAP-Caff-Cod 50-325-40-30 mg cap
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL 180 / 30 DAYS
butalbital-aspirin-caffeine w/cod	1	QL 180 / 30 DAYS
DIHYDROCODEINE COMBINATIONS		
APAP-CAFF-DIHYDROCODEINE	3	QL 300 / 30 DAYS C ALT: acetaminophen-codeine 300-15 mg or 300-30 mg or 300-60 mg tab, acetaminophen-codeine 120-12 mg/5ml solution

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCODONE COMBINATIONS		
hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 7.5-325 mg, hydrocodone-acetaminophen tab 10-325 mg)	1	QL 180 / 30 DAYS
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	3	QL 2025 / 30 DAYS
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION	3	QL 2700 / 30 DAYS C ALT: Generic Covered
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	2	QL 240 / 30 day(s)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL 2700 / 30 days
hydrocodone-acetaminophen tab 10-300 mg	1	QL 180 / 30 DAYS C ALT: Hydrocodone-Acetaminophen 10-325mg
hydrocodone-acetaminophen tab 5-300 mg	1	QL 240 / 30 days C ALT: Hydrocodone-Acetaminophen 5-325mg
hydrocodone-acetaminophen tab 5-325 mg	1	QL 240 / 30 days
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL 180 / 30 DAYS C ALT: Hydrocodone-Acetaminophen 7.5-325mg
hydrocodone-ibuprofen	1	QL 150 / 30 DAYS
HYDROCODONE-IBUPROFEN 10-200 MG TAB	3	QL 150 / 30 DAYS
HYDROCODONE-IBUPROFEN 5-200 MG TAB	3	QL 150 / 30 DAYS C ALT: Generic Covered
OPIOID AGONISTS		
CODEINE PHOSPHATE	3	
codeine sulfate	1	QL 180 / 30 DAYS
CODEINE SULFATE (CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 60 MG TAB)	3	QL 180 / 30 DAYS
CONZIP (CONZIP 100 MG CAP ER 24H, CONZIP 300 MG CAP ER 24H)	3	QL 30 / 30 DAYS PA C ALT: NUCYNTA ER, tramadol, tramadol ER tablet

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONZIP 200 MG CAP ER 24H	3	QL 30 / 30 DAYS PA C ALT: tramadol ER tab, Nucynta ER, tramadol 50 mg tab
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)	1	QL 15 / 30 DAYS PA
fentanyl (fentanyl td patch 72hr 37.5 mcg/hr, fentanyl td patch 72hr 62.5 mcg/hr, fentanyl td patch 72hr 87.5 mcg/hr)	1	QL 15 / 30 DAYS PA C ALT:fentanyl patch (except 37.5 mcg/hr or 62.5 mcg/hr or 87.5 mcg/hr)
FENTANYL CITRATE POWDER	3	
FENTANYL CITRATE (BULK)	3	
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)	3	QL 120 / 30 DAYS PA
FENTANYL CITRATE (FENTANYL CITRATE 200 MCG TAB, FENTANYL CITRATE 400 MCG TAB, FENTANYL CITRATE 600 MCG TAB, FENTANYL CITRATE 800 MCG TAB)	3	QL 120 / 30 DAYS PA C ALT: fentanyl lozenge, fentanyl patch (except 37.5 mcg/hr or 62.5 mcg/hr or 87.5 mcg/hr)
fentanyl citrate (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)	1	QL 120 / 30 DAYS PA
FENTORA (FENTORA 200 MCG TAB, FENTORA 400 MCG TAB, FENTORA 600 MCG TAB, FENTORA 800 MCG TAB)	3	QL 120 / 30 DAYS PA C ALT: fentanyl lozenge, fentanyl patch (except 37.5 mcg/hr or 62.5 mcg/hr or 87.5 mcg/hr)
FENTORA 100 MCG TAB	3	QL 120 / 30 DAYS PA C ALT: fentanyl lozenge

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrocodone bitartrate (hydrocodone bitartrate tab er 24hr deter 100 mg, hydrocodone bitartrate tab er 24hr deter 20 mg, hydrocodone bitartrate tab er 24hr deter 40 mg, hydrocodone bitartrate tab er 24hr deter 60 mg, hydrocodone bitartrate tab er 24hr deter 80 mg)	1	QL 30 / 30 day(s) PA C ALT: oxycodone tabs
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H)	3	QL 60 / 30 DAYS PA C ALT: hydrocodone/acetaminophen 325 mg, morphine ER tab/cap, Xtampza ER
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H)	3	QL 60 / 30 DAYS PA C ALT: hydrocodone, oxycodone, hydromorphone, morphine
HYDROCODONE BITARTRATE ER 120 MG TB24 DETER	3	QL 30 / 30 day(s) PA C ALT: oxycodone tabs
hydrocodone bitartrate tab er 24hr deter 30 mg	1	QL 30 / 30 day(s) PA C ALT: hydrocodone/acetaminophen 325 mg, morphine ER tab/cap, Xtampza ER
HYDROMORPHONE HCL POWDER	3	
HYDROMORPHONE HCL (BULK)	3	C Healthcare Administered
hydromorphone hcl (hydromorphone hcl tab 2 mg, hydromorphone hcl tab 4 mg, hydromorphone hcl tab 8 mg)	1	QL 180 / 30 DAYS
hydromorphone hcl (hydromorphone hcl tab er 24hr 12 mg, hydromorphone hcl tab er 24hr 32 mg)	1	QL 30 / 30 DAYS PA C ALT: hydromorphone tab
hydromorphone hcl (hydromorphone hcl tab er 24hr 16 mg, hydromorphone hcl tab er 24hr 8 mg)	1	QL 30 / 30 DAYS PA C ALT: hydromorphone tab, morphine ER tab/cap, Xtampza ER

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydromorphone hcl liqd 1 mg/ml	1	QL 1440 / 30 DAYS
levorphanol tartrate tab 2 mg	1	QL 120 / 30 DAYS C ALT: methadone tab
levorphanol tartrate tab 3 mg	1	QL 120 / 30 day(s) C ALT: methadone tab
MEPERIDINE HCL POWDER	3	
METHADONE HCL POWDER	3	
methadone hcl (methadone hcl conc 10 mg/ml, methadone hcl tab 5 mg, methadone hcl tab 10 mg, methadone hcl tab for oral susp 40 mg)	1	QL 90 / 30 DAYS
methadone hcl soln 10 mg/5ml	1	QL 450 / 30 DAYS
methadone hcl soln 5 mg/5ml	1	QL 900 / 30 day(s)
MORPHINE SULFATE POWDER	3	
MORPHINE SULFATE (BULK)	3	
morphine sulfate (morphine sulfate tab er 15 mg, morphine sulfate tab er 30 mg, morphine sulfate tab er 60 mg, morphine sulfate tab er 100 mg, morphine sulfate tab er 200 mg)	1	QL 90 / 30 DAYS PA
MORPHINE SULFATE 15 MG TAB	2	QL 360 / 30 days
MORPHINE SULFATE 30 MG TAB	2	QL 180 / 30 DAYS
MORPHINE SULFATE ER	3	QL 60 / 30 DAYS PA
MORPHINE SULFATE ER BEADS	3	QL 30 / 30 DAYS PA C ALT: morphine ER cap (except 40 mg)
morphine sulfate oral soln 10 mg/5ml	1	QL 2700 / 30 DAYS
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	QL 270 / 30 DAYS
morphine sulfate oral soln 20 mg/5ml	1	QL 1350 / 30 day(s)
morphine sulfate tab 15 mg	1	QL 360 / 30 days
morphine sulfate tab 30 mg	1	QL 180 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCYNTA ER	2	QL 60 / 30 day(s) PA C ALT: Nucynta ER
OXYCODONE HCL POWDER	3	
OXYCODONE HCL (OXYCODONE HCL 10 MG TAB DETER, OXYCODONE HCL 15 MG TAB DETER, OXYCODONE HCL 30 MG TAB DETER)	3	QL 180 / 30 day(s) C ALT: generic oxycodone IR tablet
oxycodone hcl (oxycodone hcl tab 10 mg, oxycodone hcl tab 15 mg, oxycodone hcl tab 20 mg, oxycodone hcl tab 30 mg)	1	QL 180 / 30 DAYS
OXYCODONE HCL 5 MG TAB DETER	3	QL 360 / 30 day(s) C ALT: generic oxycodone IR tablet
oxycodone hcl cap 5 mg	1	QL 360 / 30 DAYS C ALT: oxycodone 5 mg tab
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	QL 270 / 30 DAYS
oxycodone hcl soln 5 mg/5ml	1	QL 5400 / 30 DAYS
oxycodone hcl tab 5 mg	1	QL 360 / 30 DAYS
oxymorphone hcl	1	QL 180 / 30 DAYS
OXYMORPHONE HCL ER (OXYMORPHONE HCL ER 5 MG TAB ER 12H, OXYMORPHONE HCL ER 30 MG TAB ER 12H, OXYMORPHONE HCL ER 40 MG TAB ER 12H)	3	QL 60 / 30 DAYS PA C ALT: oxymorphone tab, morphine ER tab/cap, Xtampza ER
OXYMORPHONE HCL ER (OXYMORPHONE HCL ER 7.5 MG TAB ER 12H, OXYMORPHONE HCL ER 10 MG TAB ER 12H, OXYMORPHONE HCL ER 15 MG TAB ER 12H, OXYMORPHONE HCL ER 20 MG TAB ER 12H)	3	QL 60 / 30 DAYS PA C ALT: hydrocodone, oxycodone, hydromorphone, morphine
QDOLO	3	QL 2400 / 30 day(s) C ALT: NUCYNTA ER, tramadol, tramadol ER tablet
ROXYBOND (ROXYBOND 10 MG TAB DETER, ROXYBOND 15 MG TAB DETER, ROXYBOND 30 MG TAB DETER)	3	QL 180 / 30 day(s) C ALT: generic oxycodone IR tablet

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROXYBOND 5 MG TAB DETER	3	QL 360 / 30 day(s) C ALT: generic oxycodone IR tablet
SUFENTANIL CITRATE (BULK)	3	
SYNAPRYN FUSEPAQ	3	
tapentadol hcl	1	QL 180 / 30 day(s) C ALT: tramadol 50 mg tab, tramadol/acetaminophen
TAPENTADOL HCL	3	QL 30 / 1 day(s) C ALT: tramadol 50 mg tab, tramadol/acetaminophen
TRAMADOL HCL (ER BIPHASIC)	3	QL 30 / 30 DAYS PA
tramadol hcl (tramadol hcl tab er 24hr 100 mg, tramadol hcl tab er 24hr 200 mg, tramadol hcl tab er 24hr 300 mg)	1	QL 30 / 30 DAYS PA
TRAMADOL HCL 25 MG TAB	3	QL 240 / 30 day(s) C ALT: tramadol 50 mg tab, tramadol/acetaminophen
TRAMADOL HCL 5 MG/ML SOLUTION	3	QL 2400 / 30 day(s) C ALT: NUCYNTA ER, tramadol, tramadol ER tablet
TRAMADOL HCL 75 MG TAB	3	QL 150 / 30 day(s) C ALT: tramadol 50 mg tab
TRAMADOL HCL ER (TRAMADOL HCL ER 100 MG CAP ER 24H, TRAMADOL HCL ER 300 MG CAP ER 24H)	3	QL 30 / 30 DAYS PA C ALT: NUCYNTA ER, tramadol, tramadol ER tablet
TRAMADOL HCL ER 200 MG CAP ER 24H	3	QL 30 / 30 DAYS PA C ALT: tramadol ER tab, Nucynta ER, tramadol 50 mg tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tramadol hcl tab 100 mg	1	QL 120 / 30 DAYS C ALT: tramadol 50 mg tab, tramadol/acetaminophen
tramadol hcl tab 50 mg	1	QL 240 / 30 DAYS
XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER, XTAMPZA ER 27 MG CP12 DETER)	2	QL 60 / 30 DAYS PA
XTAMPZA ER 36 MG CP12 DETER	2	QL 240 / 30 days PA
OPIOID COMBINATIONS		
APADAZ	3	QL 360 / 30 DAYS C ALT: Endocet, oxycodone-acetaminophen tab
BENZHYDROCODONE-ACETAMINOPHEN	3	QL 360 / 30 DAYS C ALT: Endocet, oxycodone-acetaminophen tab
NALOCET	3	QL 360 / 30 DAYS C ALT: oxycodone-acetaminophen 2.5-325 mg tab
oxycodone w/ acetaminophen (oxycodone w/ acetaminophen tab 2.5-325 mg, oxycodone w/ acetaminophen tab 5-325 mg)	1	QL 360 / 30 DAYS
oxycodone w/ acetaminophen tab 10-325 mg	1	QL 180 / 30 DAYS
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL 240 / 30 DAYS
OXYCODONE-ACETAMINOPHEN 10-300 MG TAB	3	QL 180 / 30 DAYS C ALT: oxycodone-acetaminophen 10-325 mg tab
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION	3	QL 900 / 30 day(s) C ALT: oxycodone-acetaminophen 10-325 mg tab
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB	3	QL 360 / 30 DAYS C ALT: oxycodone-acetaminophen 2.5-325 mg tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYCODONE-ACETAMINOPHEN 5-300 MG TAB	3	QL 360 / 30 DAYS C ALT: oxycodone-acetaminophen 5-325 mg tab
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	3	QL 1800 / 30 DAYS C ALT: oxycodone-acetaminophen 5-325 mg tab
OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB	3	QL 240 / 30 day(s) C ALT: oxycodone-acetaminophen 7.5-325 mg tab
PROLATE 10-300 MG TAB	3	QL 180 / 30 DAYS C ALT: oxycodone-acetaminophen 10-325 mg tab
PROLATE 10-300 MG/5ML SOLUTION	3	QL 900 / 30 day(s) C ALT: oxycodone-acetaminophen 10-325 mg tab
PROLATE 5-300 MG TAB	3	QL 360 / 30 DAYS C ALT: oxycodone-acetaminophen 5-325 mg tab
PROLATE 7.5-300 MG TAB	3	QL 240 / 30 day(s) C ALT: oxycodone-acetaminophen 7.5-325 mg tab
OPIOID PARTIAL AGONISTS		
BELBUCA	2	QL 60 / 30 day(s) PA
buprenorphine hcl (buprenorphine hcl sl tab 2 mg (base equiv), buprenorphine hcl sl tab 8 mg (base equiv))	1	QLC 6/90 days
buprenorphine hcl-naloxone hcl dihydrate (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv))	1	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
buprenorphine hcl-naloxone hcl dihydrate (buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))	1	QL 60 / 30 days
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL 90 / 30 DAYS
butorphanol tartrate	1	QL 7.5 / 30 days
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 2.9-0.71 MG SL TAB, ZUBSOLV 5.7-1.4 MG SL TAB)	3	QL 30 / 30 days
ZUBSOLV 1.4-0.36 MG SL TAB	3	QL 90 / 30 DAYS
ZUBSOLV 11.4-2.9 MG SL TAB	3	QL 30 / 30 day(s)
ZUBSOLV 8.6-2.1 MG SL TAB	3	QL 60 / 30 days
TRAMADOL COMBINATIONS		
SEGLENTIS	3	QL 120 / 30 day(s) C ALT: celecoxib cap, tramadol tab
tramadol-acetaminophen	1	QL 240 / 30 DAYS
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol	1	PA
DANAZOL POWDER	3	
EC-RX TESTOSTERONE	3	
METHITEST	3	QL 600 / 30 DAYS PA GL Male
METHYLTESTOSTERONE	3	GL Male
methyltestosterone	1	QL 600 / 30 day(s) PA
testosterone (testosterone td gel 20.25 mg/act (1.62%), testosterone td gel 25 mg/2.5gm (1%))	1	QL 150 / 30 DAYS PA GL Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	3	QL 37.5 / 30 day(s) PA GL Male C ALT: testosterone 1.62% gel pump
testosterone cypionate im inj in oil 100 mg/ml	1	QL 10 / 28 DAYS PA GL Male
testosterone cypionate im inj in oil 200 mg/ml	1	QL 10 / 28 day(s) PA GL Male
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	3	QL 5 / 28 DAYS PA GL Male C ALT: testosterone cypionate, depo-testosterone
testosterone td gel 12.5 mg/act (1%)	1	QL 300 / 30 DAYS PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	QL 37.5 / 30 DAYS PA GL Male C ALT: testosterone 1.62% gel pump
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	QL 150 / 30 DAYS PA GL Male C ALT: testosterone 1.62% gel pump
testosterone td gel 50 mg/5gm (1%)	1	QL 300 / 30 DAYS PA GL Male
testosterone td soln 30 mg/act	1	QL 180 / 30 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYOSTED	3	QL 2 / 28 DAYS PA C ALT: testosterone 30 mg/act solution, testosterone 1% or 1.62% gel, testosterone cypionate 100 mg/ml or 200 mg/ml solution
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	1	
CORTIFOAM	2	
hydrocortisone (intrarectal)	1	
NITRATE VASODILATING AGENTS		
nitroglycerin (intra-anal)	1	
RECTAL ANESTHETIC/STEROIDS		
ANALPRAM HC (ANALPRAM HC 1-1 % CREAM, ANALPRAM HC 2.5-1 % CREAM, ANALPRAM HC 2.5-1 % LOTION)	3	
ANALPRAM-HC (ANALPRAM-HC 1-1 % CREAM, ANALPRAM-HC 2.5-1 % LOTION)	3	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	3	
PROCTOFOAM HC	3	
RECTAL STEROIDS		
ANUCORT-HC	3	
ANUSOL-HC 25 MG SUPPOS	3	
HEMMOREX-HC 25 MG SUPPOS	3	
HYDROCORTISONE (PERIANAL)	3	
hydrocortisone (rectal)	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	3	
hydrocortisone acetate suppos 25 mg	1	
PROCTOCORT 1 % CREAM	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTACIDS		
ANTACIDS - MAGNESIUM SALTS		
MAGNESIUM CARBONATE GRANULES	3	
MAGNESIUM OXIDE	3	
MAGNESIUM TRISILICATE	3	
ANTHELMINTICS		
albendazole	1	
BENZNIDAZOLE	2	
EMVERM	3	C ALT: benznidazole, albendazole
ivermectin	1	
IVERMECTIN 6 MG TAB	3	C ALT: ivermectin 3 mg tab
MEBENDAZOLE	3	
PIPERAZINE CITRATE	3	
praziquantel	1	
THIABENDAZOLE	3	
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	3	C ALT: azithromycin tab, Xifaxan
FIRST-METRONIDAZOLE	3	
IMPAVIDO	2	
metronidazole (metronidazole tab 250 mg, metronidazole tab 500 mg)	1	
METRONIDAZOLE BENZO+SYRSPEND	3	
metronidazole cap 375 mg	1	C ALT: metronidazole tab
pentamidine isethionate for nebulization soln 300 mg	1	
tinidazole (tinidazole tab 250 mg, tinidazole tab 500 mg)	1	
trimethoprim	1	
TRIMETHOPRIM POWDER	3	
XIFAXAN 200 MG TAB	3	
XIFAXAN 550 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, sulfamethoxazole-trimethoprim tab 400-80 mg, sulfamethoxazole-trimethoprim tab 800-160 mg)	1	
ANTIPROTOZOAL AGENTS		
atovaquone	1	
LAMPIT	3	
nitazoxanide	1	QLC 12 / 90 DAYS
GLYCOPEPTIDES		
vancomycin hcl (vancomycin hcl cap 125 mg (base equivalent), vancomycin hcl cap 250 mg (base equivalent))	1	
vancomycin hcl (vancomycin hcl for oral soln 25 mg/ml (base equivalent), vancomycin hcl for oral soln 50 mg/ml (base equivalent))	1	C ALT: vancomycin cap
VANCOMYCIN+SYRSPEND SF	3	
LEPROSTATICS		
dapsone	1	
LINCOSAMIDES		
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
MONOBACTAMS		
CAYSTON	3	S
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	
SIVEXTRO 200 MG TAB	3	
PENEM COMBINATIONS		
ORLYNVAH	3	C ALT: nitrofurantoin, fosfomycin, sulfamethoxazole-trimethoprim tab/susp, generic fluoroquinolones

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLYMYXINS		
POLYMYXIN B SULFATE	3	
URINARY ANTI-INFECTIVES		
BLUJEPA	3	C ALT: nitrofurantoin, fosfomycin, sulfamethoxazole-trimethoprim tab/susp
fosfomycin tromethamine	1	
methenamine hippurate	1	
NALIDIXIC ACID	3	
NITROFURANTOIN	3	PA C ALT: Nitrofurantoin capsule
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
nitrofurantoin susp 25 mg/5ml	1	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ASPRUZYO SPRINKLE	3	QL 60 / 30 day(s) PA C ALT: ranolazine ER 500mg or 1000mg
ranolazine	1	
NITRATES		
isosorbide dinitrate (isosorbide dinitrate tab 5 mg, isosorbide dinitrate tab 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tab 30 mg)	1	
isosorbide dinitrate tab 40 mg	1	PA C ALT: isosorbide dinitrate 20mg tablets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	1	
NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR)	3	
NITRO-TIME (NITRO-TIME 2.5 MG CAP ER, NITRO-TIME 6.5 MG CAP ER, NITRO-TIME 9 MG CAP ER)	3	
nitroglycerin (nitroglycerin oint 2%, nitroglycerin sl tab 0.3 mg, nitroglycerin sl tab 0.4 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))	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
BUCAPSOL	3	C ALT: buspirone tabs
BUSPIRONE HCL (BUSPIRONE HCL 2.5 MG TAB, BUSPIRONE HCL 12.5 MG TAB)	3	C ALT: buspirone 5 mg or 10 mg tab
buspirone hcl (buspirone hcl tab 5 mg, buspirone hcl tab 10 mg, buspirone hcl tab 15 mg, buspirone hcl tab 30 mg)	1	
buspirone hcl tab 7.5 mg	1	C ALT: buspirone 5 mg or 10 mg tab
DROPERIDOL POWDER	3	
hydroxyzine hcl (hydroxyzine hcl syrup 10 mg/5ml, hydroxyzine hcl tab 10 mg, hydroxyzine hcl tab 25 mg, hydroxyzine hcl tab 50 mg)	1	
hydroxyzine pamoate	1	
HYDROXYZINE PAMOATE POWDER	3	
HYDROXYZINE PAMOATE 100 MG CAP	3	C ALT: hydroxyzine pamoate 25 mg or 50 mg cap, hydroxyzine hcl tab/syrup
BENZODIAZEPINES		
alprazolam (alprazolam orally disintegrating tab 0.25 mg, alprazolam orally disintegrating tab 1 mg)	1	C ALT: alprazolam tablet, lorazepam oral concentrate, diazepam oral concentrate/solution
alprazolam (alprazolam orally disintegrating tab 0.5 mg, alprazolam orally disintegrating tab 2 mg)	1	C ALT: ALPRAZOLAM TABLETS, lorazepam oral solution

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
ALPRAZOLAM INTENSOL	3	C ALT: ALPRAZOLAM TABLETS, lorazepam oral solution
chlordiazepoxide hcl	1	
clorazepate dipotassium	1	
diazepam (diazepam conc 5 mg/ml, diazepam oral soln 1 mg/ml, diazepam tab 2 mg, diazepam tab 5 mg, diazepam tab 10 mg)	1	
lorazepam (lorazepam conc 2 mg/ml, lorazepam tab 0.5 mg, lorazepam tab 1 mg, lorazepam tab 2 mg)	1	
LOREEV XR	3	C ALT: lorazepam tab
oxazepam (oxazepam cap 10 mg, oxazepam cap 15 mg, oxazepam cap 30 mg)	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate	1	
NORPACE	3	
NORPACE CR	3	
PROCAINAMIDE HCL	3	
quinidine gluconate	1	
QUINIDINE SULFATE	3	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate	1	
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 150 mg, propafenone hcl tab 225 mg, propafenone hcl tab 300 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (amiodarone hcl tab 100 mg, amiodarone hcl tab 200 mg)	1	
amiodarone hcl tab 400 mg	1	C ALT: amiodarone 100 mg or 200 mg tab
dofetilide	1	
MULTAQ	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-LIPOXYGENASE INHIBITORS		
zileuton	1	PA C ALT: montelukast tab/chew, zafirlukast
ZYFLO	3	C ALT: montelukast tab/chew, zafirlukast
ADRENERGIC COMBINATIONS		
ADVAIR HFA	2	QL 12 / 30 day(s)
AIRSUPRA	2	QL 32.1 / 30 day(s)
ANORO ELLIPTA	2	QL 60 / 30 day(s)
BREO ELLIPTA	2	QL 60 / 30 day(s)
BREZTRI AEROSPHERE	2	QL 10.7 / 30 day(s)
budesonide-formoterol fumarate dihydrate	1	QL 30.9 / 30 day(s)
COMBIVENT RESPIMAT	2	QL 8 / 30 DAYS
DULERA	2	QL 39 / 30 day(s)
fluticasone-salmeterol	1	QL 60 / 30 DAYS
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	1	QL 1 / 30 DAYS
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	1	QL 1 / 30 day(s)
ipratropium-albuterol	1	
STIOLTO RESPIMAT	2	QL 4 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	QL 60 / 30 DAYS
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	QL 60 / 30 day(s)
ANTI-IGE MONOCLONAL ANTIBODIES		
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)	2	PA S
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium	1	
CROMOLYN SODIUM POWDER	3	
BETA ADRENERGICS		
ALBUTEROL SULFATE POWDER	3	
albuterol sulfate (albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv), albuterol sulfate syrup 2 mg/5ml, albuterol sulfate tab 2 mg, albuterol sulfate tab 4 mg)	1	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL 36 / 30 day(s)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	C ALT: Albuterol Sulfate 0.083% nebulizer solution, Albuterol Sulfate 0.63 MG/3ML nebulizer solution
arformoterol tartrate	1	
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))	1	
METAPROTERENOL SULFATE	3	
SEREVENT DISKUS	2	QL 60 / 30 DAYS
STRIVERDI RESPIMAT	2	QL 4 / 30 DAYS
TERBUTALINE SULFATE	3	
terbutaline sulfate (terbutaline sulfate tab 2.5 mg, terbutaline sulfate tab 5 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	QL 25.8 / 30 day(s)
INCRUSE ELLIPTA	2	QL 30 / 30 day(s)
IPRATROPIUM BROMIDE	3	
ipratropium bromide	1	
ipratropium bromide hfa	1	QL 25.8 / 30 day(s)
SPIRIVA RESPIMAT	2	QL 4 / 30 day(s)
tiotropium bromide	1	QL 30 / 30 day(s)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA PEN	2	QL 1 / 28 day(s) PA S
NUCALA (NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	2	QL 3 / 28 DAYS PA S
NUCALA 40 MG/0.4ML SOLN PRSYR	2	QL 0.4 / 28 day(s) PA S
LEUKOTRIENE RECEPTOR ANTAGONISTS		
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))	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	C ALT: montelukast 4 mg chew tab
zafirlukast (zafirlukast tab 10 mg, zafirlukast tab 20 mg)	1	
MIXED ADRENERGICS		
EPHEDRINE HCL	3	
EPHEDRINE SULFATE POWDER	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STEROID INHALANTS		
ARNUITY ELLIPTA	2	QL 30 / 30 day(s)
ASMANEX (120 METERED DOSES)	2	QL 1 / 30 day(s)
ASMANEX (30 METERED DOSES)	2	QL 1 / 30 day(s)
ASMANEX (60 METERED DOSES)	2	QL 1 / 30 day(s)
ASMANEX HFA	2	QL 13 / 30 day(s)
budesonide (inhalation)	1	
FLUNISOLIDE	3	
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 10.6 / 30 day(s)
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 21.2 / 30 day(s)
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	QL 1.91 / 28 day(s) PA C ALT: Fasenra, Nucala S
XANTHINES		
AMINOPHYLLINE ANHYDROUS	3	
THEO-24	3	
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)	1	
THEOPHYLLINE ER 100 MG TAB ER 12H	3	C ALT: theophylline ER tab (except 100 mg and 200 mg)
THEOPHYLLINE ER 200 MG TAB ER 12H	3	C ALT: theophylline ER 300 mg or 400 mg or 450 mg or 600 mg tab
THEOPHYLLINE-ETHYLENEDIAMINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
WARFARIN SODIUM	3	
warfarin sodium	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS (1.5 MG PACK)	2	QL 420 / 28 day(s)
ELIQUIS (2 MG PACK)	2	QL 560 / 28 day(s)
ELIQUIS 0.15 MG CAP SPRINK	2	QL 74 / 30 day(s)
ELIQUIS 0.5 MG TAB SOL	2	QL 140 / 28 day(s)
ELIQUIS 2.5 MG TAB	2	QL 60 / 30 DAYS
ELIQUIS 5 MG TAB	2	QL 74 / 30 DAYS
ELIQUIS DVT/PE STARTER PACK	2	QLC 74 / 180 days
rivaroxaban for susp 1 mg/ml	1	QL 620 / 30 day(s)
rivaroxaban tab 2.5 mg	1	QL 60 / 30 day(s)
XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB)	2	QL 30 / 30 DAYS
XARELTO 1 MG/ML RECON SUSP	2	QL 620 / 30 day(s)
XARELTO 15 MG TAB	2	QLC 42 / 30 days
XARELTO 2.5 MG TAB	2	QL 60 / 30 day(s)
XARELTO STARTER PACK	2	QLC 51 / 180 days
HEPARINS AND HEPARINOID-LIKE AGENTS		
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)	1	
HEPARIN SODIUM (PORCINE) PF	3	
LOW MOLECULAR WEIGHT HEPARINS		
enoxaparin sodium	1	
FRAGMIN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNTHETIC HEPARINOID-LIKE AGENTS		
fondaparinux sodium	1	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
dabigatran etexilate mesylate (dabigatran etexilate mesylate cap 75 mg (etexilate base eq), dabigatran etexilate mesylate cap 150 mg (etexilate base eq))	1	QL 60 / 30 day(s)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	QL 120 / 30 day(s)
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 150 MG PACKET)	3	QL 60 / 30 day(s)
PRADAXA (PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET)	3	QL 120 / 30 day(s)
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
perampanel (perampanel susp 0.5 mg/ml, perampanel tab 2 mg, perampanel tab 4 mg, perampanel tab 6 mg, perampanel tab 8 mg, perampanel tab 10 mg, perampanel tab 12 mg)	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (clobazam suspension 2.5 mg/ml, clobazam tab 10 mg, clobazam tab 20 mg)	1	
clonazepam	1	
CLONAZEPAM 0.25 MG TAB	3	C ALT: clonazepam tablet (except 0.25 mg)
diazepam (anticonvulsant)	1	
NAYZILAM	3	C ALT: diazepam gel
SYMPAZAN	3	C ALT: clobazam
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS - MISC.		
brivaracetam (brivaracetam oral soln 10 mg/ml, brivaracetam tab 10 mg, brivaracetam tab 25 mg, brivaracetam tab 50 mg, brivaracetam tab 75 mg, brivaracetam tab 100 mg)	1	
CARBAMAZEPINE (CARBAMAZEPINE POWDER, CARBAMAZEPINE 200 MG CHEW TAB)	3	
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)	1	
CARBATROL	3	
DIACOMIT	3	S
EPIDIOLEX	2	QL 1000 / 30 day(s) PA S
eslicarbazepine acetate	1	
FANATREX FUSEPAQ	3	
FINTEPLA 2.2 MG/ML SOLUTION	3	QL 360 / 30 day(s) PA S
gabapentin	1	
GABARONE	3	C ALT: gabapentin 600 mg or 800 mg tab
lacosamide (lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)	1	
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)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lamotrigine (lamotrigine tab 25 mg, lamotrigine tab 25 mg (42) & 100 mg (7) starter kit, lamotrigine tab 35 x 25 mg starter kit, lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit, lamotrigine tab 100 mg, lamotrigine tab 150 mg, lamotrigine tab 200 mg, 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)	1	
lamotrigine (lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit, lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit)	1	C ALT: Lamotrigine tablets
lamotrigine orally disintegrating tab 100 mg	1	C ALT: lamotrigine 100 mg tab
lamotrigine orally disintegrating tab 200 mg	1	C ALT: lamotrigine 200 mg tab
lamotrigine orally disintegrating tab 25 mg	1	C ALT: lamotrigine 25 mg tab
lamotrigine orally disintegrating tab 50 mg	1	C ALT: lamotrigine ER 50 mg tab, lamotrigine 25 mg tab
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	C ALT: lamotrigine tab
levetiracetam (levetiracetam oral soln 100 mg/ml, levetiracetam tab 250 mg, levetiracetam tab 500 mg, levetiracetam tab 750 mg, levetiracetam tab 1000 mg, levetiracetam tab er 24hr 500 mg, levetiracetam tab er 24hr 750 mg)	1	
MYSOLINE	3	
oxcarbazepine (oxcarbazepine susp 300 mg/5ml (60 mg/ml), oxcarbazepine tab 150 mg, oxcarbazepine tab 300 mg, oxcarbazepine tab 600 mg, oxcarbazepine tab er 24hr 150 mg, oxcarbazepine tab er 24hr 300 mg, oxcarbazepine tab er 24hr 600 mg)	1	
pregabalin (pregabalin cap 150 mg, pregabalin cap 200 mg)	1	QL 90 / 30 DAYS
pregabalin (pregabalin cap 225 mg, pregabalin cap 300 mg)	1	QL 60 / 30 DAYS
pregabalin (pregabalin cap 75 mg, pregabalin cap 100 mg)	1	QL 180 / 30 days
pregabalin cap 25 mg	1	QL 360 / 30 days
pregabalin cap 50 mg	1	QL 270 / 30 days
pregabalin soln 20 mg/ml	1	QL 900 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
primidone	1	
PRIMIDONE 125 MG TAB	3	C ALT: primidone 50 mg or 250 mg tab
rufinamide (rufinamide susp 40 mg/ml, rufinamide tab 200 mg, rufinamide tab 400 mg)	1	
SPRITAM	3	
SUBVENITE	3	C ALT: lamotrigine tab, lamotrigine ER tab, lamotrigine chew tab, Subvenite tab
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	3	
TEGRETOL-XR	3	
topiramate (topiramate cap er 24hr 100 mg, topiramate cap er 24hr 25 mg, topiramate cap er 24hr 50 mg)	1	QL 30 / 30 day(s) PA C ALT: topiramate ER sprinkle cap, topiramate sprinkle cap, topiramate tab
topiramate (topiramate cap er 24hr sprinkle 100 mg, topiramate cap er 24hr sprinkle 150 mg, topiramate cap er 24hr sprinkle 25 mg, topiramate cap er 24hr sprinkle 50 mg)	1	QL 30 / 30 day(s) PA
topiramate (topiramate sprinkle cap 15 mg, topiramate sprinkle cap 25 mg, topiramate sprinkle cap 50 mg, topiramate tab 25 mg, topiramate tab 50 mg, topiramate tab 100 mg, topiramate tab 200 mg)	1	
topiramate cap er 24hr 200 mg	1	QL 60 / 30 day(s) PA C ALT: topiramate ER sprinkle cap, topiramate sprinkle cap, topiramate tab
topiramate cap er 24hr sprinkle 200 mg	1	QL 60 / 30 day(s) PA
zonisamide	1	
ZTALMY	3	S
CARBAMATES		
felbamate (felbamate susp 600 mg/5ml, felbamate tab 400 mg, felbamate tab 600 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XCOPRI	3	
XCOPRI (250 MG DAILY DOSE)	3	
XCOPRI (350 MG DAILY DOSE)	3	
GABA MODULATORS		
TIAGABINE HCL	3	
tiagabine hcl	1	
vigabatrin	1	S
VIGAFYDE	3	C ALT: Acthar gel S
HYDANTOINS		
DILANTIN (DILANTIN 100 MG CAP, DILANTIN 125 MG/5ML SUSPENSION)	3	
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS	3	
DILANTIN-125	3	
phenytoin (phenytoin chew tab 50 mg, phenytoin susp 125 mg/5ml)	1	
PHENYTOIN SODIUM	3	
phenytoin sodium extended	1	
SUCCINIMIDES		
ethosuximide (ethosuximide cap 250 mg, ethosuximide soln 250 mg/5ml)	1	
methsuximide	1	
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALPROIC ACID		
divalproex sodium (divalproex sodium cap delayed release sprinkle 125 mg, divalproex sodium tab delayed release 125 mg, divalproex sodium tab delayed release 250 mg, divalproex sodium tab delayed release 500 mg, divalproex sodium tab er 24 hr 250 mg, divalproex sodium tab er 24 hr 500 mg)	1	
valproate sodium	1	
valproic acid	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine (mirtazapine orally disintegrating tab 15 mg, mirtazapine tab 15 mg)	1	QL 90 / 30 days
mirtazapine (mirtazapine orally disintegrating tab 30 mg, mirtazapine orally disintegrating tab 45 mg, mirtazapine tab 7.5 mg, mirtazapine tab 30 mg, mirtazapine tab 45 mg)	1	QL 30 / 30 day(s)
ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS		
AUVELITY	3	QL 60 / 30 day(s) ST C3 Step Therapy: Must first try two different generic antidepressants
AUVELITY TITRATION PACK	3	ST QLC 51 / 180 days
ANTIDEPRESSANTS - MISC.		
bupropion hcl (bupropion hcl tab er 12hr 150 mg, bupropion hcl tab er 12hr 200 mg)	1	QL 60 / 30 day(s)
bupropion hcl tab 100 mg	1	QL 120 / 30 day(s)
bupropion hcl tab 75 mg	1	QL 180 / 30 days
bupropion hcl tab er 12hr 100 mg	1	QL 120 / 30 days
bupropion hcl tab er 24hr 150 mg	1	QL 90 / 30 days
bupropion hcl tab er 24hr 300 mg	1	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	2	S QLC 28 / 365 Days
ZURZUVAE 30 MG CAP	2	S QLC 14 / 365 Days
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	3	
MARPLAN	3	
NARDIL	3	C ALT: Generic Covered
PHENELZINE SULFATE 15 MG TAB	3	
tranylcypromine sulfate	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide cap 30 mg	1	QL 30 / 30 day(s) C ALT: citalopram tab
citalopram hydrobromide oral soln 10 mg/5ml	1	QL 600 / 30 DAYS
citalopram hydrobromide tab 10 mg (base equiv)	1	QL 120 / 30 days
citalopram hydrobromide tab 20 mg (base equiv)	1	QL 60 / 30 days
citalopram hydrobromide tab 40 mg (base equiv)	1	QL 30 / 30 day(s)
ESCITALOPRAM OXALATE 15 MG CAP	3	QL 30 / 30 day(s) ST C ALT: escitalopram tablet C3 Step Therapy: Must first try ONE generic antidepressant
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	QL 600 / 30 DAYS
escitalopram oxalate tab 10 mg (base equiv)	1	QL 60 / 30 days
escitalopram oxalate tab 20 mg (base equiv)	1	QL 30 / 30 day(s)
escitalopram oxalate tab 5 mg (base equiv)	1	QL 120 / 30 days
fluoxetine hcl (fluoxetine hcl cap 10 mg, fluoxetine hcl tab 10 mg)	1	QL 240 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fluoxetine hcl (fluoxetine hcl cap 20 mg, fluoxetine hcl tab 20 mg)	1	QL 120 / 30 day(s)
FLUOXETINE HCL 90 MG CAP DR	3	QL 4 / 28 day(s) ST C3 Step Therapy: Must first try ONE generic antidepressant
fluoxetine hcl cap 40 mg	1	QL 60 / 30 day(s)
fluoxetine hcl solution 20 mg/5ml	1	QL 600 / 30 day(s)
fluoxetine hcl tab 60 mg	1	QL 30 / 30 day(s) C ALT: fluoxetine cap, fluoxetine 10 mg or 20 mg
fluvoxamine maleate (fluvoxamine maleate cap er 24hr 100 mg, fluvoxamine maleate cap er 24hr 150 mg)	1	QL 60 / 30 day(s) C ALT: fluvoxamine maleate tab
fluvoxamine maleate (fluvoxamine maleate tab 25 mg, fluvoxamine maleate tab 50 mg)	1	QL 30 / 30 day(s)
fluvoxamine maleate tab 100 mg	1	QL 90 / 30 day(s)
PAROXETINE HCL	3	QL 900 / 30 day(s) ST C ALT: paroxetine tab C3 Step Therapy: Must first try ONE generic antidepressant
paroxetine hcl tab 10 mg	1	QL 180 / 30 days
paroxetine hcl tab 20 mg	1	QL 90 / 30 days
paroxetine hcl tab 30 mg	1	QL 60 / 30 day(s)
paroxetine hcl tab 40 mg	1	QL 30 / 30 day(s)
paroxetine hcl tab er 24hr 12.5 mg	1	QL 30 / 30 day(s) C ALT: paroxetine tab, fluoxetine cap/tab (except 60 mg tab), sertraline tab
paroxetine hcl tab er 24hr 25 mg	1	QL 90 / 30 days C ALT: paroxetine tab, fluoxetine cap/tab (except 60 mg tab), sertraline tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
paroxetine hcl tab er 24hr 37.5 mg	1	QL 60 / 30 day(s) C ALT: paroxetine tab, fluoxetine cap/tab (except 60 mg tab), sertraline tab
sertraline hcl cap 150 mg	1	QL 30 / 30 day(s) C ALT: sertraline sol/tab, citalopram sol/tab, escitalopram sol/tab, fluoxetine cap/sol
sertraline hcl cap 200 mg	1	QL 30 / 30 day(s) C ALT: sertraline tab, citalopram tab, escitalopram tab, fluoxetine cap/tab (except 60 mg tab)
sertraline hcl oral concentrate for solution 20 mg/ml	1	QL 300 / 30 day(s)
sertraline hcl tab 100 mg	1	QL 60 / 30 day(s)
sertraline hcl tab 25 mg	1	QL 240 / 30 days
sertraline hcl tab 50 mg	1	QL 120 / 30 days
SEROTONIN MODULATORS		
EXXUA (EXXUA 36.3 MG TAB ER 24H, EXXUA 54.5 MG TAB ER 24H, EXXUA 72.6 MG TAB ER 24H)	3	QL 30 / 30 day(s) ST C ALT: trazodone tab (except 300 mg), vilazodone C3 Step Therapy: Must first try ONE generic antidepressant
EXXUA 18.2 MG TAB ER 24H	3	QL 32 / 30 day(s) ST C ALT: trazodone tab (except 300 mg), vilazodone C3 Step Therapy: Must first try ONE generic antidepressant
EXXUA TITRATION PACK	3	QL 32 / 30 day(s) ST C ALT: trazodone tab (except 300 mg), vilazodone C3 Step Therapy: Must first try ONE generic antidepressant

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRAZODONE HCL POWDER	3	
TRAZODONE HCL (TRAZODONE HCL 25 MG TAB, TRAZODONE HCL 75 MG TAB)	3	C ALT: trazodone 50mg/100mg/150mg
trazodone hcl (trazodone hcl tab 50 mg, trazodone hcl tab 100 mg, trazodone hcl tab 150 mg)	1	
trazodone hcl tab 300 mg	1	C ALT: trazodone 150 mg tab
TRINTELLIX	3	QL 30 / 30 day(s) ST C ALT: generic SSRIs, generic SNRIs, bupropion IR or bupropion SR or bupropion XL (except 450 mg), vilazodone C3 Step Therapy: Must first try ONE generic antidepressant
vilazodone hcl	1	QL 30 / 30 day(s)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER 100 MG TAB ER 24H	3	QL 30 / 30 day(s) ST C ALT: desvenlafaxine succinate ER tab C3 Step Therapy: Must first try ONE generic antidepressant
DESVENLAFAXINE ER 50 MG TAB ER 24H	3	QL 30 / 30 DAYS ST C ALT: desvenlafaxine succinate ER tab C3 Step Therapy: Must first try ONE generic antidepressant
desvenlafaxine succinate (desvenlafaxine succinate tab er 24hr 25 mg (base equiv), desvenlafaxine succinate tab er 24hr 50 mg (base equiv))	1	QL 30 / 30 day(s)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	QL 120 / 30 days
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	QL 180 / 30 days
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	QL 90 / 30 day(s) C ALT: duloxetine 20 mg or 30 mg or 60 mg cap
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	QL 60 / 30 day(s)
FETZIMA	3	QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic antidepressant
FETZIMA TITRATION	3	ST QLC 28 / 180 DAYS C3 Step Therapy: Must first try ONE generic antidepressant
venlafaxine hcl (venlafaxine hcl cap er 24hr 75 mg (base equivalent), venlafaxine hcl tab 75 mg (base equivalent), venlafaxine hcl tab 100 mg (base equivalent))	1	QL 90 / 30 day(s)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	QL 60 / 30 days
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	QL 180 / 30 days
venlafaxine hcl tab 25 mg (base equivalent)	1	QL 450 / 30 days
venlafaxine hcl tab 37.5 mg (base equivalent)	1	QL 300 / 30 days
venlafaxine hcl tab 50 mg (base equivalent)	1	QL 210 / 30 days
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	QL 60 / 30 days C ALT: venlafaxine ER 150 mg cap
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	QL 30 / 30 day(s) C ALT: venlafaxine ER cap
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	QL 30 / 30 day(s) C ALT: venlafaxine ER 37.5 mg cap
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	QL 90 / 30 day(s) C ALT: venlafaxine ER 75 mg cap

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRICYCLIC AGENTS		
amitriptyline hcl	1	
clomipramine hcl	1	
DESIPRAMINE HCL	3	
desipramine hcl	1	
DOXEPIN HCL (DOXEPIN HCL 150 MG CAP, DOXEPIN HCL CAP 10 MG, DOXEPIN HCL CAP 25 MG, DOXEPIN HCL CAP 50 MG, DOXEPIN HCL CAP 75 MG, DOXEPIN HCL CAP 100 MG, DOXEPIN HCL CAP 150 MG, DOXEPIN HCL CONC 10 MG/ML)	1	
DOXEPIN HCL 10 MG/ML CONC	3	
IMIPRAMINE HCL	3	
imipramine hcl	1	
imipramine pamoate (imipramine pamoate cap 75 mg, imipramine pamoate cap 125 mg, imipramine pamoate cap 150 mg)	1	C ALT: imipramine hcl tab
imipramine pamoate cap 100 mg	1	C ALT: imipramine tab
NORTRIPTYLINE HCL	3	
nortriptyline hcl (nortriptyline hcl cap 10 mg, nortriptyline hcl cap 25 mg, nortriptyline hcl cap 50 mg, nortriptyline hcl cap 75 mg, nortriptyline hcl soln 10 mg/5ml)	1	
protriptyline hcl	1	
TRIMIPRAMINE MALEATE	3	
trimipramine maleate	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	
MIGLITOL	3	C ALT: acarbose
BIGUANIDES		
metformin hcl (metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg, metformin hcl tab er 24hr 500 mg, metformin hcl tab er 24hr 750 mg)	1	
metformin hcl (metformin hcl tab 625 mg, metformin hcl tab 750 mg)	1	C ALT: metformin 500 mg or 850 mg or 1000 mg tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
metformin hcl (metformin hcl tab er 24hr modified release 1000 mg, metformin hcl tab er 24hr osmotic 1000 mg)	1	C ALT: metformin ER 500 mg or 750 mg tab ER 24h
metformin hcl (metformin hcl tab er 24hr modified release 500 mg, metformin hcl tab er 24hr osmotic 500 mg)	1	C ALT: metformin ER 500 mg tab ER 24h
METFORMIN HCL 750 MG TAB	3	C ALT: metformin 500 mg or 850 mg or 1000 mg tab
metformin hcl oral soln 500 mg/5ml	1	QL 780 / 30 day(s) PA C ALT: metformin 500 mg or 850 mg or 1000 mg tab
DIABETIC OTHER		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide	1	
GLUCAGON EMERGENCY	2	
glucagon for inj 1 mg	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
ZEGALOGUE	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
sitagliptin phosphate	1	QL 30 / 30 day(s)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
sitagliptin phosphate-metformin hcl (sitagliptin phosphate-metformin hcl tab 50-1000 mg, sitagliptin phosphate-metformin hcl tab 50-500 mg, sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg)	1	QL 60 / 30 day(s)
sitagliptin phosphate-metformin hcl (sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg, sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg)	1	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES		
CYCLOSET	3	C ALT: dapagliflozin, glipizide, glimepiride, glyburide, glyburide-metformin, Glyxambi, metformin, Januvia, Jardiance, Synjardy, dapagliflozin-metformin ER
HUMAN INSULIN		
FIASP	2	QL 100 / 30 DAYS
FIASP FLEXTOUCH	2	QL 100 / 30 DAYS
FIASP PENFILL	2	QL 100 / 30 DAYS
FIASP PUMPCART	2	QL 100 / 30 DAYS
HUMALOG 100 UNIT/ML SOLN CART	2	QL 100 / 30 DAYS C ALT: Novolog, Fiasp
HUMALOG 100 UNIT/ML SOLUTION	2	QL 100 / 30 day(s)
HUMALOG JUNIOR KWIKPEN	2	QL 100 / 30 DAYS C ALT: Novolog, Fiasp
HUMALOG KWIKPEN	2	QL 100 / 30 DAYS C ALT: Novolog, Fiasp
HUMALOG MIX 50/50	2	QL 100 / 30 DAYS C ALT: Novolin Mix 70/30
HUMALOG MIX 50/50 KWIKPEN	2	QL 100 / 30 DAYS C ALT: Novolin Mix 70/30
HUMALOG MIX 75/25	2	QL 100 / 30 DAYS C ALT: Novolog Mix 70/30, Novolin Mix 70/30
HUMALOG MIX 75/25 KWIKPEN	2	QL 100 / 30 DAYS C ALT: Novolog mix 70/30 flexpen, suspension
HUMALOG TEMPO PEN	2	QL 100 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMULIN 70/30	2	QL 100 / 30 DAYS
HUMULIN 70/30 KWIKPEN	2	QL 100 / 30 DAYS
HUMULIN N	2	QL 100 / 30 DAYS
HUMULIN N KWIKPEN	2	QL 100 / 30 DAYS
HUMULIN R	2	QL 100 / 30 DAYS
HUMULIN R U-500 (CONCENTRATED)	2	QL 100 / 30 DAYS
HUMULIN R U-500 KWIKPEN	2	QL 100 / 30 DAYS
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	2	QL 100 / 30 day(s)
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	2	QL 100 / 30 day(s) C ALT: Tresiba; Toujeo
LEVEMIR	2	QL 100 / 30 DAYS
LYUMJEV	2	QL 100 / 30 day(s) C ALT: Novolog, Fiasp
LYUMJEV KWIKPEN	2	QL 100 / 30 day(s) C ALT: Novolog, Fiasp
LYUMJEV TEMPO PEN	2	QL 100 / 30 day(s) C ALT: Novolog flexpen/solution, Fiasp flextouch/solution
NOVOLIN 70/30	2	QL 100 / 30 DAYS
NOVOLIN 70/30 FLEXPEN	2	QL 100 / 30 DAYS
NOVOLIN 70/30 FLEXPEN RELION	2	QL 100 / 30 DAYS
NOVOLIN 70/30 RELION	2	QL 100 / 30 DAYS
NOVOLIN N	2	QL 100 / 30 DAYS
NOVOLIN N FLEXPEN	2	QL 100 / 30 DAYS
NOVOLIN N FLEXPEN RELION	2	QL 100 / 30 DAYS
NOVOLIN N RELION	2	QL 100 / 30 DAYS
NOVOLIN R	2	QL 100 / 30 DAYS C ALT: Novolin

