PRESCRIPTION DRUG FORMULARY FOR 2026

The prescription drug formulary lists the medications covered by your medical plan's prescription benefit. Both the HSA Advantage and Signature plans cover the same medications.

Until Dec. 31, 2026, you will refer to this formulary document to understand what your current benefit covers.

Starting Jan. 1, 2027, you will have a new formulary with some modifications from the current year.
Click here to view the formulary for 2027.

If you have questions about whether a medication is covered, call Judi Rx at **833-599-0951**.

EXCLUSION CATEGORIES & OTHER BENEFIT CONSIDERATIONS

While certain products are listed on the formulary, it's important to understand that does not guarantee coverage under your pharmacy benefit. The drug categories listed below are considered plan benefit exclusions, meaning they are not covered, even though they are shown on the formulary. These exclusions are determined by your health plan and may include items such as cosmetic treatments, fertility medications, or over-the-counter products.

There are other considerations outside of what is listed on the formulary for certain drug categories. These considerations are determined by your health plan and may include items such as oral chemotherapy and insulin pen needles and syringes. For information about your specific coverage, refer to your plan documents or contact Capital Rx Customer Care for support by dialing 1-833-599-0951.

FORMULARY DRUG CATEGORY EXCLUSIONS

- Allergen Extracts, non-oral and oral
- Anabolic Steroids
- Cell and Gene Therapy
- Contraceptive Implants and Devices (All ACA Medical Contraceptives are covered)
- Cosmetic
- Durable Medical Equipment (DME)
- High Cost Brand and Generic Products (See the High Cost Brand and Generic PDFs for a list of products)
- Insulin Pumps & Supplies (Only Omnipod products are covered)
- Nutrition (Diet Supplement and Metabolic Infant Formula)
- Other Blood Products
- Over-the-Counter Products
- Syringes (Ex: Tuberculin syringes; Other than insulin)
- Vaccines (Ex: Travel Vaccines are excluded; all ACA vaccines are covered)
- Vitamins - Multivitamins (Requires a prescription)

OTHER PHARMACY BENEFIT CONSIDERATIONS

- Fertility Medications have 50% coinsurance
- Insulin Pen Needles and Syringes have $0 copay
- Jornay Products are Tier 4
- Oral Chemotherapy have $0 copay
- Prucalopride Products are Tier 1

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Welcome to the Formulary

Capital Rx

At Capital Rx, your health is our top priority. We created the formulary (drug list) to ensure that you and your family have access to safe, proven and effective medications, while helping to manage costs. This is a list of drugs that are covered by your pharmacy prescription benefit. Keep in mind: 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 about your specific coverage, please give us a call us at 1-833-599-0951 and we'll gladly walk you through it.

The 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 Capital Rx Pharmacy & Therapeutic Committee described above has been able to fully evaluate them.

Your pharmacy prescription benefit covers a wide variety of prescription drugs, but some exclusions may apply. If a medication you take is not covered, we will make sure a covered alternative is available. For safety and coverage guidelines, drugs that have not received FDA approval or over-the-counter (OTC) equivalents may not be covered.

We encourage you to share this list with your doctor to help choose covered medications that are right for your care and your budget, as this is a great way to lower your out-of-pocket costs. For the most up to date version of the formulary, please visit KansasHealthSystemBenefits.com/FormularyRx

How to Navigate this List:

Each prescription drug product is placed in a Tier from 1 to 4 that determines your cost-share:

- Tier 1
- Tier 2
- Tier 3
- Tier 4

As you read through this list, you'll see that generic drugs are shown in lowercase italicized lettering, and brand drugs are displayed in UPPERCASE LETTERING. To help keep costs down, brand-name drugs may be removed from your drug list after a generic equivalent becomes available. Choosing generic drugs is usually the best way to ensure the lowest cost share.

If a medication does not appear on this list, it is excluded under the formulary. If your prescribed medication is not covered, please reach out to your doctor to find a covered alternative that is right for you. If your doctor determines that the excluded drug is medically necessary, they can submit a drug exception request along with clinical documentation.

If your plan includes coverage for preventative drugs listed under the Affordable Care Act or a Health Savings Account, those drugs will be flagged below. Those drugs may be available at $0 or a lower cost share than regularly tiered drugs depending on your benefit.

Additional coverage 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. Other medications may require prior authorization, step therapy, or quantity limits. Please see the legend below for more information.

We update our formulary quarterly, four times a year. Once a new generic version of a medicine is launched, the more expensive brand-name version is taken off the covered list two quarters later.

Medications marked 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 – 4.

For the most up-to-date formulary drug list, visit the University of Kansas Benefits Connection website at kansashealthsystembenefits.com or call Capital Rx at 833-599-0951.

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 customer service number on the back of your member ID card.

For the most up-to-date Formulary Drug list visit the University of Kansas Benefits Connection website at KansasHealthSystemBenefits.com/FormularyRx