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN R FLEXPEN	2	QL 100 / 30 DAYS
NOVOLIN R FLEXPEN RELION	2	QL 100 / 30 DAYS
NOVOLIN R RELION	2	QL 100 / 30 DAYS
NOVOLOG	2	QL 100 / 30 DAYS
NOVOLOG 70/30 FLEXPEN RELION	2	QL 100 / 30 DAYS
NOVOLOG FLEXPEN	2	QL 100 / 30 DAYS
NOVOLOG FLEXPEN RELION	2	QL 100 / 30 DAYS
NOVOLOG MIX 70/30	2	QL 100 / 30 DAYS
NOVOLOG MIX 70/30 FLEXPEN	2	QL 100 / 30 DAYS
NOVOLOG MIX 70/30 RELION	2	QL 100 / 30 DAYS
NOVOLOG PENFILL	2	QL 100 / 30 DAYS
NOVOLOG RELION	2	QL 100 / 30 DAYS
SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN	2	QL 100 / 30 day(s)
SEMGLEE (YFGN) 100 UNIT/ML SOLUTION	2	QL 100 / 30 day(s) C ALT: Tresiba; Toujeo
TOUJEO MAX SOLOSTAR	2	QL 100 / 30 DAYS
TOUJEO SOLOSTAR	2	QL 100 / 30 DAYS
TRESIBA	2	QL 100 / 30 DAYS
TRESIBA FLEXTOUCH	2	QL 100 / 30 DAYS
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO (MOUNJARO 5 MG/0.5ML SOLN A-INJ, MOUNJARO 7.5 MG/0.5ML SOLN A-INJ, MOUNJARO 10 MG/0.5ML SOLN A-INJ, MOUNJARO 12.5 MG/0.5ML SOLN A-INJ, MOUNJARO 15 MG/0.5ML SOLN A-INJ)	2	QL 2 / 28 day(s) PA
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA QLC 2 / 180 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE	3	QL 3.4 / 28 days PA
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	QL 3 / 28 day(s) PA
OZEMPIC (1 MG/DOSE)	2	QL 3 / 28 day(s) PA
OZEMPIC (2 MG/DOSE)	2	QL 3 / 28 day(s) PA
OZEMPIC (OZEMPIC 4 MG TAB, OZEMPIC 9 MG TAB)	2	QL 30 / 30 day(s) PA
OZEMPIC 1.5 MG TAB	2	PA QLC 30 / 180 days
RYBELSUS (RYBELSUS 7 MG TAB, RYBELSUS 14 MG TAB)	2	QL 30 / 30 DAYS PA
RYBELSUS 3 MG TAB	2	PA QLC 30 / 180 DAYS
TRULICITY	2	QL 2 / 28 day(s) PA
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	2	QL 18 / 30 day(s)
XULTOPHY	2	QL 15 / 30 DAYS
MEGLITINIDE ANALOGUES		
nateglinide	1	
repaglinide	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone (hyperglycemia)	1	QL 120 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB		
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 30 / 30 day(s)
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 60 / 30 day(s)
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI	2	QL 30 / 30 DAYS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin	1	QL 30 / 30 day(s)
JARDIANCE	2	QL 30 / 30 DAYS
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
dapagliflozin free base-metformin hcl (dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg, dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg, dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg)	1	QL 30 / 30 day(s)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	1	QL 60 / 30 day(s)
SYNJARDY	2	QL 60 / 30 DAYS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	QL 60 / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL 30 / 30 DAYS
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL 60 / 30 day(s)
SULFONYLUREA-BIGUANIDE COMBINATIONS		
glipizide-metformin hcl	1	
glyburide-metformin	1	
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS		
pioglitazone hcl-glimepiride	1	C ALT: pioglitazone, glimepiride
SULFONYLUREAS		
GLIMEPIRIDE	3	C ALT: glimepiride (except 3 mg) tab
glimepiride	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLIPIZIDE POWDER	3	
GLIPIZIDE (GLIPIZIDE 2.5 MG TAB, GLIPIZIDE 15 MG TAB)	3	C ALT: glipizide 5 mg or 10 mg tab
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)	1	
GLYBURIDE	3	
glyburide	1	
GLYBURIDE MICRONIZED	3	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
pioglitazone hcl-metformin hcl	1	
THIAZOLIDINEDIONES		
pioglitazone hcl	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	3	C ALT: loperamide, diphenoxylate with atropine S
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBGALLATE	3	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine	1	
DIPHENOXYLATE-ATROPINE	3	
LOPERAMIDE HCL POWDER	3	
loperamide hcl cap 2 mg	1	
MOTOFEN	3	
GASTROINTESTINAL ADSORBENTS		
KAOLIN	3	
PECTIN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	2	
deferasirox	1	S
deferiprone	1	S
FERRIPROX 100 MG/ML SOLUTION	3	S
FERRIPROX TWICE-A-DAY	3	C ALT: deferiprone 1000 mg tab S
CHARCOAL POWDER	3	
CHARCOAL ACTIVATED POWDER	3	
EDETATE CALCIUM DISODIUM POWDER	3	
VISTOGARD	3	S
OPIOID ANTAGONISTS		
KLOXXADO	2	
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 0.4 mg/ml, naloxone hcl soln prefilled syringe 2 mg/2ml)	1	
NALOXONE HCL 0.4 MG/ML SOLN CART	3	
naltrexone hcl	1	
OPVEE	2	
REXTOVY	2	
REZENOPY	2	
ZIMHI	3	
ZURNAI	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET	3	
granisetron hcl tab 1 mg	1	
GRANISOL	3	QL 60 / 30 day(s) PA C ALT: Granisetron tablet

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONDANSETRON	3	C ALT: ondansetron ODT 4 mg or 8mg
ondansetron	1	
ondansetron hcl (ondansetron hcl oral soln 4 mg/5ml, ondansetron hcl tab 4 mg, ondansetron hcl tab 8 mg)	1	
ONDANSETRON HCL 24 MG TAB	3	
SANCUSO	3	C ALT: granisetron tab, ondansetron tab/odt/solution
ANTIEMETIC COMBINATIONS		
BONJESTA	3	QL 60 / 30 DAYS
doxylamine-pyridoxine	1	QL 120 / 30 DAYS
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT 50 MG TAB	3	
MECLIZINE HCL (MECLIZINE HCL POWDER, MECLIZINE HCL 25 MG CHEW TAB)	3	
meclizine hcl (meclizine hcl tab 12.5 mg, meclizine hcl tab 25 mg, meclizine hcl tab 50 mg)	1	
scopolamine	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
DRONABINOL	3	PA C ALT: dronabinol capsule
dronabinol	1	
SYNDROS	3	PA C ALT: dronabinol capsule
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant	1	
EMEND 125 MG/5ML RECON SUSP	2	
NEREUS	3	QL 8 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VARUBI (180 MG DOSE)	2	
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)		
BREXAFEMME	3	PA C ALT: fluconazole tab QLC 4 / 28 days
flucytosine	1	
FULVICIN P/G 165	3	C ALT: griseofulvin ultramicrosize 125 mg and 250 mg tab custom messaging
griseofulvin microsize (griseofulvin microsize susp 125 mg/5ml, griseofulvin microsize tab 500 mg)	1	
griseofulvin ultramicrosize	1	
GRISEOFULVIN ULTRAMICROSIZE	3	C ALT: griseofulvin ultramicrosize 125 mg and 250 mg tab custom messaging
nystatin	1	
terbinafine hcl	1	
IMIDAZOLES		
ketoconazole	1	
MICONAZOLE	3	
TETRAZOLES		
VIVJOA	3	PA C ALT: fluconazole tab QLC 18 / 180 DAYS
TRIAZOLES		
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	3	PA C ALT: Itraconazole
fluconazole (fluconazole for susp 10 mg/ml, fluconazole for susp 40 mg/ml, fluconazole tab 50 mg, fluconazole tab 100 mg, fluconazole tab 150 mg, fluconazole tab 200 mg)	1	
itraconazole (itraconazole cap 100 mg, itraconazole oral soln 10 mg/ml)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOXAFIL 300 MG PACKET	2	PA
posaconazole (posaconazole susp 40 mg/ml, posaconazole tab delayed release 100 mg)	1	PA
TOLSURA	3	C ALT: itraconazole 100 mg cap
voriconazole (voriconazole for susp 40 mg/ml, voriconazole tab 50 mg, voriconazole tab 200 mg)	1	PA
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
BROMPHENIRAMINE MALEATE POWDER	3	
CHLORPHENIRAMINE MALEATE	3	
CORPHENA	3	C ALT: dexamethasone tab
RYCLORA	3	C ALT: dexamethasone tab
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	3	PA C ALT: carbinoxamine 4mg tab
CARBINOXAMINE MALEATE ER	3	C ALT: carbinoxamine 4 mg tab
carbinoxamine maleate tab 4 mg	1	
carbinoxamine maleate tab 6 mg	1	PA C ALT: carbinoxamine 4 mg tab
CARBZAH	3	PA C ALT: carbinoxamine 4mg tab
CLEMASTINE FUMARATE POWDER	3	
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	3	PA C ALT: carbinoxamine 4 mg, cyproheptadine, desloratadine
CLEMASTINE FUMARATE 2.68 MG TAB	3	C ALT: carbinoxamine 4 mg, cyproheptadine, desloratadine
CLEMASZ	3	C ALT: carbinoxamine 4 mg, cyproheptadine, desloratadine

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEMSZA	3	C ALT: carbinoxamine 4 mg, cyproheptadine, desloratadine
DICOPANOL FUSEPAQ	3	
DIPHENHYDRAMINE HCL (DIPHENHYDRAMINE HCL POWDER, DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR)	3	
DOXYLAMINE SUCCINATE	3	
KARBINAL ER	3	C ALT: carbinoxamine 4 mg tab
ANTIHISTAMINES - ETHYLENEDIAMINES		
PYRILAMINE MALEATE	3	
TRIPELENNAMINE HCL	3	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
desloratadine	1	
DESLORATADINE (DESLORATADINE 2.5 MG TAB DISP, DESLORATADINE 5 MG TAB DISP)	3	
DESLORATADINE 0.5 MG/ML SOLUTION	3	QL 300 / 30 day(s) PA
levocetirizine dihydrochloride (levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml), levocetirizine dihydrochloride tab 5 mg)	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl (promethazine hcl oral soln 6.25 mg/5ml, promethazine hcl suppos 12.5 mg, promethazine hcl suppos 25 mg, promethazine hcl tab 12.5 mg, promethazine hcl tab 25 mg, promethazine hcl tab 50 mg)	1	
PROMETHEGAN	3	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (cyproheptadine hcl syrup 2 mg/5ml, cyproheptadine hcl tab 4 mg)	1	
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	2	QL 30 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	QL 30 / 30 day(s) PA
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 0.5 gm	1	QL 240 / 30 day(s) PA
icosapent ethyl cap 1 gm	1	QL 120 / 30 day(s) PA
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	C ALT: cholestyramine powder 4gm, cholestyramine light powder 4gm
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	C ALT: cholestyramine powder 4gm, cholestyramine light powder 4gm
colesevelam hcl packet for susp 3.75 gm	1	C ALT: Colesevelam tablets
colesevelam hcl tab 625 mg	1	
colestipol hcl (colestipol hcl granule packets 5 gm, colestipol hcl granules 5 gm, colestipol hcl tab 1 gm)	1	
FIBRIC ACID DERIVATIVES		
choline fenofibrate	1	C ALT: fenofibrate tab (except 40 mg or 120 mg), fenofibrate micronized cap (except 43 mg or 130 mg)
fenofibrate (fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate tab 145 mg, fenofibrate tab 160 mg)	1	
FENOFIBRATE 150 MG CAP	3	C ALT: fenofibrate tab (except 40 mg or 120 mg), fenofibrate micronized cap (except 43 mg or 130 mg)
FENOFIBRATE 50 MG CAP	3	C ALT: fenofibrate tab (except 40 mg or 120 mg), gemfibrozil

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fenofibrate micronized (fenofibrate micronized cap 67 mg, fenofibrate micronized cap 134 mg, fenofibrate micronized cap 200 mg)	1	
fenofibrate micronized cap 130 mg	1	C ALT: fenofibrate 145 mg tab
fenofibrate micronized cap 43 mg	1	C ALT: fenofibrate tab (except 40 mg or 120 mg), fenofibrate micronized cap (except 43 mg or 130 mg)
fenofibrate tab 120 mg	1	PA C ALT: fenofibrate tab (except 40 mg or 120 mg), fenofibrate micronized cap (except 43 mg or 130 mg)
fenofibrate tab 40 mg	1	PA C ALT: fenofibrate tab (except 40 mg or 120 mg)
FENOFIBRIC ACID	3	C ALT: fenofibrate tab (except 40 mg or 120 mg), gemfibrozil
FIBRICOR	3	C ALT: fenofibrate tab (except 40 mg or 120 mg), gemfibrozil
GEMFIBROZIL	3	
gemfibrozil	1	
LIPOFEN 150 MG CAP	3	C ALT: fenofibrate tab (except 40 mg or 120 mg), fenofibrate micronized cap (except 43 mg or 130 mg)
LIPOFEN 50 MG CAP	3	C ALT: fenofibrate tab (except 40 mg or 120 mg), gemfibrozil
HMG COA REDUCTASE INHIBITORS		
ALTOPREV	3	QL 30 / 30 day(s) C ALT: lovastatin, atorvastatin, pravastatin, rosuvastatin, simvastatin
ATORVALIQ	3	QL 600 / 30 day(s) C ALT: atorvastatin tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
atorvastatin calcium	1	ACA Affordable Care Act
EZALLOR SPRINKLE	3	QL 30 / 30 day(s) C Alt: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
FLOLIPID 20 MG/5ML SUSPENSION	3	QL 150 / 30 day(s) C Alt: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
FLOLIPID 40 MG/5ML SUSPENSION	3	QL 300 / 30 day(s) C Alt: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
fluvastatin sodium (fluvastatin sodium cap 20 mg (base equivalent), fluvastatin sodium cap 40 mg (base equivalent))	1	QL 60 / 30 day(s) C Alt: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	1	QL 30 / 30 day(s) C Alt: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
lovastatin (lovastatin tab 10 mg, lovastatin tab 20 mg)	1	ACA Affordable Care Act
lovastatin tab 40 mg	1	QL 60 / 30 day(s) ACA Affordable Care Act
pravastatin sodium	1	ACA Affordable Care Act
rosuvastatin calcium	1	ACA Affordable Care Act
simvastatin (simvastatin tab 5 mg, simvastatin tab 10 mg, simvastatin tab 20 mg, simvastatin tab 40 mg)	1	ACA Affordable Care Act
simvastatin tab 80 mg	1	QL 30 / 30 day(s)
ZYPITAMAG 2 MG TAB	3	QL 45 / 30 day(s) C Alt: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYPITAMAG 4 MG TAB	3	QL 30 / 30 day(s) C Alt: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
ezetimibe-simvastatin	1	QL 30 / 30 DAYS
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS		
JUXTAPID	3	S
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic)	1	
NIACIN (ANTIHYPERLIPIDEMIC)	3	C ALT: Niacin ER
NIACOR	3	C ALT: Niacin ER
PCSK9 INHIBITORS		
REPATHA	2	QL 6 / 28 day(s) PA
REPATHA PUSHTRONEX SYSTEM	2	QL 7 / 28 day(s) PA
REPATHA SURECLICK	2	QL 6 / 28 day(s) PA
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine besylate-benazepril hcl	1	
PRESTALIA	3	C ALT: amlodipine-benazepril, amlodipine, benazepril, lisinopril
TRANDOLAPRIL-VERAPAMIL HCL ER (TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER, TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER)	3	C ALT: trandolapril, verapamil

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRANDOLAPRIL-VERAPAMIL HCL ER (TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER, TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER)	3	C ALT: trandolapril, verapamil tab/ER tab
ACE INHIBITORS		
benazepril hcl	1	
captopril	1	
enalapril maleate (enalapril maleate tab 2.5 mg, enalapril maleate tab 5 mg, enalapril maleate tab 10 mg, enalapril maleate tab 20 mg)	1	
enalapril maleate oral soln 1 mg/ml	1	QL 1200 / 30 day(s) PA
fosinopril sodium	1	
lisinopril	1	
moexipril hcl	1	
perindopril erbumine	1	
PERINDOPRIL ERBUMINE 2 MG TAB	3	
PERINDOPRIL ERBUMINE 8 MG TAB	3	C ALT: Perindopril Erbumine 2 MG tablets, Perindopril Erbumine 4 MG tablets
QBRELIS	3	QL 1200 / 30 day(s) PA
quinapril hcl	1	
ramipril	1	
trandolapril	1	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
benazepril & hydrochlorothiazide	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	3	C ALT: captopril, hydrochlorothiazide
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine	1	C S ALT: phenoxybenzamine 10 mg cap
phenoxybenzamine hcl	1	
ALDOSTERONE SYNTHASE INHIBITORS		
BAXFENDY	3	QL PA 30 / 30 day(s)
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
amlodipine-valsartan-hydrochlorothiazide	1	PA
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan	1	
TELMISARTAN-AMLODIPINE	3	
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
candesartan cilexetil-hydrochlorothiazide	1	PA
EDARBYCLOR 40-12.5 MG TAB	3	PA C ALT: candesartan/hctz, losartan/hctz, valsartan/hctz, olmesartan/hctz
EDARBYCLOR 40-25 MG TAB	3	PA C ALT: Candesartan/HCTZ, losartan/HCTZ
irbesartan-hydrochlorothiazide	1	
losartan potassium & hydrochlorothiazide (losartan potassium & hydrochlorothiazide tab 50-12.5 mg, losartan potassium & hydrochlorothiazide tab 100-12.5 mg, losartan potassium & hydrochlorothiazide tab 100-25 mg)	1	
olmesartan medoxomil-hydrochlorothiazide	1	
telmisartan-hydrochlorothiazide	1	PA C ALT: telmisartan tab, hydrochlorothiazide, losartan-hctz tab, valsartan-hctz tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide tab 80-12.5 mg, valsartan-hydrochlorothiazide tab 160-12.5 mg, valsartan-hydrochlorothiazide tab 160-25 mg, valsartan-hydrochlorothiazide tab 320-12.5 mg, valsartan-hydrochlorothiazide tab 320-25 mg)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI	3	QL 330 / 30 day(s) PA
azilsartan medoxomil (azilsartan medoxomil tab 40 mg, azilsartan medoxomil tab 80 mg)	1	PA C ALT: candesartan, losartan, valsartan, olmesartan
candesartan cilexetil	1	
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil (olmesartan medoxomil tab 5 mg, olmesartan medoxomil tab 20 mg, olmesartan medoxomil tab 40 mg)	1	
telmisartan	1	
valsartan (valsartan tab 40 mg, valsartan tab 80 mg, valsartan tab 160 mg, valsartan tab 320 mg)	1	
valsartan oral soln 4 mg/ml	1	C ALT: valsartan tab
ANTIADRENERGICS - CENTRALLY ACTING		
clonidine	1	
CLONIDINE ER	3	C ALT: clonidine tab, clonidine ER 0.1 mg tab
CLONIDINE HCL	3	
clonidine hcl	1	
guanfacine hcl	1	
JAVADIN	3	QL 3600 / 30 day(s) PA C ALT: clonidine IR tab, clonidine patch
METHYLDOPA	3	C ALT: methyldopa 250 mg tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methyldopa	1	
NEXICLON XR	3	C ALT: clonidine tab, clonidine ER 0.1 mg tab
ANTIADRENERGICS - PERIPHERALLY ACTING		
doxazosin mesylate	1	
PRAZOSIN HCL	3	
prazosin hcl	1	
terazosin hcl	1	
TEZRULY	3	QL 600 / 30 day(s) PA C ALT: terazosin capsule
ANTIHYPERTENSIVES - MISC.		
VECAMYL	3	S
BETA BLOCKER & DIURETIC COMBINATIONS		
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate	1	C ALT: losartan tab, valsartan tab, lisinopril tab
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO	3	QL 30 / 30 days PA C ALT: generic antihypertensives S
RESERPINE		
RESERPINE	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATORS		
hydralazine hcl (hydralazine hcl tab 10 mg, hydralazine hcl tab 25 mg, hydralazine hcl tab 50 mg, hydralazine hcl tab 100 mg)	1	
minoxidil	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl (atovaquone-proguanil hcl tab 62.5-25 mg, atovaquone-proguanil hcl tab 250-100 mg)	1	
COARTEM	3	
ARAKODA	3	
chloroquine phosphate	1	
CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE POWDER, CHLOROQUINE PHOSPHATE 250 MG TAB)	3	
hydroxychloroquine sulfate	1	
HYDROXYCHLOROQUINE SULFATE (HYDROXYCHLOROQUINE SULFATE 100 MG TAB, HYDROXYCHLOROQUINE SULFATE 400 MG TAB)	3	C ALT: 200mg hydroxychloroquine tablets
HYDROXYCHLOROQUINE SULFATE 300 MG TAB	3	C ALT: hydroxychloroquine tab
KRINTAFEL	3	
mefloquine hcl	1	
MEPACRINE	3	
primaquine phosphate	1	
pyrimethamine	1	S
QUINACRINE HCL POWDER	3	
quinine sulfate	1	
QUININE SULFATE DIHYDRATE	3	
SOVUNA	3	C ALT: hydroxychloroquine tab
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	3	QL 300 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pyridostigmine bromide (pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg)	1	
PYRIDOSTIGMINE BROMIDE 30 MG TAB	3	C ALT: pyridostigmine 60 mg tab, pyridostigmide ER 180 mg tab, pyridostigmine solution
ANTIMYCOBACTERIAL AGENTS		
AMINOSALICYLIC ACID-4	3	
CYCLOSERINE 250 MG CAP	3	
ETHAMBUTOL HCL	3	
ethambutol hcl	1	
ISONIAZID POWDER	3	
isoniazid (isoniazid syrup 50 mg/5ml, isoniazid tab 100 mg, isoniazid tab 300 mg)	1	
PRETOMANID	2	
pyrazinamide	1	
rifabutin	1	
rifampin (rifampin cap 150 mg, rifampin cap 300 mg)	1	
RIFAMPIN+SYRSPEND SF	3	
rifapentine	1	
SIRTURO	2	S
TRECATOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN	2	S
ANDROGEN BIOSYNTHESIS INHIBITORS		
abiraterone acetate tab 250 mg	1	QL 120 / 30 DAYS PA S
abiraterone acetate tab 500 mg	1	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YONSA	2	QL 120 / 30 day(s) PA S
ANTIADRENALS		
LYSODREN	2	PA S
ANTIANDROGENS		
bicalutamide	1	S
ERLEADA 240 MG TAB	2	QL 30 / 30 day(s) PA S
ERLEADA 60 MG TAB	2	QL 120 / 30 DAYS PA S
EULEXIN	3	C ALT: bicalutamide, Erleada, nilutamide, Nubeqa, Xtandi S
NILUTAMIDE	3	S
nilutamide	1	S
NUBEQA	2	QL 120 / 30 DAYS PA S
XTANDI 40 MG CAP	2	QL 120 / 30 DAYS PA S
XTANDI 40 MG TAB	2	QL 120 / 30 day(s) PA S
XTANDI 80 MG TAB	2	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIESTROGENS		
SOLTAMOX	2	ACA Affordable Care Act
tamoxifen citrate (tamoxifen citrate tab 10 mg (base equivalent), tamoxifen citrate tab 20 mg (base equivalent))	1	ACA Affordable Care Act
toremifene citrate	1	S
ANTIMETABOLITES		
capecitabine	1	PA S
JYLAMVO	3	QL 180 / 28 day(s) PA C ALT: methotrexate 2.5 mg tab, methotrexate injection
mercaptopurine (mercaptopurine susp 2000 mg/100ml (20 mg/ml), mercaptopurine tab 50 mg)	1	S
METHOTREXATE POWDER	3	
methotrexate sodium (methotrexate sodium for inj 1 gm, methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), methotrexate sodium inj pf 250 mg/10ml (25 mg/ml), methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml), methotrexate sodium tab 2.5 mg (base equiv))	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	3	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	3	C ALT: methotrexate (PF) 50 mg/2 ml solution, methotrexate 2.5 mg tab
ONUREG	3	QL 14 / 28 day(s) PA S
PURIXAN	2	S
TABLOID	2	S
TREXALL	3	C ALT: methotrexate injection, methotrexate 2.5 mg tab, Rasuvo
XATMEP	3	PA C ALT: methotrexate injection, methotrexate tab, Rasuvo

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP	2	QL 64 / 28 day(s) PA S
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	2	QL 240 / 30 DAYS PA S
ALUNBRIG (ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	2	QL 30 / 30 DAYS PA S
ALUNBRIG 30 MG TAB	2	QL 120 / 30 days PA S
ALUNBRIG 90 & 180 MG TAB THPK	2	PA S QLC 30 / 180 DAYS
LORBRENA 100 MG TAB	3	QL 30 / 30 DAYS PA S
LORBRENA 25 MG TAB	3	QL 120 / 30 days PA S
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	2	QL 120 / 30 day(s) PA S
XALKORI (XALKORI 200 MG CAP, XALKORI 250 MG CAP)	2	QL 120 / 30 days PA S
XALKORI 150 MG CAP SPRINK	2	QL 180 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYKADIA	2	QL 90 / 30 DAYS PA S
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS	3	QL 180 / 60 day(s) PA S
TUKYSA 150 MG TAB	3	QL 120 / 30 day(s) PA S
TUKYSA 50 MG TAB	3	QL 300 / 30 day(s) PA S
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	2	QL 60 / 30 DAYS PA S
VENCLEXTA 100 MG TAB	2	QL 180 / 30 DAYS PA S
VENCLEXTA 50 MG TAB	2	QL 30 / 30 DAYS PA S
VENCLEXTA STARTING PACK	2	PA S QLC 42 / 180 DAYS
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF 100 MG CAP	2	QL 150 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOSULIF 50 MG CAP	2	QL 30 / 30 day(s) PA S
bosutinib (bosutinib tab 400 mg, bosutinib tab 500 mg)	1	QL 30 / 30 day(s) PA S
bosutinib tab 100 mg	1	QL 90 / 30 day(s) PA S
dasatinib (dasatinib tab 50 mg, dasatinib tab 70 mg, dasatinib tab 80 mg, dasatinib tab 100 mg, dasatinib tab 140 mg)	1	QL 30 / 30 day(s) PA S
dasatinib tab 20 mg	1	QL 90 / 30 day(s) PA S
ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 30 MG TAB, ICLUSIG 45 MG TAB)	2	QL 30 / 30 day(s) PA S
ICLUSIG 15 MG TAB	2	QL 30 / 30 days PA S
imatinib mesylate tab 100 mg (base equivalent)	1	QL 90 / 30 day(s) PA S
imatinib mesylate tab 400 mg (base equivalent)	1	QL 60 / 30 day(s) PA S
nilotinib hcl	1	QL 120 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SCEMBLIX 100 MG TAB	2	QL 120 / 30 day(s) PA S
SCEMBLIX 20 MG TAB	2	QL 60 / 30 day(s) PA S
SCEMBLIX 40 MG TAB	2	QL 240 / 30 day(s) PA S
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI	3	QL 180 / 30 DAYS PA S
OJEMDA 100 MG TAB	3	QL 24 / 28 day(s) PA S
OJEMDA 25 MG/ML RECON SUSP	3	QL 96 / 28 day(s) PA S
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	2	QL 120 / 30 DAYS PA S
TAFINLAR 10 MG TAB SOL	2	QL 840 / 28 day(s) PA S
ZELBORAF	2	QL 240 / 30 DAYS PA S
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	2	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRUKINSA 80 MG CAP	2	QL 120 / 30 day(s) PA S
CALQUENCE	2	QL 60 / 30 day(s) PA S
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	2	QL 30 / 30 DAYS PA S
IMBRUVICA 140 MG CAP	2	QL 90 / 30 days PA S
IMBRUVICA 70 MG/ML SUSPENSION	2	QL 216 / 30 day(s) PA S
JAYPIRCA 100 MG TAB	3	QL 60 / 30 day(s) PA C ALT: Imbruvica, Brukinsa, Calquence S
JAYPIRCA 50 MG TAB	3	QL 30 / 30 day(s) PA C ALT: Imbruvica, Brukinsa, Calquence S
ANTINEOPLASTIC - CSF1R KINASE INHIBITORS		
ROMVIMZA	2	QL 8 / 28 day(s) PA S
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl (erlotinib hcl tab 100 mg (base equivalent), erlotinib hcl tab 150 mg (base equivalent))	1	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
erlotinib hcl tab 25 mg (base equivalent)	1	QL 60 / 30 day(s) PA S
gefitinib	1	QL 30 / 30 day(s) PA S
GILOTRIF	2	QL 30 / 30 DAYS PA S
LAZCLUZE 240 MG TAB	2	QL 30 / 30 day(s) PA S
LAZCLUZE 80 MG TAB	2	QL 60 / 30 day(s) PA S
TAGRISSO	2	QL 30 / 30 DAYS PA S
VIZIMPRO	3	QL 30 / 30 DAYS PA S
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA 3 MG TAB	3	QL 90 / 30 DAYS PA S
BALVERSA 4 MG TAB	3	QL 60 / 30 DAYS PA S
BALVERSA 5 MG TAB	3	QL 30 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYTGOBI (12 MG DAILY DOSE)	3	QL 84 / 28 day(s) PA S
LYTGOBI (16 MG DAILY DOSE)	3	QL 112 / 28 day(s) PA S
LYTGOBI (20 MG DAILY DOSE)	3	QL 140 / 28 day(s) PA S
PEMAZYRE	3	QL 14 / 21 day(s) PA S
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB)	2	QL 56 / 28 day(s) PA S
OGSIVEO 50 MG TAB	2	QL 180 / 30 day(s) PA S
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	3	QL 30 / 30 DAYS PA S
DAURISMO 25 MG TAB	3	QL 60 / 30 DAYS PA S
ERIVEDGE	2	QL 30 / 30 DAYS PA S
ODOMZO	2	QL 30 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	3	QL 90 / 30 day(s) PA S
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
ZOLINZA	2	QL 120 / 30 DAYS PA S
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
AKEEGA	3	QL 60 / 30 day(s) PA S
ANTINEOPLASTIC - IMMUNOMODULATORS		
LEVAMISOLE HCL	3	
pomalidomide	1	QL 21 / 28 day(s) PA S
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	3	QL 180 / 30 day(s) PA S
LUMAKRAS 120 MG TAB	3	QL 240 / 30 day(s) PA S
LUMAKRAS 240 MG TAB	3	QL 120 / 30 day(s) PA S
LUMAKRAS 320 MG TAB	3	QL 90 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	2	QL 63 / 28 DAYS PA S
GOMEKLI (GOMEKLI 1 MG CAP, GOMEKLI 1 MG TAB SOL)	3	QL 168 / 28 day(s) PA S
GOMEKLI 2 MG CAP	3	QL 84 / 28 day(s) PA S
KOSELUGO (KOSELUGO 7.5 MG CAP SPRINK, KOSELUGO 10 MG CAP)	2	QL 240 / 30 day(s) PA S
KOSELUGO 25 MG CAP	2	QL 120 / 30 day(s) PA S
KOSELUGO 5 MG CAP SPRINK	2	QL 420 / 30 day(s) PA S
MEKINIST 0.05 MG/ML RECON SOLN	2	QL 1170 / 28 day(s) PA S
MEKINIST 0.5 MG TAB	2	QL 90 / 30 DAYS PA S
MEKINIST 2 MG TAB	2	QL 30 / 30 DAYS PA S
MEKTOVI	3	QL 180 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI	3	QL 90 / 30 day(s) PA S
REVUFORJ 110 MG TAB	3	QL 120 / 30 day(s) PA S
REVUFORJ 160 MG TAB	3	QL 60 / 30 day(s) PA S
REVUFORJ 25 MG TAB	3	QL 240 / 30 day(s) PA S
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA	2	QL 112 / 28 day(s) PA S
TEPMETKO	2	QL 60 / 30 day(s) PA S
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
everolimus (everolimus tab 2.5 mg, everolimus tab 5 mg, everolimus tab 7.5 mg)	1	QL 30 / 30 DAYS PA S
everolimus (everolimus tab for oral susp 2 mg, everolimus tab for oral susp 5 mg)	1	QL 60 / 30 day(s) PA S
everolimus tab 10 mg	1	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
everolimus tab for oral susp 3 mg	1	QL 90 / 30 day(s) PA S
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	2	QL 30 / 30 day(s) PA S
CAPRELSA 100 MG TAB	2	QL 60 / 30 DAYS PA S
CAPRELSA 300 MG TAB	2	QL 30 / 30 DAYS PA S
COMETRIQ (100 MG DAILY DOSE)	2	QL 56 / 28 DAYS PA S
COMETRIQ (140 MG DAILY DOSE)	2	QL 112 / 28 DAYS PA S
COMETRIQ (60 MG DAILY DOSE)	2	QL 84 / 28 DAYS PA S
ENSACOVE 100 MG CAP	3	QL 60 / 30 day(s) PA S
ENSACOVE 25 MG CAP	3	QL 30 / 30 day(s) PA S
FOTIVDA	3	QL 21 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYRNUO	3	QL 120 / 30 day(s) PA S
lapatinib ditosylate tab 250 mg (base equiv)	1	QL 180 / 30 day(s) PA S
NERLYNX	3	QL 180 / 30 day(s) PA S
pazopanib hcl	1	QL 120 / 30 day(s) PA S
PAZOPANIB HCL 400 MG TAB	3	QL 60 / 30 day(s) PA S
QINLOCK	3	QL 90 / 30 day(s) PA S
RYDAPT	2	QL 240 / 30 DAYS PA S
sorafenib tosylate	1	QL 120 / 30 day(s) PA S
STIVARGA	2	QL 84 / 28 DAYS PA S
sunitinib malate (sunitinib malate cap 25 mg (base equivalent), sunitinib malate cap 37.5 mg (base equivalent), sunitinib malate cap 50 mg (base equivalent))	1	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sunitinib malate cap 12.5 mg (base equivalent)	1	QL 90 / 30 day(s) PA S
TURALIO	3	QL 120 / 30 day(s) PA S
VANFLYTA 17.7 MG TAB	3	PA S QLC 28 / 28 Days
VANFLYTA 26.5 MG TAB	3	QL 56 / 28 day(s) PA S
XOSPATA	3	QL 90 / 30 DAYS PA S
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	2	QL 30 / 30 day(s) PA S
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO	3	QL 20 / 28 day(s) PA S
ANTINEOPLASTIC - PROTEASOME INHIBITORS		
NINLARO	2	QL 3 / 28 DAYS PA S
ANTINEOPLASTIC - RAS GTPASE INHIBITORS		
RASONQUE	3	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	3	QL 120 / 30 day(s) PA S
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	2	QL 60 / 30 day(s) PA S
RETEVMO 40 MG CAP	2	QL 180 / 30 day(s) PA S
RETEVMO 40 MG TAB	2	QL 90 / 30 day(s) PA S
RETEVMO 80 MG CAP	2	QL 120 / 30 day(s) PA S
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
AUGTYRO 160 MG CAP	3	QL 60 / 30 day(s) PA S
AUGTYRO 40 MG CAP	3	QL 240 / 30 day(s) PA S
IBTROZI	3	QL 90 / 30 day(s) PA S
ROZLYTREK 100 MG CAP	2	QL 30 / 30 DAYS PA S
ROZLYTREK 200 MG CAP	2	QL 90 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROZLYTREK 50 MG PACKET	2	QL 336 / 28 day(s) PA S
VITRAKVI 100 MG CAP	2	QL 60 / 30 DAYS PA S
VITRAKVI 20 MG/ML SOLUTION	2	QL 300 / 30 DAYS PA S
VITRAKVI 25 MG CAP	2	QL 180 / 30 DAYS PA S
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY)	3	QL 8 / 28 day(s) PA S
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	3	QL 16 / 28 day(s) PA S
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL 4 / 28 day(s) PA S
XPOVIO (40 MG TWICE WEEKLY)	3	QL 8 / 28 day(s) PA S
XPOVIO (60 MG ONCE WEEKLY)	3	QL 4 / 28 day(s) PA S
XPOVIO (60 MG TWICE WEEKLY)	3	QL 24 / 28 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL 8 / 28 day(s) PA S
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	3	QL 4 / 28 day(s) PA S
XPOVIO (80 MG TWICE WEEKLY)	3	QL 32 / 28 DAYS PA S
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK	3	QL 66 / 28 day(s) PA S
INQOVI	3	QL 5 / 28 day(s) PA S
LONSURF 15-6.14 MG TAB	2	QL 60 / 28 day(s) PA S
LONSURF 20-8.19 MG TAB	2	QL 80 / 28 DAYS PA S
ANTINEOPLASTICS MISC.		
ACTIMMUNE	2	S
BESREMI	2	QL 2 / 28 day(s) PA S
BESREMI PEN	2	QL 1 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydroxyurea	1	S
MATULANE	2	PA S
AROMATASE INHIBITORS		
anastrozole tab 1 mg	1	ACA Affordable Care Act
exemestane	1	
letrozole	1	ACA Affordable Care Act
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE	2	QL 21 / 28 DAYS PA S
KISQALI (200 MG DOSE)	2	QL 21 / 28 DAYS PA S
KISQALI (400 MG DOSE)	2	QL 42 / 28 DAYS PA S
KISQALI (600 MG DOSE)	2	QL 63 / 28 DAYS PA S
VERZENIO	2	QL 60 / 30 DAYS PA S
ESTROGEN RECEPTOR ANTAGONIST		
INLURIYO	3	QL 56 / 28 day(s) PA S
ESTROGENS-ANTINEOPLASTIC		
EMCYT	2	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
leucovorin calcium (leucovorin calcium tab 5 mg, leucovorin calcium tab 15 mg)	1	QL 180 / 30 day(s) PA
leucovorin calcium tab 10 mg	1	QL 180 / 30 day(s) PA C ALT: leucovorin 5 mg or 15 mg tablets
leucovorin calcium tab 25 mg	1	QL 360 / 30 day(s) PA
GLUCOCORTICOID RECEPTOR (GR) ANTAGONISTS		
LIFYORLI (125 MG DOSE)	3	QL 18 / 28 day(s) PA S
LIFYORLI (150 MG DOSE)	3	QL 27 / 28 day(s) PA S
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
ORGOVYX	3	QL 30 / 28 days PA S
IMIDAZOTETRAZINES		
temozolomide	1	PA S
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO 10 MG TAB	2	QL 60 / 30 day(s) PA S
VORANIGO 40 MG TAB	2	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
REZLIDHIA	3	QL 60 / 30 day(s) PA S
TIBSOVO	2	QL 60 / 30 DAYS PA S
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS		
IDHIFA	3	QL 30 / 30 DAYS PA S
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
INREBIC	3	QL 120 / 30 DAYS PA S
JAKAFI	2	QL 60 / 30 DAYS PA S
JAKAFI XR	2	QL 30 / 30 day(s) PA S
OJJAARA	3	QL 30 / 30 day(s) PA S
VONJO	3	QL 120 / 30 day(s) PA S
LHRH ANALOGS		
ELIGARD (ELIGARD 7.5 MG KIT, ELIGARD 22.5 MG KIT, ELIGARD 30 MG KIT, ELIGARD 45 MG KIT)	3	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
leuprolide acetate	1	S
LEUPROLIDE ACETATE (3 MONTH)	3	S
LUPRON DEPOT (1-MONTH)	2	S
LUPRON DEPOT (3-MONTH)	2	S
LUPRON DEPOT (4-MONTH)	2	S
LUPRON DEPOT (6-MONTH)	2	S
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	2	S
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB)	2	S
cyclophosphamide (cyclophosphamide cap 25 mg, cyclophosphamide cap 50 mg)	1	S
LEUKERAN	2	S
NITROSOUREAS		
lomustine	1	S
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS		
IWILFIN	3	QL 240 / 30 day(s) PA S
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA	3	QL 56 / 28 DAYS PA S
ITOVEBI 3 MG TAB	2	QL 56 / 28 day(s) PA S
ITOVEBI 9 MG TAB	2	QL 28 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIQRAY (200 MG DAILY DOSE)	2	QL 28 / 28 DAYS PA S
PIQRAY (250 MG DAILY DOSE)	2	QL 56 / 28 DAYS PA S
PIQRAY (300 MG DAILY DOSE)	2	QL 56 / 28 DAYS PA S
ZYDELIG	2	QL 60 / 30 DAYS PA S
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	2	QL 120 / 30 DAYS PA S
RUBRACA	2	QL 120 / 30 DAYS PA S
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP, TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP)	2	QL 30 / 30 day(s) PA S
TALZENNA 0.25 MG CAP	2	QL 90 / 30 DAYS PA S
TALZENNA 1 MG CAP	2	QL 30 / 30 DAYS PA S
ZEJULA	2	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGESTINS-ANTINEOPLASTIC		
megestrol acetate	1	
MEGESTROL ACETATE POWDER	3	
RETINOIDS		
tretinoin (chemotherapy)	1	PA S
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU 345 MG TAB	3	QL 30 / 30 day(s) PA C ALT: toremifene tab S
ORSERDU 86 MG TAB	3	QL 90 / 30 day(s) PA S
SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene	1	PA S
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (HYCAMTIN 0.25 MG CAP, HYCAMTIN 1 MG CAP)	2	PA S
URINARY TRACT PROTECTIVE AGENTS		
mesna tab 400 mg	1	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
FRUZAQLA 1 MG CAP	3	PA S QLC 84 / 28 days
FRUZAQLA 5 MG CAP	3	PA S QLC 21 / 28 days
INLYTA 1 MG TAB	2	QL 180 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INLYTA 5 MG TAB	2	QL 120 / 30 DAYS PA S
LENVIMA (10 MG DAILY DOSE)	2	QL 30 / 30 DAYS PA S
LENVIMA (12 MG DAILY DOSE)	2	QL 90 / 30 DAYS PA S
LENVIMA (14 MG DAILY DOSE)	2	QL 60 / 30 DAYS PA S
LENVIMA (18 MG DAILY DOSE)	2	QL 90 / 30 DAYS PA S
LENVIMA (20 MG DAILY DOSE)	2	QL 60 / 30 DAYS PA S
LENVIMA (24 MG DAILY DOSE)	2	QL 90 / 30 DAYS PA S
LENVIMA (4 MG DAILY DOSE)	2	QL 30 / 30 DAYS PA S
LENVIMA (8 MG DAILY DOSE)	2	QL 60 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ADENOSINE RECEPTOR ANTAGONIST		
NOURIANZ	3	C ALT: tolcapone, entacapone S
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (benztropine mesylate tab 0.5 mg, benztropine mesylate tab 1 mg, benztropine mesylate tab 2 mg)	1	
trihexyphenidyl hcl (trihexyphenidyl hcl oral soln 0.4 mg/ml, trihexyphenidyl hcl tab 2 mg, trihexyphenidyl hcl tab 5 mg)	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (amantadine hcl cap 100 mg, amantadine hcl soln 50 mg/5ml)	1	
amantadine hcl tab 100 mg	1	C ALT: amantadine 100 mg cap
BROMOCRIPTINE MESYLATE	3	
bromocriptine mesylate	1	
GOCOVRI	3	PA C ALT: amantadine 100 mg cap S
INBRIJA	2	S
LEVODOPA	3	
OSMOLEX ER	3	C ALT: amantadine 100 mg cap
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate	1	
SELEGILINE HCL	3	
selegiline hcl	1	
XADAGO	3	C ALT: rasagiline, selegiline cap/tab
ZELAPAR	3	C ALT: rasagiline, selegiline cap/tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL/PERIPHERAL COMT INHIBITORS		
tolcapone	1	
DECARBOXYLASE INHIBITORS		
carbidopa	1	
LEVODOPA COMBINATIONS		
carbidopa-levodopa (carbidopa & levodopa orally disintegrating tab 10-100 mg, carbidopa & levodopa orally disintegrating tab 25-100 mg, carbidopa & levodopa orally disintegrating tab 25-250 mg, carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & levodopa tab er 50-200 mg)	1	
carbidopa-levodopa-entacapone	1	
DUOPA	3	S
RYTARY	3	
VYALEV	3	S
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
APOKYN	3	S
apomorphine hydrochloride	1	S
NEUPRO	3	
ONAPGO	3	S
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)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pramipexole dihydrochloride (pramipexole dihydrochloride tab er 24hr 0.375 mg, pramipexole dihydrochloride tab er 24hr 0.75 mg, pramipexole dihydrochloride tab er 24hr 1.5 mg, pramipexole dihydrochloride tab er 24hr 2.25 mg, pramipexole dihydrochloride tab er 24hr 3 mg, pramipexole dihydrochloride tab er 24hr 3.75 mg, pramipexole dihydrochloride tab er 24hr 4.5 mg)	1	PA C ALT: pramipexole tab
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)	1	
ropinirole hydrochloride (ropinirole hydrochloride tab er 24hr 12 mg (base equivalent), ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), ropinirole hydrochloride tab er 24hr 6 mg (base equivalent), ropinirole hydrochloride tab er 24hr 8 mg (base equivalent))	1	C ALT: ropinirole tab
PERIPHERAL COMT INHIBITORS		
entacapone	1	
ONGENTYS 25 MG CAP	3	C ALT: entacapone, tolcapone
ONGENTYS 50 MG CAP	3	PA C ALT: entacapone, tolcapone
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium	1	
LITHIUM CARBONATE (LITHIUM CARBONATE POWDER, LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP, LITHIUM CARBONATE 600 MG CAP)	3	
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)	1	
LITHOBID	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (CAPLYTA 10.5 MG CAP, CAPLYTA 21 MG CAP)	3	QL 30 / 30 day(s) C ALT: paliperidone, risperidone, quetiapine

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPLYTA 42 MG CAP	3	QL 30 / 30 DAYS C ALT: lurasidone tab, ziprasidone cap, Vraylar cap
EQUETRO	3	
lurasidone hcl (lurasidone hcl tab 20 mg, lurasidone hcl tab 40 mg, lurasidone hcl tab 60 mg, lurasidone hcl tab 120 mg)	1	QL 30 / 30 day(s)
lurasidone hcl tab 80 mg	1	QL 60 / 30 day(s)
NUPLAZID	3	QL 30 / 30 DAYS PA C ALT: quetiapine, olanzapine tab, risperidone tab S
VRAYLAR (VRAYLAR 0.5 MG CAP, VRAYLAR 0.75 MG CAP)	2	QL 30 / 30 day(s)
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	2	QL 30 / 30 DAYS
ziprasidone hcl	1	QL 60 / 30 DAYS
BENZISOXAZOLES		
FANAPT	3	QL 60 / 30 DAYS ST C3 Step Therapy: Must first try ONE generic atypical antipsychotic
FANAPT TITRATION PACK A	3	ST QLC 8 / 180 DAYS C3 Step Therapy: Must first try ONE generic atypical antipsychotic
FANAPT TITRATION PACK B	3	ST QLC 12 / 180 days C3 Step Therapy: Must first try ONE generic atypical antipsychotic
FANAPT TITRATION PACK C	3	ST QLC 8 / 180 days C3 Step Therapy: Must first try ONE generic atypical antipsychotic