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LEGEND		
TIER		DESCRIPTION
1	Tier 1	
2	Tier 2	
3	Tier 3	
4	Tier 4	
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		
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
LIPASE INHIBITORS		
ORLISTAT 120 MG CAP	3	QL 90 / 30 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 diffusion 27 mg, methylphenidate hcl tab er diffusion 36 mg, 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)
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	1	QL 60 / 30 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER	1	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 diffusion 54 mg	1	QL 30 / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL 60 / 30 DAYS
modafinil	1	
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 40 MG CHER)	2	QL 30 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
MIXED ALLERGENIC EXTRACTS		
ODACTRA	3	S
ORALAIR	3	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
ADALIMUMAB-AATY (2 SYRINGE)	2	QL 2 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SIMLANDI (1 PEN)	2	QL 2 / 28 day(s) PA C ALT: adalimumab-aaty, adalimumab-adaz, Hadlima, Simlandi S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
RINVOQ 45 MG TAB ER 24H	2	PA S QLC 84 / 365 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
XELJANZ 1 MG/ML SOLUTION	2	QL 240 / 30 day(s) PA S
XELJANZ 10 MG TAB	2	PA S QLC 240 / 365 days
XELJANZ 5 MG TAB	2	QL 60 / 30 day(s) PA S
XELJANZ XR 11 MG TAB ER 24H	2	QL 30 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ XR 22 MG TAB ER 24H	2	PA S QLC 120 / 365 days
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO	2	
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
celecoxib	1	
VYSCOXA	3	
GOLD COMPOUNDS		
AURANOFIN	3	
RIDAURA	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	3	QL 8 / 28 DAYS PA S
INTERLEUKIN-6 RECEPTOR INHIBITORS		
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	1	C ALT: etodolac, ibuprofen tab (except 200 mg), sulindac 150 mg or 200 mg tab
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
FENOPRON	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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
mefenamic acid	1	C ALT: naproxen tab (except 220 mg), ibuprofen tab (except 200 mg and 300 mg)
MEFENAMIC ACID	3	
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	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXAPROZIN	3	C ALT: oxaprozin 600 mg tab
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA 20 MG TAB	2	QL 60 / 30 day(s) PA S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL 25 MG/0.5ML SOLUTION	2	QL 4 / 28 day(s) PA S
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	3	QLC 29 / 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
butalbital-aspirin-caffeine	1	QL 180 / 30 DAYS
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
TREZIX	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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
FENTANYL CITRATE 100 MCG TAB	3	QL 120 / 30 DAYS PA C ALT: fentanyl lozenge
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
NUCYNTA	3	QL 180 / 30 day(s) C ALT: tramadol 50 mg tab, tramadol/acetaminophen
NUCYNTA ER	2	QL 60 / 30 day(s) PA
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methyltestosterone	1	QL 600 / 30 day(s) PA
METHYLTESTOSTERONE POWDER	3	GL Male
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
TESTOSTERONE 10 MG/ACT (2%) GEL	3	QL 120 / 30 DAYS PA C ALT: testosterone 20.25 mg/act (1.62%) gel, testosterone cypionate 100 mg/ml or 200 mg/ml solution, testosterone 30 mg/act solution, testosterone 1% gel
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	1	QL 10 / 28 DAYS 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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		
ALINIA 100 MG/5ML RECON SUSP	2	QLC 300 / 90 days
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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 160-9-4.8 MCG/ACT AEROSOL	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 (DULERA 50-5 MCG/ACT AEROSOL, DULERA 200-5 MCG/ACT AEROSOL)	2	QL 39 / 30 day(s)
DULERA 100-5 MCG/ACT AEROSOL	2	QL 26.4 / 30 day(s)
fluticasone-salmeterol	1	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
VENTOLIN HFA	3	QL 36 / 30 DAYS
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	QL 60 / 30 DAYS
XARELTO 2.5 MG TAB	2	QL 60 / 30 day(s)
XARELTO STARTER PACK	2	QL 51 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	
diazepam (anticonvulsant)	1	
NAYZILAM	3	C ALT: diazepam gel
SYMPAZAN	3	C ALT: clobazam

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
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	
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	3	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAMICTAL XR (LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT, LAMICTAL XR 25 & 50 & 100 MG KIT, LAMICTAL XR 50 & 100 & 200 MG KIT)	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pregabalin soln 20 mg/ml	1	QL 900 / 30 DAYS
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	
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	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 (phenytoin sodium extended cap 100 mg, phenytoin sodium extended cap 200 mg, phenytoin sodium extended cap 300 mg)	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 oral soln 250 mg/5ml (base equiv)	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	QL 180 / 30 DAYS
NARDIL	3	C ALT: Generic Covered
PHENELZINE SULFATE 15 MG TAB	3	
tranylcypromine sulfate	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CITALOPRAM HYDROBROMIDE	3	QL 30 / 30 day(s) ST C ALT: citalopram tab C3 Step Therapy: Must first try ONE generic antidepressant
citalopram hydrobromide cap 30 mg	1	QL 30 / 30 day(s) ST C ALT: citalopram tab C3 Step Therapy: Must first try ONE generic antidepressant
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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 or 40 mg tab
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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 C3 Step Therapy: Must first try ONE generic antidepressant
EXXUA 18.2 MG TAB ER 24H	3	QL 32 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic antidepressant

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXXUA TITRATION PACK	3	QL 32 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic antidepressant
TRAZODONE HCL	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	QL 90 / 30 day(s) C ALT: duloxetine DR 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 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		
JANUVIA	2	QL 30 / 30 day(s)
sitagliptin phosphate	1	QL 30 / 30 day(s)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
JANUMET	2	QL 60 / 30 day(s)
JANUMET XR (JANUMET XR 50-500 MG TAB ER 24H, JANUMET XR 100-1000 MG TAB ER 24H)	2	QL 30 / 30 DAYS
JANUMET XR 50-1000 MG TAB ER 24H	2	QL 60 / 30 DAYS
sitagliptin phosphate-metformin hcl	1	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES		
CYCLOSET	3	C ALT: Farxiga, glipizide, glimepiride, glyburide, glyburide-metformin, Glyxambi, metformin, Januvia, Jardiance, Synjardy, Xigduo XR
HUMAN INSULIN		
FIASP	2	QL 100 / 30 DAYS
FIASP FLEXTOUCH	2	QL 100 / 30 DAYS
FIASP PENFILL	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) C ALT: Novolog, Fiasp
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)
HUMULIN 70/30	2	QL 100 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	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
NOVOLIN R FLEXPEN	2	QL 100 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
FARXIGA	2	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 (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H)	2	QL 60 / 30 day(s)
XIGDUO XR (XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	2	QL 30 / 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	
GLIPIZIDE POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	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	
VARUBI (180 MG DOSE)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)		
BREXAFEMME	3	PA C ALT: fluconazole tab QLC 4 / 90 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 tab 50 mg, voriconazole tab 200 mg)	1	PA
voriconazole for susp 40 mg/ml	1	QL 600 / 30 DAYS 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	1	PA C ALT: carbinoxamine 4 mg, cyproheptadine, desloratadine
CLEMASTINE FUMARATE POWDER	3	
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	3	PA C ALT: carbinoxamine 4 mg, cyproheptadine, desloratadine

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEMASTINE FUMARATE 2.68 MG TAB	3	C ALT: carbinoxamine 4 mg, cyproheptadine, desloratadine
CLEMASZ	3	C ALT: carbinoxamine 4 mg, cyproheptadine, desloratadine
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	2	QL 30 / 30 day(s) PA
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)
icosapent ethyl cap 1 gm	1	QL 120 / 30 day(s)
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	QL 120 / 30 DAYS 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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENOFIBRATE 50 MG CAP	3	C ALT: fenofibrate tab (except 40 mg or 120 mg), gemfibrozil
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATORVALIQ	3	QL 600 / 30 day(s) C ALT: atorvastatin tab
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine besylate-benazepril hcl (amlodipine besylate-benazepril hcl cap 2.5-10 mg, amlodipine besylate-benazepril hcl cap 5-10 mg, amlodipine besylate-benazepril hcl cap 5-20 mg, amlodipine besylate-benazepril hcl cap 5-40 mg, amlodipine besylate-benazepril hcl cap 10-20 mg, amlodipine besylate-benazepril hcl cap 10-40 mg)	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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine	1	C ALT: phenoxybenzamine 10 mg cap S
phenoxybenzamine hcl	1	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
amlodipine-valsartan-hydrochlorothiazide	1	
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	
EDARBYCLOR 40-12.5 MG TAB	3	C ALT: candesartan/hctz, losartan/hctz, valsartan/hctz, olmesartan/hctz
EDARBYCLOR 40-25 MG TAB	3	C ALT: Candesartan/HCTZ, losartan/HCTZ
irbesartan-hydrochlorothiazide	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	C ALT: telmisartan tab, hydrochlorothiazide, losartan-hctz tab, valsartan-hctz tab
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	3	C ALT: candesartan, losartan, valsartan, olmesartan
candesartan cilexetil	1	
EDARBI	3	C ALT: candesartan, losartan, valsartan, olmesartan
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clonidine hcl	1	
CLONIDINE HCL POWDER	3	
CLONIDINE HCL 0.05 MG TAB	3	C ALT: clonidine tab (except 0.05 mg)
guanfacine hcl	1	
METHYLDOPA	3	C ALT: methyldopa 250 mg tab
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 (metoprolol & hydrochlorothiazide tab 50-25 mg, metoprolol & hydrochlorothiazide tab 100-25 mg, metoprolol & hydrochlorothiazide tab 100-50 mg)	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RESERPINE		
RESERPINE	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone	1	
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	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)	1	C ALT: 200mg hydroxychloroquine tablets
HYDROXYCHLOROQUINE SULFATE 300 MG TAB	1	C ALT: hydroxychloroquine tab
KRINTAFEL	3	
mefloquine hcl	1	
MEPACRINE	3	
primaquine phosphate	1	
pyrimethamine	1	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	
PRIFTIN	2	
pyrazinamide	1	
rifabutin	1	
rifampin (rifampin cap 150 mg, rifampin cap 300 mg)	1	
RIFAMPIN+SYRSPEND SF	3	
SIRTURO	2	S
TRECATOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	1	S
NUBEQA	2	QL 120 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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, Otrexup
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (TRUQAP 160 MG TAB, TRUQAP 160 MG TAB THPK, TRUQAP 200 MG TAB)	2	QL 64 / 28 day(s) PA S
TRUQAP 200 MG TAB THPK	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	2	QL 30 / 30 DAYS PA S
BOSULIF 100 MG CAP	2	QL 150 / 30 day(s) PA S
BOSULIF 100 MG TAB	2	QL 90 / 30 days PA S
BOSULIF 50 MG CAP	2	QL 30 / 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POMALYST	2	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
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)	3	QL 240 / 30 day(s) PA S
KOSELUGO 25 MG CAP	3	QL 120 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOSELUGO 5 MG CAP SPRINK	3	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEPMETKO	3	QL 60 / 30 day(s) PA S
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	2	QL 240 / 30 DAYS 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	2	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 - 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
KISQALI FEMARA (200 MG DOSE)	2	QL 49 / 28 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI FEMARA (400 MG DOSE)	2	QL 70 / 28 DAYS PA S
KISQALI FEMARA (600 MG DOSE)	2	QL 91 / 28 DAYS 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
leucovorin calcium (leucovorin calcium tab 15 mg, leucovorin calcium tab 25 mg)	1	QL 30 / 30 day(s) PA
leucovorin calcium tab 10 mg	1	QL 60 / 30 day(s) PA C ALT: leucovorin 5 mg or 15 mg tablets
leucovorin calcium tab 5 mg	1	QL 120 / 30 day(s) PA
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
ORGOVYX	3	QL 30 / 28 days PA S
IMIDAZOTETRAZINES		
temozolomide	1	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
OJJAARA	3	QL 30 / 30 day(s) PA S
VONJO	3	QL 120 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LHRH ANALOGS		
ELIGARD (ELIGARD 7.5 MG KIT, ELIGARD 22.5 MG KIT, ELIGARD 30 MG KIT, ELIGARD 45 MG KIT)	3	S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ITOVEBI 9 MG TAB	2	QL 28 / 28 day(s) PA S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEJULA	2	QL 30 / 30 day(s) PA S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INLYTA 1 MG TAB	2	QL 180 / 30 DAYS PA S
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	3	
trihexyphenidyl hcl	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
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)
lopinavir-ritonavir tab 200-50 mg	1	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
APRETUDE	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	3	QL 30 / 30 day(s)
EDURANT PED	3	QL 180 / 30 day(s)
efavirenz	1	QL 30 / 30 DAYS
EFAVIRENZ 200 MG CAP	3	QL 60 / 30 day(s) C ALT: Efavirenz tablet

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 (valganciclovir hcl for soln 50 mg/ml (base equiv), valganciclovir hcl tab 450 mg (base equivalent))	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
MAVYRET 100-40 MG TAB	2	QL 84 / 28 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QLC 300 / 120 DAYS
RELENZA DISKHALER	3	QLC 40 / 120 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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, carvedilol phosphate cap er 24hr 80 mg)	1	PA C ALT: carvedilol tab, labetalol tab
carvedilol phosphate cap er 24hr 20 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 400 MG TAB	3	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
LOPRESSOR 12.5 MG TAB	3	C ALT: Generic Covered