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
paliperidone (paliperidone tab er 24hr 1.5 mg, paliperidone tab er 24hr 3 mg, paliperidone tab er 24hr 9 mg)	1	QL 30 / 30 DAYS
paliperidone tab er 24hr 6 mg	1	QL 60 / 30 DAYS
RISPERIDONE	3	QL 60 / 30 DAYS ST C3 Step Therapy: Must first try ONE generic atypical antipsychotic
risperidone (risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 3 mg)	1	QL 60 / 30 day(s)
risperidone (risperidone orally disintegrating tab 2 mg, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg)	1	QL 60 / 30 DAYS
risperidone orally disintegrating tab 4 mg	1	QL 120 / 30 day(s)
risperidone soln 1 mg/ml	1	QL 480 / 30 DAYS
risperidone tab 4 mg	1	QL 120 / 30 DAYS
BUTYROPHENONES		
haloperidol	1	
haloperidol lactate oral conc 2 mg/ml	1	
DIBENZO-OXEPINO PYRROLES		
asenapine maleate	1	QL 60 / 30 day(s)
SECUADO	3	QL 30 / 30 DAYS ST C3 Step Therapy: Must first try ONE generic atypical antipsychotic
DIBENZODIAZEPINES		
clozapine (clozapine orally disintegrating tab 100 mg, clozapine tab 25 mg, clozapine tab 50 mg)	1	QL 90 / 30 DAYS
clozapine (clozapine orally disintegrating tab 25 mg, clozapine tab 100 mg)	1	QL 270 / 30 DAYS
clozapine orally disintegrating tab 12.5 mg	1	QL 90 / 30 day(s)
clozapine orally disintegrating tab 150 mg	1	QL 180 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clozapine orally disintegrating tab 200 mg	1	QL 120 / 30 day(s)
clozapine tab 200 mg	1	QL 120 / 30 DAYS
VERSACLOZ	3	QL 540 / 30 DAYS ST C3 Step Therapy: Must first try ONE generic atypical antipsychotic
DIBENZOTHIAZEPINES		
QUETIAPINE FUMARATE	3	QL 30 / 30 day(s) ST C ALT: quetiapine 50 mg or 100 mg or 200 mg tab C3 Step Therapy: Must first try ONE generic atypical antipsychotic
quetiapine fumarate (quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg)	1	QL 90 / 30 DAYS
quetiapine fumarate (quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg)	1	QL 60 / 30 DAYS
quetiapine fumarate (quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg)	1	QL 30 / 30 DAYS
DIBENZOXAZEPINES		
loxapine succinate	1	
DIHYDROINDOLONES		
MOLINDONE HCL	3	
PHENOTHIAZINES		
chlorpromazine hcl (chlorpromazine hcl conc 30 mg/ml, chlorpromazine hcl conc 100 mg/ml)	1	C ALT: chlorpromazine tab
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)	1	
fluphenazine hcl	1	
FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 5 MG/ML CONC)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
perphenazine	1	
prochlorperazine	1	
PROCHLORPERAZINE MALEATE	3	
prochlorperazine maleate	1	
trifluoperazine hcl	1	
QUINOLINONE DERIVATIVES		
aripiprazole (aripiprazole orally disintegrating tab 10 mg, aripiprazole orally disintegrating tab 15 mg)	1	QL 60 / 30 DAYS
aripiprazole (aripiprazole tab 2 mg, aripiprazole tab 5 mg, aripiprazole tab 10 mg, aripiprazole tab 15 mg, aripiprazole tab 20 mg, aripiprazole tab 30 mg)	1	QL 30 / 30 day(s)
aripiprazole oral solution 1 mg/ml	1	QL 900 / 30 DAYS
REXULTI	2	QL 30 / 30 DAYS
THIENBENZODIAZEPINES		
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, 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)	1	QL 30 / 30 DAYS
THIOXANTHENES		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
CETYLCIDE-G	3	
PHENOL (PHENOL CRYSTALS, PHENOL LIQUID, PHENOL 89 % LIQUID)	3	
CHLORINE ANTISEPTICS		
CLORPACTIN	3	
MERCURY ANTISEPTICS		
THIMEROSAL	3	
SILVER ANTISEPTICS		
SILVER PROTEIN MILD	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
abacavir sulfate-lamivudine	1	QL 30 / 30 DAYS
BIKTARVY 30-120-15 MG TAB	2	QL 30 / 30 day(s)
BIKTARVY 50-200-25 MG TAB	2	QL 30 / 30 DAYS
CIMDUO	2	QL 30 / 30 DAYS
DELSTRIGO	2	QL 30 / 30 DAYS
DESCOVY 120-15 MG TAB	2	QL 30 / 30 day(s)
DESCOVY 200-25 MG TAB	2	QL 30 / 30 DAYS ACA Affordable Care Act
DOVATO	2	QL 30 / 30 DAYS
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	QL 30 / 30 day(s)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	3	QL 30 / 30 day(s)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	QL 30 / 30 day(s)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	QL 30 / 30 day(s)
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, emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg)	1	QL 30 / 30 day(s)
EVOTAZ	2	QL 30 / 30 DAYS
GENVOYA	2	QL 30 / 30 DAYS
IDVYNSO	2	QL 30 / 30 day(s)
JULUCA	2	QL 30 / 30 DAYS
KALETRA 400-100 MG/5ML SOLUTION	2	QL 480 / 30 day(s)
lamivudine-zidovudine	1	QL 60 / 30 DAYS
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL 480 / 30 DAYS
lopinavir-ritonavir tab 100-25 mg	1	QL 180 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lopinavir-ritonavir tab 200-50 mg	1	QL 120 / 30 day(s)
ODEFSEY	2	QL 30 / 30 DAYS
PREZCOBIX 675-150 MG TAB	2	QL 30 / 30 day(s)
PREZCOBIX 800-150 MG TAB	2	QL 30 / 30 DAYS
STRIBILD	3	QL 30 / 30 DAYS
SYMTUZA	2	QL 30 / 30 DAYS
TRIUMEQ	2	QL 30 / 30 DAYS
TRIUMEQ PD	2	QL 180 / 30 day(s)
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA 300 MG TAB	3	S QLC 4 / 365 days
SUNLENCA 4 X 300 MG TAB THPK	3	S QLC 4 / 365 Days
SUNLENCA 5 X 300 MG TAB THPK	3	S QLC 5 / 365 Days
YEZTUGO 300 MG TAB	2	QLC 4 / 365 days
YEZTUGO 463.5 MG/1.5ML SOLUTION	2	
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
maraviroc tab 150 mg	1	QL 60 / 30 day(s)
maraviroc tab 300 mg	1	QL 120 / 30 day(s)
SELZENTRY 20 MG/ML SOLUTION	3	QL 1840 / 30 DAYS
ANTIRETROVIRALS - FUSION INHIBITORS		
FUZEON	3	QL 60 / 30 DAYS S
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA	3	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
APRETUDE	2	ACA Affordable Care Act
ISENTRESS (ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	2	QL 60 / 30 DAYS
ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB)	2	QL 180 / 30 DAYS
ISENTRESS HD	2	QL 60 / 30 DAYS
TIVICAY	2	QL 60 / 30 DAYS
TIVICAY PD	2	QL 360 / 30 day(s)
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	3	QL 120 / 30 DAYS
atazanavir sulfate (atazanavir sulfate cap 150 mg (base equiv), atazanavir sulfate cap 300 mg (base equiv))	1	QL 30 / 30 DAYS
atazanavir sulfate cap 200 mg (base equiv)	1	QL 60 / 30 DAYS
darunavir tab 600 mg	1	QL 60 / 30 day(s)
darunavir tab 800 mg	1	QL 30 / 30 day(s)
fosamprenavir calcium	1	QL 120 / 30 DAYS
NORVIR 100 MG PACKET	3	QL 360 / 30 DAYS
PREZISTA 100 MG/ML SUSPENSION	2	QL 400 / 30 DAYS
PREZISTA 150 MG TAB	2	QL 180 / 30 DAYS
PREZISTA 75 MG TAB	2	QL 300 / 30 DAYS
REYATAZ 50 MG PACKET	3	QL 240 / 30 DAYS
ritonavir	1	QL 360 / 30 DAYS
VIRACEPT 250 MG TAB	3	QL 270 / 30 DAYS
VIRACEPT 625 MG TAB	3	QL 120 / 30 DAYS
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EDURANT PED	3	QL 180 / 30 day(s)
efavirenz	1	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EFAVIRENZ 200 MG CAP	3	QL 60 / 30 day(s) C ALT: Efavirenz tablet
EFAVIRENZ 50 MG CAP	3	QL 90 / 30 DAYS C ALT: Efavirenz tablet
etravirine	1	QL 60 / 30 day(s)
INTELENCE 25 MG TAB	2	QL 120 / 30 DAYS
NEVIRAPINE	3	QL 1200 / 30 day(s)
nevirapine tab 200 mg	1	QL 60 / 30 DAYS
nevirapine tab er 24hr 400 mg	1	QL 30 / 30 DAYS
PIFELTRO	3	QL 30 / 30 DAYS C ALT: etravirine, efavirenz, nevirapine
rilpivirine hcl	1	QL 30 / 30 day(s)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL 960 / 30 DAYS
abacavir sulfate tab 300 mg (base equiv)	1	QL 60 / 30 DAYS
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
emtricitabine	1	QL 30 / 30 day(s)
EMTRIVA 10 MG/ML SOLUTION	3	QL 680 / 28 DAYS
lamivudine oral soln 10 mg/ml	1	QL 960 / 30 DAYS
lamivudine tab 150 mg	1	QL 60 / 30 DAYS
lamivudine tab 300 mg	1	QL 30 / 30 DAYS
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
zidovudine cap 100 mg	1	QL 180 / 30 DAYS
zidovudine syrup 10 mg/ml	1	QL 1920 / 30 DAYS
zidovudine tab 300 mg	1	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
tenofovir disoproxil fumarate	1	QL 30 / 30 DAYS
VIREAD (VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	2	QL 30 / 30 DAYS
VIREAD 40 MG/GM POWDER	2	QL 240 / 30 DAYS
ANTIRETROVIRALS ADJUVANTS		
TYBOST	3	QL 30 / 30 DAYS
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	QLC 20 / 30 DAYS
PAXLOVID (300/100 & 150/100)	2	QLC 11 / 30 days
PAXLOVID (300/100)	2	QLC 30 / 30 DAYS
CMV AGENTS		
LIVTENCITY	3	QL 120 / 30 day(s) S
PREVYMIS (PREVYMIS 20 MG PACKET, PREVYMIS 120 MG PACKET)	3	QLC 800 / 365 days
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	3	QLC 200 / 365 DAYS
valganciclovir hcl	1	
HEPATITIS B AGENTS		
adefovir dipivoxil	1	
BARACLUDE 0.05 MG/ML SOLUTION	2	
entecavir	1	
lamivudine (hbv)	1	
VEMLIDY	2	
HEPATITIS C AGENT - COMBINATIONS		
EPCLUSA	2	QL 28 / 28 day(s) PA S
HARVONI	2	QL 28 / 28 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 100-40 MG TAB	2	QL 84 / 28 days PA S
MAVYRET 50-20 MG PACKET	2	QL 140 / 28 day(s) PA S
VOSEVI	2	QL 28 / 28 days PA S
HEPATITIS C AGENTS		
PEGASYS	2	PA S
RIBAVIRIN (RIBAVIRIN 200 MG CAP, RIBAVIRIN 200 MG TAB)	2	S
SOVALDI	2	QL 28 / 28 days PA S
HERPES AGENTS - PURINE ANALOGUES		
acyclovir (acyclovir cap 200 mg, acyclovir susp 200 mg/5ml, acyclovir tab 400 mg, acyclovir tab 800 mg)	1	
SITAVIG	3	C ALT: acyclovir, famciclovir, valacyclovir
valacyclovir hcl	1	
HERPES AGENTS - THYMIDINE ANALOGUES		
famciclovir	1	
MISC. ANTIVIRALS		
LAGEVRIO	2	QLC 40 / 30 DAYS
NEURAMINIDASE INHIBITORS		
oseltamivir phosphate (oseltamivir phosphate cap 45 mg (base equiv), oseltamivir phosphate cap 75 mg (base equiv))	1	QLC 20 / 120 DAYS
oseltamivir phosphate cap 30 mg (base equiv)	1	QLC 40 / 120 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QLC 300 / 120 DAYS
RELENZA DISKHALER	3	QLC 40 / 120 DAYS
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE)	3	QLC 2 / 120 DAYS
XOFLUZA (80 MG DOSE)	3	QLC 2 / 120 DAYS
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol	1	
carvedilol phosphate (carvedilol phosphate cap er 24hr 10 mg, carvedilol phosphate cap er 24hr 40 mg)	1	PA C ALT: carvedilol tab, labetalol tab
carvedilol phosphate (carvedilol phosphate cap er 24hr 20 mg, carvedilol phosphate cap er 24hr 80 mg)	1	PA C ALT: carvedilol tab, labetalol tab (except 400 mg)
labetalol hcl (labetalol hcl tab 100 mg, labetalol hcl tab 200 mg, labetalol hcl tab 300 mg)	1	
labetalol hcl tab 400 mg	1	C ALT: labetalol 200 mg or 300 mg tab
BETA BLOCKERS CARDIO-SELECTIVE		
ACEBUTOLOL HCL	3	
acebutolol hcl	1	
ATENOLOL	3	
atenolol	1	
ATENOLOL+SYRSPEND SF	3	
betaxolol hcl	1	
bisoprolol fumarate	1	
BISOPROLOL FUMARATE 2.5 MG TAB	3	C ALT: atenolol, metoprolol
KAPSPARGO SPRINKLE	3	C ALT: metoprolol succinate tab ER
LOPRESSOR 10 MG/ML SOLUTION	3	QL 1350 / 30 day(s) PA C ALT: metoprolol tablet

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOPRESSOR 12.5 MG TAB	3	C ALT: Generic Covered
metoprolol succinate (metoprolol succinate tab er 24hr 100 mg (tartrate equiv), metoprolol succinate tab er 24hr 200 mg (tartrate equiv), metoprolol succinate tab er 24hr 25 mg (tartrate equiv), metoprolol succinate tab er 24hr 50 mg (tartrate equiv))	1	
METOPROLOL TARTRATE POWDER	3	
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)	1	
METOPROLOL TARTRATE 12.5 MG TAB	3	C ALT: metoprolol tartrate tab (except 12.5 mg)
nebivolol hcl	1	
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL	3	C ALT: propranolol oral solution
INDERAL XL 120 MG CAP ER 24H	3	C ALT: propranolol ER cap
INDERAL XL 80 MG CAP ER 24H	3	PA C ALT: propranolol ER cap
INNOPRAN XL 120 MG CAP ER 24H	3	C ALT: propranolol ER cap
INNOPRAN XL 80 MG CAP ER 24H	3	PA C ALT: propranolol ER cap
NADOLOL	3	
nadolol	1	
pindolol	1	
PROPRANOLOL HCL POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 10 mg, propranolol hcl tab 20 mg, propranolol hcl tab 40 mg, propranolol hcl tab 60 mg, propranolol hcl tab 80 mg)	1	
PROPRANOLOL HCL 40 MG/5ML SOLUTION	2	QL 2400 / 30 day(s) PA
propranolol hcl oral soln 20 mg/5ml	1	QL 4800 / 30 day(s) PA
sotalol hcl	1	
sotalol hcl (afib/afl)	1	
SOTYLIZE	3	QL 1920 / 30 day(s) PA C ALT: sotalol tab
TIMOLOL MALEATE POWDER	3	
timolol maleate (timolol maleate tab 10 mg, timolol maleate tab 20 mg)	1	C ALT: nadolol tab, propranolol tab
TIMOLOL MALEATE 20 MG TAB	3	C ALT: nadolol tab, propranolol tab
TIMOLOL MALEATE 5 MG TAB	3	C ALT: propranolol tab, metoprolol succinate tab, metoprolol tartrate tab, atenolol tab
timolol maleate tab 5 mg	1	C ALT: propranolol tab, metoprolol succinate tab, metoprolol tartrate tab, atenolol tab
CALCIUM CHANNEL BLOCKERS		
AMLODIPINE BES+SYRSPEND SF	3	
amlodipine besylate	1	
CARDAMYST	3	PA QLC 6 / 180 days
CONJUPRI	3	C ALT: amlodipine, felodipine, nifedipine
diltiazem hcl (diltiazem hcl cap er 12hr 120 mg, diltiazem hcl cap er 12hr 60 mg)	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
diltiazem hcl (diltiazem hcl cap er 12hr 90 mg, diltiazem hcl cap er 24hr 120 mg, diltiazem hcl cap er 24hr 180 mg, diltiazem hcl cap er 24hr 240 mg, diltiazem hcl tab 30 mg, diltiazem hcl tab 60 mg, diltiazem hcl tab 90 mg, diltiazem hcl tab 120 mg, diltiazem hcl tab er 24hr 120 mg)	1	
diltiazem hcl (diltiazem hcl tab er 24hr 180 mg, diltiazem hcl tab er 24hr 240 mg, diltiazem hcl tab er 24hr 300 mg, diltiazem hcl tab er 24hr 360 mg, diltiazem hcl tab er 24hr 420 mg)	1	C ALT: diltiazem coated beads ER cap (except 360 mg), diltiazem beads ER cap, diltiazem ER cap, diltiazem 120 mg ER tab
diltiazem hcl coated beads (diltiazem hcl coated beads cap er 24hr 120 mg, diltiazem hcl coated beads cap er 24hr 180 mg, diltiazem hcl coated beads cap er 24hr 240 mg, diltiazem hcl coated beads cap er 24hr 300 mg)	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	PA C ALT: diltiazem coated beads ER cap (except 360 mg), diltiazem beads ER cap
diltiazem hcl extended release beads	1	
felodipine	1	
isradipine	1	C ALT: amlodipine, diltiazem tab, felodipine, nifedipine, verapamil tab
KATERZIA	3	QL 300 / 30 day(s) PA C ALT: amlodipine, verapamil tab, verapamil ER tab
LEVAMLODIPINE MALEATE	3	C ALT: amlodipine, felodipine, nifedipine
nicardipine hcl (nicardipine hcl cap 20 mg, nicardipine hcl cap 30 mg)	1	C ALT: Diltiazem, verapamil, amlodipine, felodipine

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nifedipine (nifedipine cap 10 mg, nifedipine cap 20 mg, nifedipine tab er 24hr 30 mg, nifedipine tab er 24hr 60 mg, nifedipine tab er 24hr 90 mg, nifedipine tab er 24hr osmotic release 30 mg, nifedipine tab er 24hr osmotic release 60 mg, nifedipine tab er 24hr osmotic release 90 mg)	1	
nimodipine	1	
NIMODIPINE 60 MG/20ML SOLUTION	3	QL 2520 / 21 day(s) PA
nisoldipine (nisoldipine tab er 24hr 17 mg, nisoldipine tab er 24hr 34 mg)	1	C ALT: nifedipine ER 30 mg tab
NISOLDIPINE ER (NISOLDIPINE ER 17 MG TAB ER 24H, NISOLDIPINE ER 34 MG TAB ER 24H)	3	C ALT: nifedipine ER 30 mg tab
NISOLDIPINE ER (NISOLDIPINE ER 20 MG TAB ER 24H, NISOLDIPINE ER 25.5 MG TAB ER 24H, NISOLDIPINE ER 30 MG TAB ER 24H, NISOLDIPINE ER 40 MG TAB ER 24H)	3	C ALT: Diltiazem, verapamil, nifedipine, amlodipine
NISOLDIPINE ER 8.5 MG TAB ER 24H	3	C ALT: nifedipine ER tab, amlodipine tab, felodipine tab
nisoldipine tab er 24hr 8.5 mg	1	C ALT: nifedipine ER tab, amlodipine tab, felodipine tab
NORLIQVA	3	QL 30 / 30 day(s) PA C ALT: amlodipine tablets
NYMALIZE	3	QL 1260 / 21 day(s) PA
SDAMLO	3	QL 30 / 30 day(s) PA C ALT: amlodipine tab
SULAR (SULAR 17 MG TAB ER 24H, SULAR 34 MG TAB ER 24H)	3	C ALT: nifedipine ER 30 mg tab
SULAR 8.5 MG TAB ER 24H	3	C ALT: nifedipine ER tab, amlodipine tab, felodipine tab
VERAPAMIL HCL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
verapamil hcl (verapamil hcl cap er 24hr 120 mg, verapamil hcl cap er 24hr 180 mg, verapamil hcl cap er 24hr 240 mg, 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)	1	
VERAPAMIL HCL ER (VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H)	3	C ALT: Diltiazem, verapamil, nifedipine
VERAPAMIL HCL ER 100 MG CAP ER 24H	3	C ALT: verapamil tab, verapamil ER tab, verapamil ER 120 mg cap
VERAPAMIL HCL ER 360 MG CAP ER 24H	3	C ALT: verapamil tab, verapamil ER tab, verapamil ER 180 mg or 240 mg cap
VERELAN PM (VERELAN PM 200 MG CAP ER 24H, VERELAN PM 300 MG CAP ER 24H)	3	C ALT: Diltiazem, verapamil, nifedipine
VERELAN PM 100 MG CAP ER 24H	3	C ALT: verapamil tab, verapamil ER tab, verapamil ER 120 mg cap
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin (digoxin tab 62.5 mcg (0.0625 mg), digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))	1	
DIGOXIN 0.05 MG/ML SOLUTION	3	PA
digoxin oral soln 0.05 mg/ml	1	PA
LANOXIN (LANOXIN 62.5 MCG TAB, LANOXIN 125 MCG TAB, LANOXIN 250 MCG TAB)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB		
amlodipine besylate-atorvastatin calcium (amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, amlodipine besylate-atorvastatin calcium tab 2.5-20 mg, amlodipine besylate-atorvastatin calcium tab 2.5-40 mg, amlodipine besylate-atorvastatin calcium tab 5-10 mg, amlodipine besylate-atorvastatin calcium tab 5-20 mg, amlodipine besylate-atorvastatin calcium tab 5-40 mg, amlodipine besylate-atorvastatin calcium tab 5-80 mg, amlodipine besylate-atorvastatin calcium tab 10-10 mg, amlodipine besylate-atorvastatin calcium tab 10-40 mg, amlodipine besylate-atorvastatin calcium tab 10-80 mg)	1	C ALT: amlodipine, atorvastatin
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	C ALT: amlodipine tab, atorvastatin tab
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	3	QL 30 / 30 day(s) PA S
MYQORZO	3	QL 30 / 30 day(s) PA S
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO	3	C ALT: colchicine 0.6 mg tab
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (ENTRESTO 6-6 MG CAP SPRINK, ENTRESTO 15-16 MG CAP SPRINK)	2	QL 240 / 30 day(s) PA
sacubitril-valsartan	1	
NITRATE & VASODILATOR COMBINATIONS		
isosorbide dinitrate-hydralazine hcl	1	
PERIPHERAL VASODILATORS		
NYLIDRIN HCL	3	
PAPAVERINE HCL POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROSTAGLANDIN - IMPOTENCE AGENTS		
CAVERJECT (CAVERJECT 20 MCG RECON SOLN, CAVERJECT 40 MCG RECON SOLN)	3	GL Male
CAVERJECT IMPULSE(2 CARTRIDGE)	3	GL Male
EDEX (2 CARTRIDGE)	3	GL Male
EDEX (6 CARTRIDGE)	3	GL Male
PROSTAGLANDIN VASODILATORS		
ORENITRAM	3	PA S
ORENITRAM MONTH 1	3	PA S QLC 168 / 180 Days
ORENITRAM MONTH 2	3	PA S QLC 336 / 180 Days
ORENITRAM MONTH 3	3	PA S QLC 252 / 180 Days
TYVASO	3	QL 81.2 / 28 day(s) PA S
TYVASO DPI MAINTENANCE KIT (TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X64MCG POWDER, TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X64MCG POWDER, TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X80MCG POWDER)	3	QL 224 / 28 day(s) PA S
TYVASO DPI MAINTENANCE KIT (TYVASO DPI MAINTENANCE KIT 16 MCG POWDER, TYVASO DPI MAINTENANCE KIT 32 MCG POWDER, TYVASO DPI MAINTENANCE KIT 48 MCG POWDER, TYVASO DPI MAINTENANCE KIT 64 MCG POWDER, TYVASO DPI MAINTENANCE KIT 80 MCG POWDER)	3	QL 112 / 28 day(s) PA S
TYVASO DPI TITRATION KIT	3	PA S QLC 252 / 180 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO REFILL	3	QL 81.2 / 28 day(s) PA S
TYVASO STARTER	3	PA S QLC 81.2 / 180 DAYS
VENTAVIS	3	QL 270 / 30 DAYS PA S
YUTREPIA	3	QL 112 / 28 day(s) PA S
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS	3	QL 90 / 30 DAYS PA S
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR	3	QL 1 / 21 day(s) PA S
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan	1	QL 30 / 30 DAYS PA S
bosentan (bosentan tab 62.5 mg, bosentan tab 125 mg)	1	QL 60 / 30 DAYS PA S
bosentan tab for oral susp 32 mg	1	QL 120 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
macitentan	1	QL 30 / 30 day(s) PA S
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	1	QL 224 / 30 DAYS PA S
sildenafil citrate tab 20 mg	1	QL 90 / 30 DAYS PA S
tadalafil (pulmonary hypertension)	1	QL 60 / 30 day(s) PA S
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (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)	2	QL 60 / 30 DAYS PA S
UPTRAVI 100 MCG TAB	2	PA S QLC 420 / 180 DAYS
UPTRAVI 150 MCG TAB	2	PA S QLC 840 / 180 DAYS
UPTRAVI 200 & 800 MCG TAB THPK	2	PA S QLC 200 / 180 days
UPTRAVI 200 MCG TAB	2	QL 60 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
avanafil	1	GL Male QLC 6 / 30 days
sildenafil citrate	1	GL Male QLC 6 / 30 days
tadalafil	1	QL 30 / 30 day(s) GL Male
vardenafil hcl	1	GL Male QLC 6 / 30 days
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	2	QL 600 / 30 DAYS PA
ivabradine hcl	1	QL 60 / 30 day(s) PA
TRANSTHYRETIN STABILIZERS		
ATTRUBY	2	QL 112 / 28 day(s) PA S
VYNDAMAX	2	QL 30 / 30 DAYS PA S
VYNDAQEL	2	QL 120 / 30 DAYS PA S
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	2	QL 30 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
CEFADROXIL	3	
cefadroxil (cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)	1	
cephalexin (cephalexin cap 250 mg, cephalexin cap 500 mg, cephalexin cap 750 mg, cephalexin for susp 125 mg/5ml, cephalexin for susp 250 mg/5ml)	1	
cephalexin (cephalexin tab 250 mg, cephalexin tab 500 mg)	1	C ALT: cephalexin capsules
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	3	
CEFACLOR 250 MG/5ML RECON SUSP	3	C ALT: cefaclor cap
CEFACLOR ER	3	C ALT: cefaclor cap
cefprozil (cefprozil for susp 125 mg/5ml, cefprozil for susp 250 mg/5ml, cefprozil tab 250 mg, cefprozil tab 500 mg)	1	
cefuroxime axetil	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (cefdinir cap 300 mg, cefdinir for susp 125 mg/5ml, cefdinir for susp 250 mg/5ml)	1	
cefixime (cefixime cap 400 mg, cefixime for susp 100 mg/5ml, cefixime for susp 200 mg/5ml)	1	
CEFIXIME 100 MG/5ML RECON SUSP	3	
CEFIXIME 400 MG TAB	3	C ALT: Cefixime 400mg capsule
CEFPODOXIME PROXETIL	3	
cefpodoxime proxetil	1	
CHEMICALS		
ACIDS		
ACETIC ACID	3	
ACETIC ACID GLACIAL 99 % SOLUTION	3	
FUMARIC ACID	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYCOLIC ACID (GLYCOLIC ACID CRYSTALS, GLYCOLIC ACID GRANULES)	3	
HYDROCHLORIC ACID (HYDROCHLORIC ACID LIQUID, HYDROCHLORIC ACID 10 % LIQUID, HYDROCHLORIC ACID 37 % LIQUID)	3	
LACTIC ACID (LACTIC ACID SOLUTION, LACTIC ACID 85 % SOLUTION, LACTIC ACID 88 % SOLUTION)	3	
NITRIC ACID	3	
OXALIC ACID (BULK)	3	
OXALIC ACID DIHYDRATE	3	
PHOSPHORIC ACID	3	
SULFURIC ACID	3	
ADDITIONAL SOLIDS		
5-HYDROXY-L-TRYPTOPHAN	3	
ALLANTOIN	3	
ALPROSTADIL	3	
ALUMINUM HYDROXIDE DRIED GEL	3	
ALUMINUM HYDROXIDE GEL 100 % POWDER	3	
CAPSICUM OLEORESIN	3	
CARBIDOPA	3	
CARBIDOPA ANHYDROUS	3	
COENZYME Q10 POWDER	3	
DIMENHYDRINATE POWDER	3	
DIMERCAPTOPROPANE-SULFONATE NA	3	
EDETATE ACID	3	
EDETATE DISODIUM POWDER	3	
EDETATE DISODIUM DIHYDRATE	3	
EDETATE SODIUM	3	
EDETIC ACID	3	
EPINEPHRINE POWDER	3	
EPINEPHRINE BASE	3	
FLUORESCEIN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUORESCEIN SODIUM POWDER	3	
HOMATROPINE METHYLBROMIDE	3	
HYDROXYTRYPTOPHAN	3	
HYDROXYTRYPTOPHAN L-5	3	
KETOCONAZOLE	3	
KOJIC ACID	3	
MELATONIN POWDER	3	
MENADIONE SODIUM BISULFITE	3	
METHYLENE BLUE POWDER	3	
MINOXIDIL POWDER	3	
OXYBENZONE	3	
PROSTAGLANDIN E1	3	
PYRUVIC ACID	3	
TINIDAZOLE	3	
UBIDECARENONE	3	
BASES		
AMMONIUM HYDROXIDE	3	
POTASSIUM HYDROXIDE (POTASSIUM HYDROXIDE PELLET, POTASSIUM HYDROXIDE 10 % SOLUTION, POTASSIUM HYDROXIDE 20 % SOLUTION, POTASSIUM HYDROXIDE 45 % SOLUTION)	3	
SODIUM HYDROXIDE	3	
BUFFERS		
SODIUM BORATE	3	
SODIUM BORATE DECAHYDRATE	3	
SODIUM CARBONATE ANHYDROUS	3	
SODIUM CARBONATE MONOHYDRATE	3	
TARTARIC ACID	3	
BULK CHEMICALS		
BIORE HYDRATING MOISTURIZER	3	
CUCUMBER MELON	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DRAKKAR NOIR	3	
ETHYLPARABEN	3	
FERRIC PYROPHOSPHATE	3	
FRESH LINEN FRAGRANCE	3	
L-ASPARAGINE	3	
NATAPRES	3	
POLYETHYLENE GLYCOL 600 (BULK)	3	
POLYOX WSR-301	3	
SODIUM PYROPHOSPHATE	3	
VICTORIAS SECRET VANILLA LACE	3	
BULK CHEMICALS - AC'S		
ACARBOSE	3	
ACEPROMAZINE MALEATE	3	
ACESULFAME POTASSIUM	3	
ACETAMINOPHEN (ACETAMINOPHEN CRYSTALS, ACETAMINOPHEN GRANULES, ACETAMINOPHEN POWDER)	3	
ACETARSONE	3	
ACETAZOLAMIDE	3	
ACETYL DIPEPTIDE-1 CETYL ESTER	3	
ACETYL HEXAPEPTIDE-8 (ACETYL HEXAPEPTIDE-8 POWDER, ACETYL HEXAPEPTIDE-8 SOLUTION)	3	
ACETYL-D-GLUCOSAMINE	3	
ACETYL-L-CARNITINE HCL	3	
ACETYLCHOLINE CHLORIDE	3	
ACYCLOVIR	3	
BULK CHEMICALS - AD'S		
ADEMETIONINE DISULF TOSYLATE POWDER	3	
ADENOSINE	3	
BULK CHEMICALS - AG'S		
AGAR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLUE AGAVE ORGANIC	3	
BULK CHEMICALS - AL'S		
ACTIPHYTE OF ALGAE GL	3	
ALASKAN RED ALGAE	3	
ALBENDAZOLE	3	
ALDOSTERONE	3	
ALGINIC ACID	3	
ALKYL BENZOATE C12-15	3	
ALLOPURINOL	3	
ALOE VERA (ALOE VERA OIL, ALOE VERA POWDER)	3	
ALOE VERA FREEZE DRIED	3	
ALOE VERA LEAF	3	
ALPHA LIPOIC ACID	3	
ALPHA-KETOGLUTARIC ACID	3	
ALPHA-LIPOIC ACID POWDER	3	
ALPRAZOLAM	3	
ALTRENOGEST	3	
ALUMINUM ACETATE BASIC	3	
ALUMINUM CHLOROHYDRATE	3	
DL-ALPHA LIPOIC ACID	3	
LIPOIC ACID POWDER	3	
BULK CHEMICALS - AM'S		
9-AMINOACRIDINE HCL	3	
AMANTADINE HCL	3	
AMERICAN GINSENG	3	
AMINOCAPROIC ACID	3	
AMINOLEVULINIC ACID HCL POWDER	3	
AMINOPROPYL RACEMENTHYL PHOS	3	
AMITRIPTYLINE HCL POWDER	3	
AMLEXANOX	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMLODIPINE BESYLATE	3	
AMMONIUM LAURYL SULFATE	3	
AMMONIUM MOLYBDATE TETRAHYD	3	
ENOVARX-AMITRIPTYLINE	3	
MAGNASWEET 110	3	
MAGNASWEET 135	3	
SODIUM 4-AMINOSALICYLATE	3	
BULK CHEMICALS - AN'S		
ANASTROZOLE	3	
ANDROSTENEDIONE	3	
ANISINDIONE	3	
ANTIMONY POTASSIUM TARTRATE	3	
ANTIMONY TRICHLORIDE	3	
ANTIMONY TRISULFIDE	3	
ANTIPYRINE	3	
BULK CHEMICALS - AP'S		
APOMORPHINE HCL	3	
BULK CHEMICALS - AR'S		
ARBUTIN ALPHA	3	
ARGININE HCL POWDER	3	
ARNICA	3	
ARSENIC TRIOXIDE	3	
BULK CHEMICALS - AS		
ASCORBIC ACID (ASCORBIC ACID GRANULES, ASCORBIC ACID POWDER)	3	
ASCORBIC ACID CASSAVE	3	
ASCORBYL PALMITATE	3	
ASPARAGINE MONOHYDRATE	3	
BULK CHEMICALS - AT'S		
ATORVASTATIN CALCIUM	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATTAPULGITE	3	
BULK CHEMICALS - AV'S		
AVIPTADIL ACETATE	3	
AVOCADO OIL	3	
BULK CHEMICALS - AZ'S		
AZELAIC ACID	3	
AZELASTINE HCL	3	
AZITHROMYCIN POWDER	3	
AZITHROMYCIN DIHYDRATE	3	
BULK CHEMICALS - BA		
BACITRACIN MICRONIZED	3	
BASIC FUCHSIN HCL	3	
BULK CHEMICALS - BE'S		
BECLOMETHASONE DIPROPIONATE	3	
BELLADONNA	3	
BELLADONNA EXTRACT	3	
BENACTYZINE HCL	3	
BENAZEPRIL HCL	3	
BENFOTIAMINE	3	
BENZETHONIUM CHLORIDE	3	
BENZOCAINE	3	
BENZOIN GUM	3	
BENZOQUINONE (PARA)	3	
BETA CAROTENE	3	
BETA CYCLODEXTRIN	3	
BETA GLUCAN	3	
BETAHISTINE DIHYDROCHLORIDE	3	
BETAHISTINE HCL	3	
BETAINE ANHYDROUS	3	
BETAINE HCL POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETAMETHASONE	3	
BETAMETHASONE ACETATE	3	
BETANAPHTHOL	3	
BETHANECHOL CHLORIDE	3	
TINOGARD TL	3	
BULK CHEMICALS - BI'S		
BIMATOPROST POWDER	3	
BIOTIN POWDER	3	
BIOTIN-D	3	
BISABOLOL, ALPHA-L	3	
BISMUTH CITRATE	3	
BISOPROLOL FUMARATE POWDER	3	
BITTER ORANGE	3	
BULK CHEMICALS - BO'S		
BORON AMORPHOUS FINE	3	
BORON CITRATE	3	
BOSWELLIA SERRATA EXTRACT	3	
BULK CHEMICALS - BR		
BRILLIANT GREEN	3	
BRIMONIDINE TARTRATE POWDER	3	
BROMFENAC SODIUM	3	
BULK CHEMICALS - BU'S		
BHA	3	
BUDESONIDE POWDER	3	
BUFLOMEDIL HCL	3	
BUPRENORPHINE HCL	3	
BUPROPION HCL	3	
BUSPIRONE HCL POWDER	3	
BUTALBITAL	3	
BUTORPHANOL TARTRATE POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BUTYL ALCOHOL	3	
BUTYLATED HYDROXYANISOLE	3	
BUTYLENE GLYCOL	3	
BULK CHEMICALS - CA'S		
ADRENOCHROME SEMICARBAZONE	3	
CALCIPOTRIENE POWDER	3	
CALCIPOTRIENE MONOHYDRATE	3	
CALCIPOTRIOL	3	
CALCITRIOL POWDER	3	
CALCITRIOL IN ALMOND OIL	3	
CALCIUM ACETATE (CALCIUM ACETATE CRYSTALS, CALCIUM ACETATE POWDER)	3	
CALCIUM ALGINATE	3	
CALCIUM AMINO ACID CHELATE	3	
CALCIUM CHLORIDE ANHYDROUS POWDER	3	
CALCIUM CITRATE POWDER	3	
CALCIUM CITRATE TETRAHYDRATE	3	
CALCIUM FRUCTOBORATE	3	
CALCIUM GLUBIONATE	3	
CALCIUM GLYCEROPHOSPHATE	3	
CALCIUM LEVULINATE DIHYDRATE	3	
CALCIUM OXIDE	3	
CALCIUM PROPIONATE	3	
CALCIUM PYRUVATE POWDER	3	
CALCIUM SACCHARATE	3	
CALCIUM SILICATE	3	
CALCIUM STEARATE	3	
CALCIUM THIOGLYCOLATE	3	
CANADIAN BALSAM	3	
CANNABIDIOL	3	
CAPRYLIC ACID	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPRYLIC CAPRIC TRIGLYCERIDE	3	
CAPSAICIN PALMITATE	3	
CAPTOPRIL	3	
CARBACHOL	3	
CARBAMIDE PEROXIDE	3	
CARBAZOCHROME	3	
CARBIMAZOLE	3	
CARBOMER 934P	3	
CARBOMER 934P RESIN	3	
CARBOMER 940	3	
CARBOMER 940 NF	3	
CARBOMER 941	3	
CARBOMER 980 NF	3	
CARBOMER HOMOPOLYMER TYPE C	3	
CARBOPOL 940 NF	3	
CARDAMOM	3	
CARMINE	3	
CARNAUBA WAX	3	
CARNOSINE L	3	
CASTOR OIL SULFATED	3	
DIETHYLENE GLYCOL MONOETHYL ET	3	
ETHOXY DIGLYCOL LIQUID	3	
ETHOXY ETHOXY ETHANOL REAGENT	3	
L-CARNOSINE	3	
LOCUST BEAN GUM	3	
UREA PEROXIDE	3	
YLANG-YLANG OIL FRAGRANCE	3	
BULK CHEMICALS - CE'S		
AVICEL PH 101 MICRO CELLULOSE	3	
AVICEL PH 105 MICRO CELLULOSE	3	C Not covered via pharmacy benefit – purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CEFTAZIDIME POWDER	3	
CEFTAZIDIME WITH SOD CARBONATE	3	
CEFTRIAXONE SODIUM POWDER	3	
CELECOXIB	3	
CELLULASE	3	
CELLULOSE (CELLULOSE CRYSTALS, CELLULOSE POWDER)	3	
CELLULOSE CARMELLOSE SODIUM	3	
CERESIN WAX	3	
CESIUM CHLORIDE	3	
CETEARYL ALCOHOL-CETEARETH 20	3	
CETOSTEARYL ALCOHOL	3	
CETYL MYRISTOLEATE	3	
CETYLPYRIDINIUM CHLORIDE	3	
FREEDOM ESTERDERM	3	
GLIDETAB P125 G2 DIRECT COMPRE	3	C Not covered via pharmacy benefit – purchase over the counter
MICROCRYSTAL CELLULOSE NF 101	3	
MICROCRYSTAL CELLULOSE NF 102	3	
MICROCRYSTAL CELLULOSE NF 105	3	
BULK CHEMICALS - CH'S		
CHICKEN PROTEIN	3	
CHLORAMBUCIL	3	
CHLORAMPHENICOL	3	
CHLORAMPHENICOL (BULK)	3	
CHLORAMPHENICOL PALMITATE	3	
CHLORHEXIDINE DIACETATE	3	
CHLOROPHYLLIN SODIUM COPPER	3	
CHLOROTHIAZIDE	3	
CHLOROXINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHLOROXYLENOL	3	
CHLORPROMAZINE HCL	3	
CHOLECALCIFEROL	3	
CHOLESTEROL	3	
CHOLESTYRAMINE POWDER	3	
CHOLINE CHLORIDE	3	
CHOLINE MAG TRISALICYLATE	3	
CHONDROITIN SULFATE SODIUM	3	
CHORIONIC GONADOTROPIN POWDER	3	
CHROMIC CHLORIDE	3	
CHROMIUM CHLORIDE	3	
CHROMIUM K SULFATE DODECAHYD	3	
CHROMIUM PICOLINATE POWDER	3	
CHROMIUM POLYNICOTINATE	3	
CHRYSIN	3	
HUMAN CHORIONIC GONADOTROPIN	3	
VITAMIN D3 (VITAMIN D3 LIQUID, VITAMIN D3 POWDER, VITAMIN D3 100000 UNIT/GM POWDER, VITAMIN D3 1000000 UNIT/GM LIQUID, VITAMIN D3 2400 UNIT/ML LIQUID)	3	
BULK CHEMICALS - CI		
BIOFLAVONOID CITRUS	3	
CICLOPIROX	3	
CIDOFOVIR	3	
CINNAMON BARK	3	
CIPROFLOXACIN	3	
CIPROFLOXACIN HCL	3	
CISAPRIDE	3	
CISPLATIN POWDER	3	
CITICOLINE	3	
CITRULLINE	3	
CITRUS BIOFLAVONOIDS 13 % POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
L-CITRULLINE POWDER	3	
BULK CHEMICALS - CL		
CLARITHROMYCIN POWDER	3	
CLEMIZOLE HCL	3	
CLIDINIUM BROMIDE	3	
CLINDAMYCIN HCL	3	
CLINDAMYCIN HCL MONOHYDRATE	3	
CLINDAMYCIN PHOSPHATE	3	
CLOFAZIMINE	3	
CLOMIPRAMINE HCL	3	
CLONAZEPAM POWDER	3	
CLOPIDOGREL BISULFATE	3	
CLORSULON	3	
BULK CHEMICALS - CO'S		
ADRENOCORTICOTROPHIC HORMONE	3	
COBALT GLUCONATE	3	
COBAMAMIDE	3	
COCAMIDE DEA	3	
COLHIBIN	3	
COLISTIMETHATE SODIUM	3	
COLLAGEN HYDROLYSATE	3	
COPPER GLUCONATE	3	
CORAL CALCIUM POWDER	3	
CORN OIL	3	
COUMARIN	3	
SPECPED	3	
BULK CHEMICALS - CR'S		
CRANBERRY POWDER	3	
CREATINE	3	
CREATINE MONOHYDRATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CREATININE	3	
CRESOL	3	
CROSCARMELLOSE SODIUM	3	
CROTAMITON	3	
CROTON OIL	3	
BULK CHEMICALS - CU'S		
ACTIPHYTE OF CUCUMBER	3	
COPPER GLYCINATE	3	
CUPRIC CHLORIDE DIHYDRATE	3	
CUPUACU BUTTER	3	
BULK CHEMICALS - CY'S		
CYANOCOBALAMIN (CYANOCOBALAMIN CRYSTALS, CYANOCOBALAMIN POWDER)	3	
CYCLANDELATE	3	
CYCLOBENZAPRINE HCL POWDER	3	
CYCLOMETHICONE	3	
CYCLOPENTASILOX-PEG/PPG DIMETH	3	
CYCLOPENTOLATE HCL	3	
CYCLOPHOSPHAMIDE POWDER	3	
CYCLOSERINE POWDER	3	
CYCLOSPORINE	3	
CYCLOSPORINE A	3	
CYPROHEPTADINE HCL	3	
CYSTEAMINE HCL	3	
L-CYSTEINE	3	
L-CYSTEINE HCL	3	
BULK CHEMICALS - DA'S		
DANTROLENE SODIUM	3	
DAPIPRAZOLE HCL	3	
DAPSONE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - DE'S		
2-DEOXY-D-GLUCOSE	3	
DEHYDROCHOLIC ACID	3	
DEMECARIUM BROMIDE	3	
DENATONIUM BENZOATE	3	
DEOXYCHOLIC ACID	3	
DESICCATED BEEF LIVER	3	
DESMOPRESSIN ACETATE POWDER	3	
DESOXIMETASONE POWDER	3	
DESOXYCORTICOSTERONE ACETATE	3	
DEVILS CLAW	3	
DEXAMETHASONE POWDER	3	
DEXAMETHASONE ACETATE POWDER	3	
DEXAMETHASONE BASE	3	
DEXAMETHASONE ISONICOTINATE	3	
DEXAMETHASONE SODIUM PHOSPHATE POWDER	3	
DEXCHLORPHENIRAMINE MALEATE	3	
DEXPANTHENOL (DEXPANTHENOL LIQUID, DEXPANTHENOL POWDER)	3	
DEXTRAN 40000	3	
DEXTRAN 75000	3	
DEXTROMETHORPHAN	3	
DIMETHYLAMINOETHANOL	3	
DMAE BITARTRATE	3	
DOW CORNING 1501 FLUID	3	
PCCA DMAE COMPLEX	3	
BULK CHEMICALS - DI'S		
DIAMINOPYRIDINE	3	
DIAZEPAM POWDER	3	
DIAZOXIDE POWDER	3	
DIBUCAINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIBUCAINE HCL	3	
DICHLORALPHENAZONE	3	
DICHLOROACETIC ACID	3	
DICLAZURIL	3	
DICLOFENAC SODIUM POWDER	3	
DICYCLOMINE HCL POWDER	3	
DIETHANOLAMINE	3	
DIETHYL PHTHALATE	3	
DIETHYL TOLUAMIDE	3	
DIETHYLCARBAMAZINE CITRATE	3	
DIETHYLPROPION HCL	3	
DIETHYLSTILBESTROL	3	
DIGOXIN POWDER	3	
DIGOXIN MICRONIZED	3	
DIHYDROCODEINE BITARTRATE	3	
DIHYDROXYACETONE (1,3) DIMER	3	
DIINDOLYLMETHANE	3	
DIIODO-L-THYRONINE 3,5	3	
DILTIAZEM HCL	3	
DIMETHYL FUMARATE	3	
DIMETHYL SILOXANE HYDROXYALKYL	3	
DIMETHYLACETAMIDE	3	
DIMETHYLGLYCINE HCL	3	
DIOSGENIN	3	
DIOSMIN	3	
DIOXYBENZONE	3	
DIPHENIDOL HCL	3	
DIPHENYLCYCLOPROPENONE	3	
DIPYRIDAMOLE POWDER	3	
DISOPHENOL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DISULFIRAM	3	
DIVALPROEX SODIUM	3	
GERMALL PLUS	3	
PROSTAGLANDIN E2	3	
SYN-AKE	3	
BULK CHEMICALS - DM'S		
D-MANNOSE POWDER	3	
BULK CHEMICALS - DO		
DOCOSANOL	3	
DOPAMINE HCL POWDER	3	
DORZOLAMIDE HCL POWDER	3	
DOXAZOSIN MESYLATE	3	
DOXEPIN HCL POWDER	3	
DOXYCYCLINE MONOHYDRATE	3	
BULK CHEMICALS - DR		
D-RIBOSE	3	
RIBOSE (D)	3	
BULK CHEMICALS - DU		
CALCIUM HYDROXYAPATITE	3	
DULOXETINE HCL POWDER	3	
DUTASTERIDE	3	
BULK CHEMICALS - DY		
DYCLONINE HCL	3	
DYPHYLLINE	3	
BULK CHEMICALS - EC		
ECONAZOLE NITRATE POWDER	3	
BULK CHEMICALS - ED		
EDROPHONIUM CHLORIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - EF		
EFLORNITHINE HCL	3	
BULK CHEMICALS - EM		
EMU OIL	3	
BULK CHEMICALS - EN		
ENALAPRIL MALEATE	3	
ENCLOMIPHENE CITRATE	3	
ENROFLOXACIN	3	
BULK CHEMICALS - EP'S		
EPINEPHRINE BITARTRATE	3	
GREEN TEA 95 % POWDER	3	
BULK CHEMICALS - ER		
ERGOLOID MESYLATES POWDER	3	
ERLOTINIB HCL (BULK)	3	
ERYTHROMYCIN ESTOLATE	3	
BULK CHEMICALS - ES'S		
ESCITALOPRAM OXALATE POWDER	3	
ESTRADIOL	3	
ESTRADIOL BENZOATE	3	
ESTRADIOL CYPIONATE	3	
ESTRADIOL HEMIHYDRATE (BULK)	3	
ESTRADIOL MICRONIZED	3	
ESTRADIOL VALERATE (ESTRADIOL VALERATE CRYSTALS, ESTRADIOL VALERATE POWDER)	3	
ESTRIOL POWDER	3	GL Female
ESTRIOL MICRONIZED	3	GL Female
ESTRONE	3	
BULK CHEMICALS - ET'S		
ETHOSUXIMIDE	3	
ETHYL OLEATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ETHYL VANILLIN	3	
ETHYLCELLULOSE	3	
ETHYLENEDIAMINE	3	
ETOMIDATE	3	
ETOPOSIDE POWDER	3	
BULK CHEMICALS - EU'S		
EUCALYPTOL	3	
BULK CHEMICALS - EZ'S		
EZETIMIBE	3	
BULK CHEMICALS - FA'S		
4-AMINOPYRIDINE	3	
DALFAMPRIDINE	3	
FAMCICLOVIR	3	
FAMOTIDINE POWDER	3	
BULK CHEMICALS - FE'S		
FENBENDAZOLE	3	
FENOFIBRATE POWDER	3	
FERRIC AMMONIUM CITRATE	3	
FERRIC CHLORIDE HEXAHYDRATE	3	
FERRIC SUBSULFATE (BULK) (FERRIC SUBSULFATE (BULK) POWDER, FERRIC SUBSULFATE (BULK) SOLUTION)	3	
FERRIC SULFATE	3	
FERROUS BISGLYCINATE CHELATE	3	
FERROUS FUMARATE POWDER	3	
FERROUS GLUCONATE	3	
FERROUS GLUCONATE DIHYDRATE	3	
FERULIC ACID	3	
FEVERFEW POWDER	3	
FEXOFENADINE HCL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - FI'S		
FINASTERIDE	3	
SIBERIAN PINE OIL	3	
BULK CHEMICALS - FL'S		
5-FLUOROURACIL	3	
FLIBANSERIN	3	
FLUCONAZOLE	3	
FLUCYTOSINE	3	
FLUMAZENIL	3	
FLUNIXIN MEGLUMINE	3	
FLUOROURACIL POWDER	3	
FLUOXETINE HCL POWDER	3	
FLUPHENAZINE DECANOATE	3	
FLUTICASONE PROPIONATE POWDER	3	
BULK CHEMICALS - FO		
4-METHYLPYRAZOLE	3	
FORMOTEROL FUMARATE	3	
FORMOTEROL FUMARATE DIHYDRATE	3	
FORSKOLIN	3	
BULK CHEMICALS - FU		
FURAZOLIDONE	3	
BULK CHEMICALS - GA'S		
4-AMINOBUTYRIC ACID	3	
GABAPENTIN	3	
GALACTOSE	3	
GAMMA-AMINOBUTYRIC ACID	3	
GARDENIA FRAGRANCE	3	
GATIFLOXACIN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - GE'S		
GENISTEIN	3	
BULK CHEMICALS - GI'S		
GINGER OIL	3	
GINSENG ROOT	3	
BULK CHEMICALS - GL'S		
ALPHA-GPC 50%	3	
ARLACEL 165	3	
GLUCONOLACTONE	3	
GLUCOSAMINE HCL POWDER	3	
GLUCOSAMINE SULFATE POWDER	3	
GLUCOSAMINE SULFATE NACL	3	
GLUCOSAMINE SULFATE POTASSIUM	3	
GLUTARALDEHYDE 24 % SOLUTION	3	
GLUTARALDEHYDE IN WATER	3	
GLYCEROL MONOOLEATE	3	
GLYCERYL MONOSTEARATE	3	
GLYCOFUROL	3	
GLYCOPYRROLATE POWDER	3	
GLYCOSAMINOGLYCANS	3	
GLYCYRRHIZIC ACID	3	
GUANIDINEACETIC ACID	3	
BULK CHEMICALS - GO		
GOLD SODIUM THIOMALATE	3	
BULK CHEMICALS - GR'S		
EGCG	3	
GRAMICIDIN D	3	
GRAPE SEED	3	
GREEN SOAP EMULSION	3	
GREEN TEA POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GREEN TEA EXTRACT	3	
GREEN TEA OIL FRAGRANCE	3	
GRISEOFULVIN MICRONIZED	3	
GRISEOFULVIN MICROSIZE	3	
BULK CHEMICALS - GU'S		
GUANABENZ ACETATE	3	
GUANETHIDINE SULFATE	3	
GUAR GUM	3	
GUARANA SEED EXTRACT	3	
BULK CHEMICALS - GY'S		
GYMNEMA SYLVESTRIS LEAF	3	
BULK CHEMICALS - HA'S		
HALOPERIDOL	3	
HALOPERIDOL DECANOATE	3	
HAWTHORN BERRY	3	
WITCH HAZEL	3	
BULK CHEMICALS - HE'S		
ACTIPHYTE OF IVY	3	
HEMATOXYLIN	3	
HEPARIN SODIUM	3	
HEPES	3	
HEPTAMINOL	3	
BULK CHEMICALS - HI'S		
HISTAMINE PHOSPHATE	3	
BULK CHEMICALS - HO'S		
HONEY ALMOND FRAGRANCE	3	
BULK CHEMICALS - HU'S		
HUPERZINE SERRATE A	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - HY'S		
HYALURONATE SODIUM	3	
HYALURONIC ACID POWDER	3	
HYALURONIC ACID SODIUM	3	
HYDRALAZINE HCL	3	
HYDRAZINE SULFATE	3	
HYDROCODONE BITARTRATE (HYDROCODONE BITARTRATE CRYSTALS, HYDROCODONE BITARTRATE POWDER)	3	
HYDROCORTISONE POWDER	3	
HYDROCORTISONE ACETATE POWDER	3	
HYDROCORTISONE HEMISUCCINATE	3	
HYDROCORTISONE MICRONIZED	3	
HYDROFLUORIC ACID	3	
HYDROXOCOBALAMIN	3	
HYDROXOCOBALAMIN HCL	3	
HYDROXYAMPHETAMINE HBR	3	
HYDROXYCHLOROQUINE SULFATE POWDER	3	
HYDROXYETHYL CELLULOSE	3	
HYDROXYETHYL METHACRYLATE	3	
HYDROXYPROGESTERONE CAPROATE	3	
HYDROXYPROPYL CELLULOSE	3	
HYDROXYPROPYL METHYLCELLULOSE	3	
HYDROXYPROPYL-BETA-CYCLODEXT	3	
HYDROXYUREA	3	
HYDROXYZINE HCL POWDER	3	
HYPROMELLOSE	3	
HYPROMELLOSE METHOCEL K100M	3	
METHOCEL E4M	3	
METHOCEL E4M PREMIUM POWDER	3	
METHOCEL E4M PREMIUM CR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHOCEL K100 PREMIUM	3	
METHOCEL K100M PREMIUM	3	
PROCAP E4M PREMIUM	3	
SODIUM HYALURONATE	3	
BULK CHEMICALS - ID		
IDEBENONE	3	
IDOXURIDINE	3	
BULK CHEMICALS - IM		
IMATINIB MESYLATE	3	
IMIDUREA	3	
IMIQUIMOD	3	
BULK CHEMICALS - IN'S		
INDOCYANINE GREEN	3	
INDOLE-3-CARBINOL	3	
INOSITOL POWDER	3	
INOSITOL HEXANICOTINATE	3	
LIPACTIVE INCA INCHI WO	3	
BULK CHEMICALS - IO'S		
IODINE	3	
IODINE RESUBLIMED	3	
IODINE STRONG (LUGOL'S)	3	
IOPANOIC ACID	3	
BULK CHEMICALS - IS'S		
CERAPHYL SLK	3	
ISOMETHEPTENE MUCATE	3	
ISOPROPYL MYRISTATE SOLUTION	3	
ISOPROTERENOL HCL	3	
ISOSORBIDE	3	
ISOTRETINOIN	3	
ISOXSUPRINE HCL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - IT'S		
ITRACONAZOLE	3	
BULK CHEMICALS - IV'S		
IVERMECTIN POWDER	3	
BULK CHEMICALS - JA		
JASMINE FRAGRANCE	3	
BULK CHEMICALS - JO		
JOJOBA OIL	3	
BULK CHEMICALS - KA		
KANAMYCIN SULFATE	3	
BULK CHEMICALS - KE'S		
7-KETO DHEA	3	
ACTIPHYTE OF SEA KELP	3	
ACTIPHYTE OF SUGAR KELP	3	
KETAMINE HCL POWDER	3	
KETOPROFEN POWDER	3	
KETOROLAC TROMETHAMINE POWDER	3	
KETOTIFEN FUMARATE	3	
KETOTIFEN HYDROGEN FUMARATE	3	
BULK CHEMICALS - KI		
KINETIN	3	
KIWI FRAGRANCE	3	
BULK CHEMICALS - KU		
KUDZU	3	
BULK CHEMICALS - LA'S		
ACIDOPHILUS LACTOBACILLUS (ACIDOPHILUS LACTOBACILLUS POWDER, ACIDOPHILUS LACTOBACILLUS 10 BIL UNT/GM POWDER)	3	
LABETALOL HCL POWDER	3	
LACTASE 5000	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAMOTRIGINE	3	
LANSOPRAZOLE	3	
LATANOPROST (LATANOPROST OIL, LATANOPROST POWDER)	3	
LAURETH-9 POLIDOCANOL	3	
LAURIC ACID	3	
PINENE (L-ALPHA)	3	
BULK CHEMICALS - LE'S		
CALCIUM FOLINATE	3	
CARNITINE (L)	3	
L-CARNITINE	3	
L-CARNITINE HCL	3	
L-METHYLFOLATE CALCIUM POWDER	3	
LEAD TETROXIDE	3	
LEFLUNOMIDE	3	
LEMON BIOFLAVANOID	3	
LETROZOLE	3	
LEUCOVORIN CALCIUM POWDER	3	
LEUPROLIDE ACETATE	3	
LEVALBUTEROL HCL	3	
LEVETIRACETAM POWDER	3	
LEVOCARNITINE POWDER	3	
LEVOCETIRIZINE DIHYDROCHLORIDE	3	
LEVOFLOXACIN POWDER	3	
LEVOFLOXACIN HEMIHYDRATE	3	
LEVOMEFOLATE CALCIUM	3	
LEVOMEFOLATE GLUCOSAMINE	3	
LEVORPHANOL TARTRATE	3	
LEVOTHYROXINE SODIUM POWDER	3	
PCCA T4 SODIUM	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - LI		
LICORICE DEGLYCYRRHIZINATED	3	
LIDOCAINE (LIDOCAINE CRYSTALS, LIDOCAINE POWDER)	3	
LIDOCAINE BASE	3	
LIDOCAINE HCL POWDER	3	
LIDOCAINE HCL MONOHYDRATE	3	
LIMONENE	3	
LINCOMYCIN HCL	3	
LINOLEIC ACID	3	
LIOTHYRONINE	3	
LIOTHYRONINE SODIUM POWDER	3	
LISINOPRIL	3	
LITHIUM CITRATE TETRAHYDRATE	3	
PCCA T3 SODIUM	3	
BULK CHEMICALS - LO'S		
LORATADINE	3	
LORAZEPAM POWDER	3	
LOSARTAN POTASSIUM	3	
LOVASTATIN	3	
BULK CHEMICALS - LS		
L-SELENOMETHIONINE	3	
L-SELENOMETHIONINE BLEND	3	
BULK CHEMICALS - LU'S		
LUTEIN (LUTEIN 5 % BEADS, LUTEIN 5 % POWDER)	3	
BULK CHEMICALS - LY		
L-LYSINE HCL POWDER	3	
LYSINE HCL GRANULES	3	
BULK CHEMICALS - MA'S		
MACA ROOT POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAFENIDE ACETATE POWDER	3	
MAFENIDE HCL	3	
MAGNESIUM ALUMINUM SILICATE	3	
MAGNESIUM AMINO ACID CHELATE	3	
MAGNESIUM ASCORBATE	3	
MAGNESIUM BISGLYCINATE DIHYD	3	
MAGNESIUM CITRATE POWDER	3	
MAGNESIUM GLUCONATE POWDER	3	
MAGNESIUM GLYCINATE POWDER	3	
MAGNESIUM HYDROXIDE	3	
MAGNESIUM MALATE POWDER	3	
MAGNESIUM PHOSPHATE	3	
MAGNESIUM SALICYLATE	3	
MALEIC ACID	3	
MALIC ACID	3	
MALTODEXTRIN	3	
MANDELIC ACID	3	
MANGANESE CHLORIDE POWDER	3	
MANGANESE GLUCONATE	3	
MANGANESE SULFATE	3	
BULK CHEMICALS - ME'S		
1-METHYL 2-PYRROLIDONE	3	
2-METHOXYESTRADIOL	3	
5-METHYLTETRAHYDROFOLATE CALC	3	
DIMETHYL SULFONE	3	
MECAMYLAMINE HCL	3	
MECHLORETHAMINE HCL	3	
MECLOFENOXATE HCL	3	
MEDIUM CHAIN TRIGLYCERIDES	3	
MEDROXYPROGESTERONE ACE MICRO	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDROXYPROGESTERONE MICRONIZED	3	
MEGLUMINE	3	
MELOXICAM POWDER	3	
MENADIONE	3	
MEQUINOL	3	
MERCAPTOPURINE	3	
MERCAPTOPURINE MONOHYDRATE	3	
METACRESOL ACETATE	3	
METFORMIN HCL POWDER	3	
METHACHOLINE CHLORIDE (METHACHOLINE CHLORIDE CRYSTALS, METHACHOLINE CHLORIDE POWDER)	3	
METHACRYLIC ACID COPOLYMER A	3	
METHANESULFONIC ACID	3	
METHOCARBAMOL	3	
METHOXYAMINE HYDROCHLORIDE	3	
METHOXYETHANOL	3	
METHSCOPOLAMINE BROMIDE	3	
METHSCOPOLAMINE NITRATE	3	
METHYL METHACRYLATE CROSSPOLY	3	
METHYL SULFONE	3	
METHYLCOBALAMIN POWDER	3	
METHYLENE CHLORIDE	3	
METHYLMETHACRYL CROSSPOLYMER	3	
METHYLPHENIDATE HCL	3	
METHYLSULFONYLMETHANE	3	
METHYSERGIDE MALEATE	3	
METRONIDAZOLE POWDER	3	
METRONIDAZOLE BENZOATE	3	
MEXILETINE HCL	3	
VITAMIN K2 0.2 % POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - MI		
MIDAZOLAM POWDER	3	
MILK THISTLE POWDER	3	
MIRTAZAPINE	3	
MISOPROSTOL	3	
MISOPROSTOL-HPMC	3	
MITOMYCIN POWDER	3	
MITOTANE	3	
BULK CHEMICALS - MO'S		
L-GLUTAMIC ACID MONOSOD SALT	3	
MODAFINIL	3	
MOLYBDENUM POWDER	3	
MOMETASONE FUROATE POWDER	3	
MONOBENZONE	3	
MONOETHANOLAMINE	3	
MONTELUKAST SODIUM	3	
MORANTEL TARTRATE	3	
MOXIFLOXACIN HCL POWDER	3	
MOXISYLYTE HCL	3	
BULK CHEMICALS - MU'S		
MUPIROCIN POWDER	3	
BULK CHEMICALS - MY'S		
MYCOPHENOLATE MOFETIL	3	
BULK CHEMICALS - NA'S		
N-ACETYL-L-CARNOSINE	3	
NABUMETONE	3	
NALBUPHINE HCL	3	
NALOXONE HCL POWDER	3	
NALOXONE HCL DIHYDRATE	3	
NALTREXONE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NALTREXONE HCL POWDER	3	
NALTREXONE HCL ANHYDROUS	3	
NALTREXONE HCL DIHYDRATE	3	
NALTREXONE HCL MICRONIZED	3	
NANDROLONE DECANOATE	3	
NAPHAZOLINE HCL	3	
NICOTINAMIDE ADENINE DINUCLEO	3	
BULK CHEMICALS - NE		
NEOSTIGMINE METHYLSULFATE POWDER	3	
NETTLE LEAF POWDER	3	
BULK CHEMICALS - NI'S		
NADH	3	
NICLOSAMIDE	3	
NICOTINAMIDE RIBOSIDE CHLORIDE	3	
NICOTINE POLACRILEX	3	
NICOTINE TARTRATE	3	
NIFEDIPINE POWDER	3	
NIFEDIPINE MICRONIZED POWDER	3	
NIMODIPINE POWDER	3	
NITAZOXANIDE	3	
NITROFURANTOIN ANHYDROUS	3	
NITROFURANTOIN MONOHYDRATE	3	
BULK CHEMICALS - NO'S		
NONOXYNOL-9	3	
NOREPINEPHRINE BITARTRATE POWDER	3	
NORETHINDRONE	3	
BULK CHEMICALS - NY		
NYSTATIN POWDER	3	
BULK CHEMICALS - OC'S		
OCTINOXATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OCTISALATE	3	
OCTYL STEARATE	3	
TRITON X-100	3	
BULK CHEMICALS - OL'S		
OLMESARTAN MEDOXOMIL	3	
BULK CHEMICALS - OM		
OMEPRAZOLE POWDER	3	
BULK CHEMICALS - ON		
ONDANSETRON HCL POWDER	3	
BULK CHEMICALS - OR		
L-ORNITHINE HYDROCHLORIDE	3	
ORIGANUM OIL	3	
ORLISTAT POWDER	3	
ORNITHINE HCL	3	
BULK CHEMICALS - OS		
OSELTAMIVIR PHOSPHATE	3	
BULK CHEMICALS - OX'S		
HYDROXYQUINOLINE SULFATE	3	
OXANDROLONE	3	
OXYBUTYNIN CHLORIDE	3	
OXYMETAZOLINE HCL	3	
OXYTETRACYCLINE DIHYDRATE	3	
OXYTOCIN POWDER	3	
OXYTOCIN ACETATE	3	
BULK CHEMICALS - PA'S		
DL-PANTHENOL	3	
DL-PANTHENOL ALCOHOL	3	
PALMAROSA	3	
PALMIDROL	3	
PALMITOYL PENTAPEPTIDE-3	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALMITOYL TRIPEPTIDE-3	3	
PANCREATIN	3	
PANTHENOL	3	
PANTOPRAZOLE SODIUM POWDER	3	
PAPAIN	3	
PARACHLOROPHENOL	3	
PARAFORMALDEHYDE	3	
PAROMOMYCIN SULFATE	3	
PATCHOULI OIL	3	
BULK CHEMICALS - PE'S		
PEARBERRY FRAGRANCE	3	
PEG 400 MONOSTEARATE	3	
PEG-40 CASTOR OIL	3	
PENCICLOVIR (BULK)	3	
PENICILLAMINE	3	
PENNYROYAL OIL	3	
PENTOSAN POLYSULFATE SODIUM POWDER	3	
PENTOXIFYLLINE	3	
PENTYLENE GLYCOL	3	
PENTYLENETETRAZOLE	3	
PERFLUORODECALIN	3	
PERGOLIDE MESYLATE	3	
PERMETHRIN LIQUID	3	
PERPHENAZINE	3	
PEUCEDANUM OSTRUTHIUM EXTRACT	3	
BULK CHEMICALS - PH'S		
PHENELZINE SULFATE POWDER	3	
PHENINDIONE	3	
PHENIRAMINE MALEATE	3	
PHENOLSULFONIC ACID	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENOXYBENZAMINE HCL	3	
PHENOXYETHANOL	3	
PHENTERMINE HCL	3	
PHENTOLAMINE MESYLATE	3	
PHENYL SALICYLATE	3	
PHENYLETHYL ALCOHOL	3	
PHENYLETHYLAMINE HCL	3	
PHENYLTOLOXAMINE CITRATE	3	
PHENYTOIN	3	
PHOSPHATIDYLCHOLINE	3	
PHOSPHATIDYLSERINE POWDER	3	
PHYTIC ACID IN WATER	3	
PHYTONADIONE	3	
VITAMIN K1	3	
BULK CHEMICALS - PI'S		
PIMOBENDAN	3	
PINE BARK EXTRACT	3	
PINE NEEDLE OIL	3	
PINEAPPLE EXTRACT	3	
PIPERINE	3	
PIRACETAM	3	
BULK CHEMICALS - PO'S		
BRIJ 30	3	
BRIJ 35	3	
BRIJ 700	3	
BRIJ 93	3	
BRIJ C20	3	
BRIJ S20	3	
COSMOCIL CQ	3	
PODOFILOX POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLYACRYLATE CROSSPOLYMER-6	3	
POLYHEXAMETHYLENE BIGUANIDE	3	
POLYOXYL 40 HYD CASTOR OIL	3	
POLYVINYL ALCOHOL	3	
POLYVINYLPYRROLIDONE K-30	3	
POLYVINYLPYRROLIDONE K-90	3	
POMEGRANATE SEED	3	
PONAZURIL	3	
POTASSIUM ACETATE (POTASSIUM ACETATE CRYSTALS, POTASSIUM ACETATE POWDER)	3	
POTASSIUM ASPARTATE	3	
POTASSIUM AZELAOYL DIGLYCINATE	3	
POTASSIUM BENZOATE	3	
POTASSIUM IODIDE	3	
POTASSIUM METABISULFITE	3	
POTASSIUM PERMANGANATE	3	
POTASSIUM PHOSPHATE DIBASIC	3	
POTASSIUM PHOSPHATE MONOBASIC	3	
POTASSIUM SODIUM TARTRATE	3	
POTASSIUM SULFATE	3	
POVIDONE	3	
POVIDONE K-30	3	
POVIDONE-IODINE POWDER	3	
POWDER SCENT FRAGRANCE	3	
BULK CHEMICALS - PR'S		
PRALIDOXIME CHLORIDE	3	
PRAZIQUANTEL	3	
PREGABALIN	3	
PRILOCAINE	3	
PRILOCAINE HCL	3	
PRIMIDONE POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCARBAZINE HCL	3	
PROCHLORPERAZINE EDISYLATE	3	
PROFLAVINE HEMISULFATE	3	
PROGESTERONE	3	GL Female
PROGESTERONE MICRONIZED POWDER	3	GL Female
PROGESTERONE MILLED	3	GL Female
PROGESTERONE WETTABLE	3	GL Female
PROGESTERONE WETTABLE (SOY)	3	GL Female
PROMAZINE HCL	3	
PROMETHAZINE HCL	3	
PROPANEDIOL	3	
PROPARACAINE HCL	3	
PROPIONIC ACID	3	
PROPYL GALLATE	3	
PROPYLENE GLYCOL LIQUID	3	
PROPYLENE GLYCOL MONOSTEARATE	3	
PROPYLTHIOURACIL	3	
PROTAMINE SULFATE POWDER	3	
PROTEASE	3	
BULK CHEMICALS - PS'S		
PSYLLIUM HUSK POWDER	3	
BULK CHEMICALS - PU'S		
PULLULAN	3	
BULK CHEMICALS - PY'S		
PYRANTEL PAMOATE	3	
PYRAZINAMIDE	3	
PYRIDOSTIGMINE BROMIDE POWDER	3	
PYRIDOXAL-5 PHOSPHATE POWDER	3	
PYRIDOXAL-5-PHOSPHATE POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PYRIMETHAMINE	3	
ZINC PYRITHIONE	3	
BULK CHEMICALS - QU'S		
QUATERNIUM-15	3	
QUERCETIN DIHYDRATE	3	
QUININE HCL DIHYDRATE	3	
BULK CHEMICALS - RA		
RACEPINEPHRINE HCL	3	
RAPESEED OIL	3	
RASAGILINE MESYLATE	3	
RAUWOLFIA SERPENTINA	3	
BULK CHEMICALS - RE		
RED YEAST RICE POWDER	3	
RED YEAST RICE EXTRACT POWDER	3	
RESVERATROL (RESVERATROL POWDER, RESVERATROL 98 % POWDER)	3	
RETINAL	3	
BULK CHEMICALS - RI'S		
RIBAVIRIN POWDER	3	
RIBOFLAVIN POWDER	3	
RIBOFLAVIN 5-PHOSPHATE SODIUM	3	
RIBOFLAVIN-5-PHOSPHATE SODIUM	3	
RIFAMPIN	3	
RIFAXIMIN	3	
BULK CHEMICALS - RO'S		
ROCURONIUM BROMIDE POWDER	3	
RONIDAZOLE	3	
ROPIVACAINE HCL POWDER	3	
ROSE BENGAL B	3	
ROSUVASTATIN CALCIUM	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - RU		
RUBIDIUM CHLORIDE	3	
RUTIN	3	
BULK CHEMICALS - SA'S		
AC DERMAPEPTIDE	3	
CALCIUM SACCHARIN	3	
SACCHARIN CALCIUM	3	
SAGE LEAF	3	
SALICYLIC ACID (SALICYLIC ACID CRYSTALS, SALICYLIC ACID POWDER, SALICYLIC ACID 50 % SOLUTION)	3	
SALSALATE POWDER	3	
SAW PALMETTO BERRY	3	
BULK CHEMICALS - SC'S		
SCARLET RED	3	
BULK CHEMICALS - SE'S		
L-SERINE	3	
SECRETIN-MANNITOL	3	
SELENIUM SULFIDE POWDER	3	
SELENIUM YEAST	3	
SENNA	3	
SERMORELIN ACETATE	3	
SEROTONIN HCL	3	
SERTRALINE HCL POWDER	3	
BULK CHEMICALS - SH		
SHARK CARTILAGE POWDER	3	
SHOWER FRESH FRAGRANCE	3	
BULK CHEMICALS - SI'S		
COPASIL	3	
DOW CORNING 200	3	
NOURISIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PMX-1184 SILICONE	3	
SIBERIAN GINSENG	3	
SILDENAFIL CITRATE	3	
SILICONE BLEND CUSTOM	3	
SILICONE ELASTOMER BLEND	3	
SILICONE FLUID 556	3	
SILVER SULFADIAZINE	3	
SIMVASTATIN	3	
SINCALIDE IN MANNITOL	3	
SIROLIMUS	3	
BULK CHEMICALS - SO'S		
DEOXYCHOLIC ACID SODIUM	3	
DL-3-HYDROXYBUTYRIC ACID SOD	3	
L-ASPARTIC ACID SODIUM	3	
LECITHIN SOYA	3	
NICE PURE BAKING SODA	3	
PHOSPHATIDYLSERINE 40 % POWDER	3	
SODIUM ACETATE TRIHYDRATE	3	
SODIUM ALGINATE	3	
SODIUM ASCORBYL PHOS DIHYDRATE	3	
SODIUM ASPARTATE	3	
SODIUM ASPARTATE MONOHYDRATE	3	
SODIUM BICARBONATE POWDER	3	
SODIUM BISULFITE	3	
SODIUM BITARTRATE MONOHYDRATE	3	
SODIUM CAPRATE	3	
SODIUM CAPRYLATE	3	
SODIUM CHLORITE	3	
SODIUM CITRATE DIHYDRATE	3	
SODIUM COCOYL GLUTAMATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM DEHYDROACETATE	3	
SODIUM DEOXYCHOLATE	3	
SODIUM DIACETATE	3	
SODIUM DICHLOROACETATE	3	
SODIUM FLUORIDE POWDER	3	
SODIUM FLUOROPHOSPHATE	3	
SODIUM GLUCONATE	3	
SODIUM IODIDE	3	
SODIUM LACTATE	3	
SODIUM LAURETH SULFATE	3	
SODIUM METABISULFITE	3	
SODIUM MOLYBDATE	3	
SODIUM MONOFLUOROPHOSPHATE	3	
SODIUM NITRATE	3	
SODIUM OLEATE	3	
SODIUM PHENYLBUTYRATE	3	
SODIUM PHOSPHATE DIBASIC	3	
SODIUM PHOSPHATE DIBASIC HEPTA	3	
SODIUM PHOSPHATE MONOBASIC	3	
SODIUM PHOSPHATE TRIBASIC	3	
SODIUM PIDOLATE	3	
SODIUM PROPIONATE	3	
SODIUM SELENITE	3	
SODIUM STARCH GLYCOLATE	3	
SODIUM STEARATE	3	
SODIUM STEARYL FUMARATE	3	
SODIUM SUCCINATE	3	
SODIUM TARTRATE DIHYDRATE	3	
SODIUM TETRADECYL SULFATE (SODIUM TETRADECYL SULFATE POWDER, SODIUM TETRADECYL SULFATE 27 % SOLUTION)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM THIOSALICYLATE	3	
SORAFENIB TOSYLATE (BULK)	3	
SORBITAN MONOLAURATE	3	
SORBITAN MONOOLEATE	3	
SORBITAN MONOPALMITATE	3	
SORBITAN MONOSTEARATE	3	
SOYABEAN CASEIN DIGEST MEDIUM	3	
SOYBEAN LECITHIN	3	
SPAN 80	3	
BULK CHEMICALS - SP'S		
CETYL ESTERS WAX	3	
SPIRULINA POWDER	3	
BULK CHEMICALS - SQ'S		
DIBUTYL SQUARATE	3	
SQUALANE	3	
SQUALENE	3	
SQUARIC ACID	3	
SQUARIC ACID DI-N-BUTYL ESTER	3	
SQUARIC ACID IN BUTANOL	3	
BULK CHEMICALS - ST'S		
ST JOHNS WORT POWDER	3	
STANNOUS CHLORIDE DIHYDRATE	3	
STANOZOLOL	3	
STEVIA EXTRACT (STEVIA EXTRACT POWDER, STEVIA EXTRACT 90 % POWDER)	3	
STEVIOL GLYCOSIDES	3	
STEVIOSIDE	3	
STRONTIUM CHLORIDE	3	
TRUCLEAR STEVIA PLUS	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - SU'S		
DIMERCAPTOSUCCINIC ACID	3	
SUCCIMER DMSA	3	
SUCCINIC ACID	3	
SUCCINYLCHOLINE CHLORIDE POWDER	3	
SUCROSE OCTAACETATE	3	
SUFENTANIL CITRATE POWDER	3	
SULFACETAMIDE	3	
SULFADIMETHOXINE	3	
SULFAMERAZINE	3	
SULFOSALICYLIC ACID DIHYDRATE	3	
SULFUR PRECIPITATED	3	
SULFUR SUBLIMED	3	
SULPIRIDE	3	
SUMATRIPTAN	3	
SUMATRIPTAN SUCCINATE	3	
SUPEROXIDE DISMUTASE (SUPEROXIDE DISMUTASE POWDER, SUPEROXIDE DISMUTASE SOLUTION)	3	
BULK CHEMICALS - TA		
TACROLIMUS POWDER	3	
TADALAFIL	3	
TAMOXIFEN CITRATE	3	
TAMOXIFEN CITRATE MICRONIZED	3	
TAZAROTENE POWDER	3	
XILOGEL	3	
BULK CHEMICALS - TE'S		
TEA TREE OIL	3	
TERBINAFINE HCL	3	
TESTOSTERONE POWDER	3	GL Male
TESTOSTERONE CYPIONATE POWDER	3	GL Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TESTOSTERONE ENANTHATE POWDER	3	GL Male
TESTOSTERONE MICRONIZED	3	GL Male
TESTOSTERONE PROPIONATE	3	GL Male
TESTOSTERONE UNDECANOATE	3	
TETRACAINE	3	
TETRACAINE HCL POWDER	3	
TETRAHYDROBIOPTERIN DIHCL	3	
TETRAHYDROCURCUMIN	3	
TETRAHYDROZOLINE HCL	3	
BULK CHEMICALS - TH		
THEANINE	3	
THEOBROMINE	3	
THIOGUANINE	3	
THIORIDAZINE HCL	3	
THIOTEPA	3	
THYMUS	3	
THYROID (PORCINE)	3	
BULK CHEMICALS - TI'S		
TICARCILLIN-POT CLAVULANATE	3	
TITANIUM DIOXIDE	3	
TIZANIDINE HCL POWDER	3	
BULK CHEMICALS - TO'S		
NATURAL MIXED TOCOPHEROLS	3	
TOBRAMYCIN POWDER	3	
TOCOTRIENOLS	3	
TOFACITINIB CITRATE	3	
TOLAZOLINE HCL	3	
TOLTRAZURIL	3	
TOLU BALSAM	3	
TOLUIDINE BLUE O	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPIRAMATE	3	
BULK CHEMICALS - TR'S		
RENOVAGE	3	
TEA COCOYL GLUTAMINE	3	
TRAMADOL HCL POWDER	3	
TRAMETINIB	3	
TRANEXAMIC ACID	3	
TRANILAST	3	
TRIACETIN	3	
TRIAMCINOLONE	3	
TRIAMCINOLONE HEXACETONIDE	3	
TRICHLORMETHIAZIDE	3	
TRICHLOROACETIC ACID (TRICHLOROACETIC ACID CRYSTALS, TRICHLOROACETIC ACID POWDER, TRICHLOROACETIC ACID SOLUTION)	3	
TRICLOSAN	3	
TRIETHANOLAMINE LAURYL SULFATE	3	
TRIETHANOLAMINE SALICYLATE	3	
TRIETHYL CITRATE	3	
TRILOSTANE	3	
TRIMEPRAZINE TARTRATE	3	
TRIMETHOBENZAMIDE HCL	3	
TRIOXSALEN	3	
TRIPROLIDINE HCL	3	
TROMETHAMINE POWDER	3	
TROPOLONE	3	
TRYPSIN	3	
BULK CHEMICALS - TU'S		
CURCUMIN	3	
CURCUMIN EXTRACT	3	
TURMERIC POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TURMERIC ROOT	3	
BULK CHEMICALS - TY'S		
TYLOSIN TARTRATE	3	
TYLOXAPOL	3	
BULK CHEMICALS - UB'S		
UBIQUINOL	3	
BULK CHEMICALS - UR'S		
UREA (UREA BEADS, UREA POWDER)	3	
URIDINE	3	
URSODIOL POWDER	3	
BULK CHEMICALS - VA'S		
SODIUM VALPROATE	3	
VALACYCLOVIR HCL	3	
VALERIAN ROOT	3	
VALPROATE SODIUM	3	
VALPROIC ACID	3	
VANADIUM	3	
VANADYL SULFATE HYDRATE	3	
VANCOMYCIN HCL POWDER	3	
VANILLIN	3	
VARDENAFIL HCL	3	
BULK CHEMICALS - VE'S		
VEEGUM	3	
BULK CHEMICALS - VI'S		
ALPHA-TOCOPHEROL	3	
RETINOL MOLECULAR FILM	3	
TOCOPHERYL ACID SUCC D-ALPHA	3	
VIDARABINE	3	
VINPOCETINE	3	
VITAMIN A POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMIN A ACETATE	3	
VITAMIN A PALMITATE LIQUID	3	
VITAMIN E LIQUID	3	
VITAMIN E ACETATE (VITAMIN E ACETATE LIQUID, VITAMIN E ACETATE 1 UNIT/MG LIQUID, VITAMIN E ACETATE 125 UNIT/ML LIQUID)	3	
VITAMIN E SUCCINATE	3	
BULK CHEMICALS - VO'S		
VORICONAZOLE POWDER	3	
BULK CHEMICALS - WH'S		
SEPICALM VG	3	
WHEY PROTEIN ISOLATE	3	
WHITE KIDNEY BEAN EXTRACT	3	
BULK CHEMICALS - WI'S		
WHITE WILLOW BARK	3	
BULK CHEMICALS - XY		
XYLITOL POWDER	3	
XYLOMETAZOLINE HCL	3	
BULK CHEMICALS - YE'S		
YEAST EXTRACT	3	
BULK CHEMICALS - YO'S		
YOHIMBINE HCL	3	
BULK CHEMICALS - ZE'S		
ZEAXANTHIN	3	
BULK CHEMICALS - ZI'S		
ZINC ACETATE POWDER	3	
ZINC CHLORIDE GRANULES	3	
ZINC CITRATE	3	
ZINC GLUCONATE POWDER	3	
ZINC MONOMETHIONINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZINC OXIDE POWDER	3	
ZINC PICOLINATE	3	
ZINC UNDECYLENATE	3	
ZIRCONIUM OXIDE	3	
BULK CHEMICALS - ZO'S		
ZONISAMIDE	3	
ESSENTIAL OILS		
ACTIPHYTE OF LEMONGRASS	3	
ANISE	3	
BAY OIL	3	
BERGAMOT OIL	3	
CEDAR LEAF OIL	3	
CEDARWOOD OIL	3	
CINNAMON OIL	3	
CITRONELLA OIL	3	
CLOVE OIL	3	
EUCALYPTUS OIL	3	
EUGENOL	3	
GERANIUM OIL	3	
GNP CINNAMON	3	
GNP EUCALYPTUS	3	
GRAPEFRUIT OIL	3	
JUNIPER TAR	3	
LAVENDER OIL	3	
LEMON OIL	3	
LEMONGRASS OIL	3	
LIME OIL	3	
MUSTARD OIL	3	
NIAOULI	3	
ORANGE OIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEPPERMINT OIL OIL	3	
PINE OIL	3	
ROSE OIL	3	
ROSEMARY OIL	3	
SASSAFRAS OIL	3	
SPEARMINT OIL	3	
TURPENTINE OIL	3	
FIXED OILS		
ALMOND OIL (SWEET)	3	
BASE G ALMOND OIL (SWEET)	3	
CASTOR OIL	3	
COCONUT OIL	3	
COTTONSEED OIL	3	
FT SWEET OIL	3	
GLYCINE SOYA PROTEIN	3	
LINSEED OIL	3	
MACADAMIA NUT OIL	3	
OLIVE OIL	3	
PEANUT OIL	3	
QC CASTOR OIL	3	
QC SWEET OIL	3	
SAFFLOWER OIL	3	
SESAME OIL	3	
SM SWEET OIL	3	
SOYBEAN OIL	3	
SWEET OIL	3	
WA-001 EXPERIMENTAL SOIL SURFA	3	
LIQUID COMBINATIONS		
ALCOHOL ANHYDROUS	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIQUIDS		
AMMONIUM LACTATE	3	
BENZYL BENZOATE	3	
CAMPHOR SPIRIT	3	
CAMPHOR SPIRIT (BULK)	3	
CHLORHEXIDINE GLUCONATE SOLUTION	3	
CRYOSERV	3	
DIMETHYL SULFOXIDE SOLUTION	3	C Not covered via pharmacy benefit – purchase over the counter
FT CAMPHOR SPIRIT	3	
GLYCERIN (GLYCERIN LIQUID, GLYCERIN SOLUTION)	3	
GLYCEROL FORMAL	3	
GNP PEPPERMINT SPIRIT	3	
GNP SODIUM SILICATE	3	
GUAIACOL	3	
ISOPROPYL PALMITATE	3	
PEPPERMINT SPIRIT (BULK)	3	
PINE TAR	3	
POLYSORBATE 20	3	
POLYSORBATE 40	3	
POLYSORBATE 60	3	
POLYSORBATE 80	3	
PRETZ 10 % SOLUTION	3	
QC CAMPHOR SPIRIT	3	
SM CAMPHOR SPIRIT	3	
SODIUM SILICATE (BULK)	3	
UNDECYLENIC ACID	3	
SEMI-SOLIDS		
COAL TAR (COAL TAR LIQUID, COAL TAR SOLUTION, COAL TAR TAR, COAL TAR 20 % SOLUTION)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COAL TAR EXTRACT	3	
PERUVIAN BALSAM	3	
SOLID COMBINATIONS		
DOCUSATE SODIUM-SOD BENZOATE	3	
SOD BICARB-SOD CHLORIDE (BULK)	3	
SOLIDS		
ALUM AMMONIUM	3	
ALUMINUM AMMONIUM SULFATE	3	
ALUMINUM POTASSIUM SULFATE	3	
ALUMINUM SULFATE	3	
AMMONIUM BROMIDE	3	
AMMONIUM CARBONATE	3	
AMMONIUM CHLORIDE	3	
AMMONIUM PHOSPHATE DIBASIC	3	
AMMONIUM SULFATE	3	
ASPARTIC ACID	3	
BHT	3	
BISMUTH SUBCARBONATE	3	
BISMUTH SUBNITRATE	3	
BISMUTH SUBSALICYLATE	3	
BORIC ACID	3	
BORIC ACID NF	3	
BORIC ACID TOPICAL	3	
BUTYLATED HYDROXYTOLUENE	3	
CALCIUM HYDROXIDE	3	
CALCIUM SULFATE	3	
CALCIUM SULFATE HEMIHYDRATE	3	
CARBOXYMETHYLCELLULOSE SODIUM	3	
CATNIP	3	
CITRIC ACID	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CITRIC ACID ANHYDROUS	3	
CITRIC ACID MONOHYDRATE	3	
CORN STARCH	3	
DEHYDROEPIANDROSTERONE	3	
DEHYDROEPIANDROSTERONE MICRO	3	
DHEA MICRONIZED	3	
DINITROCHLOROBENZENE	3	
FULLERS EARTH	3	
GERMANIUM SESQUIOXIDE	3	
GINGER ROOT	3	
GNP BORIC ACID	3	
HM BORIC ACID	3	
IODOFORM	3	
L-ASPARTIC ACID	3	
L-MENTHOL	3	
LEAD ACETATE TRIHYDRATE	3	
LICORICE ROOT	3	
MANNITOL POWDER	3	
MENTHOL	3	
METHENAMINE	3	
METHENAMINE MANDELATE POWDER	3	
PHENYLMERCURIC ACETATE	3	
PHENYLMERCURIC NITRATE	3	
PILOCARPINE HCL	3	
PILOCARPINE NITRATE	3	
POTASH SULFURATED LUMP	3	
POTASSIUM ALUM	3	
POTASSIUM BITARTRATE	3	
POTASSIUM BROMIDE	3	
POTASSIUM CARBONATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM GLUCONATE ANHYDROUS	3	
POTASSIUM NITRATE	3	
POTASSIUM PERCHLORATE	3	
PRASTERONE MICRONIZED	3	
PREGNENOLONE POWDER	3	
PREGNENOLONE MICRONIZED	3	
PUMICE (FLOUR)	3	
PYROGALLOL	3	
QC BORIC ACID	3	
QUINIDINE SULFATE DIHYDRATE	3	
RESORCINOL	3	
ROSIN	3	
SILICA GEL	3	
SILICON DIOXIDE	3	
SILICON DIOXIDE (SYLOID 244FP)	3	
SM BORIC ACID	3	
SODIUM BROMIDE	3	
SODIUM BUTYRATE	3	
SODIUM CACODYLATE	3	
SODIUM NITRITE GRANULES	3	
SODIUM PERBORATE	3	
SODIUM SULFATE	3	
SODIUM SULFITE	3	
SORBITOL POWDER	3	
STANNOUS FLUORIDE	3	
STARCH	3	
STARCH RICE	3	
STRONTIUM NITRATE	3	
SUCROSE	3	
SULFANILAMIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALC	3	
THEOPHYLLINE	3	
THEOPHYLLINE ANHYDROUS	3	
THYMOL	3	
THYMOL IODIDE	3	
THYMOL IODIDE PURIFIED	3	
WAXY MAIZE STARCH N-200	3	
SOLVENTS		
ACETONE	3	
ALCOHOL, USP	3	
CHLOROFORM	3	
CVS ALCOHOL	3	
CVS ISOPROPYL ALCOHOL	3	
EQL ISOPROPYL ALCOHOL	3	
ETHANOL	3	
ETHER	3	
ETHYL ALCOHOL 95 % SOLUTION	3	
FT ISOPROPYL RUBBING ALCOHOL 91 % SOLUTION	3	
FT NAIL POLISH REMOVER	3	
GNP ISOPROPYL ALCOHOL	3	
GNP ISOPROPYL RUBBING ALCOHOL 91 % SOLUTION	3	
GOODSENSE ISOPROPYL ALCOHOL 91 % SOLUTION	3	
ISOPROPYL ALCOHOL (ISOPROPYL ALCOHOL 91 % SOLUTION, ISOPROPYL ALCOHOL 91%, ISOPROPYL ALCOHOL 99 % SOLUTION, ISOPROPYL ALCOHOL 99%)	3	
MEIJER ISOPROPYL ALCOHOL	3	
METHANOL	3	
METHYL ALCOHOL	3	
TURPENTINE LIQUID	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL		
desogestrel-ethinyl estradiol (biphasic)	1	GL Female ACA Affordable Care Act
LO LOESTRIN FE	2	GL Female ACA Affordable Care Act
COMBINATION CONTRACEPTIVES - ORAL		
desogestrel & ethinyl estradiol	1	GL Female ACA Affordable Care Act
drospirenone-ethinyl estradiol (drospirenone-ethinyl estradiol tab 3-0.02 mg, drospirenone-ethinyl estradiol tab 3-0.03 mg)	1	GL Female ACA Affordable Care Act
drospirenone-ethinyl estradiol-levomefolate calcium	1	GL Female ACA Affordable Care Act
ethynodiol diacet & eth estrad (ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	1	GL Female ACA Affordable Care Act
levonorgestrel & eth estradiol (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg)	1	GL Female ACA Affordable Care Act
norethin acet & estrad-fe (norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg, norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))	1	GL Female ACA Affordable Care Act
norethindrone & eth estradiol (norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, norethindrone & ethinyl estradiol tab 1 mg-35 mcg)	1	GL Female ACA Affordable Care Act
norethindrone & ethinyl estradiol-fe	1	GL Female ACA Affordable Care Act
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	GL Female C ALT: Aurovela 24 Fe, Blisovi 24 Fe, Hailey 24 Fe, Junel Fe 24, Larin 24 Fe, Tarina 24 Fe ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
norethindrone acet & eth estra (norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)	1	GL Female ACA Affordable Care Act
norgestimate-ethinyl estradiol	1	GL Female ACA Affordable Care Act
norgestrel & ethinyl estradiol	1	GL Female ACA Affordable Care Act
TYBLUME	3	GL Female ACA Affordable Care Act
VALTYA 1/50	3	GL Female ACA Affordable Care Act
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol	1	GL Female ACA Affordable Care Act
COMBINATION CONTRACEPTIVES - VAGINAL		
etonogestrel-ethinyl estradiol	1	GL Female ACA Affordable Care Act
CONTINUOUS CONTRACEPTIVES - ORAL		
levonorgestrel-ethinyl estradiol (continuous)	1	GL Female ACA Affordable Care Act
COPPER CONTRACEPTIVES - IUD		
MIUDELLA	3	GL Female C Healthcare Administered ACA Affordable Care Act
PARAGARD INTRAUTERINE COPPER	3	GL Female C Healthcare Administered ACA Affordable Care Act
EMERGENCY CONTRACEPTIVES		
ELLA	2	GL Female ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levonorgestrel (emergency oc)	1	GL Female ACA Affordable Care Act
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
levonorgestrel-ethinyl estradiol (91-day) (levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg, levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7), levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7), levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)	1	GL Female ACA Affordable Care Act
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	3	GL Female ACA Affordable Care Act
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	3	GL Female ACA Affordable Care Act
medroxyprogesterone acetate (contraceptive)	1	GL Female ACA Affordable Care Act
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	3	GL Female ACA Affordable Care Act
LILETTA (52 MG)	3	GL Female ACA Affordable Care Act
MIRENA (52 MG)	3	GL Female ACA Affordable Care Act
SKYLA	3	GL Female ACA Affordable Care Act
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone (contraceptive)	1	GL Female ACA Affordable Care Act
TRIPHASIC CONTRACEPTIVES - ORAL		
ARANELLE	3	GL Female ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levonorgestrel-eth estradiol (triphasic)	1	GL Female ACA Affordable Care Act
norethindrone acetate-ethinyl estradiol-fe	1	GL Female ACA Affordable Care Act
norethindrone-eth estradiol (triphasic) (norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)	1	GL Female ACA Affordable Care Act
norgestimate-ethinyl estradiol (triphasic) (norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg)	1	GL Female ACA Affordable Care Act
VELIVET	3	GL Female ACA Affordable Care Act
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
AGAMREE	3	QL 300 / 30 day(s) PA C ALT: prednisone, deflazacort S
ALKINDI SPRINKLE	3	PA C ALT: hydrocortisone tab S
BETAMETHASONE SODIUM PHOSPHATE POWDER	3	
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	1	PA C Alt: Budesonide 3 MG DR CAPSULE
CORTISONE ACETATE POWDER	3	
CORTISONE ACETATE 25 MG TAB	3	C ALT: dexamethasone tab, hydrocortisone tab, methylprednisolone tab, prednisone tab, prednisolone tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
deflazacort susp 22.75 mg/ml	1	PA C ALT: prednisolone 5mg/5mL or 15mg/5mL solution, dexamethasone tab, methylprednisolone tab, prednisone tab S
deflazacort tab 18 mg	1	QL 30 / 30 day(s) PA C ALT: dexamethasone tab, methylprednisolone tab, prednisone tab S
deflazacort tab 6 mg	1	QL 60 / 30 day(s) PA C ALT: dexamethasone tab, methylprednisolone tab, prednisone tab S
DEXABLISS	3	C ALT: dexamethasone tab
DEXAMETHASONE (DEXAMETHASONE 1.5 MG (35) TAB THPK, DEXAMETHASONE 1.5 MG (51) TAB THPK)	3	C ALT: dexamethasone tab
dexamethasone (dexamethasone elixir 0.5 mg/5ml, dexamethasone tab 0.5 mg, dexamethasone tab 0.75 mg, dexamethasone tab 1 mg, dexamethasone tab 1.5 mg, dexamethasone tab 2 mg, dexamethasone tab 4 mg, dexamethasone tab 6 mg)	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	3	
DEXAMETHASONE INTENSOL	3	
dexamethasone tab therapy pack 1.5 mg (21)	1	C ALT: dexamethasone tab
DEXLYT	3	C ALT: dexamethasone tab
EOHILIA	3	PA C ALT: budesonide inhalation suspension QLC 1800 / 90 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMADY	3	C ALT: dexamethasone tab
hydrocortisone	1	
KHINDIVI	3	PA C ALT: hydrocortisone tab S
MEDROL 2 MG TAB	3	
METHYLPREDNISOLONE	3	
methylprednisolone	1	
METHYLPREDNISOLONE ACETATE POWDER	3	
ORAPRED ODT	3	C ALT: Generic Covered
PREDNISOLONE	3	
PREDNISOLONE ACETATE	3	
PREDNISOLONE ANHYDROUS	3	
PREDNISOLONE SODIUM PHOSPHATE POWDER	3	
prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 5 mg/5ml (base equiv), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))	1	
prednisolone sodium phosphate (prednisolone sod phosphate oral soln 10 mg/5ml (base equiv), prednisolone sod phosphate oral soln 20 mg/5ml (base equiv))	1	C ALT: Prednisolone 5mg/5mL or 15mg/5mL
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP, PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP)	3	C ALT: Generic Covered
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	1	C ALT: dexamethasone tab, methylprednisolone tab, prednisolone tab, prednisone tab
prednisone	1	
PREDNISONE POWDER	3	
PREDNISONE 5 MG/5ML SOLUTION	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREDNISONE INTENSOL	3	C ALT: prednisone solution 5mg/5mL
TAPERDEX 12-DAY	3	C ALT: dexamethasone tab
TAPERDEX 7-DAY	3	C ALT: dexamethasone tab
TRIAMCINOLONE DIACET MICRONIZE	3	
TRIAMCINOLONE DIACETATE POWDER	3	
MINERALOCORTICOIDS		
FLUDROCORTISONE ACETATE	3	
fludrocortisone acetate	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
BENZONATATE	3	C ALT: benzonatate 100 mg or 200 mg
benzonatate (benzonatate cap 100 mg, benzonatate cap 200 mg)	1	
benzonatate cap 150 mg	1	C ALT: benzonatate 100 mg or 200 mg
DEXTROMETHORPHAN HBR	3	
DEXTROMETHORPHAN HBR MONOHYD	3	
ANTITUSSIVE - OPIOID		
hydrocodone bitartrate-homatropine methylbromide (hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml, hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg)	1	
ANTITUSSIVE-EXPECTORANT		
guaifenesin-codeine soln 100-10 mg/5ml	1	
DECONGESTANT & ANTIHISTAMINE		
CLARINEX-D 12 HOUR	3	C ALT: clemastine fumarate 2.68 mg tab, carbinoxamine 4 mg tab, cyproheptadine 2mg/5ml syrup, desloratadine 5 mg tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXPECTORANTS		
BROMHEXINE HCL	3	
GUAIFENESIN	3	
TERPIN HYDRATE	3	
TERPIN HYDRATE MONOHYDRATE	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 7 % NEBU SOLN	3	
NEBUSAL 3 % NEBU SOLN	3	
PULMOSAL	3	
SODIUM CHLORIDE (SODIUM CHLORIDE 3 % NEBU SOLN, SODIUM CHLORIDE 7 % NEBU SOLN, SODIUM CHLORIDE 10 % NEBU SOLN)	3	
SODIUM CHLORIDE 0.9 % NEBU SOLN	3	C ALT: sodium chloride 3% nebulizer solution, Nebusal 3% nebulizer solution
MUCOLYTICS		
ACETYLCYSTEINE	3	
acetylcysteine (acetylcysteine inhal soln 10%, acetylcysteine inhal soln 20%)	1	
N-ACETYL-L-CYSTEINE	3	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
promethazine-dm syrup 6.25-15 mg/5ml	1	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
pseudoephed-bromphen-dm	1	
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	3	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
TUXARIN ER	3	C ALT: hydrocodone poli-chlorphe poli susp

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
AMZEEQ	3	
clindamycin phosphate (topical) (clindamycin phosphate gel 1% (twice-daily), clindamycin phosphate lotion 1%, clindamycin phosphate soln 1%, clindamycin phosphate swab 1%)	1	
clindamycin phosphate foam 1%	1	C ALT: clindamycin 1% gel (twice daily)/lotion/solution
dapsone (topical)	1	C ALT: clindamycin 1% gel (twice daily)/lotion/solution, erythromycin 2% gel/solution
ERY	3	
erythromycin (acne aid) (erythromycin gel 2%, erythromycin soln 2%)	1	
ERYTHROMYCIN 2 % GEL	3	
sulfacetamide sodium (acne)	1	
ACNE COMBINATIONS		
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA C ALT: tretinoin 0.1% cream
benzoyl peroxide-erythromycin	1	C ALT: clindamycin phos-benzoyl peroxide 1.2-5% gel, adapalene-benzoyl peroxide gel, clindamycin 1% gel (twice daily)/lotion/solution, erythromycin 2% gel/solution
CABTREO	3	C ALT: adapalene-benzoyl peroxide gel, clindamycin -benzoyl peroxide 1.2-5 % gel, clindamycin phosphate 1% solution/gel/lotion

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clindamycin phosphate-benzoyl peroxide (clindamycin phosphate-benzoyl peroxide gel 1-5%, clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%)	1	C ALT: adapalenebenzoyl peroxide gel, clindamycin phosphate 1% gel (twice daily)/lotion/solution, clindamycin phosphatebenzoyl peroxide 1.2–5% gel
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	C ALT: adapalenebenzoyl peroxide gel, clindamycin phosphate 1% gel (twice daily)/lotion/solution, clindamycin phosphate–benzoyl peroxide 1.2–5% gel
clindamycin phosphate-tretinoin	1	C ALT: tretinoin 0.01% gel, tretinoin cream, clindamycin 1% lotion/solution/twice-daily gel
CLINOIN	3	
ACNE PRODUCTS		
ABSORICA LD	2	
ADAPALENE (ADAPALENE 0.1 % PAD, ADAPALENE 0.1 % SOLUTION)	3	PA C ALT: adapalene cream or gel, adapalene-benzoyl peroxide
adapalene (adapalene cream 0.1%, adapalene gel 0.3%)	1	PA
adapalene gel 0.1%	1	QL 45 / 30 DAYS PA C Not covered via pharmacy benefit – purchase over the counter
AKLIEF	3	PA
AZELEX	3	C ALT: tretinoin cream, clindamycin 1% soln/gel/lotion, adapalene 0.1% cream or 0.3% gel, adapalene-benzoyl peroxide 0.1-2.5% gel

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENZOYL PEROXIDE 70 % POWDER	3	
BENZOYL PEROXIDE HYDROUS	3	
DIFFERIN 0.1 % LOTION	3	PA C ALT: adapalene cream or gel, adapalene-benzoyl peroxide
isotretinoin	1	
RETIN-A MICRO	3	PA C ALT: tretinoin cream
RETIN-A MICRO PUMP (RETIN-A MICRO PUMP 0.04 % GEL, RETIN-A MICRO PUMP 0.1 % GEL)	3	PA C ALT: tretinoin cream
RETINOIC ACID	3	
TRETINOIN	3	
tretinoin (tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%)	1	PA
tretinoin gel 0.025%	1	PA C ALT: tretinoin 0.025% cream
tretinoin gel 0.05%	1	PA C ALT: tretinoin 0.05% cream
TRETINOIN MICROSPHERE	3	PA C ALT: tretinoin cream
tretinoin microsphere (tretinoin microsphere gel 0.04%, tretinoin microsphere gel 0.1%)	1	PA C ALT: tretinoin cream
tretinoin microsphere gel 0.08%	1	PA C ALT: adapalene cream/gel, tretinoin cream, tretinoin 0.01% gel
TRETINOIN MICROSPHERE PUMP	3	PA C ALT: tretinoin cream
WINLEVI	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	3	C ALT: podofilox solution
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS		
LEQSELVI	3	QL 60 / 30 day(s) PA S
LITFULO	3	QL 28 / 28 day(s) PA S
ANALGESIC COMBINATIONS - TOPICAL		
A.A.G.C. KIT IN TERODERM	3	
ANALGESICS - TOPICAL		
ENOVARX-BACLOFEN	3	
ENOVARX-TRAMADOL	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	3	QL 60 / 30 day(s) C ALT: diclofenac 1.5% solution
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	QL 1000 / 30 day(s) C ALT: over the counter (OTC) diclofenac
diclofenac sodium soln 1.5%	1	QL 300 / 30 day(s)
ENOVARX-DICLOFENAC SODIUM	3	
ENOVARX-IBUPROFEN	3	
ENOVARX-NAPROXEN	3	
FLECTOR	3	QL 60 / 30 day(s) C ALT: diclofenac 1.5% solution
LICART	3	QL 30 / 30 day(s) C ALT: diclofenac 1.5% solution
NAPRO	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY COMBINATIONS - TOPICAL		
DUAL COMPLEX FORMULA 1 KIT	3	
FBL KIT	3	
K.B.G.L IN TERODERM	3	
TRIPLE COMPLEX FORMULA 3 KIT	3	
VP FC KIT	3	
VP GKL KIT	3	
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL		
NEO-SYNALAR	3	C ALT: mupirocin ointment
ANTIBIOTICS - TOPICAL		
BACITRACIN POWDER	3	
BACITRACIN ZINC	3	
GENTAMICIN SULFATE	3	
gentamicin sulfate (topical)	1	
mupirocin	1	
mupirocin calcium (topical)	1	C ALT: mupirocin 2% ointment
NEOMYCIN SULFATE	3	
TETRACYCLINE HCL POWDER	3	
XEPI	3	
ANTIFUNGALS - TOPICAL		
BENZOIC ACID	3	
ciclopirox (ciclopirox gel 0.77%, ciclopirox shampoo 1%, ciclopirox solution 8%)	1	
CICLOPIROX OLAMINE POWDER	3	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	C ALT: ciclopirox cream
CLIOQUINOL	3	
GENTIAN VIOLET	3	
NAFTIFINE HCL	3	C ALT: ciclopirox nail lacquer, ciclopirox cream, econazole 1% cream

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
naftifine hcl cream 2%	1	C ALT: ciclopirox nail lacquer, ciclopirox cream, econazole cream
naftifine hcl gel 2%	1	C ALT: ciclopirox nail lacquer, ciclopirox cream, econazole 1% cream
nystatin (topical) (nystatin cream 100000 unit/gm, nystatin oint 100000 unit/gm, nystatin topical powder 100000 unit/gm)	1	
TOLNAFTATE	3	
ANTIFUNGALS - TOPICAL COMBINATIONS		
clotrimazole w/ betamethasone	1	
CLOTRIMAZOLE-BETAMETHASONE	3	C ALT: CREAM - CLOTRIMAZOLE-BETAMETHASONE 1-0.05%
MICONAZOLE-ZINC OXIDE-PETROLAT	3	
nystatin-triamcinolone	1	C ALT: clotrimazole w/ betamethasone 1-0.05% cream, nystatin 100000 unit/gm cream/ointment, triamcinolone 0.1% cream/lotion/ointment
VUSION	3	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	2	S
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
CARAC	2	QL 30 / 28 day(s) C ALT: fluorouracil 5% cream, fluorouracil solution, imiquimod 5% cream, diclofenac 3% gel
FLUOROURACIL 2 % SOLUTION	3	
fluorouracil cream 5%	1	QL 240 / 84 day(s)
fluorouracil soln 5%	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
diclofenac sodium (actinic keratoses)	1	QLC 300 / 90 days
ANTINEOPLASTIC RETINOIDS - TOPICAL		
PANRETIN	3	C Alt: CARAC, diclofenac 3% gel, fluorouracil 5% cream, imiquimod, PICATO, ZYCLARA
ANTIPRURITICS - TOPICAL		
CAMPHOR	3	
doxepin hcl (antipruritic)	1	QL 45 / 30 day(s) PA C ALT: hydrocortisone 1% or 2.5% cream/ointment
ANTIPSORIATICS		
ANTHRALIN	3	
CALCIPOTRIENE 0.005 % FOAM	3	C ALT: calcipotriene 0.005% cream/solution
CALCIPOTRIENE 0.005 % SOLUTION	3	
calcipotriene cream 0.005%	1	
calcipotriene oint 0.005%	1	C ALT: calcipotriene cream
CALCITRIOL 3 MCG/GM OINTMENT	3	C ALT: calcipotriene 0.005% cream/solution
PELLIX	3	C ALT: calcipotriene cream
SORILUX	3	C ALT: calcipotriene 0.005% cream/solution
tazarotene (tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%)	1	PA
tazarotene cream 0.05%	1	
VECTICAL	3	C ALT: calcipotriene 0.005% cream/solution
VTAMA	3	C ALT: tazarotene cream, tazarotene gel