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	2	
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	
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 20 MG/5ML SOLUTION	3	QL 4800 / 30 day(s) PA
PROPRANOLOL HCL 40 MG/5ML SOLUTION	2	QL 2400 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
CONJUPRI	3	C ALT: amlodipine, felodipine, nifedipine
diltiazem hcl (diltiazem hcl cap er 12hr 120 mg, diltiazem hcl cap er 12hr 60 mg, diltiazem hcl cap er 12hr 90 mg, diltiazem hcl 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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)	1	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	1	C ALT: nifedipine ER tab, amlodipine tab, felodipine tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITRATE & VASODILATOR COMBINATIONS		
isosorbide dinitrate-hydralazine hcl	1	
PERIPHERAL VASODILATORS		
NYLIDRIN HCL	3	
PAPAVERINE HCL POWDER	3	
PROSTAGLANDIN - IMPOTENCE AGENTS		
CAVERJECT	3	GL Male
CAVERJECT IMPULSE	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
macitentan	1	QL 30 / 30 day(s) PA S
OPSUMIT	2	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 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 (tadalafil tab 10 mg, tadalafil tab 20 mg)	1	GL Male QLC 6 / 30 days
tadalafil (tadalafil tab 2.5 mg, tadalafil tab 5 mg)	1	GL Male QLC 30 / 30 days
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 100 MG/5ML RECON SUSP, CEFIXIME CAP 400 MG, CEFIXIME FOR SUSP 100 MG/5ML, CEFIXIME FOR SUSP 200 MG/5ML)	1	
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	
GLYCOLIC ACID (GLYCOLIC ACID CRYSTALS, GLYCOLIC ACID GRANULES)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
FLUORESCEIN SODIUM POWDER	3	
HOMATROPINE METHYLBROMIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
DRAKKAR NOIR	3	
ETHYLPARABEN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 (ACETAZOLAMIDE CRYSTALS, ACETAZOLAMIDE POWDER)	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	
BLUE AGAVE ORGANIC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
AMLODIPINE BESYLATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	ACA Affordable Care Act
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	
ATTAPULGITE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
BETAMETHASONE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	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	
BUTYL ALCOHOL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
CAPRYLIC CAPRIC TRIGLYCERIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	
CHLOROXYLENOL	3	
CHLORPROMAZINE HCL	3	
CHOLECALCIFEROL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
L-CITRULLINE POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 POWDER	3	
CLONAZEPAM	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	
CREATININE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 POWDER	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	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 - 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	
BULK CHEMICALS - FI'S		
FINASTERIDE	3	
SIBERIAN PINE OIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
BULK CHEMICALS - GE'S		
GENISTEIN	3	
BULK CHEMICALS - GI'S		
GINGER OIL	3	
GINSENG ROOT	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
GREEN TEA EXTRACT	3	
GREEN TEA OIL FRAGRANCE	3	
GRISEOFULVIN MICRONIZED	3	
GRISEOFULVIN MICROSIZE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
BULK CHEMICALS - HY'S		
HYALURONATE SODIUM	3	
HYALURONIC ACID POWDER	3	
HYALURONIC ACID SODIUM	3	
HYDRALAZINE HCL	3	
HYDRAZINE SULFATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
METHOCEL K100 PREMIUM	3	
METHOCEL K100M PREMIUM	3	
SODIUM HYALURONATE	3	
BULK CHEMICALS - ID		
IDEBENONE	3	
IDOXURIDINE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BULK CHEMICALS - IM		
IMATINIB MESYLATE	3	
IMIDUREA	3	
IMIQUIMOD	3	
BULK CHEMICALS - IN'S		
INDOCYANINE GREEN POWDER	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	
BULK CHEMICALS - IT'S		
ITRACONAZOLE	3	
BULK CHEMICALS - IV'S		
IVERMECTIN POWDER	3	
BULK CHEMICALS - JA		
JASMINE FRAGRANCE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
LAMOTRIGINE	3	
LANSOPRAZOLE	3	
LATANOPROST (LATANOPROST OIL, LATANOPROST POWDER)	3	
LAURETH-9 POLIDOCANOL	3	
LAURIC ACID	3	
PINENE (L-ALPHA)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	ACA Affordable Care Act
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	
BULK CHEMICALS - LI		
LICORICE DEGLYCYRRHIZINATED	3	
LIDOCAINE (LIDOCAINE CRYSTALS, LIDOCAINE POWDER)	3	
LIDOCAINE BASE	3	
LIDOCAINE HCL POWDER	3	
LIDOCAINE HCL MONOHYDRATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
MEDROXYPROGESTERONE MICRONIZED	3	
MEGLUMINE	3	
MELOXICAM POWDER	3	
MENADIONE	3	
MEQUINOL	3	
MERCAPTOPURINE	3	
MERCAPTOPURINE MONOHYDRATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
BULK CHEMICALS - MI		
MIDAZOLAM POWDER	3	
MILK THISTLE POWDER	3	
MIRTAZAPINE	3	
MISOPROSTOL	3	
MISOPROSTOL-HPMC	3	
MITOMYCIN POWDER	3	
MITOTANE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
OCTISALATE	3	
OCTYL STEARATE	3	
TRITON X-100	3	
BULK CHEMICALS - OL'S		
OLMESARTAN MEDOXOMIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
PALMITOYL TRIPEPTIDE-3	3	
PANCREATIN	3	
PANTHENOL	3	
PANTOPRAZOLE SODIUM POWDER	3	
PAPAIN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
PHENOXYBENZAMINE HCL	3	
PHENOXYETHANOL	3	
PHENTERMINE HCL	3	
PHENTOLAMINE MESYLATE	3	
PHENYL SALICYLATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENYLETHYL ALCOHOL	3	
PHENYLETHYLAMINE HCL	3	
PHENYLTOLOXAMINE CITRATE	3	
PHENYTOIN	3	
PHOSPHATIDYLCHOLINE	3	
PHOSPHATIDYLSERINE POWDER	3	
PHYTIC ACID IN WATER	3	
PHYTONADIONE (PHYTONADIONE CRYSTALS, PHYTONADIONE LIQUID)	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	
POLYACRYLATE CROSSPOLYMER-6	3	
POLYHEXAMETHYLENE BIGUANIDE	3	
POLYOXYL 40 HYD CASTOR OIL	3	
POLYVINYL ALCOHOL	3	
POLYVINYLPYRROLIDONE K-30	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
PROCARBAZINE HCL	3	
PROCHLORPERAZINE EDISYLATE	3	
PROFLAVINE HEMISULFATE	3	
PROGESTERONE	3	GL Female
PROGESTERONE MICRONIZED POWDER	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
PYRIMETHAMINE	3	
ZINC PYRITHIONE	3	
BULK CHEMICALS - QU'S		
QUATERNIUM-15	3	
QUERCETIN DIHYDRATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