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPSORIATICS - SYSTEMIC		
acitretin	1	
BIMZELX	3	PA S QLC 2 / 56 days
COSENTYX (300 MG DOSE)	2	QL 2 / 28 DAYS PA S
COSENTYX 150 MG/ML SOLN PRSYR	2	QL 1 / 28 DAYS PA S
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	QL 0.5 / 28 day(s) PA S
COSENTYX SENSOREADY (300 MG)	2	QL 2 / 28 DAYS PA S
COSENTYX SENSOREADY PEN	2	QL 1 / 28 DAYS PA S
COSENTYX UNOREADY	2	QL 2 / 28 day(s) PA S
ICOTYDE	2	QL 30 / 30 day(s) PA S
METHOXSALEN RAPID	3	C ALT: Generic Covered
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA S QLC 1 / 84 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI 55 MG/0.37ML SOLN PRSYR	2	PA S QLC 0.37 / 84 days
SKYRIZI PEN	2	PA S QLC 1 / 84 days
SOTYKTU	2	QL 30 / 30 day(s) PA C ALT: COSENTYX, ENBREL, OTEZLA, TREMFYA, XELJANZ, SKYRIZI S
SPEVIGO (SPEVIGO 150 MG/ML SOLN PRSYR, SPEVIGO 300 MG/2ML SOLN PRSYR)	3	QL 2 / 28 day(s) PA S
STEQEYMA (STEQEYMA 45 MG/0.5ML SOLN PRSYR, STEQEYMA 45 MG/0.5ML SOLUTION)	2	PA S QLC 0.5 / 84 days
STEQEYMA 90 MG/ML SOLN PRSYR	2	PA S QLC 1 / 56 days
TREMFYA 100 MG/ML SOLN PRSYR	2	PA S QLC 1 / 56 days
TREMFYA ONE-PRESS	2	PA S QLC 1 / 56 days
TREMFYA PEN 100 MG/ML SOLN A-INJ	2	PA S QLC 1 / 56 days
YESINTEK (YESINTEK 45 MG/0.5ML SOLN PRSYR, YESINTEK 45 MG/0.5ML SOLUTION)	2	PA S QLC 0.5 / 84 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YESINTEK 90 MG/ML SOLN PRSYR	2	PA S QLC 1 / 56 days
ANTISEBORRHEIC PRODUCTS		
GLYCOLIC ACID 70 % SOLUTION	3	C Not covered via pharmacy benefit – purchase over the counter
SELENIUM SULFIDE 2.5 % LOTION	3	
selenium sulfide lotion 2.5%	1	
SULFACETAMIDE SODIUM POWDER	3	
ANTIVIRAL TOPICAL COMBINATIONS		
XERESE	3	
ANTIVIRALS - TOPICAL		
acyclovir topical	1	C ALT: penciclovir 1% cream, valacyclovir tab
penciclovir	1	
ZELSUVMI	3	PA QLC 62 / 84 days
ASTRINGENTS		
CALAMINE POWDER	3	
TANNIC ACID	3	
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
ANZUPGO	3	QL 60 / 30 day(s) PA S
CIBINQO	2	QL 30 / 30 day(s) PA C Alt: Rinvoq S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY	2	QL 4 / 28 day(s) PA S
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	2	QL 4 / 28 day(s) PA S
DUPIXENT 200 MG/1.14ML SOLN A-INJ	2	QL 2.28 / 28 day(s) PA S
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	QL 2.28 / 28 DAYS PA S
EBGLYSS	2	QL 2 / 28 day(s) PA S
BURN PRODUCTS		
MAFENIDE ACETATE 5 % PACKET	3	C ALT: silver sulfadiazine 1% cream
NITROFURAZONE	3	
silver sulfadiazine	1	
SULFAMYLON	3	
CAUTERIZING AGENTS		
CHLOROACETIC ACID	3	
SILVER NITRATE CRYSTALS	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	3	QL 118.4 / 30 days C ALT: hydrocortisone 2.5% lotion, hydrocortisone 2.5% cream, Ala-Cort 2.5%
alclometasone dipropionate (alclometasone dipropionate, alclometasone dipropionate 0.05 % cream)	1	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	3	QL 120 / 30 day(s)
AMCINONIDE	3	QL 120 / 30 day(s) C ALT: alclometasone, betamethasone dipropionate, betamethasone dipropionate augmented, betamethasone valerate cream/lotion/ointment, clobetasol 0.05% solution/cream/gel/ointment, fluocinonide
APEXICON E	3	QL 120 / 30 day(s) C ALT: betamethasone dipropionoate 0.05% cream/lotion/ointment, betamethasone valerate 0.1% cream/lotion/ointment, mometasone, triamcinolone 0.1%, 0.025% cream/lotion/ointment
BETAMETHASONE DIPROPIONATE	3	
betamethasone dipropionate (topical) (betamethasone dipropionate cream 0.05%, betamethasone dipropionate oint 0.05%)	1	QL 135 / 30 day(s)
BETAMETHASONE DIPROPIONATE AUG	3	QL 200 / 28 day(s)
betamethasone dipropionate augmented (betamethasone dipropionate augmented cream 0.05%, betamethasone dipropionate augmented oint 0.05%)	1	QL 200 / 28 day(s)
betamethasone dipropionate augmented lotion 0.05%	1	QL 210 / 30 day(s)
betamethasone dipropionate lotion 0.05%	1	QL 120 / 30 day(s)
BETAMETHASONE VALERATE POWDER	3	
betamethasone valerate (betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent))	1	QL 135 / 30 day(s)
BETAMETHASONE VALERATE 0.1 % LOTION	3	QL 120 / 30 day(s)
betamethasone valerate aerosol foam 0.12%	1	QL 150 / 30 day(s) C ALT: betamethasone valerate 0.1% cream/lotion/ointment

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
betamethasone valerate lotion 0.1% (base equivalent)	1	QL 120 / 30 day(s)
BRYHALI	3	QL 200 / 28 day(s) C ALT: halobetasol 0.05% cream
CLOBETASOL 17 PROPIONATE	3	
CLOBETASOL PROPIONATE POWDER	3	
clobetasol propionate (clobetasol propionate cream 0.05%, clobetasol propionate gel 0.05%, clobetasol propionate oint 0.05%)	1	QL 210 / 28 day(s)
CLOBETASOL PROPIONATE 0.025 % CREAM	3	QL 200 / 28 day(s) C ALT: clobetasol 0.05% cream/gel/oint/solution
clobetasol propionate emollient base	1	QL 210 / 28 day(s)
clobetasol propionate emulsion	1	QL 200 / 28 day(s) C ALT: clobetasol 0.05% cream/gel/oint/solution
clobetasol propionate foam 0.05%	1	QL 200 / 28 day(s) C ALT: clobetasol 0.05% cream/gel/oint/solution
clobetasol propionate lotion 0.05%	1	QL 177 / 28 day(s) C ALT: clobetasol 0.05% cream/gel/oint/solution
clobetasol propionate shampoo 0.05%	1	QL 236 / 30 day(s) C ALT: clobetasol 0.05% cream/gel/oint/solution
clobetasol propionate soln 0.05%	1	QL 200 / 28 day(s)
clobetasol propionate spray 0.05%	1	QL 236 / 28 day(s) C ALT: clobetasol 0.05% cream/gel/oint/solution
clocortolone pivalate	1	QL 135 / 30 day(s) C ALT: fluocinolone acetonide 0.025% ointment, hydrocortisone valerate 0.2% cream, mometasone furoate 0.1% cream

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORDRAN	3	QL 1 / 30 day(s) C ALT: betamethasone dipropionoate 0.05% cream/lotion/ointment, betamethasone valerate 0.1% cream/lotion/ointment, mometasone, triamcinolone 0.1%, 0.025% cream/lotion/ointment
DESONIDE POWDER	3	
desonide (desonide cream 0.05%, desonide oint 0.05%)	1	QL 120 / 30 day(s)
DESONIDE 0.05 % GEL	3	QL 120 / 30 day(s) C ALT: fluocinolone 0.01% solution/cream, hydrocortisone 2.5% cream/lotion/ointment
desonide lotion 0.05%	1	QL 118 / 30 day(s) C ALT: fluocinolone 0.01% solution/cream, hydrocortisone 2.5% cream/lotion/ointment
desoximetasone (desoximetasone cream 0.05%, desoximetasone oint 0.05%)	1	QL 120 / 30 day(s) C ALT: desoximetasone 0.25% cream/ointment
desoximetasone (desoximetasone cream 0.25%, desoximetasone oint 0.25%)	1	QL 120 / 30 day(s)
DESOXIMETASONE 0.05 % GEL	3	QL 120 / 30 day(s) C ALT: desoximetasone 0.25% cream/ointment
desoximetasone spray 0.25%	1	QL 100 / 30 day(s) C ALT: desoximetasone 0.25% cream/ointment
DIFLORASONE DIACETATE	3	QL 120 / 30 day(s) C ALT: betamethasone dipropionoate 0.05% cream/lotion/ointment, betamethasone valerate 0.1% cream/lotion/ointment, mometasone, triamcinolone 0.1%, 0.025% cream/lotion/ointment

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
diflorasone diacetate	1	QL 120 / 30 day(s) C ALT: clobetasol 0.05% cream/gel/ointment, betamethasone dipropionate 0.05% cream/lotion/ointment, fluticasone 0.005% ointment
FLUOCINOLONE ACETONIDE	3	
fluocinolone acetonide (fluocinolone acetonide cream 0.01%, fluocinolone acetonide oint 0.025%, fluocinolone acetonide soln 0.01%)	1	QL 120 / 30 day(s)
fluocinolone acetonide (fluocinolone acetonide oil 0.01% (body oil), fluocinolone acetonide oil 0.01% (scalp oil))	1	QL 118.28 / 30 days
fluocinolone acetonide cream 0.025%	1	QL 120 / 30 day(s) C ALT: fluocinolone 0.01% cream, 0.025% oint
FLUOCINONIDE	3	
fluocinonide (fluocinonide cream 0.05%, fluocinonide gel 0.05%, fluocinonide oint 0.05%, fluocinonide soln 0.05%)	1	QL 120 / 30 day(s)
fluocinonide cream 0.1%	1	QL 240 / 28 day(s)
fluocinonide emulsified base	1	QL 120 / 30 day(s) C ALT: fluocinonide 0.05% solution/cream/gel/ointment
FLURANDRENOLIDE (FLURANDRENOLIDE 0.05 % CREAM, FLURANDRENOLIDE 0.05 % LOTION)	3	QL 120 / 30 day(s) C ALT: fluticasone 0.05% cream
fluticasone propionate	1	QL 120 / 30 day(s)
FLUTICASONE PROPIONATE 0.05 % LOTION	3	QL 120 / 30 day(s) C ALT: fluticasone 0.05% cream/ointment
halcinonide cream 0.1%	1	QL 120 / 30 day(s) C ALT: BETAMETHASONE, DESOXIMETASONE, FLUOCINONIDE
halcinonide soln 0.1%	1	QL 120 / 30 day(s) C ALT: betamethasone topical (except foam), desoximetasone 0.25% cream/ointment, fluocinonide

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HALOBETASOL PROPIONATE 0.05 % FOAM	3	QL 200 / 28 day(s) C ALT: halobetasol 0.05% cream
HALOBETASOL PROPIONATE 0.05 % LOTION	3	QL 240 / 30 day(s) C ALT: halobetasol 0.05% cream
halobetasol propionate cream 0.05%	1	QL 200 / 28 day(s)
halobetasol propionate oint 0.05%	1	QL 200 / 28 day(s) C ALT: halobetasol 0.05% cream
HALOG 0.1 % OINTMENT	3	QL 120 / 30 day(s) C ALT: betamethasone, desoximetasone, fluocinonide
HALOG 0.1 % SOLUTION	3	QL 120 / 30 day(s) C ALT: betamethasone topical (except foam), desoximetasone 0.25% cream/ointment, fluocinonide
hydrocortisone (topical) (hydrocortisone cream 1%, hydrocortisone cream 2.5%, hydrocortisone oint 2.5%)	1	QL 454 / 30 day(s)
HYDROCORTISONE 2 % LOTION	3	QL 118.4 / 30 days C ALT: hydrocortisone 2.5% lotion
HYDROCORTISONE 2.5 % LOTION	3	QL 118 / 30 day(s)
HYDROCORTISONE 2.5 % SOLUTION	3	QL 120 / 30 day(s) C ALT: hydrocortisone 2.5% lotion, hydrocortisone 2.5% cream
HYDROCORTISONE ACETATE 2.5 % CREAM	3	QL 454 / 30 day(s) C ALT: hydrocortisone 2.5% cream, lotion
HYDROCORTISONE BUTYRATE 0.1 % CREAM	3	QL 135 / 30 day(s) C ALT: mometasone furoate 0.1 % ointment, triamcinolone acetonide 0.5 % cream or ointment

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	3	QL 135 / 30 day(s) C ALT: hydrocortisone 2.5% cream/lotion/ointment
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	3	QL 120 / 30 day(s) C ALT: mometasone furoate 0.1 % ointment, triamcinolone acetonide 0.5 % cream or ointment
hydrocortisone butyrate lotion 0.1%	1	QL 118 / 30 day(s) C ALT: hydrocortisone 2.5% cream/lotion/ointment
hydrocortisone butyrate oint 0.1%	1	QL 135 / 30 day(s) C ALT: hydrocortisone 2.5% cream/lotion/ointment
hydrocortisone oint 1%	1	QL 453.6 / 30 days
hydrocortisone valerate	1	QL 120 / 30 day(s) C ALT: hydrocortisone 2.5% cream/lotion/ointment
IMPOYZ	3	QL 200 / 28 day(s) C ALT: clobetasol, hydrocortisone, triamcinolone
LEXETTE	3	QL 200 / 28 day(s) C ALT: halobetasol 0.05% cream
LOCOID LIPOCREAM	3	C ALT: Generic Covered
MICORT HC	3	QL 454 / 30 day(s) C ALT: hydrocortisone 2.5% cream, lotion
mometasone furoate (mometasone furoate cream 0.1%, mometasone furoate oint 0.1%)	1	QL 135 / 30 day(s)
mometasone furoate solution 0.1% (lotion)	1	QL 120 / 30 day(s)
PANDEL	3	QL 160 / 30 day(s) C ALT: mometasone furoate 0.1 % ointment, triamcinolone acetonide 0.5 % cream or ointment

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SERNIVO	3	QL 120 / 30 day(s) C ALT: betamethasone valerate 0.1 %, betamethasone dipropionate 0.05 %, fluocinolone acetonide 0.025 %, triamcinolone acetonide 0.1 %
TEXACORT	3	QL 120 / 30 day(s) C ALT: hydrocortisone 2.5% lotion, hydrocortisone 2.5% cream
TRIAMCINOLONE ACETONIDE POWDER	3	
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%)	1	QL 454 / 30 day(s)
triamcinolone acetonide (topical) (triamcinolone acetonide lotion 0.025%, triamcinolone acetonide lotion 0.1%, triamcinolone acetonide oint 0.5%)	1	QL 120 / 30 day(s)
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	3	QL 120 / 30 day(s)
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	3	QL 126 / 30 day(s) C ALT: triamcinolone cream/ointment (except 0.05%)
triamcinolone acetonide oint 0.05%	1	QL 430 / 30 day(s) C ALT: triamcinolone cream/ointment (except 0.05%)
ULTRAVATE	3	QL 240 / 30 day(s) C ALT: halobetasol 0.05% cream
DEPIGMENTING AGENTS		
HYDROQUINONE POWDER	3	
EMOLLIENTS		
glycerin (topical)	3	C Not covered via pharmacy benefit - purchase over the counter
lactic acid (ammonium lactate)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENZYMES - TOPICAL		
COLLAGENASE	3	
SANTYL	3	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
CLOTRIMAZOLE (CLOTRIMAZOLE CRYSTALS, CLOTRIMAZOLE POWDER)	3	
clotrimazole (topical) (clotrimazole cream 1%, clotrimazole soln 1%)	1	
econazole nitrate	1	
ECONAZOLE NITRATE 1 % FOAM	3	C ALT: econazole nitrate cream
ECOZA	3	C ALT: econazole nitrate cream
ERTACZO	3	C ALT: econazole, ketoconazole, clotrimazole
EXELDERM 1 % CREAM	3	C ALT: ketoconazole 2% cream, econazole 1% cream
EXELDERM 1 % SOLUTION	3	C ALT: clotrimazole 1 % solution, econazole nitrate 1 % cream, ketoconazole 2% cream
ketoconazole (topical) (ketoconazole cream 2%, ketoconazole shampoo 2%)	1	
ketoconazole foam 2%	1	C ALT: ketoconazole 2% cream
LULICONAZOLE	3	C ALT: clotrimazole 1% cream, ketoconazole 2% cream, econazole 1% cream
LUZU	3	C ALT: clotrimazole 1% cream, ketoconazole 2% cream, econazole 1% cream
MICONAZOLE NITRATE	3	
oxiconazole nitrate	1	C ALT: econazole cream, ketoconazole cream
OXISTAT	3	C ALT: clotrimazole 1% cream, ketoconazole 2% cream, econazole 1% cream

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULCONAZOLE NITRATE 1 % CREAM	3	C ALT: ketoconazole 2% cream, econazole 1% cream
SULCONAZOLE NITRATE 1 % SOLUTION	3	C ALT: clotrimazole 1 % solution, econazole nitrate 1 % cream, ketoconazole 2% cream
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
imiquimod	1	C ALT: Imiquimod 5% cream, Podofilox 0.5% solution QLC 15 / 42 days
ZYCLARA PUMP 2.5 % CREAM	3	C ALT: Imiquimod 5% cream, Podofilox 0.5% solution QLC 15 / 42 days
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	2	QL 1 / 28 days PA S
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CANTHARIDIN POWDER	3	
podofilox	1	PA C ALT: podofilox solution
PODOFILOX 0.5 % SOLUTION	3	
PODOPHYLLUM RESIN	3	
LINIMENTS		
WINTERGREEN OIL	3	
LOCAL ANESTHETICS - TOPICAL		
CAPSAICIN (CAPSAICIN POWDER, CAPSAICIN 95 % POWDER, CAPSAICIN 98.3 % POWDER)	3	
COCAINE HCL POWDER	3	
ENOVARX-LIDOCAINE HCL	3	
lidocaine hcl soln 4%	1	QL 150 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lidocaine oint 5%	1	QL 100 / 30 days PA
lidocaine patch 5%	1	QL 90 / 30 DAYS PA
PRAMOXINE HCL	3	
ZTLIDO	3	QL 90 / 30 DAYS PA C ALT: LIDOCAINE 5% PATCH
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	3	PA QLC 70 / 84 DAYS
pimecrolimus	1	C ALT: tacrolimus ointment
tacrolimus (topical)	1	
MICROTUBULE INHIBITORS - TOPICAL		
KLISYRI (250 MG)	3	QLC 5 / 90 DAYS
KLISYRI (350 MG)	3	QLC 5 / 90 DAYS
MISC. TOPICAL		
ALUMINUM CHLORIDE	3	
ALUMINUM CHLORIDE ANHYDROUS	3	
ALUMINUM CHLORIDE HEXAHYDRATE	3	
ICHTHAMMOL	3	
QBREXZA	3	QL 30 / 30 DAYS PA C Rx product with OTC alternative - purchase OTC antiperspirant
SOFDRA	3	QL 40.2 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	
PIGMENTING AGENTS		
METHOXSALEN	3	
ROSACEA AGENTS		
azelaic acid	1	
BRIMONIDINE TARTRATE 0.33 % GEL	1	
doxycycline (rosacea)	1	C ALT: doxycycline hyclate 50 mg cap, doxycycline hyclate 20 mg tab, doxycycline monohydrate 50 mg cap
EMROSI	3	
ivermectin (rosacea)	1	
metronidazole (topical) (metronidazole cream 0.75%, metronidazole gel 0.75%, metronidazole gel 1%)	1	
metronidazole lotion 0.75%	1	C ALT: metronidazole 0.75% gel or cream
oxymetazoline hcl (topical)	1	C ALT: azelaic acid gel, metronidazole gel/cream, ivermectin cream
ZILXI	2	
SCABICIDES & PEDICULICIDES		
CROTAN	3	PA C ALT: permethrin cream, ivermectin tab
EURAX	3	C ALT: permethrin cream, ivermectin tab
malathion	1	
NATROBA	3	
permethrin cream 5%	1	
PRURADIK	3	PA C ALT: permethrin cream, ivermectin tab
SPINOSAD	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPICAL ANESTHETIC COMBINATIONS		
lidocaine-prilocaine cream 2.5-2.5%	1	QL 60 / 30 days
PLIAGLIS 7-7 % CREAM	3	QL 120 / 30 day(s) PA C ALT: lidocaine-prilocaine 2.5-2.5% cream
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene (topical)	1	PA C ALT: Valchlor S
TOPICAL STEROID COMBINATIONS		
DUOBRII	3	
ENSTILAR	2	
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	
WOUND DRESSINGS		
FILSUVEZ	3	PA S
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
CHEMSTRIP K	3	
CONTOUR NEXT	2	QL 204 / 30 DAYS
CONTOUR NEXT TEST	2	QL 204 / 30 DAYS
CONTOUR PLUS TEST	2	QL 204 / 30 DAYS
CONTOUR TEST	2	QL 204 / 30 DAYS
FREESTYLE INSULINX TEST	2	QL 204 / 30 DAYS
FREESTYLE LITE TEST	2	QL 204 / 30 DAYS
FREESTYLE PRECISION NEO TEST	2	QL 204 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE TEST	2	QL 204 / 30 DAYS
KETONE TEST	3	
KETOSTIX	3	
OPTIUMEZ TEST	2	QL 204 / 30 DAYS
PRECISION XTRA BLOOD GLUCOSE	2	QL 204 / 30 DAYS
RELION KETONE TEST	3	
INFECTION TESTS		
2SAN COVID-19 RAPID SELF TEST	3	C Not covered via pharmacy benefit - purchase over the counter QLC 8 / 30 DAYS
ADVIN COVID-19 ANTIGEN TEST	3	QLC 8 / 30 DAYS
BINAXNOW COVID-19 AG HOME TEST KIT	3	QLC 8 / 30 DAYS
BINAXNOW COVID-19 ANTIGEN SELF	3	C Not covered via pharmacy benefit - purchase over the counter QLC 8 / 30 DAYS
CARESTART COVID-19 HOME TEST	3	QLC 8 / 30 DAYS
CLEARDETECT COVID-19 AG HOME	3	C Not covered via pharmacy benefit - purchase over the counter QLC 8 / 30 DAYS
CLINITEST RAPID COVID-19 TEST KIT	3	QLC 8 / 30 DAYS
COVID-19 AT HOME ANTIGEN TEST	3	C Not covered via pharmacy benefit - purchase over the counter QLC 8 / 30 DAYS
COVID-19 AT-HOME TEST	3	QLC 8 / 30 DAYS
COVID-19 OTC ANTIGEN 1-PACK	3	QLC 8 / 30 DAYS
COVID-19 OTC ANTIGEN 2-PACK	3	QLC 8 / 30 DAYS
CVS COVID-19 AT HOME TEST KIT	3	QLC 8 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIATRUST COVID-19 HOME TEST KIT	3	QLC 8 / 30 DAYS
ELLUME COVID-19 HOME TEST	3	QLC 8 / 30 DAYS
FASTEP COVID-19 ANTIGEN TEST	3	C Not covered via pharmacy benefit - purchase over the counter QLC 8 / 30 DAYS
FLOWFLEX COVID-19 AG HOME TEST	3	C Not covered via pharmacy benefit - purchase over the counter QLC 8 / 30 DAYS
GENABIO COVID-19 RAPID TEST	3	QLC 8 / 30 DAYS
GOTOKNOW COVID-19 ANTIGEN RAPI	3	C Not covered via pharmacy benefit - purchase over the counter QLC 8 / 30 DAYS
IHEALTH COVID-19 RAPID TEST KIT	3	QLC 8 / 30 DAYS
INDICAID COVID-19 RAPID TEST KIT	3	QLC 8 / 30 DAYS
INTELISWAB COVID-19 RAPID TEST	3	QLC 8 / 30 DAYS
OHC COVID-19 ANTIGEN SELF TEST	3	QLC 8 / 30 DAYS
ON/GO COVID-19 ANTIGEN TEST	3	QLC 8 / 30 DAYS
ON/GO ONE COVID-19 HOME TEST	3	QLC 8 / 30 DAYS
PILOT COVID-19 AT-HOME TEST	3	QLC 8 / 30 DAYS
QUICKVUE AT-HOME COVID-19 TEST KIT	3	QLC 8 / 30 DAYS
SPEEDY SWAB COVID-19 ANTIGEN	3	QLC 8 / 30 DAYS
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCT COMBINATIONS		
ELFOLATE PLUS	3	
folic acid-pyridoxine-cyanocobalamin	1	
FOLTANX	3	
PODIAPN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIETARY MANAGEMENT PRODUCTS		
UREAPRO	3	
INFANT FOODS		
ADVANTAGE INFANT FORMULA/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
ALFAMINO INFANT	3	C Not covered via pharmacy benefit - purchase over the counter
ALSOY SOY FORMULA (ALSOY SOY FORMULA CONC, ALSOY SOY FORMULA LIQUID, ALSOY SOY FORMULA POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
BABYS ONLY ORGANIC/DAIRY	3	C Not covered via pharmacy benefit - purchase over the counter
BABYS ONLY ORGANIC/DHA & ARA	3	C Not covered via pharmacy benefit - purchase over the counter
BABYS ONLY ORGANIC/SOY	3	C Not covered via pharmacy benefit - purchase over the counter
BABYS ONLY ORGNIC/SENS DHA-ARA	3	C Not covered via pharmacy benefit - purchase over the counter
CALCILO XD	3	C Not covered via pharmacy benefit - purchase over the counter
CVS ADVANTAGE/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
CVS GENTLE INFANT FORMULA/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
CVS INFANT FORMULA/IRON	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS SENSITIVITY/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
CVS TENDER/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
CVS TODDLER & INFANT/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAGROW NEUROPRO TODDLER	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAGROW NEXT STEP	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAGROW PREMIUM LIPIL	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAGROW PREMIUM OLDER TODDLER	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL 24	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL AR LIPIL	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL AR SPIT-UP (ENFAMIL AR SPIT-UP LIQUID, ENFAMIL AR SPIT-UP POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL ENFACARE	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL ENSPIRE GENTLEASE	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL ENSPIRE/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL GENTLEASE (ENFAMIL GENTLEASE LIQUID, ENFAMIL GENTLEASE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL GENTLEASE LIPIL	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL HUMAN MILK FORTIFIER LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL NEUROPRO ENFACARE (ENFAMIL NEUROPRO ENFACARE LIQUID, ENFAMIL NEUROPRO ENFACARE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL NEUROPRO GENTLEASE (ENFAMIL NEUROPRO GENTLEASE LIQUID, ENFAMIL NEUROPRO GENTLEASE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL NEUROPRO INFANT (ENFAMIL NEUROPRO INFANT LIQUID, ENFAMIL NEUROPRO INFANT POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL NEUROPRO SENSITIVE	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL NUTRAMIGEN	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL NUTRAMIGEN LIPIL	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL NUTRAMIGEN PROBIOT LGG	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL NUTRAMIGEN TOD/ENF LGG	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL PREGESTIMIL LIPIL	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL PREMATURE	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL PREMIUM INFANT (ENFAMIL PREMIUM INFANT LIQUID, ENFAMIL PREMIUM INFANT POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL PREMIUM LIPIL	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL PREMIUM NEWBORN	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL PROSOBEE LIPIL	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL PROSOBEE SOY	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL PROSOBEE/SENSITIVE	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAMIL REGULINE-IRON	3	C Not covered via pharmacy benefit - purchase over the counter
ENFAPORT	3	C Not covered via pharmacy benefit - purchase over the counter
EXTENSIVE HA	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START GENTLE (GERBER GOOD START GENTLE CONC, GERBER GOOD START GENTLE LIQUID, GERBER GOOD START GENTLE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER GOOD START GENTLE 2	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START GENTLEPRO 2	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START GENTLEPRO/FE (GERBER GOOD START GENTLEPRO/FE CONC, GERBER GOOD START GENTLEPRO/FE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START GROW 3	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START NOURISH (GERBER GOOD START NOURISH LIQUID, GERBER GOOD START NOURISH POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START PREMATURE	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START PROTECT/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START SOOTHE	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START SOOTHE 1	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START SOOTHE 2	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START SOOTHEPRO/FE	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START SOY	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER GOOD START SOY/IRON (GERBER GOOD START SOY/IRON CONC, GERBER GOOD START SOY/IRON LIQUID, GERBER GOOD START SOY/IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GOOD START SUPREME/IRON (GERBER GOOD START SUPREME/IRON CONC, GERBER GOOD START SUPREME/IRON LIQUID, GERBER GOOD START SUPREME/IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GRADUATES GENTLE/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GRADUATES PROTECT/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GRADUATES SOOTHE	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER GRADUATES SOY/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER NATURA STAGE 1	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER NATURA STAGE 2	3	C Not covered via pharmacy benefit - purchase over the counter
GERBER NATURA STAGE 3	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START (GOOD START LIQUID, GOOD START POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START 2 ESSENTIALS SOY/FE	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START 2 ESSENTIALS/IRON	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOOD START 2 SUPREME/IRON (GOOD START 2 SUPREME/IRON CONC, GOOD START 2 SUPREME/IRON LIQUID, GOOD START 2 SUPREME/IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START ESSENTIALS SOY/IRON (GOOD START ESSENTIALS SOY/IRON CONC, GOOD START ESSENTIALS SOY/IRON LIQUID, GOOD START ESSENTIALS SOY/IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START ESSENTIALS/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START GENTLE PLUS (GOOD START GENTLE PLUS CONC, GOOD START GENTLE PLUS POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START NATURAL CULTURES	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START SOY PLUS 2	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START SUPREME/IRON (GOOD START SUPREME/IRON CONC, GOOD START SUPREME/IRON LIQUID, GOOD START SUPREME/IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
GOOD START/FE (GOOD START/FE CONC, GOOD START/FE LIQUID, GOOD START/FE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
ISOMIL 2	3	C Not covered via pharmacy benefit - purchase over the counter
ISOMIL ADVANCE SOY FORMULA-FE	3	C Not covered via pharmacy benefit - purchase over the counter
ISOMIL DF	3	C Not covered via pharmacy benefit - purchase over the counter
ISOMIL SF/IRON	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISOMIL SOY FORMULA/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
ISOMIL SOY/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
ISOMIL/IRON (ISOMIL/IRON CONC, ISOMIL/IRON LIQUID, ISOMIL/IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
MSUD ANALOG	3	C Not covered via pharmacy benefit - purchase over the counter
NEOCATE SYNEO INFANT	3	C Not covered via pharmacy benefit - purchase over the counter
PERIFLEX INFANT	3	C Not covered via pharmacy benefit - purchase over the counter
PHENYL-FREE 1	3	C Not covered via pharmacy benefit - purchase over the counter
PREGESTIMIL	3	C Not covered via pharmacy benefit - purchase over the counter
PREMIUM INFANT FORMULA/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
PROTEIN FORTIFIER	3	C Not covered via pharmacy benefit - purchase over the counter
PURAMINO DHA/ARA	3	C Not covered via pharmacy benefit - purchase over the counter
PURAMINO JR	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RCF	3	C Not covered via pharmacy benefit - purchase over the counter
RCF LOW-IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC (SIMILAC LIQUID, SIMILAC POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC 2 ADVANCE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC 2-IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ADVANCE COMPLETE (SIMILAC ADVANCE COMPLETE LIQUID, SIMILAC ADVANCE COMPLETE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ADVANCE EARLY SHIELD (SIMILAC ADVANCE EARLY SHIELD CONC, SIMILAC ADVANCE EARLY SHIELD LIQUID, SIMILAC ADVANCE EARLY SHIELD POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ADVANCE KOSHER	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ADVANCE LAMEHADRIN	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ADVANCE NON-GMO	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ADVANCE ON-THE-GO	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ADVANCE ORGANIC (SIMILAC ADVANCE ORGANIC LIQUID, SIMILAC ADVANCE ORGANIC POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC ADVANCE-IRON (SIMILAC ADVANCE-IRON LIQUID, SIMILAC ADVANCE-IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ADVANCE/IRON CONC	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ALIMENTUM ADVANCE-IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ALIMENTUM-IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC EXPERT CARE ALIMENTUM	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC EXPERT CARE DIARRHEA	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC EXPERT CARE NEOSURE/FE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC FOR SPIT-UP (SIMILAC FOR SPIT-UP LIQUID, SIMILAC FOR SPIT-UP POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC FOR SPIT-UP/OPTIGRO	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC FOR SUPPLEMENTATION (SIMILAC FOR SUPPLEMENTATION LIQUID, SIMILAC FOR SUPPLEMENTATION POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC GO & GROW EARLY SHIELD	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC GO & GROW HMO	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC GO & GROW NON-GMO	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC GO & GROW OPTIGRO	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC GO & GROW TODDLER POWDER	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC LACTOSE FREE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC LACTOSE FREE ADVANCE (SIMILAC LACTOSE FREE ADVANCE LIQUID, SIMILAC LACTOSE FREE ADVANCE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC LOW-IRON (SIMILAC LOW-IRON CONC, SIMILAC LOW-IRON LIQUID, SIMILAC LOW-IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC NATURAL CARE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC NEOSURE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC NEOSURE ADVANCE/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC NEOSURE OPTIGRO (SIMILAC NEOSURE OPTIGRO LIQUID, SIMILAC NEOSURE OPTIGRO POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ORGANIC/A2 MILK/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC ORGANIC/IRON (SIMILAC ORGANIC/IRON LIQUID, SIMILAC ORGANIC/IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC PM	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC PRO-ADVANCE OPTIGRO (SIMILAC PRO-ADVANCE OPTIGRO LIQUID, SIMILAC PRO-ADVANCE OPTIGRO POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC PRO-ADVANCE WITH IRON LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC PRO-SENSITIVE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC PRO-SENSITIVE OPTIGRO (SIMILAC PRO-SENSITIVE OPTIGRO LIQUID, SIMILAC PRO-SENSITIVE OPTIGRO POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC PRO-TOTAL COMFORT POWDER	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC PURE BLISS	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC PURE BLISS/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SENSITIVE (SIMILAC SENSITIVE CONC, SIMILAC SENSITIVE POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SENSITIVE EARLY SHIELD (SIMILAC SENSITIVE EARLY SHIELD CONC, SIMILAC SENSITIVE EARLY SHIELD LIQUID, SIMILAC SENSITIVE EARLY SHIELD POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SENSITIVE FUSSINESS	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SENSITIVE NON-GMO	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC SENSITIVE OPTIGRO	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SENSITIVE SPIT-UP	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SOY ISOMIL (SIMILAC SOY ISOMIL CONC, SIMILAC SOY ISOMIL LIQUID, SIMILAC SOY ISOMIL POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SOY ISOMIL/IRON CONC	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SPECIAL CARE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SPECIAL CARE PREMATURE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SPECIAL CARE/IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC SPECIAL CARE/LOW IRON	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC TOTAL CMFRT OPTIGRO/FE	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC TOTAL COMFORT (SIMILAC TOTAL COMFORT LIQUID, SIMILAC TOTAL COMFORT POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
SIMILAC/IRON (SIMILAC/IRON CONC, SIMILAC/IRON LIQUID, SIMILAC/IRON PACKET, SIMILAC/IRON POWDER)	3	C Not covered via pharmacy benefit - purchase over the counter
WATER ORAL	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XLEU ANALOG	3	C Not covered via pharmacy benefit - purchase over the counter
XLYS XTRP ANALOG	3	C Not covered via pharmacy benefit - purchase over the counter
XMET ANALOG	3	C Not covered via pharmacy benefit - purchase over the counter
XMTVI ANALOG	3	C Not covered via pharmacy benefit - purchase over the counter
XPHE-XTYR ANALOG	3	C Not covered via pharmacy benefit - purchase over the counter
XPTM ANALOG	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SUPPLEMENTS		
ADVERA	3	C Not covered via pharmacy benefit - purchase over the counter
AMINOPMRMS	3	
ARGINAID EXTRA LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
ASILNASALRMS	3	
BALANCED NUTRITIONAL DRINK	3	C Not covered via pharmacy benefit - purchase over the counter
BALANCED NUTRITIONAL DRINK PLS	3	C Not covered via pharmacy benefit - purchase over the counter
BALANCED NUTRITIONAL SHAKE PLS	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENECALORIE	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST BREEZE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST BREEZE 2-FLAVOR PACK	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST GLUCOSE CONTROL LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST GLUCOSE CTRL MAX PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST HIGH PROTEIN LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST KID ESSENTIALS 1.0 CAL LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST KID ESSENTIALS 1.5 CAL LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST KID ESSENTIALS 1.5/FIBER LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST MAX PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST ORIGINAL	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOOST PLUS LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST VERY HIGH CALORIE	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST VHC	3	C Not covered via pharmacy benefit - purchase over the counter
BOOST WOMEN	3	C Not covered via pharmacy benefit - purchase over the counter
BRIGHT BEGINNINGS PEDIATRIC	3	C Not covered via pharmacy benefit - purchase over the counter
CAMINO PRO COMPLETE/GLYTACTIN	3	
CARNATION BREAKFAST ESSENTIALS LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
CFPREOP	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT ORG BLEND 1.2-CHICKEN	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT ORG BLEND 1.2-PLANT	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT ORGANIC BLENDS	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT PED ORGBLEND 1.2-CHIC	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPLEAT PED ORGBLEND 1.2-PLNT	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT PEDI PEPTIDE 1.5	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT PEDI STANDARD 1.0	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT PEDI STANDARD 1.4	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT PEDIATRIC	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT PEDIATRIC ORG BLENDS	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT PEPTIDE 1.5	3	C Not covered via pharmacy benefit - purchase over the counter
COMPLEAT STANDARD 1.4	3	C Not covered via pharmacy benefit - purchase over the counter
CVS NUTRITION LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
CVS NUTRITION PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
CVS NUTRITION PLUS CHOCOLATE	3	C Not covered via pharmacy benefit - purchase over the counter
CVS NUTRITION PLUS VANILLA	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS NUTRITIONAL SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
DIABETISOURCE AC	3	C Not covered via pharmacy benefit - purchase over the counter
DPP DIPEPTIDE POWER	3	C Not covered via pharmacy benefit - purchase over the counter
ENLIVE	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE ACTIVE	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE ACTIVE HEART HEALTH	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE ACTIVE HIGH PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE ACTIVE LIGHT	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE BONE HEALTH REVIGOR	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE CLEAR LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE CLINICAL ST REVIGOR	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE COMPACT	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE COMPLETE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE COMPLETE SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE ENLIVE	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE HEALTHY MOM LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE HIGH CALCIUM	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE HIGH PROTEIN LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE IMMUNE HEALTH	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE MAX PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE MAX PROTEIN WITH CAFFEI	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE MUSCLE HEALTH REVIGOR	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE NUTRA SHAKE HI-CAL	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE NUTRITION SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE ORIG THERAPEUTIC NUTRI	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE ORIGINAL	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE ORIGINAL/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE PLANT-BASED PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE PLUS LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE PLUS HIGH PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE PLUS HN	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE PLUS WITH FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE PRE-SURGERY	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE SURGERY	3	C Not covered via pharmacy benefit - purchase over the counter
ENSURE SURGICAL NUTRITION	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
ENTERADE	3	C Not covered via pharmacy benefit - purchase over the counter
ENTERADE IBS-D	3	C Not covered via pharmacy benefit - purchase over the counter
ENU COMPLETE NUTRITION SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
ENU PRO3 PLUS	3	
EO28 SPLASH	3	C Not covered via pharmacy benefit - purchase over the counter
EQ NUTRITIONAL SHAKE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
EQ NUTRITIONAL SHAKE PLUS LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
EQ WEIGHT LOSS SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
EQUACARE JR POWDER	3	
EQUATE	3	C Not covered via pharmacy benefit - purchase over the counter
EQUATE PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
ESSENTIAL CARE JR LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
EXPEDITE	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIBER FLOW	3	C Not covered via pharmacy benefit - purchase over the counter
FIBERSOURCE HN	3	C Not covered via pharmacy benefit - purchase over the counter
GELATEIN MCT	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA 1.0 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA 1.0 CAL/CARBSTEADY	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA 1.0 CAL/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA 1.2 CAL LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA 1.5 CAL/CARBSTEADY	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA ADVANCE SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA CARBSTEADY LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCERNA HUNGER SMART SHAKE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA OS	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA SELECT	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA SHAKE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA SNACK SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
GLUCERNA WEIGHT LOSS SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
GLYTACTIN BETTERMILK	3	
GLYTACTIN BETTERMILK 15	3	
GLYTACTIN BETTERMILK DE-LITE	3	
GLYTACTIN BUILD 10PE	3	
GLYTACTIN BUILD 20/20	3	
GLYTACTIN BUILD 20/20 PKU	3	
GLYTACTIN BURST	3	
GLYTACTIN COMPLETE 10PE	3	
GLYTACTIN RESTORE 10	3	C Not covered via pharmacy benefit - purchase over the counter
GLYTACTIN RESTORE 5	3	C Not covered via pharmacy benefit – purchase over the counter
GLYTACTIN RESTORE LITE 10	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYTACTIN RESTORE LITE 10PE	3	C Not covered via pharmacy benefit – purchase over the counter
GLYTACTIN RTD 10	3	C Not covered via pharmacy benefit - purchase over the counter
GLYTACTIN RTD 15	3	C Not covered via pharmacy benefit - purchase over the counter
GLYTACTIN RTD LITE 15	3	C Not covered via pharmacy benefit - purchase over the counter
GLYTACTIN SWIRL 15	3	C Not covered via pharmacy benefit – purchase over the counter
GLYTACTIN SWIRL 15PE	3	
GLYTROL PREBIO1	3	C Not covered via pharmacy benefit - purchase over the counter
GOODSENSE NUTRISURE ORIGINAL	3	C Not covered via pharmacy benefit - purchase over the counter
GOODSENSE NUTRISURE PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
HAELAN 951 FERMENTED SOY	3	C Not covered via pharmacy benefit - purchase over the counter
HAELAN HTPI FERMENTED SOY	3	C Not covered via pharmacy benefit - purchase over the counter
HCU COOLER	3	C Not covered via pharmacy benefit - purchase over the counter
HCU COOLER15	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HCU EASY	3	
HCU EXPRESS 15 PLUS+	3	
HCU EXPRESS 20 PLUS+	3	
HCU LOPHLEX LQ	3	C Not covered via pharmacy benefit - purchase over the counter
HEALTHY ACCENTS NUTRA FIT	3	C Not covered via pharmacy benefit - purchase over the counter
HEALTHY ACCENTS NUTRA FIT PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
HI-CAL	3	C Not covered via pharmacy benefit - purchase over the counter
HIGH-PROTEIN NUTRITIONAL SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
HM NUTRISURE	3	C Not covered via pharmacy benefit - purchase over the counter
HM NUTRISURE PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
HOMACTIN AA PLUS LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
HOMACTIN AA PLUS PACKET	3	C Not covered via pharmacy benefit – purchase over the counter
IMPACT	3	C Not covered via pharmacy benefit - purchase over the counter
INNOVACIN	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISOSOURCE 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
ISOSOURCE HN	3	C Not covered via pharmacy benefit - purchase over the counter
ISOVACTIN AA PLUS	3	C Not covered via pharmacy benefit – purchase over the counter
ISOVACTIN AA PLUS 15 IVA	3	C Not covered via pharmacy benefit – purchase over the counter
JEVITY 1 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
JEVITY 1 CAL/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
JEVITY 1.2 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
JEVITY 1.5 CAL/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
JUICE PLUS FIBRE	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS BLENDED MEALS PED	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS GLUCOSE SUPPORT 1.2	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS HIGH PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KATE FARMS KIDS NUTRITION	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS PED PEPTIDE 1.0	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS PED PEPTIDE 1.5 LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS PED STANDARD 1.2 LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS PEPTIDE 1.0 LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS PEPTIDE 1.5 LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS RENAL SUPPORT 1.8	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS STANDARD 1.0 LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
KATE FARMS STANDARD 1.4	3	C Not covered via pharmacy benefit - purchase over the counter
KENDAKIDS	3	C Not covered via pharmacy benefit - purchase over the counter
KETO	3	C Not covered via pharmacy benefit - purchase over the counter
KETOCAL 2.5:1 LQ MULTI FIBER	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETOCAL 4:1 LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
KETOCAL 4:1 LQ MULTI FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
KETOCAL 4:1 LQ MULTI-FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
KETOVIE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
KETOVIE 3:1	3	C Not covered via pharmacy benefit - purchase over the counter
KETOVIE 4:1 LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
KETOVIE PEPTIDE	3	C Not covered via pharmacy benefit - purchase over the counter
KFLO	3	C Not covered via pharmacy benefit - purchase over the counter
KIDS PLANT PROTEIN SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
KIDS PROTEIN ORGANIC SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
KINDERSPROUT PLANT PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
LIQUID HOPE	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIQUID HOPE PEPTIDE	3	C Not covered via pharmacy benefit - purchase over the counter
LIQUID HOPE PEPTIDE BERRY	3	C Not covered via pharmacy benefit - purchase over the counter
LOPHLEX LQ 20	3	C Not covered via pharmacy benefit - purchase over the counter
LPS CRITICAL CARE SUGAR FREE	3	C Not covered via pharmacy benefit - purchase over the counter
LPS SUGAR FREE	3	C Not covered via pharmacy benefit - purchase over the counter
MMA/PA COOLER15	3	C Not covered via pharmacy benefit - purchase over the counter
MSUD COOLER	3	C Not covered via pharmacy benefit - purchase over the counter
MSUD COOLER15	3	C Not covered via pharmacy benefit - purchase over the counter
MSUD EASY	3	
MSUD LOPHLEX LQ	3	C Not covered via pharmacy benefit - purchase over the counter
NEOCATE SPLASH JUNIOR LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
NEPRO	3	C Not covered via pharmacy benefit - purchase over the counter
NEPRO/CARBSTEADY	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOURISH	3	C Not covered via pharmacy benefit - purchase over the counter
NOURISH PEPTIDE FORMULA	3	C Not covered via pharmacy benefit - purchase over the counter
NOVASOURCE RENAL LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRA/SHAKE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
NUTREN 1.0	3	C Not covered via pharmacy benefit - purchase over the counter
NUTREN 2.0	3	C Not covered via pharmacy benefit - purchase over the counter
NUTREN JUNIOR	3	C Not covered via pharmacy benefit - purchase over the counter
NUTREN JUNIOR 1.0	3	C Not covered via pharmacy benefit - purchase over the counter
NUTREN JUNIOR/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
NUTREN PULMONARY	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRIFOCUS	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRIHEP 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTRITIONAL DRINK	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL DRINK PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SHAKE COMPLETE	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SHAKE HIGH PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SHAKE PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SHAKE PLUS PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SUPPLEMENT	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SUPPLEMENT PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
OPTIMENTAL	3	C Not covered via pharmacy benefit - purchase over the counter
ORGAIN KIDS PROTEIN ORGANIC NU	3	C Not covered via pharmacy benefit - purchase over the counter
ORGANIC NUTRITION SHAKE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OSMOLITE	3	C Not covered via pharmacy benefit - purchase over the counter
OSMOLITE 1 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
OSMOLITE 1.2 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
OSMOLITE 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
OSMOLITE HN	3	C Not covered via pharmacy benefit - purchase over the counter
OXEPA	3	C Not covered via pharmacy benefit - purchase over the counter
OXEPA 1.5	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE 1.0 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE 1.0 CAL/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE 1.5 CAL/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE GROW & GAIN LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE GROW & GAIN ORGANIC	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE GROW & GAIN/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE HARVEST 1.0 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE NUTRIPALS LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE PEDIATRIC	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE PEPTIDE 1.0 CAL LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE PEPTIDE 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE REDUCED CALORIE	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE SHAKE/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE SIDEKICKS LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE SIDEKICKS CLEAR	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE SIDEKICKS SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIASURE/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
PEDIATRIC DRINK	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN 1.5 CAL/PREBIO1	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN AF	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN INTENSE VHP	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN JUNIOR 1 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN JUNIOR 1 CAL/PREBIO1	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN JUNIOR 1.5	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN JUNIOR 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEPTAMEN JUNIOR FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN JUNIOR HP	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN JUNIOR PHGG 1.2	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN JUNIOR/PREBIO1	3	C Not covered via pharmacy benefit - purchase over the counter
PEPTAMEN/PREBIO1	3	C Not covered via pharmacy benefit - purchase over the counter
PERATIVE	3	C Not covered via pharmacy benefit - purchase over the counter
PERATIVE 1.3 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
PHENYLADE GMP MIX DHA/FIBER	3	
PHENYLADE GMP READY	3	C Not covered via pharmacy benefit - purchase over the counter
PHENYLADE RTD PKU 10	3	C Not covered via pharmacy benefit - purchase over the counter
PIVOT 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
PKU AIR20 GOLD	3	C Not covered via pharmacy benefit - purchase over the counter
PKU AIR20 GREEN	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PKU AIR20 YELLOW	3	C Not covered via pharmacy benefit - purchase over the counter
PKU COOLER 10	3	C Not covered via pharmacy benefit - purchase over the counter
PKU COOLER 15	3	C Not covered via pharmacy benefit - purchase over the counter
PKU COOLER 20	3	C Not covered via pharmacy benefit - purchase over the counter
PKU EASY	3	
PKU EASY MICROTABS PLUS	3	
PKU EXPRESS 15 PLUS+	3	
PKU EXPRESS 20 PLUS+	3	
PKU LOPHLEX LQ 20	3	C Not covered via pharmacy benefit - purchase over the counter
PKU SPHERE 20 LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
PKU SPHERE NEXT 15	3	C Not covered via pharmacy benefit - purchase over the counter
PROMOD LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
PROMOTE	3	C Not covered via pharmacy benefit - purchase over the counter
PROMOTE 1.0	3	C Not covered via pharmacy benefit - purchase over the counter
PROMOTE 1.0 WITH FIBER	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROMOTE/FIBER	3	C Not covered via pharmacy benefit - purchase over the counter
PROSOURCE LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
PROSOURCE PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
PROSOURCE TF	3	C Not covered via pharmacy benefit - purchase over the counter
PROSOURCE XTRACAL	3	C Not covered via pharmacy benefit - purchase over the counter
PROSOURCE ZAC	3	C Not covered via pharmacy benefit - purchase over the counter
PROSURE	3	C Not covered via pharmacy benefit - purchase over the counter
PROTALITY	3	C Not covered via pharmacy benefit - purchase over the counter
PULMOCARE	3	C Not covered via pharmacy benefit - purchase over the counter
PULMOCARE 1.5	3	C Not covered via pharmacy benefit - purchase over the counter
PUSH 20+ ADVANCED	3	C Not covered via pharmacy benefit - purchase over the counter
RE/NEPH	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RE/NEPH LP/HC	3	C Not covered via pharmacy benefit - purchase over the counter
RE/NEPH REDUCED SUGAR	3	C Not covered via pharmacy benefit - purchase over the counter
REASON	3	C Not covered via pharmacy benefit - purchase over the counter
REASON PEPTIDE 1.5	3	C Not covered via pharmacy benefit - purchase over the counter
REGULAR NUTRITIONAL SHAKE	3	C Not covered via pharmacy benefit - purchase over the counter
RENALCAL	3	C Not covered via pharmacy benefit - purchase over the counter
RENASTEP	3	C Not covered via pharmacy benefit - purchase over the counter
REPLETE	3	C Not covered via pharmacy benefit - purchase over the counter
REPLETE FIBER 1 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
SB COMPLETE NUTRITION	3	C Not covered via pharmacy benefit - purchase over the counter
SB COMPLETE NUTRITION PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
SM NUTRI-DRINK	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SM NUTRI-DRINK +	3	C Not covered via pharmacy benefit - purchase over the counter
SOD ANAMIX EARLY YEARS	3	C Not covered via pharmacy benefit - purchase over the counter
SUPLENA	3	C Not covered via pharmacy benefit - purchase over the counter
SUPLENA 1.8/CARBSTEADY LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
SUPLENA/CARB STEADY	3	C Not covered via pharmacy benefit - purchase over the counter
THICK-IT THICKENED CRANBERRY	3	C Not covered via pharmacy benefit - purchase over the counter
THRIVACIN 30	3	C Not covered via pharmacy benefit - purchase over the counter
THRIVACIN DETOX	3	C Not covered via pharmacy benefit - purchase over the counter
TRUHARVEST PEPTIDE 1.5	3	C Not covered via pharmacy benefit - purchase over the counter
TWOCAL HN	3	C Not covered via pharmacy benefit - purchase over the counter
TWOCAL HN 2.0	3	C Not covered via pharmacy benefit - purchase over the counter
TYLACTIN BUILD 20PE TYR	3	
TYLACTIN COMPLETE 15 PE	3	
TYLACTIN RESTORE 10	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYLACTIN RESTORE 5PE	3	C Not covered via pharmacy benefit – purchase over the counter
TYLACTIN RTD 15	3	C Not covered via pharmacy benefit - purchase over the counter
TYR COOLER	3	C Not covered via pharmacy benefit - purchase over the counter
TYR COOLER15	3	C Not covered via pharmacy benefit - purchase over the counter
TYR EASY	3	
TYR EXPRESS 15 PLUS+	3	C Not covered via pharmacy benefit – purchase over the counter
TYR EXPRESS 20 PLUS+	3	C Not covered via pharmacy benefit – purchase over the counter
TYR LOPHLEX LQ	3	C Not covered via pharmacy benefit - purchase over the counter
ULTRIENT 1.5 SAFE-T FEED	3	C Not covered via pharmacy benefit - purchase over the counter
VILACTIN AA PLUS LIQUID	3	C Not covered via pharmacy benefit - purchase over the counter
VILACTIN AA PLUS PACKET	3	C Not covered via pharmacy benefit – purchase over the counter
VITAL 1.0 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
VITAL 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAL AF 1.2 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
VITAL AF 1.2 CAL ADV FORMULA	3	C Not covered via pharmacy benefit - purchase over the counter
VITAL HIGH PROTEIN	3	C Not covered via pharmacy benefit - purchase over the counter
VITAL HP 1.0 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
VITAL JR	3	C Not covered via pharmacy benefit - purchase over the counter
VITAL PEPTIDE 1.5 CAL	3	C Not covered via pharmacy benefit - purchase over the counter
VIVONEX RTF	3	C Not covered via pharmacy benefit - purchase over the counter
XMET XCYS MAXAMAID	3	C Not covered via pharmacy benefit - purchase over the counter
XTRACAL PLUS	3	C Not covered via pharmacy benefit - purchase over the counter
NUTRITIONAL SUPPLEMENTS - DIET AIDS		
APP SLIM RMS	3	
SWEETENERS		
ASPARTAME (FOR COMPOUNDING)	3	
ASPARTAME (NUTRASWEET)	3	
SACCHARIN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	
PEPSIN	3	
SUCRAID	3	QL 354 / 30 day(s) PA S
ZENPEP	2	
GASTRIC ACIDIFIERS		
L-GLUTAMIC ACID HCL	3	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (acetazolamide cap er 12hr 500 mg, acetazolamide tab 125 mg, acetazolamide tab 250 mg)	1	
dichlorphenamide	1	PA C ALT: acetazolamide tab/cap, methazolamide tab S
METHAZOLAMIDE	3	
methazolamide	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	3	C ALT: Spironolactone-HCTZ, Triamterene-HCTZ
spironolactone & hydrochlorothiazide	1	
triamterene & hydrochlorothiazide	1	
LOOP DIURETICS		
bumetanide (bumetanide tab 0.5 mg, bumetanide tab 1 mg, bumetanide tab 2 mg)	1	
ethacrynic acid	1	C ALT: furosemide tab, bumetanide tab
FUROSCIX	3	PA S QLC 8 / 180 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FUROSCIX READYFLOW	3	PA S QLC 8 / 180 days
FUROSEMIDE POWDER	3	
furosemide (furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg)	1	
FUROSEMIDE 10 MG/ML SOLUTION	3	QL 1800 / 30 day(s) PA
FUROSEMIDE 8 MG/ML SOLUTION	3	QL 2250 / 30 day(s) PA C ALT: furosemide 10 mg/ml solution
furosemide oral soln 10 mg/ml	1	QL 1800 / 30 day(s) PA
LASIX ONYU	3	PA S QLC 8 / 180 days
SOAANZ	3	C ALT: Generic torsemide tablets
torsemide	1	
POTASSIUM SPARING DIURETICS		
AMILORIDE HCL	3	
amiloride hcl	1	
SPIRONOLACTONE	3	
spironolactone (spironolactone tab 25 mg, spironolactone tab 50 mg, spironolactone tab 100 mg)	1	
spironolactone susp 25 mg/5ml	1	QL 450 / 30 day(s) PA C ALT: spironolactone tablet
TRIAMTERENE	3	
triamterene	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone	1	
DIURIL	3	QL 1200 / 30 day(s) PA
HEMICLOR	3	C ALT: chlorthalidone
HYDROCHLOROTHIAZIDE	3	
hydrochlorothiazide	1	
indapamide	1	
INZIRQO	3	QL 300 / 30 day(s) PA C ALT: hydrochlorothiazide tablet, capsule
metolazone	1	
THALITONE	3	C ALT: chlorthalidone
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX	3	
mifepristone	1	
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS		
REVCOVI	2	C Healthcare Administered S
ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS		
VYKAT XR 150 MG TAB ER 24H	3	QL 90 / 30 day(s) PA S
VYKAT XR 25 MG TAB ER 24H	3	QL 120 / 30 day(s) PA S
VYKAT XR 75 MG TAB ER 24H	3	QL 210 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BISPHOSPHONATES		
ALENDRONATE SODIUM	3	
alendronate sodium (alendronate sodium tab 10 mg, alendronate sodium tab 35 mg, alendronate sodium tab 70 mg)	1	
alendronate sodium oral soln 70 mg/75ml	1	C ALT: alendronate tablet
BINOSTO	3	C ALT: alendronate 70 mg tab
FOSAMAX PLUS D	3	C ALT: alendronate 70 mg tab
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium (risedronate sodium tab 30 mg, risedronate sodium tab 35 mg, risedronate sodium tab 150 mg)	1	
risedronate sodium tab 5 mg	1	C ALT: risedronate 35 mg tablets, alendronate tab
risedronate sodium tab delayed release 35 mg	1	C ALT: Risedronate 35mg tablets
CALCIMIMETIC AGENTS		
cinacalcet hcl	1	PA S
CALCITONINS		
calcitonin (salmon)	1	
CARNITINE REPLENISHER - AGENTS		
levocarnitine (metabolic modifiers) (levocarnitine oral soln 1 gm/10ml (10%), levocarnitine tab 330 mg)	1	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR		
XPHOZAH	3	QL 60 / 30 day(s) C ALT: lanthanum carbonate, sevelamer HCL, sevelamer carbonate, calcium acetate (phos binder)
CORTICOTROPIN		
ACTHAR	3	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG		
CRENESSITY (CRENESSITY 25 MG CAP, CRENESSITY 50 MG CAP, CRENESSITY 100 MG CAP)	3	QL 60 / 30 day(s) PA S
CRENESSITY 50 MG/ML SOLUTION	3	QL 120 / 30 day(s) PA S
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA 1 MG TAB	3	QL 240 / 30 day(s) PA S
ISTURISA 5 MG TAB	3	QL 360 / 30 days PA S
RECORLEV	3	QL 240 / 30 day(s) PA C ALT: ketoconazole tab, Isturisa, Signifor solution S
DOPAMINE RECEPTOR AGONISTS		
cabergoline	1	
FABRY DISEASE - AGENTS		
GALAFOLD	3	QL 14 / 28 DAYS PA S
FAMILIAL CHYLOMICRONEMIA SYNDROME (FCS) - AGENTS		
REDEMPLO	2	PA S QLC 0.5 / 84 days
TRYNGOLZA	2	QL 0.8 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAA DEFICIENCY TREATMENT - AGENTS		
OPFOLDA	3	QL 8 / 28 day(s) PA S
GNRH/LHRH ANTAGONISTS		
ganirelix acetate	1	PA GL Female S QLC 2.5 / 30 Days
ORILISSA 150 MG TAB	2	QL 30 / 30 DAYS PA
ORILISSA 200 MG TAB	2	QL 60 / 30 DAYS PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	3	QL 30 / 30 day(s) S
GROWTH HORMONES		
GENOTROPIN	2	PA S
GENOTROPIN MINIQUICK	2	PA S
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	PA S
SKYTROFA (SKYTROFA 0.7 MG CARTRIDGE, SKYTROFA 1.4 MG CARTRIDGE, SKYTROFA 1.8 MG CARTRIDGE, SKYTROFA 2.1 MG CARTRIDGE, SKYTROFA 2.5 MG CARTRIDGE)	3	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYTROFA (SKYTROFA 3 MG CARTRIDGE, SKYTROFA 3.6 MG CARTRIDGE, SKYTROFA 4.3 MG CARTRIDGE, SKYTROFA 5.2 MG CARTRIDGE, SKYTROFA 6.3 MG CARTRIDGE, SKYTROFA 7.6 MG CARTRIDGE, SKYTROFA 9.1 MG CARTRIDGE, SKYTROFA 11 MG CARTRIDGE, SKYTROFA 13.3 MG CARTRIDGE)	3	PA C ALT: Genotropin, Omnitrope S
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS		
XURIDEN	3	S
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
nitisinone	1	S
NITYR	2	S
ORFADIN 4 MG/ML SUSPENSION	2	S
HOMOCYSTINURIA TREATMENT - AGENTS		
betaine	1	S
HYPERAMMONEMIA TREATMENT - AGENTS		
carglumic acid	1	PA S
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
calcitriol (calcitriol cap 0.25 mcg, calcitriol cap 0.5 mcg)	1	
calcitriol oral soln 1 mcg/ml	1	C ALT: Calcitriol capsules
DOXERCALCIFEROL	3	C ALT: Calcitriol capsules
paricalcitol (paricalcitol cap 1 mcg, paricalcitol cap 2 mcg, paricalcitol cap 4 mcg)	1	C ALT: Calcitriol capsules
RAYALDEE	3	
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS		
YORVIPATH 168 MCG/0.56ML SOLN PEN	3	QL 1.12 / 28 day(s) PA S
YORVIPATH 294 MCG/0.98ML SOLN PEN	3	QL 1.96 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YORVIPATH 420 MCG/1.4ML SOLN PEN	3	QL 2.8 / 28 day(s) PA S
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ	2	PA S
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	2	S
LEPTIN ANALOGUES		
MYALEPT	3	PA S
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	2	S
LUPRON DEPOT-PED (3-MONTH)	2	S
LUPRON DEPOT-PED (6-MONTH)	2	S
SYNAREL	3	S
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS		
IMCIVREE	3	QL 10 / 30 day(s) PA S
METABOLIC MODIFIER COMBINATIONS		
KYGEVVI	3	S
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS		
NULIBRY	3	C Healthcare Administered S
NATRIURETIC PEPTIDES		
VOXZOGO	3	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (KERENDIA 10 MG TAB, KERENDIA 20 MG TAB)	2	QL 30 / 30 day(s) ST C ALT: lisinopril, captopril, valsartan, losartan, Jardiance C3 Step Therapy: Must first try one SGLT-2 containing agent
KERENDIA 40 MG TAB	2	QL 30 / 30 day(s) ST C3 Step Therapy: Must first try one SGLT-2 containing agent
OVULATION STIMULANTS-GONADOTROPINS		
FOLLISTIM AQ (FOLLISTIM AQ 300 UNT/0.36ML SOLUTION, FOLLISTIM AQ 900 UNT/1.08ML SOLUTION)	2	PA GL Female S QLC 5.4 / 30 Days
FOLLISTIM AQ 600 UNT/0.72ML SOLUTION	2	PA GL Female S QLC 5.76 / 30 Days
MENOPUR	3	PA GL Female S QLC 60 / 30 Days
OVIDREL	2	PA GL Female S QLC 1 / 30 Days
PREGNYL	2	PA S QLC 2 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OVULATION STIMULANTS-SYNTHETIC		
clomiphene citrate	1	GL Female
CLOMIPHENE CITRATE	3	
PARATHYROID HORMONE AND DERIVATIVES		
teriparatide	1	QL 2.24 / 28 day(s) PA S
TYMLOS	2	QL 1.56 / 30 day(s) PA S
PHENYLKETONURIA TREATMENT - AGENTS		
PALYNZIQ	3	PA S
sapropterin dihydrochloride (sapropterin dihydrochloride powder packet 100 mg, sapropterin dihydrochloride powder packet 500 mg, sapropterin dihydrochloride tab 100 mg)	1	PA C ALT: Sapropterin tablet, sapropterin powder packet S
SEPHIENCE	3	PA S
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	3	GL Female C ALT: estradiol vaginal cream, ESTRING,PREMARIN CREAM, yuvafem
raloxifene hcl	1	ACA Affordable Care Act
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
tolvaptan (hyponatremia) tab 15 mg	1	S QLC 30 / 180 DAYS
tolvaptan (hyponatremia) tab 30 mg	1	S QLC 60 / 180 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tolvaptan (tolvaptan tab therapy pack 15 mg, tolvaptan tab therapy pack 30 & 15 mg, tolvaptan tab therapy pack 45 & 15 mg, tolvaptan tab therapy pack 60 & 30 mg, tolvaptan tab therapy pack 90 & 30 mg)	1	QL 56 / 28 day(s) PA S
SOMATOSTATIC AGENTS		
MYCAPSSA	3	QL 120 / 30 day(s) S
OCTREOTIDE ACETATE	3	QL 90 / 30 day(s) S
octreotide acetate (octreotide acetate inj 50 mcg/ml (0.05 mg/ml), octreotide acetate inj 100 mcg/ml (0.1 mg/ml), octreotide acetate inj 500 mcg/ml (0.5 mg/ml))	1	QL 90 / 30 day(s) S
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	QL 30 / 30 days S
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	QL 90 / 30 days S
SIGNIFOR	3	S
UREA CYCLE DISORDER - AGENTS		
glycerol phenylbutyrate	1	PA S
PHEBURANE	3	PA C ALT: SODIUM PHENYLBUTYRATE TABLETS, SODIUM PHENYLBUTYRATE POWDER S
sodium phenylbutyrate (sodium phenylbutyrate oral powder 3 gm/teaspoonful, sodium phenylbutyrate tab 500 mg)	1	PA S
VASOPRESSIN		
DESMODA	3	PA C ALT: desmopressin tab, desmopressin 0.01% nasal spray, desmopressin 4 mcg/mL solution S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	1	
DESMOPRESSIN ACETATE SPRAY	3	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
NOCDURNA	3	C ALT: desmopressin tab, desmopressin solution
ESTROGENS		
ESTROGEN & PROGESTIN		
ANGELIQ	3	GL Female
CLIMARA PRO	2	QL 4 / 28 DAYS GL Female
COMBIPATCH	3	QL 8 / 28 DAYS GL Female
estradiol & norethindrone acetate (estradiol & norethindrone acetate tab 0.5-0.1 mg, estradiol & norethindrone acetate tab 1-0.5 mg)	1	GL Female
norethindrone acetate-ethinyl estradiol	1	GL Female
PREMPHASE	2	GL Female
PREMPRO	2	GL Female
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE	2	QL 30 / 30 day(s) PA GL Female
ORIAHNN	2	QL 56 / 28 day(s) PA
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	2	GL Female
ALORA (ALORA 0.025 MG/24HR PATCH TW, ALORA 0.075 MG/24HR PATCH TW)	3	QL 8 / 28 DAYS GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEPO-ESTRADIOL	3	GL Female
EC-RX ESTRADIOL	3	
ELESTRIN	3	QL 26 / 30 day(s) GL Female
estradiol (estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump), estradiol td gel 1.25 mg/1.25gm (0.1%))	1	QL 37.5 / 30 day(s) GL Female
estradiol (estradiol tab 0.5 mg, estradiol tab 1 mg, estradiol tab 2 mg)	1	GL Female
estradiol (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%))	1	QL 30 / 30 day(s) GL Female
estradiol (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)	1	QL 8 / 28 DAYS GL Female
estradiol (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)	1	QL 4 / 28 DAYS GL Female
estradiol valerate	1	GL Female
estrogens, conjugated	1	GL Female
ETHINYL ESTRADIOL	3	
EVAMIST	3	GL Female QLC 40.5 / 93 days
MENEST (MENEST 0.3 MG TAB, MENEST 0.625 MG TAB, MENEST 1.25 MG TAB)	3	GL Female
MENEST 2.5 MG TAB	3	
MENOSTAR	3	QL 4 / 28 DAYS GL Female
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	3	
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ciprofloxacin hcl	1	
levofloxacin (levofloxacin oral soln 25 mg/ml, levofloxacin tab 250 mg, levofloxacin tab 500 mg, levofloxacin tab 750 mg)	1	
moxifloxacin hcl	1	
OFLOXACIN 300 MG TAB	2	
OFLOXACIN 400 MG TAB	3	
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
SIMETHICONE LIQUID	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	3	S
CTEXLI	2	QL 90 / 30 day(s) PA S
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	2	QL 30 / 30 day(s)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL	2	S
RELTONE	3	C ALT: ursodiol 300 mg cap
ursodiol	1	
URSODIOL (URSODIOL 200 MG CAP, URSODIOL 400 MG CAP)	3	C ALT: ursodiol 300 mg cap
URSODIOL+SYRSPEND SF	3	
URSOLIGN	3	C ALT: ursodiol 300 mg cap
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis)	1	
GASTROINTESTINAL STIMULANTS		
GIMOTI	3	C ALT: metoclopramide tablet or solution