BULK CHEMICALS - RU		
RUBIDIUM CHLORIDE	3	
RUTIN	3	
BULK CHEMICALS - SA'S		
AC DERMAPEPTIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
PMX-1184 SILICONE	3	
SIBERIAN GINSENG	3	
SILDENAFIL CITRATE	3	
SILICONE BLEND CUSTOM	3	
SILICONE ELASTOMER BLEND	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
SODIUM DEHYDROACETATE	3	
SODIUM DEOXYCHOLATE	3	
SODIUM DIACETATE	3	
SODIUM DICHLOROACETATE	3	
SODIUM FLUORIDE POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
SODIUM THIOSALICYLATE	3	
SORAFENIB TOSYLATE (BULK)	3	
SORBITAN MONOLAURATE	3	
SORBITAN MONOOLEATE	3	
SORBITAN MONOPALMITATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
BULK CHEMICALS - SU'S		
DIMERCAPTOSUCCINIC ACID	3	
SUCCIMER DMSA	3	
SUCCINIC ACID	3	
SUCCINYLCHOLINE CHLORIDE POWDER	3	
SUCROSE OCTAACETATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
TOPIRAMATE	3	
BULK CHEMICALS - TR'S		
RENOVAGE	3	
TEA COCOYL GLUTAMINE	3	
TRAMADOL HCL POWDER	3	
TRAMETINIB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
TURMERIC ROOT	3	
BULK CHEMICALS - TY'S		
TYLOSIN TARTRATE	3	
TYLOXAPOL	3	
BULK CHEMICALS - UB'S		
UBIQUINOL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
ZINC OXIDE POWDER	3	
ZINC PICOLINATE	3	
ZINC UNDECYLENATE	3	
ZIRCONIUM OXIDE	3	
BULK CHEMICALS - ZO'S		
ZONISAMIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
PEPPERMINT OIL OIL	3	
PINE OIL	3	
ROSE OIL	3	
ROSEMARY OIL	3	
SASSAFRAS OIL	3	
SPEARMINT OIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
LIQUIDS		
AMMONIUM LACTATE	3	
BENZYL BENZOATE	3	
CAMPHOR SPIRIT	3	
CAMPHOR SPIRIT (BULK)	3	
CHLORHEXIDINE GLUCONATE SOLUTION	3	
CRYOSERV	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	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	
COAL TAR EXTRACT	3	
PERUVIAN BALSAM	3	
SOLID COMBINATIONS		
DOCUSATE SODIUM-SOD BENZOATE	3	
SOD BICARB-SOD CHLORIDE (BULK)	3	
SOLIDS		
ALUM AMMONIUM	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
CITRIC ACID ANHYDROUS	3	
CITRIC ACID MONOHYDRATE	3	
CORN STARCH	3	
DEHYDROEPIANDROSTERONE	3	
DEHYDROEPIANDROSTERONE MICRO	3	
DHEA MICRONIZED	3	
DINITROCHLOROBENZENE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
POTASSIUM GLUCONATE ANHYDROUS	3	
POTASSIUM NITRATE	3	
POTASSIUM PERCHLORATE	3	
PRASTERONE MICRONIZED	3	
PREGNENOLONE POWDER	3	
PREGNENOLONE MICRONIZED	3	
PUMICE (FLOUR)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
TALC	3	
THEOPHYLLINE	3	
THEOPHYLLINE ANHYDROUS	3	
THYMOL	3	
THYMOL IODIDE	3	
THYMOL IODIDE PURIFIED	3	
WAXY MAIZE STARCH N-200	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	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
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	1	GL Female ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol	1	GL Female ACA Affordable Care Act
COMBINATION CONTRACEPTIVES - VAGINAL		
etonogestrel-ethinyl estradiol (etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr, etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr)	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 INTRAUTERINE COPPER	3	GL Female C Healthcare Administered ACA Affordable Care Act
PARAGARD INTRAUTERINE COPPER	3	GL Female ACA Affordable Care Act
EMERGENCY CONTRACEPTIVES		
ELLA	2	GL Female ACA Affordable Care Act
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
deflazacort (deflazacort tab 30 mg, deflazacort tab 36 mg)	1	PA C ALT: dexamethasone tab, methylprednisolone tab, prednisone tab S
deflazacort susp 22.75 mg/ml	1	PA C ALT: prednisolone 5mg/5mL or 15mg/5mL solution, dexamethasone tab, methylprednisolone tab, prednisone tab S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 0.1-2.5% 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
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 0.1–2.5% gel, adapalenebenzoyl peroxide 0.3–2.5% 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 0.1–2.5% gel, adapalenebenzoyl peroxide 0.3–2.5% gel, clindamycin phosphate 1% solution/lotion/gel (twice daily), 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 PUMP	3	PA C ALT: tretinoin cream
WINLEVI	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
NAFTIN 1 % GEL	3	C ALT: ciclopirox nail lacquer, ciclopirox cream, econazole 1% cream
nystatin (topical)	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VUSION	3	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	2	S
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
CARAC	2	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	
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
diclofenac sodium (actinic keratoses)	1	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHOXSALEN RAPID	3	C ALT: Generic Covered
SELARSDI 45 MG/0.5ML SOLN PRSYR	2	PA C ALT: Selarsdi, Steqeyma, Yesintek S QLC 0.5 / 84 days
SELARSDI 45 MG/0.5ML SOLUTION	2	PA S QLC 0.5 / 84 days
SELARSDI 90 MG/ML SOLN PRSYR	2	PA C ALT: Selarsdi, Steqeyma, Yesintek S QLC 1 / 56 days
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA S QLC 1 / 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 45 MG/0.5ML SOLN PRSYR	2	PA S QLC 0.5 / 84 days
STEQEYMA 90 MG/ML SOLN PRSYR	2	PA S QLC 1 / 56 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
YESINTEK 90 MG/ML SOLN PRSYR	2	PA S QLC 1 / 56 days
ANTISEBORRHEIC PRODUCTS		
GLYCOLIC ACID 70 % SOLUTION	3	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
OPZELURA	3	QL 60 / 30 day(s) PA C ALT: desonide cream, desonide ointment, EUCRISA, fluocinonide, fluticasone, tacrolimus ointment
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BURN PRODUCTS		
MAFENIDE ACETATE 5 % PACKET	3	C ALT: silver sulfadiazine 1% cream
NITROFURAZONE	3	
silver sulfadiazine	1	
SULFAMYLON 85 MG/GM CREAM	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	3	QL 120 / 30 day(s)
alclometasone dipropionate	1	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
CLOCORTOLONE PIVALATE	3	QL 135 / 30 day(s) C ALT: fluocinolone acetonide 0.025% ointment, hydrocortisone valerate 0.2% cream, mometasone furoate 0.1% cream
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
halobetasol propionate (halobetasol propionate 0.05 % foam, halobetasol propionate foam 0.05%, halobetasol propionate oint 0.05%)	1	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)
HALOG 0.1 % OINTMENT	3	QL 120 / 30 day(s) C ALT: betamethasone, desoximetasone, fluocinonide

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMPOYZ	3	QL 200 / 28 day(s) C ALT: clobetasol, hydrocortisone, triamcinolone
LEXETTE	1	QL 200 / 28 day(s) C ALT: halobetasol 0.05% cream
LOCOID LIPOCREAM	3	QL 120 / 30 day(s) 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
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 1 % LOTION	3	C ALT: clotrimazole 1% cream, ketoconazole 2% cream, econazole 1% cream
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 cream 3.75%	1	C ALT: Imiquimod 5% cream, Podofilox 0.5% solution
imiquimod cream 5%	1	QLC 48 / 112 DAYS
ZYCLARA PUMP 2.5 % CREAM	3	C ALT: Imiquimod 5% cream, Podofilox 0.5% solution

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	
PIGMENTING AGENTS		
METHOXSALEN	3	
ROSACEA AGENTS		
azelaic acid	1	
brimonidine tartrate (topical)	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
metronidazole lotion 0.75%	1	C ALT: metronidazole 0.75% gel or 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	
TOPICAL ANESTHETIC COMBINATIONS		
lidocaine-prilocaine cream 2.5-2.5%	1	QL 60 / 30 days
PLIAGLIS 7-7 % CREAM	3	QL 120 / 30 DAYS 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WOUND DRESSINGS		
FILSUVEZ	3	PA S
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
CHEMSTRIP K	3	
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 KIT	3	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	3	
FOLTANX	3	
PODIAPN	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SOD ANAMIX EARLY YEARS	3	C Not covered via pharmacy benefit - purchase over the counter
WATER ORAL	3	C Not covered via pharmacy benefit - purchase over the counter
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SM NUTRI-DRINK +	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	
PEPSIN	3	
SUCRAID	3	QL 300 / 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM SPARING DIURETICS		
amiloride hcl	1	
AMILORIDE HCL POWDER	3	
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCITONINS		
calcitonin (salmon)	1	
CARNITINE REPLENISHER - AGENTS		
levocarnitine (metabolic modifiers) (levocarnitine oral soln 1 gm/10ml (10%), levocarnitine tab 330 mg)	1	
CORTICOTROPIN		
ACTHAR	3	PA S
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	3	QL 0.8 / 28 day(s) PA S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS		
NULIBRY	3	C Healthcare Administered S
NATRIURETIC PEPTIDES		
VOXZOGO	3	QL 30 / 30 day(s) PA S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OVIDREL	2	PA GL Female S QLC 1 / 30 Days
PREGNYL	2	PA S QLC 2 / 30 Days
OVULATION STIMULANTS-SYNTHETIC		
clomiphene citrate	1	GL Female
CLOMIPHENE CITRATE	3	
PARATHYROID HORMONE AND DERIVATIVES		
teriparatide	1	QL 2.48 / 28 day(s) PA S
TYMLOS	2	QL 1.56 / 30 day(s) PA S
PHENYLKETONURIA TREATMENT - AGENTS		
PALYNZIQ	3	PA S
sapropterin dihydrochloride	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sodium phenylbutyrate (sodium phenylbutyrate oral powder 3 gm/teaspoonful, sodium phenylbutyrate tab 500 mg)	1	PA S
VASOPRESSIN		
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	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB, PREMARIN 1.25 MG TAB)	2	GL Female
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	3	
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	3	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis)	1	
GASTROINTESTINAL STIMULANTS		
GIMOTI	3	C ALT: metoclopramide tablet or solution
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MESALAMINE POWDER	3	
mesalamine (mesalamine 400 mg cap dr, 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 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
PENTASA 250 MG CAP ER	3	C Alt: balsalazide, budesonide capsule, mesalamine (except 500 mg ER cap), sulfasalazine
SFROWASA	3	
sulfasalazine	1	
SULFASALAZINE POWDER	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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		
AURYXIA	3	QL 360 / 30 day(s)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	C Reprocess with RX NDC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYMFENTRA (2 SYRINGE)	3	QL 2 / 28 day(s) PA S
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
dutasteride	1	GL Male
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTINOSIS AGENTS		
CYSTAGON	2	S
PROCYSBI	3	PA S
GENITOURINARY IRRIGANTS		
GLYCINE	3	
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI	3	QL 30 / 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.
URINARY ANALGESICS		
PHENAZOPYRIDINE HCL POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
ANTIHEMOPHILIC PRODUCTS		
ADVATE	2	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
HUMATE-P	2	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
RIASTAP	2	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	3	QL 4 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
HEMATORHEOLOGIC AGENTS		
pentoxifylline	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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		
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	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	2	QL 60 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)		
ARANESP (ALBUMIN FREE)	2	PA S
EPOGEN	2	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)		
FULPHILA	2	S
FYLNETRA	2	S
NIVESTYM	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	1	C ALT: temazepam 15 mg or 30 mg
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
clarithromycin (clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg)	1	
ERYTHROMYCINS		
E.E.S. 400	3	
ERYTHROCIN STEARATE	2	
ERYTHROMYCIN POWDER	3	
erythromycin base	1	
ERYTHROMYCIN BASE (ERYTHROMYCIN BASE POWDER, ERYTHROMYCIN BASE 250 MG CP DR PART)	3	
ERYTHROMYCIN ETHYLSUCCINATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINGERSTIX LANCETS	2	
FONDCIRCLE LANCING DEVICE	2	
FONDCIRCLE SINGLE USE LANCETS	2	
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	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	
LANCET TRANSPORTER CASE	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MICROLET LANCETS	2	
MICROLET NEXT LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MOBILE LANCETS 30G	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRECISION THINS GP LANCETS	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	
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
RIGHTEST GL300 LANCETS	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	
THINLETS GP LANCETS	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
OMNIPOD 5 G7 INTRO (GEN 5)	2	PA QLC 1 / 365 DAYS
OMNIPOD 5 G7 PODS (GEN 5)	2	QL 30 / 30 day(s) PA
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
AURORA PEN NEEDLES	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
CLICKFINE PEN NEEDLES	2	
COMFORT ASSIST INSULIN SYRINGE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 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	
GNP INSULIN SYRINGES	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	