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL POWDER, METOCLOPRAMIDE HCL 5 MG TAB DISP)	3	
metoclopramide hcl (metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv), metoclopramide hcl tab 5 mg (base equivalent), metoclopramide hcl tab 10 mg (base equivalent))	1	
METOCLOPRAMIDE HCL MONOHYDRATE	3	
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS		
GATTEX	3	PA S
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS		
VIBERZI	2	
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
alosetron hcl	1	GL Female
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY	3	PA S
BYLVAY (PELLETS)	3	PA S
LIVMARLI (LIVMARLI 9.5 MG/ML SOLUTION, LIVMARLI 10 MG TAB, LIVMARLI 15 MG TAB, LIVMARLI 19 MG/ML SOLUTION, LIVMARLI 20 MG TAB, LIVMARLI 30 MG TAB)	3	PA S
INFLAMMATORY BOWEL AGENTS		
AMINOSALICYLIC ACID-5	3	
balsalazide disodium	1	
DIPENTUM	3	C Alt: balsalazide, budesonide capsule, mesalamine, sulfasalazine
MESALAMINE (MESALAMINE POWDER, MESALAMINE 400 MG CAP DR)	3	
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)	1	
mesalamine cap er 250 mg	1	C Alt: balsalazide, budesonide capsule, mesalamine (except 500 mg ER cap), sulfasalazine

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
mesalamine cap er 500 mg	1	C ALT: mesalamine 400 mg DR cap, mesalamine 800 mg DR tab, mesalamine 0.375 gm ER cap
mesalamine tab delayed release 800 mg	1	C ALT: mesalamine 400 mg
SFROWASA	3	
SULFASALAZINE	3	
sulfasalazine	1	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO PEN	2	QL 1.36 / 28 day(s) PA S
INTERLEUKIN ANTAGONISTS		
OMVOH (300 MG DOSE)	2	QL 3 / 28 day(s) PA S
OMVOH (OMVOH 100 MG/ML SOLN A-INJ, OMVOH 100 MG/ML SOLN PRSYR, OMVOH 200 MG/2ML SOLN A-INJ, OMVOH 200 MG/2ML SOLN PRSYR)	2	QL 2 / 28 day(s) PA S
SKYRIZI 180 MG/1.2ML SOLN CART	2	PA S QLC 1.2 / 56 Days
SKYRIZI 360 MG/2.4ML SOLN CART	2	PA S QLC 2.4 / 56 days
TREMFYA 200 MG/2ML SOLN PRSYR	2	QL 2 / 28 day(s) PA S
TREMFYA PEN 200 MG/2ML SOLN A-INJ	2	QL 2 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREMFYA-CD/UC INDUCTION	2	PA S QLC 12 / 180 days
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy)	1	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	3	PA S QLC 12 / 365 Days
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL 30 / 30 day(s)
SYMPROIC	2	QL 30 / 30 DAYS
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS		
IQIRVO	2	QL 30 / 30 day(s) PA S
LIVDELZI	2	QL 30 / 30 day(s) PA S
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	C Reprocess with RX NDC
ferric citrate	1	QL 360 / 30 day(s)
FOSRENOL 1000 MG PACKET	3	QL 120 / 30 day(s)
FOSRENOL 750 MG PACKET	3	QL 180 / 30 day(s)
lanthanum carbonate chew tab 1000 mg (elemental)	1	QL 120 / 30 day(s)
lanthanum carbonate chew tab 500 mg (elemental)	1	QL 270 / 30 day(s)
lanthanum carbonate chew tab 750 mg (elemental)	1	QL 180 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sevelamer carbonate (sevelamer carbonate packet 0.8 gm, sevelamer carbonate tab 800 mg)	1	QL 510 / 30 day(s)
sevelamer carbonate packet 2.4 gm	1	QL 150 / 30 day(s)
sevelamer hcl tab 400 mg	1	QL 960 / 30 day(s)
sevelamer hcl tab 800 mg	1	QL 480 / 30 day(s)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	3	S
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA (1 SYRINGE)	3	QL 4 / 28 day(s) PA S
CIMZIA (2 SYRINGE)	3	QL 2 / 28 day(s) PA S
CIMZIA-STARTER	3	PA S QLC 3 / 180 Days
ZYMFENTRA (1 PEN)	3	QL 2 / 28 day(s) PA S
ZYMFENTRA (2 PEN)	3	QL 2 / 28 day(s) PA S
ZYMFENTRA (2 SYRINGE)	3	QL 2 / 28 day(s) PA S
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
dutasteride	1	GL Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
finasteride	1	GL Male
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
alfuzosin hcl	1	GL Male
CARDURA XL 4 MG TAB ER 24H	3	C ALT: tamsulosin, alfuzosin, silodosin
CARDURA XL 8 MG TAB ER 24H	3	C ALT: tamsulosin, alfuzosin
silodosin	1	GL Male
tamsulosin hcl	1	
CITRATES		
POTASSIUM CITRATE GRANULES	3	C Not covered via pharmacy benefit - purchase over the counter
POTASSIUM CITRATE POWDER	3	
potassium citrate (alkalinizer)	1	
POTASSIUM CITRATE MONOHYDRATE	3	
SOD CITRATE-CITRIC ACID (SOD CITRATE-CITRIC ACID 1.5-1 GM/15ML SOLUTION, SOD CITRATE-CITRIC ACID 3-2 GM/30ML SOLUTION, SOD CITRATE-CITRIC ACID 500-334 MG/5ML SOLUTION)	3	
SODIUM CITRATE CRYSTALS	3	
SODIUM CITRATE GRANULES	3	C Not covered via pharmacy benefit - purchase over the counter
sodium citrate & citric acid	1	
SODIUM CITRATE ANHYDROUS	3	
CYSTINOSIS AGENTS		
CYSTAGON	2	S
PROCYSBI	3	PA S
GENITOURINARY IRRIGANTS		
GLYCINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI 200 MG TAB	3	QL 30 / 30 day(s) PA S
FILSPARI 400 MG TAB	3	QL 60 / 30 day(s) PA S
IGAN AGENTS - ENDOTHELIN RECEPTOR ANTAGONIST		
VANRAFIA	3	QL 30 / 30 days PA S
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	QL 90 / 30 day(s) PA
PHOSPHATES		
K-PHOS NO 2	2	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
dutasteride-tamsulosin hcl	1	PA GL Male C ALT: dutasteride, tamsulosin, alfuzosin, finasteride 5 mg tab
ENTADFI	3	C ALT: finasteride 5 mg tab, tadalafil, dutasteride, tamsulosin, alfuzosin.
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
RIVFLOZA (RIVFLOZA 80 MG/0.5ML SOLUTION, RIVFLOZA 160 MG/ML SOLN PRSYR)	3	QL 1 / 30 day(s) C ALT: potassium citrate ER S
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	3	QL 0.8 / 30 day(s) C ALT: potassium citrate ER S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
URINARY ANALGESICS		
PHENAZOPYRIDINE HCL POWDER	3	
URINARY STONE AGENTS		
LITHOSTAT	3	
THIOLA EC	3	C ALT: Generic Covered S
tiopronin	1	S
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid	1	
allopurinol (allopurinol tab 100 mg, allopurinol tab 300 mg)	1	
allopurinol tab 200 mg	1	PA C ALT: allopurinol 100mg or 300mg tab
COLCHICINE	3	
colchicine cap 0.6 mg	1	PA C ALT: colchicine tab
colchicine tab 0.6 mg	1	
febuxostat	1	C ALT: colchicine tab, allopurinol 100 mg or 300 mg tab, probenecid tab
GLOPERBA	3	C ALT: allopurinol, colchicine tablets (generic COLCRYS), probenecid/colchicine
URICOSURICS		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI	3	S QLC 58 / 365 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIHEMOPHILIC PRODUCTS		
ADVATE	2	PA S
ADYNOVATE	2	PA S
AFSTYLA	2	PA S
ALPHANATE	2	PA S
ALPHANINE SD	2	PA S
ALPROLIX	2	PA S
ALTUVIIIO	2	PA C Healthcare Administered S
BENEFIX	2	PA S
COAGADEX	2	S
CORIFACT	2	S
ELOCTATE	2	PA S
ESPEROCT (ESPEROCT 500 UNIT RECON SOLN, ESPEROCT 1000 UNIT RECON SOLN, ESPEROCT 1500 UNIT RECON SOLN, ESPEROCT 2000 UNIT RECON SOLN, ESPEROCT 3000 UNIT RECON SOLN, ESPEROCT 4000 UNIT RECON SOLN)	2	PA S
FEIBA	2	S
FIBRYGA	2	S
HEMOFIL M	2	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMATE-P	2	PA S
IDELVION	2	PA S
IXINITY (IXINITY 250 UNIT RECON SOLN, IXINITY 500 UNIT RECON SOLN, IXINITY 1000 UNIT RECON SOLN, IXINITY 1500 UNIT RECON SOLN, IXINITY 2000 UNIT RECON SOLN, IXINITY 3000 UNIT RECON SOLN)	2	PA S
JIVI (JIVI 500 UNIT RECON SOLN, JIVI 1000 UNIT RECON SOLN, JIVI 2000 UNIT RECON SOLN, JIVI 3000 UNIT RECON SOLN, JIVI 4000 UNIT RECON SOLN)	2	PA S
KOATE	2	PA S
KOATE-DVI	2	PA S
KOGENATE FS	2	PA S
KOVALTRY	2	PA S
NOVOEIGHT	2	PA S
NOVOSEVEN RT	2	PA S
NUWIQ	2	PA S
OBIZUR	2	S
PROFILNINE	2	PA S
REBINYN	2	PA S
RECOMBINATE	2	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIASTAP	2	S
RIXUBIS	2	PA S
SEVENFACT (SEVENFACT 1 MG RECON SOLN, SEVENFACT 2 MG RECON SOLN, SEVENFACT 5 MG RECON SOLN)	3	PA S
TRETTEN	2	S
VONVENDI	2	PA S
WILATE	2	PA S
XYNTHA	2	PA S
XYNTHA SOLOFUSE	2	PA S
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
HEMLIBRA (HEMLIBRA 30 MG/ML SOLUTION, HEMLIBRA 150 MG/ML SOLUTION)	2	QL 4 / 28 DAYS PA S
HEMLIBRA (HEMLIBRA 60 MG/0.4ML SOLUTION, HEMLIBRA 105 MG/0.7ML SOLUTION)	2	QL 4 / 28 day(s) PA S
HEMLIBRA 12 MG/0.4ML SOLUTION	2	PA S
HEMLIBRA 300 MG/2ML SOLUTION	2	QL 8 / 28 day(s) PA S
HYMPAVZI 150 MG/ML SOLN A-INJ	3	QL 8 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYMPAVZI 75 MG/0.5ML SOLN A-INJ	3	QL 2 / 28 day(s) PA S
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	1	QL 18 / 30 day(s) PA S
C1 ESTERASE INHIBITORS		
BERINERT	3	PA S QLC 10 / 30 days
HAEGARDA 2000 UNIT RECON SOLN	2	QL 27 / 28 DAYS PA S
HAEGARDA 3000 UNIT RECON SOLN	2	QL 18 / 28 DAYS PA S
RUCONEST	3	QL 8 / 30 DAYS PA S
COMPLEMENT C3 INHIBITORS		
EMPAVELI	2	QL 160 / 28 day(s) PA S
COMPLEMENT FACTOR B INHIBITORS		
FABHALTA	2	QL 60 / 30 day(s) PA S
DIRECT-ACTING P2Y12 INHIBITORS		
ticagrelor	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATORHEOLOGIC AGENTS		
pentoxifylline	1	
PHOSPHODIESTERASE III INHIBITORS		
cilostazol	1	
PLASMA FACTOR XIIA INHIBITORS - MONOCLONAL ANTIBODIES		
ANDEMBRY	2	QL 1.2 / 30 day(s) PA S
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO (ORLADEYO 110 MG CAP, ORLADEYO 150 MG CAP)	3	QL 30 / 30 day(s) PA C ALT: HAEGARDA, TAKHZYRO S
ORLADEYO (ORLADEYO 72 MG PACKET, ORLADEYO 96 MG PACKET, ORLADEYO 108 MG PACKET, ORLADEYO 132 MG PACKET)	3	QL 28 / 28 day(s) PA S
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES		
TAKHZYRO (TAKHZYRO 300 MG/2ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLUTION)	2	QL 4 / 28 day(s) PA S
TAKHZYRO 150 MG/ML SOLN PRSYR	2	QL 2 / 28 day(s) PA S
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
aspirin-dipyridamole	1	
YOSPRALA	3	QL 30 / 30 day(s) C ALT: aspirin, omeprazole
PLATELET AGGREGATION INHIBITORS		
dipyridamole (dipyridamole tab 25 mg, dipyridamole tab 50 mg, dipyridamole tab 75 mg)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREKALLIKREIN-DIRECTED ANTISENSE OLIGONUCLEOTIDES (ASO)		
DAWNZERA	2	QL 0.8 / 28 day(s) PA S
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS		
ZONTIVITY	3	
PYRUVATE KINASE ACTIVATORS		
AQVESME	3	QL 60 / 30 day(s) PA S
PYRUKYND	2	QL 56 / 28 day(s) PA S
PYRUKYND TAPER PACK (PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK, PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK)	2	PA S QLC 14 / 365 Days
PYRUKYND TAPER PACK 5 MG TAB THPK	2	PA S QLC 7 / 365 Days
QUINAZOLINE AGENTS		
anagrelide hcl	1	
SPLEEN TYROSINE KINASE (SYK) INHIBITORS		
TAVALISSE	3	QL 60 / 30 DAYS PA S
THIENOPYRIDINE DERIVATIVES		
clopidogrel bisulfate tab 75 mg (base equiv)	1	
prasugrel hcl	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	2	QL 60 / 30 DAYS PA S
miglustat	1	QL 90 / 30 DAYS PA S
AMINO ACIDS		
glutamine (sickle cell)	1	PA S
COBALAMIN COMBINATIONS		
FOLTRATE	3	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
cyanocobalamin nasal spray 500 mcg/0.1ml	1	C ALT: cyanocobalamin 1000 mcg/ml injection
HYDROXOCOBALAMIN ACETATE	3	
CXCR4 RECEPTOR ANTAGONIST		
XOLREMDI	3	QL 120 / 30 day(s) PA S
CYTOTOXIC AGENTS		
DROXIA (DROXIA 200 MG CAP, DROXIA 300 MG CAP, DROXIA 400 MG CAP)	3	C ALT: hydroxyurea 500 mg cap, Siklos S
SIKLOS	3	S
XROMI	3	PA C ALT: hydroxyurea capsules S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)		
ARANESP (ALBUMIN FREE)	2	PA S
EPOGEN	2	PA S
MIRCERA	3	PA C ALT: Retacrit
PROCRIT	2	PA S
RETACRIT	2	PA S
FOLIC ACID/FOLATE COMBINATIONS		
FOLGARD RX	3	
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg	1	
FOLPLEX 2.2	3	
FOLIC ACID/FOLATES		
FOLIC ACID POWDER	3	
folic acid (folic acid cap 0.8 mg, folic acid tab 1 mg, folic acid tab 400 mcg, folic acid tab 800 mcg)	1	
FOLIC ACID 0.2 MG/ML SOLUTION	3	QL 150 / 30 day(s) PA
QUIOFIC	3	QL 150 / 30 day(s) PA
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)		
FULPHILA	2	S
FYLNETRA	2	S
NIVESTYM	2	S
UDENYCA	2	C ALT: Fylnetra, Fulphila S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UDENYCA ONBODY	2	C ALT: Fylnetra, Fulphila S
ZARXIO	2	S
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)		
LEUKINE	3	S
IRON		
ACCRUFER	3	QL 60 / 30 day(s) PA C ALT: ferrous sulfate 220 mg/5 ml solution, ferrous sulfate 75 mg/ml solution, ferrous sulfate 300 mg/5 ml solution
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1	C Not covered via pharmacy benefit - purchase over the counter ACA Affordable Care Act
FERROUS SULFATE (FERROUS SULFATE GRANULES, FERROUS SULFATE POWDER)	3	
ferrous sulfate (ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe), ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe))	1	ACA Affordable Care Act
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1	C Not covered via pharmacy benefit - purchase over the counter ACA Affordable Care Act
IRON UP	2	ACA Affordable Care Act
NOVAFERRUM PEDIATRIC DROPS	2	ACA Affordable Care Act
IRON COMBINATIONS		
CORVITA 150	3	
ferrous fumarate w/ b12-vit c-fa-ifc	1	
FOLIVANE-PLUS	3	
FUSION PLUS	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INTEGRA PLUS	3	
iron polysaccharide complex-vit b12-folic acid	1	
MULTIGEN	3	
MULTIGEN FOLIC	3	
NIFEREX	3	
POLY-IRON 150 FORTE	3	
SE-TAN PLUS	3	
TANDEM PLUS	3	
TARON FORTE	3	
TRIGELS-F FORTE	3	
IRON W/ FOLIC ACID		
FOLIVANE-F	3	
INTEGRA F	3	
IRON-B12-FOLATE		
FERRALET 90	3	
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
DOPTELET	2	QL 60 / 30 DAYS PA S
DOPTELET SPRINKLE	2	QL 60 / 30 day(s) PA S
eltrombopag olamine (eltrombopag olamine powder pack for susp 12.5 mg (base eq), eltrombopag olamine powder pack for susp 25 mg (base equiv), eltrombopag olamine tab 12.5 mg (base equiv), eltrombopag olamine tab 25 mg (base equiv))	1	QL 30 / 30 day(s) PA S
eltrombopag olamine (eltrombopag olamine tab 50 mg (base equiv), eltrombopag olamine tab 75 mg (base equiv))	1	QL 60 / 30 day(s) PA S
MULPLETA	2	PA S QLC 7 / 7 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid (aminocaproic acid oral soln 0.25 gm/ml, aminocaproic acid tab 500 mg, aminocaproic acid tab 1000 mg)	1	
tranexamic acid tab 650 mg	1	GL Female
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
PENTOBARBITAL SODIUM	3	
PHENOBARBITAL (PHENOBARBITAL POWDER, PHENOBARBITAL 15 MG TAB, PHENOBARBITAL 16.2 MG TAB, PHENOBARBITAL 20 MG/5ML ELIXIR, PHENOBARBITAL 30 MG TAB, PHENOBARBITAL 30 MG/7.5ML ELIXIR, PHENOBARBITAL 32.4 MG TAB, PHENOBARBITAL 60 MG TAB, PHENOBARBITAL 60 MG/15ML ELIXIR, PHENOBARBITAL 64.8 MG TAB, PHENOBARBITAL 97.2 MG TAB, PHENOBARBITAL 100 MG TAB)	3	
phenobarbital (phenobarbital elixir 20 mg/5ml, phenobarbital tab 15 mg, phenobarbital tab 16.2 mg, phenobarbital tab 30 mg, phenobarbital tab 32.4 mg, phenobarbital tab 60 mg, phenobarbital tab 64.8 mg, phenobarbital tab 97.2 mg, phenobarbital tab 100 mg)	1	
PHENOBARBITAL SODIUM POWDER	3	
BENZODIAZEPINE HYPNOTICS		
DORAL	3	C ALT: temazepam 15 mg or 30 mg
estazolam	1	
FLURAZEPAM HCL	3	C ALT: zolpidem, temazepam, eszopiclone
MIDAZOLAM+SYRSPEND SF	3	
QUAZEPAM	3	C ALT: temazepam 15 mg or 30 mg
temazepam (temazepam cap 15 mg, temazepam cap 30 mg)	1	
temazepam (temazepam cap 7.5 mg, temazepam cap 22.5 mg)	1	C ALT: temazepam 15 mg or 30 mg

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NON-BARBITURATE HYPNOTICS		
CHLORAL HYDRATE	3	
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
EDLUAR	3	QL 30 / 30 day(s) ST C ALT: zolpidem tab C3 Step Therapy: Must first try ONE generic nonbenzodiazepine hypnotic agent
eszopiclone (eszopiclone tab 2 mg, eszopiclone tab 3 mg)	1	QL 30 / 30 day(s)
eszopiclone tab 1 mg	1	QL 90 / 30 days
zaleplon cap 10 mg	1	QL 30 / 30 day(s)
zaleplon cap 5 mg	1	QL 60 / 30 days
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 7.5 MG CAP)	3	QL 30 / 30 day(s) ST C ALT: eszopiclone, Zaleplon C3 Step Therapy: Must first try ONE generic nonbenzodiazepine hypnotic agent
zolpidem tartrate (zolpidem tartrate tab 10 mg, zolpidem tartrate tab er 12.5 mg)	1	QL 30 / 30 day(s)
ZOLPIDEM TARTRATE 3.5 MG SL TAB	3	QL 30 / 30 day(s) ST C ALT: eszopiclone, Zaleplon, zolpidem 5 mg or 10 mg tab, zolpidem ER C3 Step Therapy: Must first try ONE generic nonbenzodiazepine hypnotic agent
zolpidem tartrate tab 5 mg	1	QL 60 / 30 day(s)
zolpidem tartrate tab er 6.25 mg	1	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic nonbenzodiazepine hypnotic agent
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ	3	QL 158 / 30 day(s) PA S
tasimelteon	1	QL 30 / 30 day(s) PA S
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
GAVILYTE-C	3	C ALT: Generic Covered
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	ACA Affordable Care Act
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	ACA Affordable Care Act
PEG-PREP	3	
sodium sulfate-potassium sulfate-magnesium sulfate	1	
SUTAB	3	
ELECTROLYTE-BASED OSMOTIC LAXATIVES		
CVS EPSOM SALT	3	
EPSOM SALT	3	
EQL EPSOM SALT	3	
MAGNESIUM SULFATE POWDER	3	
RA EPSOM SALT	3	
LAXATIVES - MISCELLANEOUS		
lactulose (lactulose oral crystal packet 10 gm, lactulose oral crystal packet 20 gm)	1	C ALT: lactulose 10 g/15 ml solution

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lactulose solution 10 gm/15ml	1	
LUBRICANT LAXATIVES		
MINERAL OIL	3	
MINERAL OIL HEAVY OIL	3	
MINERAL OIL LIGHT	3	
MURI-LUBE	3	
STIMULANT LAXATIVES		
BISACODYL	3	
SURFACTANT LAXATIVES		
DOCUSATE SODIUM POWDER	3	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC & SYMPATHOMIMETIC		
LETS	3	
LOCAL ANESTHETICS - AMIDES		
BUPIVACAINE HCL POWDER	3	
BUPIVACAINE HCL (BULK)	3	
MEPIVACAINE HCL	3	
LOCAL ANESTHETICS - ESTERS		
PROCAINE HCL	3	
MACROLIDES		
AZITHROMYCIN		
azithromycin (azithromycin for susp 100 mg/5ml, azithromycin for susp 200 mg/5ml, azithromycin tab 250 mg, azithromycin tab 500 mg, azithromycin tab 600 mg)	1	
AZITHROMYCIN 1 GM PACKET	2	
ZITHROMAX 1 GM PACKET	3	
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clarithromycin (clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg)	1	
ERYTHROMYCINS		
E.E.S. 400	3	
ERYTHROMYCIN POWDER	3	
ERYTHROMYCIN BASE (ERYTHROMYCIN BASE POWDER, ERYTHROMYCIN BASE 250 MG CP DR PART)	3	
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)	1	
ERYTHROMYCIN ETHYLSUCCINATE	3	
erythromycin ethylsuccinate (erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml, erythromycin ethylsuccinate tab 400 mg)	1	
FIDAXOMICIN		
DIFICID 40 MG/ML RECON SUSP	2	
fidaxomicin tab 200 mg	1	
MEDICAL DEVICES AND SUPPLIES		
BLOOD PRESSURE DEVICES		
BLOOD PRESSURE KIT KIT	3	C Not covered via pharmacy benefit – purchase over the counter
BLOOD PRESSURE MONITOR	3	C Not covered via pharmacy benefit – purchase over the counter
BLOOD PRESSURE MONITOR AUTOMAT	3	C Not covered via pharmacy benefit – purchase over the counter
BLOOD PRESSURE MONITOR/ARM	3	C Not covered via pharmacy benefit – purchase over the counter
BLOOD PRESSURE MONITOR/PRM ARM	3	C Not covered via pharmacy benefit – purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD PRESSURE MONITOR/WRIST DEVICE	3	C Not covered via pharmacy benefit – purchase over the counter
BLOOD PRESSURE UNIT	3	C Not covered via pharmacy benefit – purchase over the counter
RA BLOOD PRESSURE CUFF MONITOR	3	C Not covered via pharmacy benefit – purchase over the counter
RELION BLOOD PRESSURE MONITOR	3	C Not covered via pharmacy benefit – purchase over the counter
RELION PREMIUM MONITOR	3	C Not covered via pharmacy benefit – purchase over the counter
SURELIFE BP MONITOR/ARM	3	C Not covered via pharmacy benefit – purchase over the counter
SURELIFE BP MONITOR/WRIST	3	C Not covered via pharmacy benefit – purchase over the counter
CERVICAL CAPS		
FEMCAP	2	GL Female ACA Affordable Care Act
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	2	GL Female ACA Affordable Care Act
CONDOMS - MALE		
AIMSCO LUBRICATED	2	ACA Affordable Care Act
CONDOMS	2	ACA Affordable Care Act
DUREX EXTRA SENSITIVE THIN	2	ACA Affordable Care Act
DUREX REALFEEL	2	ACA Affordable Care Act
DUREX TROPICAL	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANTASY LUBRICATED	2	ACA Affordable Care Act
FANTASY LUBRICATED/SPERMICIDE	2	ACA Affordable Care Act
KAMELEON LUBRICATED	2	ACA Affordable Care Act
KIMONO	2	ACA Affordable Care Act
KIMONO COLORS	2	ACA Affordable Care Act
KIMONO MAXX-LARGE FLARE	2	ACA Affordable Care Act
KIMONO MICRO THIN	2	ACA Affordable Care Act
KIMONO MICRO THIN PLUS	2	ACA Affordable Care Act
KIMONO PLUS	2	ACA Affordable Care Act
KIMONO PS	2	ACA Affordable Care Act
KIMONO PS PLUS	2	ACA Affordable Care Act
KIMONO SENSATION	2	ACA Affordable Care Act
KIMONO SENSATION PLUS	2	ACA Affordable Care Act
KIMONO SPECIAL	2	ACA Affordable Care Act
MAXX	2	ACA Affordable Care Act
MAXX PLUS	2	ACA Affordable Care Act
REALITY LATEX CONDOMS	2	ACA Affordable Care Act
REALITY LATEX/ULTRA TEXTURED	2	ACA Affordable Care Act
REALITY LATEX/ULTRA THIN	2	ACA Affordable Care Act
TROJAN BARESKIN	2	ACA Affordable Care Act
TROJAN ENZ	2	ACA Affordable Care Act
TROJAN MAGNUM	2	ACA Affordable Care Act
TROJAN ULTRA RIBBED LUBRICATED	2	ACA Affordable Care Act
TROJAN ULTRA THIN	2	ACA Affordable Care Act
TROJAN ULTRA THIN/SPERMICIDAL	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TROJAN-ENZ LUBRICATED	2	ACA Affordable Care Act
TROJAN-ENZ/SPERMICIDAL	2	ACA Affordable Care Act
TRUE COVER	2	ACA Affordable Care Act
TRUSTEX COLOR CONDOMS + LUBE	2	ACA Affordable Care Act
TRUSTEX LUB/RIBBED/STUDDED	2	ACA Affordable Care Act
TRUSTEX LUB/SPERMICIDE EX ST	2	ACA Affordable Care Act
TRUSTEX LUB/SPERMICIDE XL	2	ACA Affordable Care Act
TRUSTEX LUBRICATED	2	ACA Affordable Care Act
TRUSTEX LUBRICATED EX LARGE	2	ACA Affordable Care Act
TRUSTEX LUBRICATED EXTRA ST	2	ACA Affordable Care Act
TRUSTEX LUBRICATED/SPERMICIDE	2	ACA Affordable Care Act
TRUSTEX NATURAL CONDOMS + LUBE	2	ACA Affordable Care Act
TRUSTEX NON-LUBRICATED	2	ACA Affordable Care Act
TRUSTEX RIA LUB/SPERMICIDE	2	ACA Affordable Care Act
TRUSTEX RIA LUBRICATED	2	ACA Affordable Care Act
TRUSTEX RIA NON-LUBRICATED	2	ACA Affordable Care Act
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	ACA Affordable Care Act
DIAPHRAGMS		
CAYA	2	GL Female ACA Affordable Care Act
OMNIFLEX DIAPHRAGM	2	GL Female ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 60	2	GL Female ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 65	2	GL Female ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 70	2	GL Female ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 75	2	GL Female ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 80	2	GL Female ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 85	2	GL Female ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 90	2	GL Female ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 95	2	GL Female ACA Affordable Care Act
GLUCOSE MONITORING TEST SUPPLIES		
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS MISC	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCED MOBILE LANCET	2	
ADVANTAGE SAFETY LANCETS 28G	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVOCATE SAFETY LANCETS 26G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE	2	
AUTOLET LITE LANCING DEVICE	2	
AUTOLET LITE STARTER PACK	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD MICROTAINER LANCETS	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CARESENS LANCETS	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	2	
CHOSEN SAFETY LANCETS 28G	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK LANCETS	2	
CLEVER CHOICE COMFORT EZ MISC	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
COAGUCHEK LANCETS	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL	2	
CONTOUR NEXT CONTROL	2	
CONTOUR PLUS CONTROL SOLUTION	2	C Not covered via pharmacy benefit – purchase over the counter
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
DEXCOM G6 RECEIVER	2	PA QLC 1 / 365 DAYS
DEXCOM G6 SENSOR	2	QL 3 / 30 DAYS PA
DEXCOM G6 TRANSMITTER	2	PA QLC 1 / 90 days
DEXCOM G7 15 DAY SENSOR	2	QL 2 / 30 day(s) PA
DEXCOM G7 RECEIVER	2	PA QLC 1 / 365 DAYS
DEXCOM G7 SENSOR	2	QL 3 / 30 day(s) PA
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET MEDLANCE LANCET 30G	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	2	
DROPSAFE ACTI-LANCE LANCET 17G	2	
DROPSAFE ACTI-LANCE LANCET 23G	2	
DROPSAFE ACTI-LANCE LANCET 28G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPSAFE ERGOLANCE LANCET 21G	2	
DROPSAFE ERGOLANCE LANCET 25G	2	
DROPSAFE ERGOLANCE LANCET 30G	2	
DROPSAFE HAEMOLANCE LANCET 1.5	2	
DROPSAFE HAEMOLANCE LANCET 18G	2	
DROPSAFE HAEMOLANCE LANCET 21G	2	
DROPSAFE HAEMOLANCE LANCET 25G	2	
DROPSAFE HAEMOLANCE LANCET 28G	2	
DROPSAFE MEDISAFE LANCET 23G	2	
DROPSAFE MEDISAFE LANCET 29G	2	
DROPSAFE MEDLANCE LANCET 0.8MM	2	
DROPSAFE MEDLANCE LANCET 21G	2	
DROPSAFE MEDLANCE LANCET 25G	2	
DROPSAFE MEDLANCE LANCET 30G	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINGERSTIX LANCETS	2	
FONDCIRCLE LANCING DEVICE	2	
FONDCIRCLE SINGLE USE LANCETS	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORA LANCETS	2	
FORA LANCING DEVICE	2	
FREESTYLE CONTROL SOLUTION	2	
FREESTYLE LANCETS	2	
FREESTYLE UNISTICK II LANCETS	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING KIT (BLUE)	2	
GENTEEL NOZZLES	2	
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN 26G	2	
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GOODSENSE LANCING DEVICE	2	
H-E-B INCONTROL ADV LANCING	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
HAEMOLANCE	2	
HAEMOLANCE LOW FLOW LANCETS	2	
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HEALTH CARE LANCING DEVICE	2	
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	
HYPOLANCE AST LANCING	2	
IHEALTH LANCING DEVICE	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	
KINNEY LANCETS	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KINNEY THIN LANCETS	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
LANCET DEVICE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANZO	2	
LEADER ADVANCED LANCING DEVICE	2	
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LITETOUCH LANCETS	2	
LIVE BETTER LANCET SUPER THIN	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDISENSE GLUCOSE KETONE CONTR	2	
MEDISENSE HI/MID/LOW CONTROL	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER SUPER THIN LANCETS	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MOBI CONNECT LANCING DEVICE	2	
MOBI CONNECT TWIST LANCETS	2	
MOBILE LANCETS 30G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH LANCETS 30G	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
PERFECT LANCETS 28G	2	
PERFECT LANCETS 30G	2	
PERFECT POINT SAFETY LANCETS	2	
PHARMACIST CHOICE LANCETS	2	
PHARMACY COUNTER LANCETS	2	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
PRECISION GLUCOSE KETONE CONTR	2	
PREFERRED PLUS LANCETS COLORED	2	
PREFERRED PLUS LANCETS THIN	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRO COMFORT SAFETY LANCETS 30G	2	
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PURE COMFORT LANCETS 30G	2	
PURE COMFORT SAFETY LANCET 30G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCETS MICROTHIN 33G	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE (RELION LANCING DEVICE KIT, RELION LANCING DEVICE MISC)	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIGHTEST GL300 LANCETS	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
SAFETY LANCETS 28G	2	
SAPS HEALTH PLUS LANCETS	2	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SELECT-LITE DEVICE/LANCETS	2	
SELECT-LITE LANCING DEVICE	2	
SENSILANCE SAFETY LANCETS 21G	2	
SENSILANCE SAFETY LANCETS 26G	2	
SENSILANCE SAFETY LANCETS 28G	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	
SM LANCETS 33G	2	
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMARTEST LANCETS 28G	2	
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
TODAYS HEALTH LANCING DEVICE	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRUE COMFORT SAFETY LANCETS	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TWIST TOP LANCETS 30G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
ULTRA THIN LANCETS 31G	2	
ULTRA-CARE LANCETS 30G	2	
ULTRA-CARE SAFETY LANCETS 30G	2	
ULTRA-THIN II AUTO LANCET	2	
ULTRA-THIN II LANCETS	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPER-THIN 30G	2	
UNILET SUPERLITE LANCET	2	
UNILET ULTRA-THIN 28G	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
ZEVRX TWIST TOP LANCETS 30G	2	
INSULIN ADMINISTRATION SUPPLIES		
ILET CONTACT DETACH 23" 6MM	2	QL 75 / 30 day(s) PA
ILET INFUSION-FLEX 23" 6MM	2	QL 75 / 30 day(s) PA
ILET INFUSION-INSET 23" 6MM	2	QL 75 / 30 day(s) PA
ILET INFUSION-INSET 32" 6MM	2	QL 75 / 30 day(s) PA
ILET INSULIN PUMP	2	PA QLC 1 / 720 days
ILET STARTER - CONTACT DETACH	2	PA QLC 1 / 365 days
ILET STARTER KIT - INSET 23"	2	PA QLC 1 / 365 days
ILET STARTER KIT - INSET 32"	2	PA QLC 1 / 365 days
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA QLC 1 / 365 DAYS
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL 30 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD 5 LIBRE INTRO	2	PA QLC 1 / 365 DAYS
OMNIPOD 5 LIBRE PODS	2	QL 30 / 30 day(s) PA
OMNIPOD DASH INTRO (GEN 4)	2	PA QLC 1 / 365 DAYS
OMNIPOD DASH PODS (GEN 4)	2	QL 30 / 30 day(s) PA
TWIIST REFILL KIT	2	QL 1 / 30 day(s) PA
TWIIST REFILL KIT/INFUSION SET	2	QL 1 / 30 day(s) PA
TWIIST STARTER KIT	2	PA QLC 1 / 720 DAYS
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
ADVOCATE INSULIN PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLES	2	
ADVOCATE INSULIN SYRINGE	2	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
ASSURE ID SAFETY PEN NEEDLES	2	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AURORA PEN NEEDLES	2	
AUTOKEEPER SAFETY PEN NEEDLE	2	
BARDIA BULB IRRIGATION SYRINGE	2	
BARDIA PISTON IRRIGATION SYR	2	
BD ALLERGIST TRAY	2	
BD ALLERGY SYRINGE	2	
BD AUTOSHIELD DUO	2	
BD BLUNT FILL NEEDLE	2	
BD BLUNT FILL NEEDLE W/FILTER	2	
BD CONTROL SYRING LUER-LOK	2	
BD DISP NEEDLE (BD DISP NEEDLE 23G X 1" MISC, BD DISP NEEDLE 25G X 1" MISC, BD DISP NEEDLE 30G X 1" MISC)	2	
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)	2	
BD ECLIPSE LUER-LOK NEEDLE	2	
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)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
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)	2	
BD ECLIPSE SYRINGE/NEEDLE	2	
BD FILTER NEEDLE	2	