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	
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	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO INSULIN SYR	2	
TRUE COMFORT PRO PEN NEEDLES	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	PA QLC 16 / 30 days
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	3	QL 6 / 30 DAYS ST C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
TOSYMRA	3	QL 18 / 30 DAYS 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 5 mg/act or 20 mg/act solution 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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
SODIUM		
SODIUM CHLORIDE (SODIUM CHLORIDE GRANULES, SODIUM CHLORIDE POWDER)	3	
TRACE MINERALS		
COPPER SULFATE	3	
CUPRIC SULFATE	3	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MISCELLANEOUS THERAPEUTIC CLASSES		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT		
JOENJA	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYCLOSPORINE ANALOGS		
cyclosporine (cyclosporine cap 25 mg, cyclosporine cap 100 mg)	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, SANDIMMUNE 100 MG/ML SOLUTION)	3	
ENZYMES		
BROMELAIN	3	
CHYMOTRYPSIN (ALPHA)	3	
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY	2	QL 120 / 30 day(s) PA S
IMMUNOMODULATORS - BTK INHIBITORS		
RHAPSIDO	2	QL 60 / 30 day(s) PA S
IMMUNOMODULATORS - COMBINATIONS		
VYVGART HYTRULO 1000-10000 MG-UNT/5ML SOLN PRSYR	3	PA S QLC 20 / 28 days
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 (azathioprine tab 50 mg, azathioprine tab 75 mg, azathioprine tab 100 mg)	1	
IMURAN	3	
ROCK INHIBITORS		
REZUROCK	3	QL 30 / 30 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 PRETRATE	3	
ELITE-OB	3	GL Female
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	
MATRONEX	3	
NATACHEW	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATAL PNV	3	
NATALCHEW	3	
NATALVIT	3	
NEEVO DHA	3	
NEO-VITAL RX	3	
NEOMATERNA	3	
NEONATAL COMPLETE	3	
NEONATAL FE	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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATABS FA	3	
PRENATABS RX	3	GL Female
PRENATAL 19 (PRENATAL 19 CHEW TAB, PRENATAL 19 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	
PRENATVITE COMPLETE	3	
PRENATVITE PLUS	3	
PRENATVITE RX	3	
PRENOVA	3	
PRENYRA	3	
PRIMACARE	3	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VINATE DHA RF	3	
VINATE II	3	
VINATE ONE	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
PRENATAL MV & MIN W/FE-FA-DHA		
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL HARMONY	3	
CITRANATAL MEDLEY	3	
NEONATAL + DHA	3	
NESTABS ONE	3	
OBSTETRIX DHA	3	
PNV-DHA	3	
PNV-DHA+DOCUSATE	3	
PREGEN DHA	3	
PRENA 1 TRUE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE	3	
PRENATAL VITAMINS		
NEONATAL 19	3	
PREMESISRX	3	GL Female
PRENA1	3	GL Female
PRENATE AM	3	GL Female
VITAFOL STRIPS	3	
VITAMEDMD REDICHEW RX	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
BACLOFEN POWDER	3	
baclofen (baclofen tab 10 mg, baclofen tab 20 mg)	1	
BACLOFEN (BULK)	3	
BACLOFEN 5 MG/5ML SOLUTION	3	QL 2400 / 30 day(s) PA C ALT: baclofen 10 mg or 20 mg tab
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
baclofen tab 15 mg	1	C ALT: baclofen 10 mg or 20 mg tab
baclofen tab 5 mg	1	C ALT: Cyclobenzaprine, Methocarbamol
CARISOPRODOL	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
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 tab, tizanidine tab

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
ZETONNA	3	
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	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
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	1	
OPHTHALMIC RHO KINASE INHIBITORS		
RHOPRESSA	3	QL 2.5 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYZULTA	3	QL 2.5 / 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	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
CIPRO HC	3	C Alt: neomycin/polymyxin/hydrocortisone
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	3	C ALT: ciprofloxacin-dexamethasone
ciprofloxacin-hydrocortisone	1	C Alt: 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
OCTAGAM	3	C Healthcare Administered S
XEMBIFY	3	S
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN	3	
amoxicillin (amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg)	1	
AMOXICILLIN TRIHYDRATE	3	
ampicillin	1	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM	3	
penicillin v potassium	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRALINES AND CREAM FLAVOR	3	
PUMPKIN FLAVOR	3	
RASPBERRY CONCENTRATE	3	
RASPBERRY FLAVOR	3	C Not covered via pharmacy benefit – purchase over the counter
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	3	QL 30 / 30 day(s) PA S
LUMRYZ STARTER PACK	3	PA S QLC 28 / 180 DAYS
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHOLINOMIMETICS - ACHE INHIBITORS		
ADLARITY	3	QL 4 / 28 day(s) PA C ALT: Aricept tablets
donepezil hydrochloride	1	
GALANTAMINE HYDROBROMIDE	3	
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, milnacipran hcl tab 50 mg, milnacipran hcl tab 100 mg)	1	QL 60 / 30 day(s) C ALT: duloxetine DR cap (except 40 mg), pregabalin cap
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	C ALT: duloxetine DR cap (except 40 mg), pregabalin cap QLC 55 / 180 DAYS
SAVELLA	3	QL 60 / 30 day(s) C ALT: duloxetine DR cap (except 40 mg), pregabalin cap
SAVELLA TITRATION PACK	3	C ALT: duloxetine DR cap (except 40 mg), pregabalin cap QLC 55 / 180 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MELANOCORTIN RECEPTOR AGONISTS		
VYLEESI	3	QL 1.8 / 30 DAYS PA GL Female S
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	3	QL 120 / 30 DAYS PA S
AUSTEDO 6 MG TAB	3	QL 60 / 30 DAYS PA S
AUSTEDO XR (AUSTEDO XR 6 MG TAB ER 24H, AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	3	QL 30 / 30 day(s) PA S
AUSTEDO XR 24 MG TAB ER 24H	3	QL 30 / 30 days PA S
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	3	PA S QLC 28 / 180 DAYS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	3	PA S QLC 42 / 180 days
INGREZZA (INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP SPRINK)	3	QL 30 / 30 day(s) PA S
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 80 MG CAP)	3	QL 30 / 30 DAYS PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA 40 & 80 MG CAP THPK	3	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		
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	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	3	QL 60 / 30 DAYS ST C3 Step Therapy: Must first try ONE generic gabapentin agent