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)	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE HALF-UNIT	2	
BD INSULIN SYRINGE MICROFINE	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE U/F	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE ULTRAFINE (BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML MISC, BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC)	2	
BD INTEGRA NEEDLE	2	
BD INTEGRA SYRINGE	2	
BD LUER-LOCK SYRINGE	2	

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)	2	
BD NOKOR ADMIX NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD PLASTIPAK SYRINGE (BD PLASTIPAK SYRINGE 3 ML MISC, BD PLASTIPAK SYRINGE 21G X 1" 3 ML MISC)	2	
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)	2	
BD SAFETYGLIDE ALLERGY SYRINGE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 23G X 1-1/2" MISC, BD SAFETYGLIDE NEEDLE 25G X 1" MISC, BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC, BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC)	2	
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)	2	
BD SAFETYGLIDE SYRINGE/NEEDLE (BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML MISC, BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML MISC, BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC)	2	
BD SYRINGE	2	
BD SYRINGE BLUNT CANNULA 17G	2	
BD SYRINGE DISPOSABLE	2	
BD SYRINGE DUAL CANNULA	2	
BD SYRINGE LUER SLIP TIP	2	
BD SYRINGE LUER-LOK	2	
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)	2	
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)	2	
BD TB SYRINGE	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	2	
BD VEO INSULIN SYR ULTRAFINE (BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML MISC, BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC, BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES	2	
CAREONE INSULIN SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAREONE UNIFINE PENTIPS PLUS	2	
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)	2	
CAREPOINT PRECISION POLY HUB (CAREPOINT PRECISION POLY HUB 23G X 1" MISC, CAREPOINT PRECISION POLY HUB 25G X 5/8" MISC)	2	
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)	2	
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)	2	
CAREPOINT SYRINGE CATHETER TIP	2	

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 25G X 1-1/2" 3 ML MISC, CAREPOINT SYRINGE LUER LOCK 30 ML MISC, CAREPOINT SYRINGE LUER LOCK 60 ML MISC)	2	
CAREPOINT SYRINGE LUER SLIP	2	
CAREPOINT TUBERCLN SYR/LUER SL	2	
CARETOUCH CATHETER TIP SYRINGE	2	
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)	2	
CARETOUCH INSULIN SYRINGE	2	
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)	2	
CARETOUCH LUER LOCK SYR/NEEDLE	2	
CARETOUCH LUER SLIP	2	
CARETOUCH PEN NEEDLES	2	
CLEVER CHOICE COMFORT EZ (CLEVER CHOICE COMFORT EZ 29G X 12MM MISC, CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC)	2	
CLEVER CHOICE COMFORT EZ PLUS	2	
CLICKFINE PEN NEEDLES	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED	2	
CRONO SYRINGE (CRONO SYRINGE 19G X 1-1/2" 10 ML MISC, CRONO SYRINGE 19G X 1-1/2" 20 ML MISC)	2	
DIATHRIVE PEN NEEDLE	2	
DROPLET INSULIN SYRINGE	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES	2	
DROPSAFE AUTOPROTECT DUO	2	
DROPSAFE SAFETY PEN NEEDLES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DROPSAFE SICURA	2	
DRUG MART UNIFINE PENTIPS	2	
DRUG MART UNIFINE PENTIPS PLUS	2	
EASY COMFORT INSULIN SYRINGE	2	
EASY COMFORT PEN NEEDLES	2	
EASY GLIDE CATH TIP SYRINGE	2	
EASY GLIDE LUER LOCK SYRINGE	2	
EASY GLIDE PEN NEEDLES	2	
EASY GLIDE SLIP LOCK SYRINGE	2	
EASY TOUCH ALLERGY SYRINGE	2	
EASY TOUCH FLIPLOCK INSULIN SY	2	

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)	2	

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)	2	
EASY TOUCH FLURINGE	2	
EASY TOUCH FLURINGE FLIPLOCK	2	
EASY TOUCH FLURINGE SHEATHLOCK	2	

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)	2	
EASY TOUCH INSULIN BARRELS	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH PEN NEEDLES	2	
EASY TOUCH SAFETY PEN NEEDLES	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	2	
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)	2	
EASY TOUCH SYRINGE BARREL	2	
EASY TOUCH TB FLIPLOCK SYRINGE	2	
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)	2	

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)	2	
EASYPOINT NEEDLE/SYRINGE	2	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYR ULTRAFINE	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA INSULIN SYRINGE U/F	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE U/F	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES	2	
EQL INSULIN SYRINGE	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SUPERIOR COMFORT SYR	2	
FLOW-EZE VENTED NEEDLE	2	
GLOBAL EASE INJECT PEN NEEDLES	2	
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR	2	
GLOBAL INSULIN SYRINGES	2	
GLUCOPRO INSULIN SYRINGE	2	
GNP CLICKFINE PEN NEEDLES	2	
GNP INSULIN SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2"	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP PEN NEEDLES	2	
GNP ULTICARE PEN NEEDLES	2	
GNP ULTIGUARD SAFEPACK NEEDLE	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HEALTHWISE INSULIN SYR/NEEDLE	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
HM ULTICARE INSULIN SYRINGE	2	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPODERMIC NEEDLE (HYPODERMIC NEEDLE 18G X 1" MISC, HYPODERMIC NEEDLE 18G X 1-1/2" MISC, HYPODERMIC NEEDLE 20G X 1" MISC, HYPODERMIC NEEDLE 20G X 1-1/2" MISC, HYPODERMIC NEEDLE 21G X 1" MISC, HYPODERMIC NEEDLE 21G X 1-1/2" MISC, HYPODERMIC NEEDLE 22G X 1" MISC, HYPODERMIC NEEDLE 22G X 1-1/2" MISC, HYPODERMIC NEEDLE 23G X 1" MISC, HYPODERMIC NEEDLE 23G X 1-1/2" MISC, HYPODERMIC NEEDLE 25G X 1-1/2" MISC, HYPODERMIC NEEDLE 25G X 5/8" MISC, HYPODERMIC NEEDLE 26G X 1/2" MISC, HYPODERMIC NEEDLE 27G X 1-1/2" MISC, HYPODERMIC NEEDLE 27G X 1/2" MISC)	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE-NEEDLE U-100	2	
INSUPEN PEN NEEDLES	2	
INSUPEN32G EXTR3ME	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G	2	
KMART VALU INSULIN SYRINGE 30G	2	
KROGER INSULIN SYRINGE	2	
KROGER PEN NEEDLES	2	
LEADER INSULIN SYRINGE	2	
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH PEN NEEDLES	2	
LONGS INSULIN SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	2	
MAGELLAN INSULIN SAFETY SYR	2	
MAGELLAN SYRINGE-SAFETY NEEDLE	2	
MAGELLAN TUBERCULIN SYRINGE	2	
MARATHON MEDICAL PENTIPS	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDIC INSULIN SYRINGE	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE	2	
MM PEN NEEDLES	2	
MONOJECT ALLERGIST TRAY	2	
MONOJECT BLUNTIP CANNULA (MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC, MONOJECT BLUNTIP CANNULA 21G X 1" MISC)	2	
MONOJECT BLUNTIP SYR/CANNULA	2	
MONOJECT CONTROL SYRINGE	2	
MONOJECT FILTER NEEDLE	2	

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 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)	2	

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)	2	
MONOJECT INTRODUCER NEEDLE	2	
MONOJECT LIFESHIELD SYRINGE (MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML MISC, MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML MISC)	2	
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)	2	

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)	2	
MONOJECT MEDICATION TRANSF NDL	2	
MONOJECT PHARMACY TRAY	2	
MONOJECT PISTON SYRINGE	2	
MONOJECT SOFTPACK/CATHTIP	2	
MONOJECT SOFTPACK/LLOCK	2	
MONOJECT SOFTPACK/LTIP	2	
MONOJECT SOFTPACK/RG LOCK	2	
MONOJECT SOFTPACK/RG LUER	2	

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)	2	
MONOJECT SYRINGE CATH TIP	2	
MONOJECT SYRINGE ECC LUER	2	
MONOJECT SYRINGE ECCENTRIC TIP	2	
MONOJECT SYRINGE LUER LOCK	2	
MONOJECT SYRINGE LUER-LOCK TIP	2	
MONOJECT SYRINGE PHARMACY TRAY	2	
MONOJECT SYRINGE REG LUER	2	
MONOJECT SYRINGE REGULAR TIP	2	
MONOJECT SYRINGE TOOMEY TYPE	2	
MONOJECT TB SAFETY SYRINGE	2	
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)	2	
MONOJECT ULTRA COMFORT SYRINGE	2	
MS INSULIN SYRINGE	2	
NOKOR VENTED NEEDLE	2	
NORM-JECT LUER LOCK SYRINGE	2	
NORM-JECT LUER SLIP SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	2	
PC UNIFINE PENTIPS	2	
PEN NEEDLE/5-BEVEL TIP	2	
PEN NEEDLES	2	
PEN NEEDLES 5/16"	2	
PENTIPS	2	
PENTIPS GENERIC PEN NEEDLES	2	
PERFECT POINT SAFETY NEEDLE	2	
PIP PEN NEEDLES 31G X 5MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
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)	2	
PRECISION SURE-DOSE SYRINGE	2	
PREFERRED PLUS INSULIN SYRINGE	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLES	2	
PRODIGY INSULIN SYRINGE	2	
PURE COMFORT PEN NEEDLE	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE	2	
QC PEN NEEDLES	2	
QC UNIFINE PENTIPS	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RA INSULIN SYRINGE	2	
RA PEN NEEDLES	2	
RAYA SURE PEN NEEDLE	2	
REALITY INSULIN SYRINGE	2	
RELION INSULIN SYRINGE	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION SHORT PEN NEEDLES	2	
SAFETY PEN NEEDLES	2	
SB INSULIN SYRINGE	2	
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)	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
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)	2	
SOL-CARE SAFETY SYRINGE ALLERG	2	
SOL-M SYRINGE LUER LOCK	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURE COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	2	
SURE COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC)	2	C Not covered via pharmacy benefit - purchase over the counter
SURE COMFORT PEN NEEDLES	2	
SYRINGE DISPOSABLE	2	
SYRINGE ECCENTRIC TIP	2	

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)	2	
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)	2	
SYRINGE/HYPODERMIC SAFETY	2	
TECHLITE INSULIN SYRINGE	2	
TECHLITE PEN NEEDLES	2	
TECHLITE PLUS PEN NEEDLES	2	
THE EPINEPHRINE SYRINGE	2	
TODAYS HEALTH PEN NEEDLES	2	
TODAYS HEALTH SHORT PEN NEEDLE	2	
TOOMEY SYRINGE	2	
TOPCARE CLICKFINE PEN NEEDLES	2	
TOPCARE ULTRA COMFORT INS SYR	2	
TOPFINE INSULIN PEN NEEDLE	2	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE COMFORT PEN NEEDLES	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PRO INSULIN SYR	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUE COMFORT SAFETY PEN NEEDLE	2	
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUEPLUS INSULIN SYRINGE	2	
TRUEPLUS PEN NEEDLES	2	
ULTICARE INSULIN SAFETY SYR	2	
ULTICARE INSULIN SYR 1/2 UNIT	2	
ULTICARE INSULIN SYRINGE	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	
ULTICARE PEN NEEDLES	2	
ULTICARE SHORT PEN NEEDLES	2	
ULTICARE SYRINGE (ULTICARE SYRINGE 22G X 1-1/2" 1 ML MISC, ULTICARE SYRINGE 22G X 1-1/2" 3 ML MISC)	2	
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)	2	
ULTIGUARD SAFEPACK PEN NEEDLE	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
ULTILET PEN NEEDLE	2	
ULTRA COMFORT INSULIN SYRINGE	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYR 1/2 UNIT	2	
ULTRA FLO INSULIN SYRINGE	2	
ULTRA THIN PEN NEEDLES	2	
ULTRA-THIN II INS SYR SHORT	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRA-THIN II MINI PEN NEEDLE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRACARE INSULIN SYRINGE	2	
ULTRACARE PEN NEEDLES	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE PROTECT PEN NEEDLE	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
VALUE HEALTH INSULIN SYRINGE	2	
VANISHPOINT ALLERGY TRAY	2	
VANISHPOINT INSULIN SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	2	
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)	2	
VANISHPOINT TUBERCULIN SYRINGE	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
VERIFINE PLUS PEN NEEDLE	2	
VERISAFE SAFE STERILE SYRINGE (VERISAFE SAFE STERILE SYRINGE 25G X 1" 1 ML MISC, VERISAFE SAFE STERILE SYRINGE 25G X 1" 3 ML MISC, VERISAFE SAFE STERILE SYRINGE 25G X 1-1/2" 3 ML MISC, VERISAFE SAFE STERILE SYRINGE 27G X 1/2" 1 ML MISC)	2	
VERISAFE SAFETY INSULIN SYR	2	
VERISAFE SAFETY STERILE NEEDLE (VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" MISC, VERISAFE SAFETY STERILE NEEDLE 25G X 1" MISC)	2	
VP INSULIN SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WEGMANS UNIFINE PENTIPS PLUS	2	
YALE DISP NEEDLES	2	
ZEVRX INSULIN SYRINGE	2	
ZEVRX PEN NEEDLES	2	
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AEROVENT PLUS	2	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPACT SPACE CHAMBER/SM MASK	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
EQ SPACE CHAMBER ANTI-STATIC	2	
EQ SPACE CHAMBER ANTI-STATIC L	2	
EQ SPACE CHAMBER ANTI-STATIC M	2	
EQ SPACE CHAMBER ANTI-STATIC S	2	
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INSPIREASE	2	
INSPIREASE RESERVOIR BAGS	2	
MASK VORTEX/CHILD/FROG	2	
MASK VORTEX/TODDLER/LADYBUG	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX PEDIATRIC MASK	2	
PEDIATRIC PANDA MASK	2	
POCKET CHAMBER	2	
POCKET SPACER	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PROCHAMBER VHC	2	
PURE COMFORT SPACER CHAMBER	2	
RITEFLO	2	
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	2	QL 16 / 30 day(s) PA
QULIPTA	2	QL 30 / 30 day(s) PA
UBRELVY	2	QL 16 / 30 day(s) PA
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES		
AIMOVIG	2	QL 1 / 28 DAYS PA
AJOVY	2	PA QLC 4.5 / 84 DAYS
EMGALITY	2	QL 1 / 28 DAYS PA
EMGALITY (300 MG DOSE)	2	PA QLC 9 / 180 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERGOT COMBINATIONS		
CAFERGOT	3	C ALT: OTC MIGRAINE RELIEF PRODUCTS
ERGOTAMINE-CAFFEINE	3	C ALT: OTC MIGRAINE RELIEF PRODUCTS
MIGERGOT	3	
BREKIYA	3	QL 24 / 28 day(s) PA C ALT: dihydroergotamine 1 mg/mL solution, sumatriptan
DIHYDROERGOTAMINE MESYLATE	3	
dihydroergotamine mesylate inj 1 mg/ml	1	
dihydroergotamine mesylate nasal spray 4 mg/ml	1	QL 8 / 28 day(s) PA C ALT: dihydroergotamine 1 mg/ml solution
ERGOMAR	3	
ERGOTAMINE TARTRATE	3	
MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
ELYXYB	3	QL 28.8 / 30 day(s) PA
MIGRAINE PRODUCTS - NSAIDS		
diclofenac potassium (migraine)	1	C ALT: diclofenac potassium 50 mg tab
SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS		
sumatriptan-naproxen sodium	1	ST C ALT: sumatriptan tab, naproxen 500 mg tab QLC 18 / 30 DAYS C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
almotriptan malate	1	ST C: ALT: sumatriptan tab, eletriptan, naratriptan, rizatriptan, zolmitriptan tab QLC: 12 / 30 DAYS C3: Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
eletriptan hydrobromide	1	QLC: 12 / 30 DAYS
frovatriptan succinate	1	ST C: ALT: sumatriptan tab, eletriptan, naratriptan, rizatriptan, zolmitriptan tab QLC: 18 / 30 DAYS C3: Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	3	QL: 6 / 30 day(s) ST C: ALT: SUMATRIPTAN SOLUTION C3: Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART	3	QL: 6 / 30 day(s) ST C: ALT: sumatriptan 5 mg/act or 20 mg/act solution C3: Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
naratriptan hcl	1	QLC 18 / 30 DAYS
ONZETRA XSAIL	3	QL 32 / 30 DAYS ST C Alt: eletriptan, rizatriptan, sumatriptan, zolmitriptan C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
rizatriptan benzoate	1	QLC 18 / 30 DAYS
sumatriptan	1	QLC 12 / 30 DAYS
sumatriptan succinate (sumatriptan succinate solution auto-injector 4 mg/0.5ml, sumatriptan succinate solution auto-injector 6 mg/0.5ml)	1	QL 6 / 30 DAYS
sumatriptan succinate (sumatriptan succinate tab 25 mg, sumatriptan succinate tab 50 mg, sumatriptan succinate tab 100 mg)	1	QLC 18 / 30 DAYS
sumatriptan succinate inj 6 mg/0.5ml	1	QL 5 / 30 DAYS
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	3	QL 6 / 30 day(s) ST C ALT: SUMATRIPTAN SOLUTION C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	3	QL 6 / 30 day(s) ST C ALT: sumatriptan 5 mg/act or 20 mg/act solution C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEMBRACE SYMTOUCH	3	QL 12 / 30 DAYS ST C Alt: eletriptan, rizatriptan, sumatriptan, zolmitriptan C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
ZOLMITRIPTAN	3	ST C Alt: eletriptan, rizatriptan, sumatriptan, zolmitriptan QLC 12 / 30 DAYS C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
zolmitriptan (zolmitriptan orally disintegrating tab 2.5 mg, zolmitriptan orally disintegrating tab 5 mg)	1	C ALT: zolmitriptan tab, rizatriptan tab/ODT, sumatriptan, eletriptan QLC 12 / 30 DAYS
zolmitriptan (zolmitriptan tab 2.5 mg, zolmitriptan tab 5 mg)	1	QLC 12 / 30 DAYS
zolmitriptan nasal spray 5 mg/spray unit	1	ST C ALT: zolmitriptan tab, sumatriptan nasal spray QLC 12 / 30 DAYS C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
ZOMIG 2.5 MG SOLUTION	3	ST C Alt: eletriptan, rizatriptan, sumatriptan, zolmitriptan QLC 12 / 30 DAYS C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)		
REYVOW	2	QL 8 / 30 day(s) PA
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM ACETATE (SODIUM ACETATE CRYSTALS, SODIUM ACETATE GRANULES, SODIUM ACETATE POWDER)	3	
CALCIUM		
CA PHOSPHATE DIBASIC DIHYD	3	
CALCIUM CARBONATE POWDER	3	
CALCIUM CARBONATE EXTRA LIGHT	3	
CALCIUM CARBONATE LIGHT	3	
CALCIUM CHLORIDE ANHYDROUS GRANULES	3	
CALCIUM CHLORIDE DIHYDRATE	3	
CALCIUM GLUCONATE POWDER	3	
CALCIUM GLUCONATE ANHYDROUS	3	
CALCIUM GLUCONATE MONOHYDRATE	3	
CALCIUM LACTATE PENTAHYDRATE	3	
CALCIUM PHOSPHATE DIBASIC	3	
CALCIUM PHOSPHATE TRIBASIC	3	
FLUORIDE		
SODIUM FLUORIDE (SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB)	2	ACA Affordable Care Act
FLUORIDE COMBINATIONS		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	ACA Affordable Care Act
MAGNESIUM		
MAGNESIUM CARBONATE POWDER	3	
MAGNESIUM CARBONATE HEAVY	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAGNESIUM CHLORIDE (MAGNESIUM CHLORIDE CRYSTALS, MAGNESIUM CHLORIDE POWDER)	3	
PHOSPHATE		
K-PHOS	3	
K-PHOS-NEUTRAL	3	
PHOSPHA 250 NEUTRAL	3	
PHOSPHO-TRIN 250 NEUTRAL	3	
PHOSPHO-TRIN K500	3	
PHOSPHOROUS	3	
WES-PHOS 250 NEUTRAL	3	
POTASSIUM		
POKONZA 10 MEQ PACKET	3	C ALT: Klor-Con packet, potassium chloride 20 MEQ packet
POKONZA 10 MEQ/15ML (5%) SOLUTION	3	QL 9000 / 30 day(s) PA C ALT: potassium chloride powder packet
POKONZA 15 MEQ PACKET	3	C ALT: potassium chloride powder packet
POTASSIUM BICARBONATE	3	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE CRYSTALS, POTASSIUM CHLORIDE GRANULES, POTASSIUM CHLORIDE POWDER)	3	
potassium chloride (potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))	1	
POTASSIUM CHLORIDE 40 MEQ PACKET	3	C ALT: potassium chloride packet/tab
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	3	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	2	
potassium chloride microencapsulated crystals er	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM		
SODIUM CHLORIDE (SODIUM CHLORIDE GRANULES, SODIUM CHLORIDE POWDER)	3	
TRACE MINERALS		
COPPER SULFATE	3	
CUPRIC SULFATE	3	
ZYCUBO	2	QL 30 / 30 day(s) S
ZINC		
GALZIN (GALZIN 25 MG CAP, GALZIN 50 MG CAP)	3	C ALT: penicillamine tablet, trientine 250 mg
ZINC SULFATE GRANULES	3	
ZINC SULFATE HEPTAHYDRATE	3	
ZINC SULFATE MONOHYDRATE	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT		
JOENJA (JOENJA 40 MG TAB, JOENJA 50 MG TAB, JOENJA 70 MG TAB)	3	QL 60 / 30 day(s) PA S
ANTILEPROTICS		
THALOMID 100 MG CAP	2	QL 120 / 30 day(s) PA S
THALOMID 50 MG CAP	2	QL 90 / 30 day(s) PA S
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	3	QL 4 / 28 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHELATING AGENTS		
CUVRIOR	3	PA C ALT: trientine 250 mg cap S
penicillamine cap 250 mg	1	PA C ALT: penicillamine 250mg tablets S
penicillamine tab 250 mg	1	S
TRIENTINE HCL	3	C ALT: trientine 250 mg cap S
trientine hcl	1	S
CYCLOSPORINE ANALOGS		
cyclosporine	1	
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)	1	
LUPKYNIS	3	QL 180 / 30 day(s) PA S
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	3	
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP)	3	
ENZYMES		
BROMELAIN	3	
CHYMOTRYPSIN (ALPHA)	3	
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY	2	QL 120 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORS - BTK INHIBITORS		
RHAPSIDO	2	QL 60 / 30 day(s) PA S
IMMUNOMODULATORS - COMBINATIONS		
VYVGART HYTRULO 1000-10000 MG-UNT/5ML SOLN PRSYR	3	QL 20 / 28 day(s) PA S
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
lenalidomide (lenalidomide cap 15 mg, lenalidomide cap 20 mg, lenalidomide cap 25 mg)	1	QL 21 / 28 day(s) PA S
lenalidomide (lenalidomide cap 5 mg, lenalidomide cap 10 mg, lenalidomide caps 2.5 mg)	1	QL 30 / 30 day(s) PA S
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
CELLCEPT (CELLCEPT 200 MG/ML RECON SUSP, CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	3	
mycophenolate mofetil (mycophenolate mofetil cap 250 mg, mycophenolate mofetil for oral susp 200 mg/ml, mycophenolate mofetil tab 500 mg)	1	
mycophenolate sodium	1	
MYFORTIC	3	
MYHIBBIN	2	
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	
ENVARSUS XR	3	
everolimus (immunosuppressant)	1	
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP)	3	
RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sirolimus (sirolimus oral soln 1 mg/ml, sirolimus tab 0.5 mg, sirolimus tab 1 mg, sirolimus tab 2 mg)	1	
tacrolimus (tacrolimus cap 0.5 mg, tacrolimus cap 1 mg, tacrolimus cap 5 mg, tacrolimus cap er 24hr 0.5 mg, tacrolimus cap er 24hr 1 mg, tacrolimus cap er 24hr 5 mg)	1	
ZORTRESS	3	
ADENOSINE-5-MONOPHOSPHATE	3	
ADENOSINE-5-TRIPHOSPHATE	3	
MONOCLONAL ANTIBODIES		
ENSPRYNG	3	PA S QLC 1 / 28 days
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB		
VIJOICE (VIJOICE 50 MG PACKET, VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	3	QL 28 / 28 day(s) PA S
VIJOICE 200 & 50 MG TAB THPK	3	QL 56 / 28 days PA S
POTASSIUM REMOVING AGENTS		
LOKELMA	2	
*sodium polystyrene sulfonate (*sodium polystyrene sulfonate powder**, sodium polystyrene sulfonate susp 15 gm/60ml)*	1	
SPS (SODIUM POLYSTYRENE SULF)	3	
PURINE ANALOGS		
AZATHIOPRINE	3	
azathioprine	1	
IMURAN	3	
ROCK INHIBITORS		
REZUROCK	3	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS		
SAPHNELO 120 MG/0.8ML SOLN PRSYR	2	QL 3.2 / 28 day(s) PA S
SAPHNELO PEN	2	QL 3.2 / 28 day(s) PA S
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat)	1	
ANESTHETICS TOPICAL ORAL - COMBINATIONS		
FIRST-MOUTHWASH BLM	3	
ANTI-INFECTIVES - THROAT		
AMPHOTERICIN B (AMPHOTERICIN B POWDER, AMPHOTERICIN B 905 UNIT/MG POWDER)	3	
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat)	1	
DENTAL AIDS		
ZINC ACETATE (ZINC ACETATE CRYSTALS, ZINC ACETATE 100 % CRYSTALS)	3	
DENTAL PRODUCTS - COMBINATIONS		
DENTA 5000 PLUS SENSITIVE	2	C ALT: sodium fluoride 5000 sensitive 1.1-5 % gel ACA Affordable Care Act
FLUORIDEX SENSITIVITY RELIEF	2	C ALT: sodium fluoride 5000 sensitive 1.1-5 % gel ACA Affordable Care Act
FLUORIMAX 5000 SENSITIVE	2	C ALT: sodium fluoride 5000 sensitive 1.1-5 % gel ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FRAICHE 5000 PREVI	3	C ALT: generic sodium fluoride 5000 gel
FRAICHE 5000 SENSITIVE	3	C ALT: generic sodium fluoride 5000 gel
PREVIDENT 5000 ENAMEL PROTECT	2	C ALT: Generic Covered ACA Affordable Care Act
PREVIDENT 5000 SENSITIVE	2	C ALT: Generic Covered ACA Affordable Care Act
SOD FLUORIDE-POTASSIUM NITRATE	2	ACA Affordable Care Act
SODIUM FLUORIDE 5000 ENAMEL	2	ACA Affordable Care Act
SODIUM FLUORIDE 5000 SENSITIVE	2	ACA Affordable Care Act
FLUORIDE DENTAL PRODUCTS		
CLINPRO 5000	2	ACA Affordable Care Act
DENTA 5000 PLUS	2	ACA Affordable Care Act
DENTAGEL	2	ACA Affordable Care Act
EASYGEL	2	ACA Affordable Care Act
FLUORIDEX	2	ACA Affordable Care Act
FLUORIDEX DAILY RENEWAL	2	ACA Affordable Care Act
FLUORIDEX ENHANCED WHITENING	2	ACA Affordable Care Act
FLUORIMAX 5000	2	ACA Affordable Care Act
FRAICHE 5000 DENTAL	2	ACA Affordable Care Act
JUST RIGHT 5000	2	ACA Affordable Care Act
PERIOMED	2	ACA Affordable Care Act
PREVIDENT (PREVIDENT 0.2 % SOLUTION, PREVIDENT 1.1 % GEL)	2	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 KIDS	2	
PREVIDENT 5000 ORTHO DEFENSE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVIDENT 5000 PLUS	2	
SF	2	ACA Affordable Care Act
SF 5000 PLUS	2	ACA Affordable Care Act
SODIUM FLUORIDE (SODIUM FLUORIDE 0.2 % SOLUTION, SODIUM FLUORIDE 1.1 % CREAM, SODIUM FLUORIDE 1.1 % GEL)	2	ACA Affordable Care Act
SODIUM FLUORIDE 5000 PLUS	2	ACA Affordable Care Act
SODIUM FLUORIDE 5000 PPM	2	ACA Affordable Care Act
sodium fluoride cream 1.1%	1	ACA Affordable Care Act
stannous fluoride conc 0.63%	1	ACA Affordable Care Act
stannous fluoride gel 0.4%	1	C Not covered via pharmacy benefit - purchase over the counter ACA Affordable Care Act
SALIVA STIMULANTS		
cevimeline hcl	1	
pilocarpine hcl (oral)	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide (mouth)	1	
MULTIVITAMINS		
B-COMPLEX W/ C & FOLIC ACID		
DIALYVITE	3	
FOLBEE PLUS	3	
RENO CAPS	3	
TRIPHROCAPS	3	
MULTIPLE VITAMINS W/ MINERALS		
CORVITA	3	
DIALYVITE SUPREME D	3	
STROVITE ONE	3	
V-C FORTE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PED MULTI VITAMINS W/FL & FE		
MULTI-VITAMIN/FLUORIDE/IRON	3	
ped multivitamins w/fl & iron	1	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	3	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	3	
POLY-VI-FLOR 1 MG CHEW TAB	3	
PED VITAMINS ACD W/ FLUORIDE		
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	3	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	3	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA (FLORIVA 0.5 MG CHEW TAB, FLORIVA 1 MG CHEW TAB)	3	
PRENATAL MV & MIN W/FE-FA		
ALTRIXA OB	3	
ATABEX EC	3	
ATABEX OB	3	
AZENTRA	3	
AZESCO	3	
C-NATE DHA	3	
CITRANATAL B-CALM	3	
CO-NATAL FA	3	
COMPLETENATE	3	
CONCEPT DHA	3	
CONCEPT OB	3	
DERMACINRX PNV PRENATOL	3	
DERMACINRX PRETRATE	3	
ELITE-OB	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBRIVA	3	
ENBRACE HR	3	
FOLATEXCEL	3	
FOLIVANE-OB	3	
GESTYRA	3	
INATAL GT	3	
JENLIVA PRENATAL/POSTNATAL	3	
KOSHER PRENATAL PLUS IRON	3	GL Female
M-NATAL PLUS	3	
MATERNACEL	3	
MATERVIA	3	
MATRIAPRO	3	
MATRONEX	3	
NATAL PNV	3	
NATALCHEW	3	
NATALCORE	3	
NATALVIT	3	
NEEVO DHA	3	
NEO-VITAL RX	3	
NEOMATERNA	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL VITAMIN	3	C Not covered via pharmacy benefit - purchase over the counter
NESTABS	3	GL Female
NESTABS DHA	3	GL Female
NIVA-PLUS	3	
NOVYRA	3	
OB COMPLETE	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	GL Female
OB COMPLETE/DHA	3	
ONE VITE WOMENS PLUS	3	
ONENATAL RX	3	
PNV 27-CA/FE/FA	3	
PNV PRENATAL PLUS MULTIVIT+DHA	3	
PNV TABS 20-1	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PREGENNA	3	
PRENA1 PEARL	3	
PRENACHEW	2	
PRENACORE	3	
PRENATABS FA	3	
PRENATABS RX	3	GL Female
PRENATAL 19 (PRENATAL 19 CHEW TAB, PRENATAL 19 29-1 MG CHEW TAB, PRENATAL 19 29-1 MG TAB)	2	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS	2	
PRENATAL PLUS VITAMIN/MINERAL	3	
PRENATAL-U	2	
PRENATE ELITE	3	GL Female
PRENATOL-M	3	
PRENATRIX	3	
PRENATRYL	3	
PRENOVA	3	
PRENYRA	3	
PRIMACARE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROVIDA OB	3	
RELEVIA	3	
RELNATE DHA	3	
SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB)	2	
SELECT-OB 29-0.6-0.4 MG CHEW TAB	3	
SELECT-OB 29-1 MG CHEW TAB	3	GL Female
TARON-C DHA	3	
THRIVITE RX	3	GL Female
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	2	
VINATE DHA RF	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITALARA	3	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
VIVA DHA	3	
WESCAP-C DHA	3	
WESNATE DHA	3	
WESTAB PLUS	3	
ZALVIT	3	
ZIPHEX	3	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	3	GL Female
WESNATAL DHA COMPLETE	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATAL MV & MIN W/FE-FA-DHA		
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL HARMONY	3	
CITRANATAL MEDLEY	3	
NESTABS ONE	3	
OBSTETRIX DHA	3	
PNV-DHA	3	
PNV-DHA+DOCUSATE	3	
PREGEN DHA	3	
PRENA 1 TRUE	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS	3	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
SELECT-OB+DHA	3	
TRISTART DHA	3	
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITATRUE	3	
WESCAP-PN DHA	3	
WESTGEL DHA	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON		
PRENYVIA	3	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE	3	
PRENATAL VITAMINS		
PREMESISRX	3	GL Female
PRENA1	3	GL Female
PRENATE AM	3	GL Female
VITAFOL STRIPS	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
ATMEKSI	3	QL 1600 / 30 day(s) PA C ALT: methocarbamol 500 mg or 750 mg tab
BACLOFEN	3	
baclofen (baclofen tab 10 mg, baclofen tab 20 mg)	1	
baclofen (baclofen tab 5 mg, baclofen tab 15 mg)	1	C ALT: baclofen 10 mg or 20 mg tab
BACLOFEN (BULK)	3	
baclofen oral soln 10 mg/5ml	1	QL 1200 / 30 day(s) PA C ALT: baclofen 10 mg or 20 mg tab
baclofen oral soln 5 mg/5ml	1	QL 2400 / 30 day(s) PA C ALT: baclofen 10 mg or 20 mg tab
baclofen susp 25 mg/5ml	1	QL 480 / 30 day(s) PA C ALT: baclofen 10 mg or 20 mg tab
CARISOPRODOL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
chlorzoxazone (chlorzoxazone tab 250 mg, chlorzoxazone tab 375 mg, chlorzoxazone tab 750 mg)	1	C ALT: chlorzoxazone 500 mg tab
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl (cyclobenzaprine hcl cap er 24hr 15 mg, cyclobenzaprine hcl cap er 24hr 30 mg, cyclobenzaprine hcl tab 7.5 mg)	1	C ALT: cyclobenzaprine 5 mg or 10 mg tab
cyclobenzaprine hcl (cyclobenzaprine hcl tab 5 mg, cyclobenzaprine hcl tab 10 mg)	1	
ENOVARX-CYCLOBENZAPRINE HCL	3	
LYVISPAH	3	QL 120 / 30 day(s) PA C ALT: baclofen 10 mg or 20 mg tab
METAXALONE	3	PA C ALT: methocarbamol 500 mg or 750 mg tab, chlorzoxazone 500 mg tab
metaxalone tab 400 mg	1	PA C ALT: methocarbamol 500 mg or 750 mg tab, chlorzoxazone 500 mg tab
metaxalone tab 800 mg	1	C ALT: methocarbamol 500 mg or 750 mg tab, chlorzoxazone 500 mg tab
methocarbamol (methocarbamol tab 500 mg, methocarbamol tab 750 mg)	1	
methocarbamol tab 1000 mg	1	C ALT: methocarbamol 500 mg or 750 mg tab
ONTRALFY	3	QL 2700 / 30 day(s) PA C ALT: tizanidine tab
ORPHENADRINE CITRATE POWDER	3	
orphenadrine citrate tab er 12hr 100 mg	1	
TABRADOL FUSEPAQ	3	
tizanidine hcl (tizanidine hcl cap 4 mg (base equivalent), tizanidine hcl cap 6 mg (base equivalent))	1	C ALT: tizanidine 4 mg tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tizanidine hcl (tizanidine hcl tab 2 mg (base equivalent), tizanidine hcl tab 4 mg (base equivalent))	1	
TIZANIDINE HCL 8 MG CAP	3	PA C ALT: tizanidine tablet
tizanidine hcl cap 2 mg (base equivalent)	1	C ALT: tizanidine 2 mg tab
ZANAFLEX 8 MG CAP	3	PA C ALT: tizanidine tablet
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (dantrolene sodium cap 25 mg, dantrolene sodium cap 50 mg, dantrolene sodium cap 100 mg)	1	C ALT: baclofen 10 mg or 20 mg tab, cyclobenzaprine 5 mg or 10 mg tab, methocarbamol 500 mg or 750 mg tab, tizanidine tab
MUSCLE RELAXANT COMBINATIONS		
NORGESIC	3	C ALT: cyclobenzaprine 5 mg or 10 mg tab
NORGESIC FORTE	3	PA C ALT: orphenadrine tab, aspirin low dose
ORPHENADRINE-ASPIRIN-CAFFEINE	3	C ALT: cyclobenzaprine 5 mg or 10 mg tab
ORPHENGESIC FORTE	3	PA C ALT: orphenadrine tab, aspirin low dose
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS		
SOHONOS (SOHONOS 1 MG CAP, SOHONOS 1.5 MG CAP)	3	QL 112 / 28 days PA S
SOHONOS 10 MG CAP	3	QL 56 / 28 days PA S
SOHONOS 2.5 MG CAP	3	QL 140 / 28 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOHONOS 5 MG CAP	3	QL 84 / 28 days PA S
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTIHISTAMINE-STEROID		
RYALTRIS	3	C ALT: azelastine 0.1% (137 mcg/spray) solution, fluticasone 50 mcg/act suspension
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal)	1	
NASAL ANTIHISTAMINES		
azelastine hcl	1	
olopatadine hcl (nasal)	1	C ALT: azelastine hcl 0.1% solution
NASAL STEROIDS		
flunisolide (nasal)	1	
fluticasone propionate (nasal)	1	
mometasone furoate (nasal)	1	
OMNARIS	3	
QNASL	3	
QNASL CHILDRENS	3	
XHANCE	3	QL 32 / 30 DAYS PA
SYSTEMIC DECONGESTANTS		
PHENYLPROPANOLAMINE HCL	3	
PSEUDOEPHEDRINE HCL	3	
SUDAFED CHILDRENS	3	C Not covered via pharmacy benefit – purchase over the counter
TOPICAL DECONGESTANTS		
PHENYLEPHRINE HCL (PHENYLEPHRINE HCL CRYSTALS, PHENYLEPHRINE HCL POWDER)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUROMUSCULAR AGENTS		
ALS AGENTS - MISCELLANEOUS		
RADICAVA ORS	3	QL 50 / 28 day(s) PA S
RADICAVA ORS STARTER KIT	3	PA S QLC 70 / 180 DAYS
BENZATHIAZOLES		
EXSERVAN	3	QL 60 / 30 day(s) PA C ALT: riluzole tablets S
riluzole	1	S
TIGLUTIK	3	QL 600 / 30 day(s) PA C ALT: riluzole tab S
FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS		
SKYCLARYS	3	QL 90 / 30 day(s) PA S
MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS		
DUVYZAT	3	QL 420 / 30 day(s) PA S
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS		
DAYBUE	3	QL 3600 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DAYBUE STIX (DAYBUE STIX 5000 MG PACKET, DAYBUE STIX 6000 MG PACKET)	3	QL 120 / 30 day(s) PA S
DAYBUE STIX 8000 MG PACKET	3	QL 60 / 30 day(s) PA S
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI 0.75 MG/ML RECON SOLN	3	QL 240 / 30 day(s) PA S
EVRYSDI 5 MG TAB	3	QL 30 / 30 day(s) PA S
NUTRIENTS		
AMINO ACIDS-SINGLE		
ALANINE	3	
DL-ALANINE	3	
DL-LEUCINE	3	
DL-METHIONINE	3	
DL-PHENYLALANINE	3	
GLUTAMINE POWDER	3	
GLUTATHIONE POWDER	3	
GLUTATHIONE-L	3	
GLUTATHIONE-L REDUCED	3	
L-ALANINE	3	
L-ARGININE POWDER	3	
L-CYSTINE	3	
L-GLUTAMIC ACID	3	
L-GLUTAMINE	3	
L-GLUTATHIONE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
L-HISTIDINE	3	
L-HISTIDINE HCL MONOHYDRATE	3	
L-HISTIDINE MONOHYDROCHLORIDE	3	
L-ISOLEUCINE	3	
L-LEUCINE	3	
L-METHIONINE	3	
L-ORNITHINE	3	
L-PHENYLALANINE	3	
L-PROLINE POWDER	3	
L-THREONINE CRYSTALS	3	
L-TRYPTOPHAN POWDER	3	
L-TYROSINE POWDER	3	
L-VALINE	3	
LEUCINE POWDER	3	
METHIONINE POWDER	3	
TAURINE (TAURINE LIQUID, TAURINE POWDER)	3	
THREONINE	3	
TRYPTOPHAN	3	
VALINE POWDER	3	
CARBOHYDRATES		
DEXTROSE POWDER	3	
DEXTROSE ANHYDROUS	3	
DEXTROSE MONOHYDRATE	3	
FRUCTOSE	3	
LIPIDS		
DOJOLVI	3	PA C RX product with OTC alternative- purchase OTC MCT oil S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIPOTROPIC COMBINATIONS		
LECITHIN	3	
LIPOTROPICS		
CHOLINE BITARTRATE (CHOLINE BITARTRATE CRYSTALS, CHOLINE BITARTRATE POWDER)	3	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	2	
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	3	C ALT: Timolol 0.5% solution, Timolol 0.25% solution
BETIMOL 0.25 % SOLUTION	3	C ALT: timolol 0.25% solution
BETOPTIC-S	3	C ALT: timolol maleate 0.25% solution
CARTEOLOL HCL	3	
LEVOBUNOLOL HCL	3	
timolol	1	C ALT: timolol maleate 0.5% solution
timolol maleate (ophth) (timolol maleate ophth gel forming soln 0.25%, timolol maleate preservative free ophth soln 0.25%)	1	C ALT: timolol maleate 0.25% solution
timolol maleate (ophth) (timolol maleate ophth gel forming soln 0.5%, timolol maleate preservative free ophth soln 0.5%)	1	PA C ALT: timolol maleate 0.5% solution
timolol maleate (ophth) (timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%)	1	
timolol maleate ophth soln 0.5% (once-daily)	1	C ALT: timolol maleate 0.5% solution
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
brimonidine tartrate-timolol maleate	1	PA C ALT: brimonidine tartrate 0.2% solution, timolol maleate 0.5% solution, dorzolamide hcl–timolol maleate 2–0.5% solution, latanoprost 0.005% solution

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dorzolamide hcl-timolol maleate (dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf, dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%)	1	C ALT: dorzolamide-timolol 2-0.5% solution
dorzolamide hcl-timolol maleate (dorzolamide hcl-timolol maleate ophth soln 2-0.5%, dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml)	1	
CHOLINERGIC AGONISTS		
TYRVAYA	3	QL 8.4 / 30 day(s) C ALT: cyclosporine emulsion
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	3	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate (ophthalmic)	1	
ATROPINE SULFATE 1 % SOLUTION	3	C ALT: atropine 1% solution, cyclopentolate solution
CYCLOGYL (CYCLOGYL 0.5 % SOLUTION, CYCLOGYL 2 % SOLUTION)	3	C ALT: Generic Covered
cyclopentolate hcl	1	
TROPICAMIDE	3	
MIOTIC COMBINATIONS		
YUVEZZI	3	QL 30 / 30 day(s)
MIOTICS - DIRECT ACTING		
pilocarpine hcl (pilocarpine hcl ophth soln 1%, pilocarpine hcl ophth soln 2%, pilocarpine hcl ophth soln 4%)	1	
pilocarpine hcl ophth soln 1.25%	1	QL 5 / 30 day(s)
QLOSI	3	QL 60 / 30 day(s)
MIOTICS - DIRECT ACTING PUPIL SELECTIVE		
VIZZ	3	QL 30 / 30 day(s) C ALT: pilocarpine solution, Qlosi

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B	3	
bacitracin-polymyxin b (ophth)	1	
NEOMYCIN-BACITRACIN ZN-POLYMYX	3	
neomycin-bacitracin zn-polymyxin	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	
polymyxin b-trimethoprim	1	
OPHTHALMIC ANTIALLERGIC		
ALOCRIL	3	
ALOMIDE	3	
azelastine hcl (ophth)	1	
bepotastine besilate	1	
CROMOLYN SODIUM 4 % SOLUTION	3	
epinastine hcl (ophth)	1	
olopatadine hcl (olopatadine hcl ophth soln 0.1% (base equivalent), olopatadine hcl ophth soln 0.2% (base equivalent))	1	
ZERVIATE	3	
OPHTHALMIC ANTIBIOTICS		
BACITRACIN 500 UNIT/GM OINTMENT	2	
BESIFLOXACIN HCL	3	C ALT: ciprofloxacin ophth solution, ofloxacin ophth solution
BESIVANCE	2	
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	ACA Affordable Care Act
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth)	1	
LEVOFLOXACIN 0.5 % SOLUTION	3	C ALT: ciprofloxacin solution
LEVOFLOXACIN 1.5 % SOLUTION	3	C ALT: ciprofloxacin solution, ofloxacin solution

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOXIFLOXACIN HCL (2X DAY)	3	C ALT: Moxifloxacin 0.5% ophthalmic solution (TID)
moxifloxacin hcl (ophth)	1	
ofloxacin (ophth)	1	
tobramycin (ophth)	1	
OPHTHALMIC ANTIFUNGAL		
NATACYN	2	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	2	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
brinzolamide	1	PA C ALT: dorzolamide 2% solution
dorzolamide hcl	1	
OPHTHALMIC ECTOPARASITICIDE		
XDEMVY	3	PA C ALT: ivermectin tab, cream QLC 10 / 42 Days
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (ophth)	1	QL 60 / 30 day(s)
VERKAZIA 0.1 % EMULSION	3	QL 120 / 30 day(s) C ALT: cyclosporine emulsion
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS		
ROCKLATAN	3	QL 2.5 / 30 days
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	3	PA S QLC 56 / 112 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS	3	C ALT: ketorolac opthalmic solution
bromfenac sodium ophth soln 0.075% (base equivalent)	1	C ALT: ketorolac 0.5% ophthalmic solution
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	PA C ALT: diclofenac ophthalmic; ketorolac ophthalmic solution
diclofenac sodium (ophth)	1	
FLURBIPROFEN SODIUM	3	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
KETOROLAC TROMETHAMINE 0.4 % SOLUTION	3	
OPHTHALMIC RHO KINASE INHIBITORS		
RHOPRESSA	3	QL 2.5 / 30 days
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
APRACLONIDINE HCL	3	C ALT: brimonidine tartrate 0.2% solution, timolol maleate solution, latanoprost solution, dorzolamide solution
brimonidine tartrate ophth soln 0.15%	1	QL 12 / 30 DAYS PA C ALT: brimonidine 0.2% solution, Simbrinza
brimonidine tartrate ophth soln 0.2%	1	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	3	
bacitracin-poly-neomycin-hc	1	
DOUBLE PM	3	
loteprednol etabonate-tobramycin	1	C ALT: neomycin/polymyxin/dexamethasone suspension
neomycin-polymy-dexameth	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEOMYCIN-POLYMYXIN-HC	3	C ALT: Neomycin/Polymyxin/Dexamethasone 0.1% ophthalmic suspension
SULFACETAMIDE-PREDNISOLONE	3	
TOBRADEX ST	3	C ALT: neomycin/polymyxin/bacitracin/hydrocortisone ointment, neomycin/polymyxin/dexamethasone ointment, neomycin/polymyxin/dexamethasone suspension, sulfacetamide/prednisolone solution, tobramycin/dexamethasone suspension
tobramycin-dexamethasone	1	
TRIPLE PMB	3	
TRIPLE PMK	3	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
EYSUVIS	2	QLC 16.6 / 90 DAYS
FLAREX	3	
fluorometholone (ophth)	1	
LOTEMAX 0.5 % OINTMENT	2	
LOTEMAX SM	2	
loteprednol etabonate (loteprednol etabonate ophth gel 0.5%, loteprednol etabonate ophth susp 0.2%, loteprednol etabonate ophth susp 0.5%)	1	
MAXIDEX	3	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
OPHTHALMIC SULFONAMIDES		
sulfacetamide sodium (ophth)	1	
SULFACETAMIDE SODIUM (SULFACETAMIDE SODIUM 10 % OINTMENT, SULFACETAMIDE SODIUM 10 % SOLUTION)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMICS - BLEPHAROPTOSIS AGENTS		
UPNEEQ	3	
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTADROPS	3	S
CYSTARAN	3	S
OPHTHALMICS - TRPM8 RECEPTOR AGONISTS		
TRYPTYR	3	QL 60 / 30 day(s)
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.01%	1	QL 2.5 / 30 day(s)
latanoprost	1	QL 2.5 / 30 days
LUMIGAN	2	QL 2.5 / 30 day(s)
travoprost	1	QL 2.5 / 30 days C ALT: latanoprost solution, LUMIGAN, VYZULTA
VYZULTA	3	QL 2.5 / 30 day(s)
ZOLYMBUS	3	QL 30 / 30 day(s)
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic)	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl (otic)	1	C ALT: ofloxacin solution
ofloxacin (otic)	1	
XTORO	3	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
CIPRO HC	3	C ALT: ciprofloxacin-dexamethasone 0.3-0.1% susp, neomycin-polymyxin-hydrocortisone
ciprofloxacin-dexamethasone	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIPROFLOXACIN-FLUOCINOLONE PF	3	C ALT: ciprofloxacin-dexamethasone
ciprofloxacin-hydrocortisone	1	C ALT: ciprofloxacin-dexamethasone 0.3-0.1% susp, neomycin-polymyxin-hydrocortisone
CORTISPORIN-TC	3	C ALT: ciprofloxacin-dexamethasone 0.3-0.1% suspension, neomycin-polymyxin-HC 1% solution
neomycin-polymyxin-hc (otic) (neomycin-polymyxin-hc otic soln 1%, neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%)	1	
OTOVEL	3	C ALT: ciprofloxacin-dexamethasone
OTIC STEROIDS		
fluocinolone acetonide (otic)	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	3	GL Female
methylergonovine maleate tab 0.2 mg	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAGARD	3	S
GAMMAGARD ERC	3	S
GAMMAKED	3	S
GAMUNEX-C	3	S
HIZENTRA (HIZENTRA 1 GM/5ML SOLN PRSYR, HIZENTRA 2 GM/10ML SOLN PRSYR, HIZENTRA 4 GM/20ML SOLN PRSYR, HIZENTRA 10 GM/50ML SOLN PRSYR)	3	S
HIZENTRA (HIZENTRA 1 GM/5ML SOLUTION, HIZENTRA 2 GM/10ML SOLUTION, HIZENTRA 4 GM/20ML SOLUTION, HIZENTRA 10 GM/50ML SOLUTION)	3	C Healthcare Administered S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OCTAGAM	3	C Healthcare Administered S
XEMBIFY	3	S
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA	3	C ALT: nitrofurantoin cap, sulfamethoxazole-trimethoprim tab, fosfomycin
AMINOPENICILLINS		
AMOXICILLIN	3	
amoxicillin	1	
AMOXICILLIN TRIHYDRATE	3	
ampicillin	1	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM	3	
penicillin v potassium	1	
PENICILLIN COMBINATIONS		
amoxicillin & pot clavulanate (amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, amoxicillin & k clavulanate for susp 400-57 mg/5ml, amoxicillin & k clavulanate for susp 600-42.9 mg/5ml, amoxicillin & k clavulanate tab 250-125 mg, amoxicillin & k clavulanate tab 500-125 mg, amoxicillin & k clavulanate tab 875-125 mg, amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg)	1	
AMOXICILLIN-POT CLAVULANATE	3	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	1	
PHARMACEUTICAL ADJUVANTS		
ALKALIZING AGENTS		
TROLAMINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMICROBIAL AGENTS		
BENZYL ALCOHOL	3	
BUTYLPARABEN	3	
CHLOROBUTANOL (CHLOROBUTANOL CRYSTALS, CHLOROBUTANOL POWDER)	3	
CHLOROBUTANOL ANHYDROUS	3	
CHLOROBUTANOL HEMIHYDRATE	3	
METHYLPARABEN	3	
METHYLPARABEN SODIUM	3	
POTASSIUM SORBATE	3	
PROPYLPARABEN	3	
PROPYLPARABEN SODIUM	3	
SORBIC ACID	3	
BUFFER REFERENCE STANDARDS		
METER BUFFER	3	
PH BUFFER	3	
COLORING AGENTS		
AMARANTH	3	
BRILLIANT BLUE G	3	
EVANS BLUE	3	
FD&C BLUE #2	3	
FD&C RED #40 ALUMINUM LAKE	3	
FD&C YELLOW #5	3	
FD&C YELLOW #6 ALUMINUM LAKE	3	
FDC BLUE 1	3	
FDC BLUE 1 ALUMINUM LAKE	3	
FDC BLUE 2	3	
FDC GREEN #3	3	
FDC RED #3	3	
FDC RED 40	3	C Not covered via pharmacy benefit – purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FDC YELLOW 5 ALUMINUM LAKE	3	
FDC YELLOW 6	3	
FOOD COLOR BLACK	3	
FOOD COLOR BLUE POWDER	3	
FOOD COLOR BROWN	3	
FOOD COLOR FLESH	3	
FOOD COLOR GREEN (FOOD COLOR GREEN LIQUID, FOOD COLOR GREEN POWDER)	3	
FOOD COLOR LIME GREEN	3	
FOOD COLOR ORANGE	3	
FOOD COLOR ORANGE - YELLOW #6	3	
FOOD COLOR PINK	3	
FOOD COLOR RED LIQUID	3	
FOOD COLOR RED POWDER	3	C Not covered via pharmacy benefit – purchase over the counter
FOOD COLOR VIOLET	3	
FOOD COLOR WHITE	3	
FOOD COLOR YELLOW #5 ALUM LAKE	3	
FOOD COLOR YELLOW (FOOD COLOR YELLOW LIQUID, FOOD COLOR YELLOW POWDER)	3	
LISSAMINE GREEN B	3	
QUINIZARIN GREEN SS	3	
SULPHAN BLUE	3	
TRYPAN BLUE	3	
EXTERNAL VEHICLE INGREDIENTS		
ACACIA POWDER	3	
ARLASILK PHOSPHOLIPID PLN	3	
ASTRAGALUS ROOT POWDER	3	
BEES WAX	3	
BEESWAX	3	
BEESWAX (YELLOW)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENTONITE	3	
CAMPHOR BLOCKS	3	
CETYL ALCOHOL	3	
EMULSIFYING WAX	3	
GELATIN POWDER	3	
GUM ARABIC	3	
LECITHIN-ISOPROPYL PALMITATE	3	
LIPMAX	3	
LIPOIL	3	
METHYLCELLULOSE (METHYLCELLULOSE POWDER, METHYLCELLULOSE 1 % GEL, METHYLCELLULOSE 2 % GEL, METHYLCELLULOSE 3 % GEL)	3	
OLEIC ACID	3	
PARAFFIN	3	
PARAFFIN WAX BEADS	3	
PCCA LECITHIN ISOPROPYL PALM	3	
SODIUM LAURYL SULFATE	3	
STEARYL ALCOHOL	3	
TRAGACANTH	3	
WAX, WHITE	3	
WHITE WAX	3	
YELLOW WAX	3	
ZINC STEARATE	3	
EXTERNAL VEHICLES		
COLLODION	3	
DEHYDRATED ALCOHOL	3	
ETHYL ALCOHOL 100 % SOLUTION	3	
REGENT ALCOHOL	3	
FLAVORING AGENTS		
ALFALFA FLAVOR	3	
ALMOND OIL BITTER FLAVOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANISE EXTRACT	3	
ANISE FLAVOR	3	
APPLE FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
APPLE FLAVOR POWDER	3	
APPLE FLAVOR WATER MISCIBLE	3	
APRICOT FLAVOR (APRICOT FLAVOR LIQUID, APRICOT FLAVOR POWDER)	3	
BACON FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
BANANA CONCENTRATE	3	C Not covered via pharmacy benefit – purchase over the counter
BANANA CREAM FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
BANANA CREME FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
BANANA FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
BEEF (GRILLED) FLAVOR OIL SOL	3	C Not covered via pharmacy benefit – purchase over the counter
BEEF BRAISED NATURAL FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
BEEF FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
BEEF FLAVOR POWDER	3	
BEEF TYPE FLAVOR NATURAL	3	C Not covered via pharmacy benefit – purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BEEF TYPE FLAVOR OS	3	
BEEF-ADE	3	
BENZALDEHYDE	3	
BITTER STOP FLAVOR	3	
BITTER-BLOC PURE	3	
BITTER-BLOC WS	3	
BITTER-BLOC WS CONCENTRATE	3	
BITTER-BLOC WS/OS LIQUID	3	
BITTERNESS MASK FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
BITTERNESS REDUCING AGENT	3	
BITTERNESS SUPPRESSOR FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
BLACKBERRY FLAVOR	3	
BLOOD ORANGE OS	3	C Not covered via pharmacy benefit – purchase over the counter
BLUEBERRY FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
BUBBLE GUM CONCENTRATE	3	C Not covered via pharmacy benefit – purchase over the counter
BUBBLE GUM FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
BUBBLE GUM OS	3	C Not covered via pharmacy benefit – purchase over the counter
BUBBLE GUM WS	3	C Not covered via pharmacy benefit – purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BUTTER FLAVOR	3	
BUTTER RUM FLAVOR	3	
BUTTERSCOTCH FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
CARAMEL FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
CARAMEL OS	3	C Not covered via pharmacy benefit – purchase over the counter
CHEESE-ADE FLAVOR	3	
CHEESECAKE FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
CHERRY FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
CHERRY-ADE FLAVOR	3	
CHICKEN (GRILLED) FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
CHICKEN BROTH FLAVOR	3	
CHICKEN CONC FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
CHICKEN FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
CHICKEN FLAVOR POWDER	3	
CHICKEN FLAVOR OIL MISCIBLE	3	C Not covered via pharmacy benefit – purchase over the counter
CHICKEN FLAVOR OIL SOLUBLE	3	
CHICKEN FLAVOR WATER MISCIBLE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHICKEN ROASTED CONCENTRATE	3	C Not covered via pharmacy benefit – purchase over the counter
CHOCOLATE CONCENTRATE	3	
CHOCOLATE FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
CHOCOLATE FLAVOR POWDER	3	
CHOCOLATE HAZELNUT FLAVOR	3	
CHOCOLATE NATURAL & ARTIFICIAL	3	
CINNAMON FLAVOR	3	
COCONUT FLAVOR	3	
COFFEE FLAVOR	3	
COLA FLAVOR	3	
COTTON CANDY FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
CRAN-RASPBERRY FLAVOR	3	
CREME DE MENTHE FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
CREME DE MENTHE FLAVOR OIL	3	
CREME DEMENTHE FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
CREME OS	3	C Not covered via pharmacy benefit – purchase over the counter
ENGLISH TOFFEE FLAVOR	3	
EUCALYPTUS FLAVOR	3	
EUGENOL FLAVOR	3	
FISH FLAVOR	3	
FLAVOR CONC-CHLORHEXIDINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLAVORX	3	C Not covered via pharmacy benefit – purchase over the counter
GRAPE CONCORD OS	3	C Not covered via pharmacy benefit – purchase over the counter
GRAPE FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
GRAPEFRUIT FLAVOR	3	
GREEN APPLE OS	3	C Not covered via pharmacy benefit – purchase over the counter
GUAVA FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
HAM FLAVOR	3	
HONEY FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
KAHLUA FLAVOR	3	
LEMON EXTRACT	3	
LEMON FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
LEMON FLAVOR OIL	3	
LEMON-LIME SD	3	
LEMONADE FLAVOR	3	
LICORICE FLAVOR	3	
LIME FLAVOR	3	
LIVER CONCENTRATE	3	C Not covered via pharmacy benefit – purchase over the counter
LIVER FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVER FLAVOR POWDER	3	
MANGO FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
MANGO FLAVOR POWDER	3	
MANGO FLAVOR SWEETENED	3	
MANGO PASSION FRUIT OS	3	C Not covered via pharmacy benefit – purchase over the counter
MAPLE FLAVOR	3	
MARSHMALLOW ARTIFICIAL FLAVOR	3	
MARSHMALLOW FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
MARSHMALLOW OS	3	C Not covered via pharmacy benefit – purchase over the counter
MARSHMALLOW WS	3	C Not covered via pharmacy benefit – purchase over the counter
MINT CHOCOLATE CHIP FLAVOR	3	
MOLASSES FLAVOR	3	
NATURAL CARAMEL	3	C Not covered via pharmacy benefit – purchase over the counter
ORANGE CONCENTRATE	3	C Not covered via pharmacy benefit – purchase over the counter
ORANGE CREAM FLAVOR	3	
ORANGE FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
ORANGE FLAVOR POWDER	3	
ORANGE OIL FLAVOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PASSION FRUIT FLAVOR	3	
PASSION FRUIT FLAVOR SWEETENED	3	
PCCA SWEETNESS ENHANCER	3	
PEACH FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
PEANUT BUTTER FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
PEANUT BUTTER FLAVOR OIL	3	
PEANUT BUTTER OS	3	
PEPPERMINT BURST OS	3	C Not covered via pharmacy benefit – purchase over the counter
PEPPERMINT FLAVOR	3	
PINA COLADA FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
PINEAPPLE FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
PRALINES AND CREAM FLAVOR	3	
PUMPKIN FLAVOR	3	
RASPBERRY CONCENTRATE	3	
RASPBERRY FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter
RASPBERRY FLAVOR POWDER	3	
RASPBERRY FLAVOR ARTIFICIAL	3	
RASPBERRY OS	3	C Not covered via pharmacy benefit – purchase over the counter
ROOT BEER FLAVOR	3	
SARDINE FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHRIMP FLAVOR	3	
SPEARMINT FLAVOR	3	
SPEARMINT OS	3	C Not covered via pharmacy benefit – purchase over the counter
STEVIA GLYCERITE EXTRACT	3	
STRAWBERRY FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
STRAWBERRY OS	3	C Not covered via pharmacy benefit – purchase over the counter
SUPER SYNERSWEET FLAVOR	3	
SWEET CORN FLAVOR	3	
SWEET DROPS	3	C Not covered via pharmacy benefit – purchase over the counter
SWEETENING ENHANCER	3	C Not covered via pharmacy benefit – purchase over the counter
TANGERINE FLAVOR (TANGERINE FLAVOR OIL, TANGERINE FLAVOR POWDER)	3	
TANGERINE FLAVOR SWEETENED	3	
TEABERRY FLAVOR	3	
TRITTAB PEPPERMINT ICE	3	
TROPICAL FUSION OS	3	C Not covered via pharmacy benefit – purchase over the counter
TROPICAL FUSION WS	3	C Not covered via pharmacy benefit – purchase over the counter
TROPICAL PUNCH FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
TUNA FLAVOR LIQUID	3	C Not covered via pharmacy benefit – purchase over the counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUNA FLAVOR POWDER	3	
TUNA TYPE FLAVOR OS	3	C Not covered via pharmacy benefit – purchase over the counter
TUTTI FRUTTI CONCENTRATE	3	
TUTTI FRUTTI FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
TUTTI-FRUTTI FLAVOR	3	
VANILLA BUTTERNUT FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
VANILLA FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
VANILLA OS	3	C Not covered via pharmacy benefit – purchase over the counter
VANILLIN FLAVOR	3	
VERY BERRY OS	3	C Not covered via pharmacy benefit – purchase over the counter
VITAMIN/IRON MASKING AGENT	3	C Not covered via pharmacy benefit – purchase over the counter
WATERMELON FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
WILD CHERRY FLAVOR	3	
WILD CHERRY OS	3	C Not covered via pharmacy benefit – purchase over the counter
WILD CHERRY SD FLAVOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MISC. VEHICLES		
FIXED OIL SUSPENSION	3	
PCCA FIXED OIL BASE	3	
PCCA PRACAMAC BASE	3	
ORAL VEHICLES		
BASE GELATIN GUMMY TROCHE	3	
CUSTOM POLYGLYCOL TROCHE BASE	3	
FREEDOM PEG TROCHE BASE	3	
GUM BASE (GELATIN)	3	
PCCA CUSTOM NATATROCHE HMP	3	
PCCA CUSTOM TROCHE BASE	3	
PCCA CUSTOM TROCHE BASE (LS)	3	
PCCA NATATROCHE BASE	3	
PCCA POLYGLYCOL TROCHE	3	
SORBITOL (SORBITOL SOLUTION, SORBITOL 70 % SOLUTION)	3	
TECHNA 10 SF TROCHE BASE	3	
TECHNA 10 TROCHE BASE	3	
TECHNA 20 SF TROCHE BASE	3	
TECHNA 20 TROCHE BASE	3	
TECHNA NATURAL SF TROCHE BASE	3	
TECHNA NATURAL TROCHE BASE G2	3	
TROCHE BASE	3	
TROCHE BASE SF W/BITTER-BLOC	3	
TROCHIBASE	3	
TROCHIBASE S CLASSIC	3	
VITATROCHE PLUS BASE SF	3	
PHARMACEUTICAL EXCIPIENTS		
ALKYL ACRYLATE CROSSPOLYMER	3	
BACOCALMINE	3	
BASE X	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BITTER DRUG	3	
CAPSORAL W/DYNAMIC STATIC GRD	3	
CAPSUBLEND-H	3	
CAPSUBLEND-P	3	
CAPSUBLEND-S	3	
CARRAGEENAN	3	
COCOA BUTTER	3	
COLLASIL OSA	3	
DISPERSERX	3	
ECTOSEAL P2G	3	
EFFERVESCENT BASE	3	
EMULGADE CM	3	
ETHYL ACETATE	3	
EXCELL-RDT SF BASE	3	
F-MELT	3	
FAGRON CAPFILL PRO	3	
FAGRON DISPERSAPRO	3	
FATTYBLEND	3	
FIZZMIX BASE	3	
FREEDOM LOLLIPOP BASE	3	
FREEDOM ODT BASE	3	
FREEDOM SIMPLECAP	3	
GALEN IQ 900	3	
ISOMALT LOLLIPOP BASE	3	
KARAYA GUM GUM	3	
KRYSTAL SF	3	
LACTOSE	3	
LACTOSE ANHYDROUS POWDER	3	
LACTOSE HYDROUS	3	
LACTOSE MONOHYDRATE POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIQUIGEL COMPLEX	3	
LOLLIBASE	3	
LOVO-ODF CUSTOM	3	
LOXORAL BASE	3	
MAGNESIUM STEARATE	3	
MAGNESIUM STEARATE (BULK)	3	
MEDI-RDT	3	
MEDI-RDT BASE	3	
MUCOLOX	3	
NAT BITTERNESS	3	
NATURAL BITTERNESS	3	
NEXTOL SF	3	
PCCA CUSTOM RDT	3	
PCCA EMULSIFIX-205 BASE	3	
PCCA LOXASPERSE BASE	3	
PCCA MBK (FATTY ACID) BASE	3	C Not covered via pharmacy benefit - purchase over the counter
PCCA RAPID DISSOLVE TABLET	3	
PCCA SORBITOL LOLLIPOP BASE	3	
PCCA XYLIFOS BASE	3	
PLURONIC	3	
PLURONIC F127 POWDER	3	
PLURONIC L64	3	
POLOX	3	
POLOXAMER 188	3	
POLOXAMER 407 POWDER	3	
POLYBLEND RX	3	
POLYMATRIX	3	
POLYPEG	3	
PROCAP 90 CAPSULE EXCIPIENT	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RDT BASE	3	
RDT-PLUS	3	
SEPINEO P 600	3	
SHEA BUTTER	3	
SHEA BUTTER ORGANIC	3	
SIMPLECAP	3	
SODIUM BENZOATE	3	
SODIUM THIOSULFATE (SODIUM THIOSULFATE CRYSTALS, SODIUM THIOSULFATE POWDER)	3	
SORBITOL CANDY BASE	3	
SPG SUPPOSI-BASE	3	
STEARIC ACID	3	
SUPPOSI-PLEX R36	3	
SUPPOSI-PLEX V33	3	
SUPPOSIBLEND	3	
SYNAPSIN	3	
UCARE POLYMER JR-400	3	
UNIFLOW	3	
WITEPSOL	3	
XANTHAN GUM	3	
SEMI SOLID VEHICLES		
ANHYDROUS GEL BASE	3	
BASE A POLYETHYLENE GLYCOL	3	
BASE C POLYETHYLENE GLYCOL 300	3	
BASE D POLYETHYL GLYCOL 4600	3	
BASE D POLYETHYLENE GLYCOL	3	
BHRT BASE	3	
CHEMSIL K-12	3	
CHEMSIL K-51	3	
CHEW-HESIVE	3	
CLOVAGEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMASHIELD HYDROGEL	3	
FAGRON VERSIFIX	3	
FREEDOM ADAPTADERM GEL	3	
FREEDOM CEPAPRO	3	
FREEDOM SILOMAC ANHYDROUS	3	
GOODSENSE PETROLEUM JELLY	3	C Not covered via pharmacy benefit - purchase over the counter
HORMONE CREAM BASE	3	
HRT BASE	3	
HRT BASE (MEN)	3	
HRT BOTANICAL	3	
HRT CREAM	3	
HRT CREAM BASE	3	
HRT CREAM BASE WOMEN	3	
HRT ESSENTIAL	3	
HRT HEAVY CREAM	3	
HRT NATURAL	3	
JELENE	3	
KRIS-ESTER 236	3	
LANOLIN (LANOLIN OIL, LANOLIN OINTMENT)	3	
LANOLIN ALCOHOL	3	
LIP BALM BASE NATURAL	3	
LIPOPEN ANHYDROUS	3	
LIPOSOMAL HAIR	3	
LIPOVAN BASE	3	
LUBRAJEL NP	3	
MEDIBASE C	3	
NOVAFILM	3	
OINTMENT BASE (EMULSIFYING)	3	
OLEABASE PLASTICIZED	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORA-HESIVE BASE	3	
PCCA GELATIN BASE	3	
PCCA LIPODERM HMW	3	
PCCA OCCLUSADERM	3	
PCCA PERME8 ANHYDROUS	3	
PCCA PLASTICIZED BASE	3	
PCCA PLURONIC F127 BASE	3	
PCCA POLOXAMER 407	3	
PCCA SPIRA-WASH BASE	3	
PCCA W06 ANHYDROUS TOPICAL	3	
PEG 300	3	
PETROLATUM GEL	3	C Not covered via pharmacy benefit - purchase over the counter
PETROLATUM WHITE GEL	3	C Not covered via pharmacy benefit - purchase over the counter
PETROLEUM JELLY GEL	3	C Not covered via pharmacy benefit - purchase over the counter
PLASTIBASE	3	
PLASTICIZED BASE	3	
PLO TRANSDERMAL	3	
PLURONIC F127 (PLURONIC F127 20 % GEL, PLURONIC F127 30 % GEL)	3	
POLYETHYLENE GLYCOL	3	
POLYETHYLENE GLYCOL 1000	3	
POLYETHYLENE GLYCOL 1450	3	
POLYETHYLENE GLYCOL 1500	3	
POLYETHYLENE GLYCOL 200	3	
POLYETHYLENE GLYCOL 300	3	
POLYETHYLENE GLYCOL 3350 (POLYETHYLENE GLYCOL 3350 GRANULES, POLYETHYLENE GLYCOL 3350 POWDER)	3	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLYETHYLENE GLYCOL 400	3	
POLYETHYLENE GLYCOL 4500	3	
POLYETHYLENE GLYCOL 600	3	
POLYETHYLENE GLYCOL 8000 (POLYETHYLENE GLYCOL 8000 GRANULES, POLYETHYLENE GLYCOL 8000 POWDER)	3	
POLYMAC PROGEL	3	
RENEWCREAM HRT	3	
SCAR CARE BASE ENHANCED	3	
SIMPLGEL 30	3	
SM PETROLEUM JELLY	3	C Not covered via pharmacy benefit - purchase over the counter
SUSPENDIT	3	
TDC MAX	3	
TOMMY GEL	3	
TRANSDERMAL PAIN BASE	3	
VASELINE PURE ULTRA WHITE	3	C Not covered via pharmacy benefit - purchase over the counter
VERSABASE (VERSABASE CREAM, VERSABASE FOAM, VERSABASE GEL, VERSABASE LOTION, VERSABASE SHAMPOO)	3	
VERSABASE HRT	3	
VERSAPENN (AG) ANHYDROUS	3	
VERSAPENN (AL) ANHYD LIPID	3	
VERSAPRO (VERSAPRO GEL, VERSAPRO LOTION)	3	
VERSAPRO ANHYDROUS BASE	3	
white petrolatum (white petrolatum, white petrolatum gel)	3	C Not covered via pharmacy benefit - purchase over the counter
WILEY BASIC ELEMENTS BHRT BASE	3	
ZOSIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SURFACTANTS		
POLYOXYL 40 STEARATE (POLYOXYL 40 STEARATE PELLET, POLYOXYL 40 STEARATE POWDER)	3	
PROGESTINS		
EC-RX PROGESTERONE	3	
medroxyprogesterone acetate	1	GL Female
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	3	C ALT: megestrol 40mg/mL suspension
norethindrone acetate	1	GL Female
NORETHINDRONE ACETATE	3	
progesterone (progesterone cap 100 mg, progesterone cap 200 mg, progesterone im in oil 50 mg/ml)	1	GL Female
PROGESTERONE MICRONIZED 10 % CREAM	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR OPIOID WITHDRAWAL		
lofexidine hcl	1	
ALCOHOL DETERRENTS		
acamprosate calcium	1	
disulfiram	1	
ALZHEIMER'S TREATMENT - ANTI-AMYLOID ANTIBODIES		
LEQEMBI IQLIK	2	QL 7.2 / 28 day(s) PA S
LEQEMBI IQLIK (500 MG DOSE)	2	QL 10 / 28 day(s) PA S
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	3	QL 30 / 30 day(s) PA S
LUMRYZ STARTER PACK	3	PA S QLC 28 / 180 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sodium oxybate oral solution 500 mg/ml	1	QL 540 / 30 day(s) PA S
ANTI-CATAPLECTIC COMBINATIONS		
XYWAV	3	QL 540 / 30 day(s) PA S
ANTIDEMENTIA AGENT COMBINATIONS		
memantine hcl-donepezil hcl (memantine hcl-donepezil hcl cap er 24hr 14-10 mg, memantine hcl-donepezil hcl cap er 24hr 28-10 mg)	1	C ALT: donepezil, memantine tab
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	C ALT: donepezil, memantine
NAMZARIC (NAMZARIC 7 & 14 & 21 &28 -10 MG CP24 THPK, NAMZARIC 7-10 MG CAP ER 24H)	3	C ALT: donepezil, memantine
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS		
TEGSEDI	3	QL 6 / 28 DAYS PA S
WAINUA 45 MG/0.8ML SOLN A-INJ	3	QL 0.8 / 28 day(s) PA S
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	3	
CHOLINOMIMETICS - ACHE INHIBITORS		
ADLARITY	3	QL 4 / 28 day(s) PA C ALT: Aricept tablets
donepezil hydrochloride	1	
GALANTAMINE HYDROBROMIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	1	
rivastigmine	1	
rivastigmine tartrate	1	
ZUNVEYL	3	C ALT: donepezil, memantine
FIBROMYALGIA AGENT - MISCELLANEOUS		
TONMYA	3	QL 60 / 30 day(s) PA
FIBROMYALGIA AGENT - SNRIS		
milnacipran hcl (milnacipran hcl tab 12.5 mg, milnacipran hcl tab 25 mg)	1	QL 60 / 30 day(s) C ALT: duloxetine DR cap (except 40 mg), pregabalin cap
milnacipran hcl (milnacipran hcl tab 50 mg, milnacipran hcl tab 100 mg)	1	QL 60 / 30 day(s) C ALT: duloxetine 20 mg or 30 mg or 60 mg cap, pregabalin cap
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	C ALT: duloxetine 20 mg or 30 mg or 60 mg cap, pregabalin cap QLC 55 / 180 DAYS
MELANOCORTIN RECEPTOR AGONISTS		
VYLEESI	3	QL 1.8 / 30 DAYS PA GL Female S
MOVEMENT DISORDER DRUG THERAPY		
INGREZZA (INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP SPRINK)	2	QL 30 / 30 day(s) PA S
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 80 MG CAP)	2	QL 30 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA 40 & 80 MG CAP THPK	2	PA S QLC 28 / 180 days
tetrabenazine tab 12.5 mg	1	QL 240 / 30 DAYS PA S
tetrabenazine tab 25 mg	1	QL 120 / 30 DAYS PA S
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
teriflunomide	1	QL 30 / 30 day(s) S
MULTIPLE SCLEROSIS AGENTS		
glatiramer acetate soln prefilled syringe 20 mg/ml	1	QL 30 / 30 DAYS S
glatiramer acetate soln prefilled syringe 40 mg/ml	1	QL 12 / 28 DAYS S
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
cladribine (multiple sclerosis) (cladribine tab therapy pack 10 mg (4 tabs), cladribine tab therapy pack 10 mg (8 tabs))	1	PA S QLC 8 / 301 DAYS
cladribine tab therapy pack 10 mg (10 tabs)	1	PA S QLC 20 / 301 DAYS
cladribine tab therapy pack 10 mg (5 tabs)	1	PA S QLC 10 / 301 DAYS
cladribine tab therapy pack 10 mg (6 tabs)	1	PA S QLC 12 / 301 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cladribine tab therapy pack 10 mg (7 tabs)	1	PA S QLC 14 / 301 DAYS
cladribine tab therapy pack 10 mg (9 tabs)	1	PA S QLC 9 / 301 DAYS
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	2	QL 1 / 28 days PA S
AVONEX PREFILLED	2	QL 1 / 28 days PA S
BETASERON	2	QL 14 / 28 DAYS PA C Alt: AVONEX, BETASERON, PLEGRIDY, REBIF S
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	2	QL 1 / 28 day(s) PA S
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	2	QL 1 / 28 DAYS PA S
PLEGRIDY STARTER PACK	2	PA S QLC 1 / 180 DAYS
REBIF	2	QL 6 / 28 DAYS PA S
REBIF REBIDOSE	2	QL 6 / 28 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE TITRATION PACK	2	PA S QLC 4.2 / 180 DAYS
REBIF TITRATION PACK	2	PA S QLC 4.2 / 180 DAYS
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	2	QL 0.4 / 28 day(s) PA S
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
dimethyl fumarate capsule delayed release 120 mg	1	S QLC 56/180 days
dimethyl fumarate capsule delayed release 240 mg	1	QL 60 / 30 day(s) S
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	S QLC 60 / 180 DAYS
VUMERITY	2	QL 120 / 30 DAYS PA S
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
dalfampridine	1	S
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
MEMANTINE HCL	3	
memantine hcl (memantine hcl cap er 24hr 14 mg, memantine hcl cap er 24hr 21 mg, memantine hcl cap er 24hr 28 mg, memantine hcl cap er 24hr 7 mg)	1	C ALT: memantine tab
memantine hcl (memantine hcl tab 5 mg, memantine hcl tab 10 mg)	1	
memantine hcl oral solution 2 mg/ml	1	QL 300 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE	3	
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) (gabapentin (once-daily) tab 300 mg, gabapentin (once-daily) tab 450 mg, gabapentin (once-daily) tab 750 mg)	1	QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic gabapentin agent
gabapentin (once-daily) tab 600 mg	1	QL 90 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic gabapentin agent
gabapentin (once-daily) tab 900 mg	1	QL 60 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic gabapentin agent
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS		
FLUOXETINE HCL (PMDD)	3	C ALT: fluoxetine 10 mg cap/tab
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
dextromethorphan hbr-quinidine sulfate	1	QL 60 / 30 day(s)
NUEDEXTA	2	QL 60 / 30 day(s)
AQNEURSA	3	QL 120 / 30 days PA S
MIPLYFFA	3	QL 90 / 30 days PA C ALT: Aqneursa S
pimozide	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	3	QL 60 / 30 DAYS ST C3 Step Therapy: Must first try ONE generic gabapentin agent
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG		
ADDYI	3	QL 30 / 30 DAYS PA GL Female
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent)	1	ACA Affordable Care Act
nicotine	1	ACA Affordable Care Act
NICOTINE	2	ACA Affordable Care Act
nicotine polacrilex	1	ACA Affordable Care Act
NICOTROL	2	ACA Affordable Care Act
NICOTROL NS	2	ACA Affordable Care Act
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 & 42 x 1 mg start pack)	1	ACA Affordable Care Act
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
fingolimod hcl	1	QL 30 / 30 day(s) S
GILENYA 0.25 MG CAP	3	QL 30 / 30 DAYS PA S
MAYZENT 0.25 MG TAB	2	QL 120 / 30 DAYS PA S
MAYZENT 1 MG TAB	2	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT 2 MG TAB	2	QL 30 / 30 DAYS PA S
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	PA S QLC 12 / 180 DAYS
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	PA S QLC 7 / 180 DAYS
ZEPOSIA	2	QL 30 / 30 DAYS PA S
ZEPOSIA 7-DAY STARTER PACK	2	PA S QLC 7 / 180 DAYS
ZEPOSIA STARTER KIT	2	PA S QLC 28 / 180 DAYS
THIENBENZODIAZEPINES & OPIOID ANTAGONISTS		
LYBALVI	3	QL 30 / 30 day(s) C ALT: aripiprazole, olanzapine, ziprasidone
THIENBENZODIAZEPINES & SSRIS		
olanzapine-fluoxetine hcl (olanzapine-fluoxetine hcl cap 3-25 mg, olanzapine-fluoxetine hcl cap 6-25 mg, olanzapine-fluoxetine hcl cap 6-50 mg, olanzapine-fluoxetine hcl cap 12-50 mg)	1	C ALT: olanzapine, fluoxetine cap/tab (except 60 mg tab)
olanzapine-fluoxetine hcl cap 12-25 mg	1	C ALT: olanzapine, fluoxetine cap
VASOMOTOR SYMPTOM AGENTS - SSRIS		
paroxetine mesylate (vasomotor)	1	C ALT: paroxetine tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
GLASSIA	3	PA S
CFTR POTENTIATORS		
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET, KALYDECO 150 MG TAB)	2	QL 60 / 30 DAYS PA S
KALYDECO (KALYDECO 5.8 MG PACKET, KALYDECO 13.4 MG PACKET)	2	QL 60 / 30 day(s) PA S
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ALYFTREK 10-50-125 MG TAB	2	QL 56 / 28 day(s) PA S
ALYFTREK 4-20-50 MG TAB	2	QL 84 / 28 day(s) PA S
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	3	QL 60 / 30 DAYS PA S
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	3	QL 120 / 30 DAYS PA S
ORKAMBI 75-94 MG PACKET	3	QL 60 / 30 day(s) PA S
SYMDEKO	2	QL 60 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	2	QL 56 / 28 day(s) PA S
TRIKAFTA 100-50-75 & 150 MG TAB THPK	2	QL 90 / 30 DAYS PA S
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	2	QL 90 / 30 day(s) PA S
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS		
BRONCHITOL	3	C ALT: Pulmozyme S
BRONCHITOL TOLERANCE TEST	3	C ALT: Pulmozyme S
DIPEPTIDYL PEPTIDASE 1 (DPP1) INHIBITORS		
BRINSUPRI	3	QL 30 / 30 day(s) PA S
HYDROLYTIC ENZYMES		
PULMOZYME	2	S
PULMONARY FIBROSIS AGENTS		
PIRFENIDONE	3	PA S QLC 21 / 180 DAYS
pirfenidone cap 267 mg	1	QL 180 / 30 day(s) PA S
pirfenidone tab 267 mg	1	QL 180 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pirfenidone tab 801 mg	1	QL 90 / 30 day(s) PA S
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
nintedanib esylate	1	QL 60 / 30 day(s) PA S
PULMONARY FIBROSIS AGENTS - PHOSPHODIEST 4 (PDE4) INHIB		
JASCAYD	3	QL 60 / 30 day(s) PA S
SULFONAMIDES		
SULFADIAZINE	3	
sulfadiazine	1	
SULFADIAZINE SODIUM	3	
SULFAMETHOXAZOLE	3	
SULFAMETHOXAZOLE MICRO	3	
SULFAPYRIDINE	3	
SULFATHIAZOLE	3	
SULFISOXIZOLE	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	3	S
demeclocycline hcl	1	
DORYX MPC	3	C ALT: doxycycline capsule

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
doxycycline (monohydrate) (doxycycline monohydrate cap 50 mg, doxycycline monohydrate cap 100 mg, doxycycline monohydrate for susp 25 mg/5ml, doxycycline monohydrate tab 50 mg, doxycycline monohydrate tab 75 mg, doxycycline monohydrate tab 100 mg, doxycycline monohydrate tab 150 mg)	1	
doxycycline (monohydrate) (doxycycline monohydrate cap 75 mg, doxycycline monohydrate cap 150 mg)	1	C ALT: doxycycline monohydrate 50 mg or 100 mg cap
DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE POWDER, DOXYCYCLINE HYCLATE 75 MG CAP)	3	
doxycycline hyclate (doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 100 mg)	1	
doxycycline hyclate (doxycycline hyclate tab 50 mg, doxycycline hyclate tab delayed release 50 mg)	1	C ALT: doxycycline hyclate 50 mg cap
doxycycline hyclate (doxycycline hyclate tab 75 mg, doxycycline hyclate tab 150 mg, doxycycline hyclate tab delayed release 75 mg, doxycycline hyclate tab delayed release 100 mg, doxycycline hyclate tab delayed release 150 mg, doxycycline hyclate tab delayed release 200 mg)	1	C ALT: doxycycline hyclate 50 mg cap or 100 mg
DOXYCYCLINE HYCLATE 50 MG TAB DR	3	C ALT: doxycycline hyclate 50 mg cap
DOXYCYCLINE HYCLATE 80 MG TAB DR	3	C Alt: Generic Doxy Hycl CAPSULES covered
MINOCYCLINE HCL	3	
minocycline hcl (minocycline hcl cap 50 mg, minocycline hcl cap 75 mg, minocycline hcl cap 100 mg)	1	
minocycline hcl (minocycline hcl tab 50 mg, minocycline hcl tab 75 mg, minocycline hcl tab 100 mg)	1	C ALT: minocycline capsules
minocycline hcl (minocycline hcl tab er 24hr 105 mg, minocycline hcl tab er 24hr 115 mg, minocycline hcl tab er 24hr 45 mg, minocycline hcl tab er 24hr 80 mg, minocycline hcl tab er 24hr 90 mg)	1	C ALT: minocycline capsules, doxycycline capsules
minocycline hcl (minocycline hcl tab er 24hr 135 mg, minocycline hcl tab er 24hr 55 mg, minocycline hcl tab er 24hr 65 mg)	1	C ALT: minocycline cap, tetracycline cap
MINOCYCLINE HCL ER (MINOCYCLINE HCL ER 45 MG TAB ER 24H, MINOCYCLINE HCL ER 90 MG TAB ER 24H)	3	C ALT: minocycline capsules, doxycycline capsules
MINOCYCLINE HCL ER 135 MG TAB ER 24H	3	C ALT: minocycline cap, tetracycline cap

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYTETRACYCLINE HCL	3	
tetracycline hcl	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
METHIMAZOLE	3	
methimazole	1	
propylthiouracil	1	
THYROID HORMONES		
ADTHYZA (ADTHYZA 15 MG TAB, ADTHYZA 30 MG TAB, ADTHYZA 60 MG TAB, ADTHYZA 90 MG TAB, ADTHYZA 120 MG TAB)	3	C ALT: Levothyroxine, Liothyronine
ADTHYZA (ADTHYZA 16.25 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 65 MG TAB, ADTHYZA 97.5 MG TAB, ADTHYZA 130 MG TAB)	3	
AMERITHROID	3	
ARMOUR THYROID (ARMOUR THYROID 15 MG TAB, ARMOUR THYROID 30 MG TAB, ARMOUR THYROID 60 MG TAB, ARMOUR THYROID 90 MG TAB, ARMOUR THYROID 120 MG TAB)	3	C ALT: Levothyroxine, Liothyronine
ARMOUR THYROID (ARMOUR THYROID 180 MG TAB, ARMOUR THYROID 240 MG TAB, ARMOUR THYROID 300 MG TAB)	3	
ERMEZA	3	
EVEXITHROID	3	
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 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP)	3	C ALT: Levothyroxine tablets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	1	
LEVOTHYROXINE SODIUM 112 MCG CAP	3	C ALT: Levothyroxine tab
liothyronine sodium	1	
NIVA THYROID	3	C ALT: Levothyroxine, Liothyronine
NP THYROID	3	C ALT: Levothyroxine, Liothyronine
RENTHYROID (RENTHYROID 15 MG TAB, RENTHYROID 30 MG TAB, RENTHYROID 60 MG TAB, RENTHYROID 90 MG TAB, RENTHYROID 120 MG TAB)	3	C ALT: Levothyroxine, Liothyronine
RENTHYROID (RENTHYROID 45 MG TAB, RENTHYROID 75 MG TAB)	3	
SYNTHROID	2	
THYQUIDITY	3	
THYROID POWDER	3	
THYROID (THYROID 15 MG TAB, THYROID 30 MG TAB, THYROID 60 MG TAB, THYROID 90 MG TAB, THYROID 120 MG TAB)	3	C ALT: Levothyroxine, Liothyronine
TIROSINT (TIROSINT 13 MCG CAP, TIROSINT 25 MCG CAP, TIROSINT 37.5 MCG CAP, TIROSINT 44 MCG CAP, TIROSINT 50 MCG CAP, TIROSINT 62.5 MCG CAP, TIROSINT 75 MCG CAP, TIROSINT 88 MCG CAP, TIROSINT 100 MCG CAP, TIROSINT 125 MCG CAP, TIROSINT 137 MCG CAP, TIROSINT 150 MCG CAP, TIROSINT 175 MCG CAP, TIROSINT 200 MCG CAP)	3	C ALT: Levothyroxine tablets
TIROSINT 112 MCG CAP	3	C ALT: Levothyroxine tab
TIROSINT-SOL	3	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	2	ACA Affordable Care Act
BOOSTRIX	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DAPTACEL	2	ACA Affordable Care Act
INFANRIX	2	ACA Affordable Care Act
KINRIX	2	ACA Affordable Care Act
PEDIARIX	2	ACA Affordable Care Act
PENTACEL	2	ACA Affordable Care Act
QUADRACEL	2	ACA Affordable Care Act
TDVAX	2	ACA Affordable Care Act
TENIVAC	2	ACA Affordable Care Act
VAXELIS	2	ACA Affordable Care Act
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
dicyclomine hcl (dicyclomine hcl cap 10 mg, dicyclomine hcl oral soln 10 mg/5ml, dicyclomine hcl tab 20 mg)	1	
DICYCLOMINE HCL 40 MG TAB	3	C ALT: dicyclomine 10mg, 20 mg
BELLADONNA ALKALOIDS		
ATROPINE SULFATE POWDER	3	
ATROPINE SULFATE MONOHYDRATE	3	
HYOSCYAMINE SULFATE POWDER	3	
SCOPOLAMINE HBR	3	
H-2 ANTAGONISTS		
CIMETIDINE	3	
cimetidine	1	
cimetidine hcl	1	QL 1200 / 30 day(s) PA C ALT: Cimetidine tablets, Famotidine suspension, Famotidine tablets
famotidine for susp 40 mg/5ml	1	QL 2400 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
famotidine tab 20 mg	1	C ALT: over the counter (OTC) famotidine
famotidine tab 40 mg	1	
NIZATIDINE	3	
nizatidine	1	
RANITIDINE HCL	3	
MISC. ANTI-ULCER		
SUCRALFATE	3	
sucralfate susp 1 gm/10ml	1	QL 1200 / 30 day(s) PA C ALT: sucralfate 1 GM tab
sucralfate tab 1 gm	1	
PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB)		
VOQUEZNA	3	QL 30 / 30 day(s)
PROTON PUMP INHIBITOR-ANTACID COMBINATIONS		
KONVOMEP	3	QL 600 / 30 day(s) C ALT: OTC equivalent
omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate cap 20-1100 mg, omeprazole-sodium bicarbonate cap 40-1100 mg)	1	QL 60 / 30 day(s)
omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg)	1	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTON PUMP INHIBITORS		
esomeprazole magnesium (esomeprazole magnesium cap delayed release 20 mg (base eq), esomeprazole magnesium cap delayed release 40 mg (base eq), esomeprazole magnesium for delayed release susp pack 2.5 mg, esomeprazole magnesium for delayed release susp packet 5 mg, 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)	1	QL 60 / 30 day(s)
FIRST-LANSOPRAZOLE	3	
FIRST-OMEPRAZOLE	3	
FIRST-PANTOPRAZOLE	3	
lansoprazole	1	QL 60 / 30 day(s)
omeprazole (omeprazole cap delayed release 10 mg, omeprazole cap delayed release 20 mg, omeprazole cap delayed release 40 mg)	1	QL 60 / 30 day(s)
OMEPRAZOLE+SYRSPEND SF ALKA	3	
pantoprazole sodium (pantoprazole sodium ec tab 20 mg (base equiv), pantoprazole sodium ec tab 40 mg (base equiv), pantoprazole sodium for delayed release susp packet 40 mg)	1	QL 60 / 30 day(s)
PRILOSEC 10 MG PACKET	3	QL 30 / 30 day(s)
PRILOSEC 2.5 MG PACKET	3	QL 60 / 30 day(s)
rabeprazole sodium	1	QL 60 / 30 day(s)
RABEPRAZOLE SODIUM	3	QL 30 / 30 day(s)
QUATERNARY ANTICHOLINERGICS		
GLYCATE	3	C ALT: glycopyrrolate 1 mg or 2 mg tab
glycopyrrolate (glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)	1	
GLYCOPYRROLATE 1.5 MG TAB	3	C ALT: glycopyrrolate 1 mg or 2 mg tab
glycopyrrolate oral soln 1 mg/5ml	1	QL 1350 / 30 day(s) PA
ISOPROPAMIDE IODIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methscopolamine bromide	1	
PROPANTHELINE BROMIDE	3	
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS		
AMOXICILL-CLARITHRO-LANSOPRAZ	3	C ALT: amoxicillin cap/tab, clarithromycin tab, lansoprazole cap
TALICIA	2	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
oxybutynin chloride (oxybutynin chloride tab er 24hr 10 mg, oxybutynin chloride tab er 24hr 15 mg)	1	QL 60 / 30 DAYS
oxybutynin chloride solution 5 mg/5ml	1	QL 600 / 30 day(s)
oxybutynin chloride tab 5 mg	1	QL 120 / 30 DAYS
oxybutynin chloride tab er 24hr 5 mg	1	QL 30 / 30 day(s)
OXYTROL	3	QL 8 / 28 day(s)
solifenacin succinate	1	QL 30 / 30 DAYS
tolterodine tartrate	1	QL 60 / 30 DAYS
trospium chloride cap er 24hr 60 mg	1	QL 30 / 30 DAYS
trospium chloride tab 20 mg	1	QL 60 / 30 DAYS
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	3	QL 30 / 30 day(s)
mirabegron (mirabegron tab er 24 hr 25 mg, mirabegron tab er 24 hr 50 mg)	1	QL 30 / 30 day(s)
mirabegron granules for oral extended release susp 8 mg/ml	1	QL 300 / 28 day(s)
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	QL 30 / 30 day(s)
MYRBETRIQ 8 MG/ML SRER	2	QL 300 / 28 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	2	ACA Affordable Care Act
BEXSERO	2	ACA Affordable Care Act
CAPVAXIVE	2	ACA Affordable Care Act
HIBERIX	2	ACA Affordable Care Act
MENQUADFI	2	ACA Affordable Care Act
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	2	ACA Affordable Care Act
PEDVAXHIB	2	ACA Affordable Care Act
PENBRAYA	2	ACA Affordable Care Act
PENMENVY	2	AL1 10 to 25 yrs old ACA Affordable Care Act
PNEUMOVAX 23	2	ACA Affordable Care Act
PREVNAR 20	2	ACA Affordable Care Act
TRUMENBA	2	ACA Affordable Care Act
VAXNEUVANCE	2	ACA Affordable Care Act
VIVOTIF CAP DR	3	
VIRAL VACCINE COMBINATIONS		
M-M-R II	2	ACA Affordable Care Act
PRIORIX	2	ACA Affordable Care Act
PROQUAD	2	ACA Affordable Care Act
TWINRIX	2	ACA Affordable Care Act
VIRAL VACCINES		
ABRYSVO	2	AL1 At least 50 yrs old ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFLURIA	2	AL1 At least 0.5 yrs old ACA Affordable Care Act
AFLURIA PRESERVATIVE FREE	2	AL1 At least 3 yrs old ACA Affordable Care Act
AREXVY	2	AL1 At least 50 yrs old ACA Affordable Care Act
COMIRNATY	2	AL1 At least 12 yrs old ACA Affordable Care Act
COMIRNATY 5-11 YEARS	2	AL1 5 to 11 yrs old ACA Affordable Care Act
ENGERIX-B	2	ACA Affordable Care Act
FLUAD	2	AL1 At least 65 yrs old ACA Affordable Care Act
FLUARIX	2	AL1 At least 0.5 yrs old ACA Affordable Care Act
FLUBLOK	2	AL1 At least 9 yrs old ACA Affordable Care Act
FLUCELVAX	2	AL1 At least 0.5 yrs old ACA Affordable Care Act
FLULAVAL	2	AL1 At least 0.5 yrs old ACA Affordable Care Act
FLUMIST	2	AL1 2 to 49 yrs old ACA Affordable Care Act
FLUZONE (FLUZONE SUSPENSION, FLUZONE 0.5 ML SUSP PRSYR)	2	AL1 At least 0.5 yrs old ACA Affordable Care Act
FLUZONE HIGH-DOSE	2	AL1 At least 65 yrs old ACA Affordable Care Act
GARDASIL 9	2	ACA Affordable Care Act
HAVRIX	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEPLISAV-B	2	ACA Affordable Care Act
IMOVAX RABIES	2	
IPOL	2	ACA Affordable Care Act
JYNNEOS	2	AL1 At least 18 yrs old C Healthcare Administered ACA Affordable Care Act
MFLUSIVA	2	AL1 At least 50 yrs old ACA Affordable Care Act
MNEXSPIKE	2	AL1 At least 12 yrs old ACA Affordable Care Act
MODERNA COVID-19 VAC 6M-11Y	2	AL1 0.5 to 11 yrs old ACA Affordable Care Act
MRESVIA	2	AL1 At least 50 yrs old ACA Affordable Care Act
NOVAVAX COVID-19 VACCINE	2	AL1 At least 12 yrs old ACA Affordable Care Act
NUVAXOVID COVID-19 VACCINE	2	AL1 At least 12 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC-TRIS 5-11Y	2	AL1 5 to 11 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC-TRIS 6M-4Y	2	AL1 0.5 to 4 yrs old ACA Affordable Care Act
PREHEVBRIO	2	AL1 At least 18 yrs old ACA Affordable Care Act
RABAVERT	2	
RECOMBIVAX HB	2	ACA Affordable Care Act
ROTARIX	2	ACA Affordable Care Act
ROTATEQ	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHINGRIX (SHINGRIX 50 MCG/0.5ML RECON SUSP, SHINGRIX 50 MCG/0.5ML SUSP PRSYR)	2	ACA Affordable Care Act
SPIKEVAX	2	AL1 At least 12 yrs old ACA Affordable Care Act
SPIKEVAX 6M-11Y	2	AL1 0.5 to 11 yrs old ACA Affordable Care Act
VAQTA	2	ACA Affordable Care Act
VARIVAX	2	ACA Affordable Care Act
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNAZOLE-1	3	GL Female
MICONAZOLE 3	3	GL Female
terconazole vaginal (terconazole vaginal cream 0.4%, terconazole vaginal cream 0.8%, terconazole vaginal suppos 80 mg)	1	GL Female
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	3	GL Female C ALT: estradiol vaginal cream, ESTRING,PREMARIN CREAM, VAGIFEM TABLET
SPERMICIDES		
ENCARE	2	GL Female ACA Affordable Care Act
OPTIONS GYNOL II CONTRACEPTIVE	2	GL Female ACA Affordable Care Act
TODAY SPONGE	2	GL Female ACA Affordable Care Act
VCF VAGINAL CONTRACEPTIVE 28 % FILM	2	GL Female ACA Affordable Care Act
VCF VAGINAL CONTRACEPTIVE 4 % GEL	3	GL Female ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal	1	GL Female
CLINDESSE	3	GL Female
metronidazole vaginal	1	GL Female
NUVESSA	3	GL Female
VANDAZOLE	3	GL Female
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	3	GL Female C RX Product with OTC Alternative - Purchase OTC Contraceptive ACA Affordable Care Act
PHEXXI	3	GL Female C RX Product with OTC Alternative - Purchase OTC Contraceptive ACA Affordable Care Act
VAGINAL ESTROGENS		
estradiol vaginal cream 0.01%	1	GL Female QLC 255 / 365 DAYS
estradiol vaginal tab 10 mcg	1	GL Female
ESTRING	2	QL 1 / 90 DAYS GL Female
PREMARIN 0.625 MG/GM CREAM	2	GL Female
VAGINAL PROGESTINS		
ENDOMETRIN	2	QL 84 / 28 day(s) GL Female
progesterone (vaginal)	1	QL 84 / 28 day(s) GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q	2	
epinephrine (anaphylaxis)	1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa (droxidopa cap 200 mg, droxidopa cap 300 mg)	1	C S ALT: midodrine, pyridostigmine tab, fludrocortisone tab
droxidopa cap 100 mg	1	C S ALT: midodrine, pyridostigmine 60 mg tab, pyridostigmine 180 mg er tab, fludrocortisone tab
midodrine hcl	1	
VITAMINS		
PABA		
AMINOBENZOIC ACID	3	
PARA-AMINOBENZOIC ACID	3	
POTASSIUM AMINOBENZOATE	3	
VITAMIN B-1		
THIAMINE HCL POWDER	3	
THIAMINE MONONITRATE	3	
VITAMIN B-3		
NIACIN POWDER	3	
NIACINAMIDE POWDER	3	
NICOTINAMIDE POWDER	3	
VITAMIN B-5		
CALCIUM PANTOTHENATE POWDER	3	
VITAMIN B-6		
PYRIDOXINE HCL POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMIN C		
CALCIUM ASCORBATE	3	
SODIUM ASCORBATE	3	
VITAMIN D		
ERGOCALCIFEROL	3	
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