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	2	ACA Affordable Care Act
nicotine (nicotine td patch 24hr 14 mg/24hr, nicotine td patch 24hr 21 mg/24hr)	1	C Not covered via pharmacy benefit - purchase over the counter ACA Affordable Care Act
nicotine polacrilex (nicotine polacrilex gum 2 mg, nicotine polacrilex gum 4 mg, nicotine polacrilex lozenge 4 mg)	1	ACA Affordable Care Act
nicotine polacrilex lozenge 2 mg	1	C Not covered via pharmacy benefit - purchase over the counter ACA Affordable Care Act
nicotine td patch 24hr 7 mg/24hr	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT 1 MG TAB	2	QL 30 / 30 day(s) PA S
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOMOTOR SYMPTOM AGENTS - SSRIS		
paroxetine mesylate (vasomotor)	1	C ALT: paroxetine tab
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
OFEV	3	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 120 MG TAB DR	3	C Alt: doxycycline capsules
DORYX MPC 60 MG TAB DR	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 POWDER	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 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
OXYTETRACYCLINE HCL	3	
tetracycline hcl	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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 112 MCG CAP, LEVOTHYROXINE SODIUM 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP)	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	
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	3	C ALT: Levothyroxine tablets
TIROSINT-SOL	3	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	2	ACA Affordable Care Act
BOOSTRIX	2	ACA Affordable Care Act
DAPTACEL	2	ACA Affordable Care Act
INFANRIX	2	ACA Affordable Care Act
KINRIX	2	ACA Affordable Care Act
PEDIARIX	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
famotidine tab 20 mg	1	C ALT: over the counter (OTC) famotidine
famotidine tab 40 mg	1	
NIZATIDINE	3	
nizatidine	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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 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)
esomeprazole magnesium (esomeprazole magnesium for delayed release susp pack 2.5 mg, esomeprazole magnesium for delayed release susp packet 5 mg)	1	QL 60 / 30 days
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 30 / 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)
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)
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
PEDVAX HIB	2	ACA Affordable Care Act
PENBRAYA	2	ACA Affordable Care Act
PENMENVY	2	AL1 10 to 25 yrs old ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
AFLURIA QUADRIVALENT	2	ACA Affordable Care Act
AREXVY	2	AL1 At least 50 yrs old ACA Affordable Care Act
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	2	AL1 At least 12 yrs old ACA Affordable Care Act
COMIRNATY 30 MCG/0.3ML SUSPENSION	2	AL1 At least 12 yrs old C ALT: 2023-2024 Monovalent Vaccine 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUAD	2	AL1 At least 65 yrs old ACA Affordable Care Act
FLUAD QUADRIVALENT	2	AL1 At least 65 yrs old ACA Affordable Care Act
FLUARIX	2	AL1 At least 0.5 yrs old ACA Affordable Care Act
FLUARIX QUADRIVALENT	2	ACA Affordable Care Act
FLUBLOK	2	AL1 At least 18 yrs old ACA Affordable Care Act
FLUBLOK QUADRIVALENT	2	AL1 At least 18 yrs old ACA Affordable Care Act
FLUCELVAX	2	AL1 At least 0.5 yrs old ACA Affordable Care Act
FLUCELVAX QUADRIVALENT	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
FLULAVAL QUADRIVALENT	2	ACA Affordable Care Act
FLUMIST	2	AL1 2 to 49 yrs old ACA Affordable Care Act
FLUMIST QUADRIVALENT	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
FLUZONE HIGH-DOSE QUADRIVALENT	2	AL1 At least 65 yrs old ACA Affordable Care Act
FLUZONE QUADRIVALENT	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GARDASIL 9	2	ACA Affordable Care Act
HAVRIX	2	ACA Affordable Care Act
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
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 50 MCG/0.5ML SUSP PRSYR	2	AL1 At least 12 yrs old ACA Affordable Care Act
SPIKEVAX 50 MCG/0.5ML SUSPENSION	2	AL1 At least 12 yrs old C ALT: 2023-2024 Monovalent Vaccine 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VCF VAGINAL CONTRACEPTIVE 28 % FILM	2	GL Female ACA Affordable Care Act
VCF VAGINAL CONTRACEPTIVE 4 % GEL	3	GL Female ACA Affordable Care Act
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
progesterone (vaginal)	1	QL 84 / 28 day(s) GL Female
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 ALT: midodrine, pyridostigmine tab, fludrocortisone tab S
droxidopa cap 100 mg	1	C ALT: midodrine, pyridostigmine 60 mg tab, pyridostigmine 180 mg er tab, fludrocortisone tab S
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMIN B-6		
PYRIDOXINE HCL POWDER	3	
VITAMIN C		
CALCIUM ASCORBATE	3	
SODIUM ASCORBATE	3	
VITAMIN D		
ERGOCALCIFEROL	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
VITAMIN K		
phytonadione tab 5 mg	1	

Index of covered drugs

1

1-METHYL 2-PYRROLIDONE . . . 150
1ST TIER UNIFINE PENTIPS . . . 305
1ST TIER UNIFINE PENTIPS PLUS . . . 305

2

2-DEOXY-D-GLUCOSE . . . 137
2-METHOXYESTRADIOL . . . 150
2SAN COVID-19 RAPID SELF TEST . . . 206

4

4-AMINOBUTYRIC ACID . . . 142
4-AMINOPYRIDINE . . . 141
4-METHYLPYRAZOLE . . . 142

5

5-FLUOROURACIL . . . 142
5-HYDROXY-L-TRYPTOPHAN . . . 124
5-METHYLTETRAHYDROFOLATE CALC . . . 150

7

7-KETO DHEA . . . 147

9

9-AMINOACRIDINE HCL . . . 127

A

A.A.G.C. KIT IN TERODERM . . . 186
abacavir sulfate . . . 110
abacavir sulfate-lamivudine . . . 107
abiraterone acetate . . . 75
ABRYSVO . . . 407
ABSORICA LD . . . 185
AC DERMAPEPTIDE . . . 159
ACACIA . . . 370
acamprosate calcium . . . 387
acarbose . . . 52
ACARBOSE . . . 126
ACCRUFER . . . 277
ACCU-CHEK FASTCLIX LANCET . . . 288
ACCU-CHEK FASTCLIX LANCETS . . . 288
ACCU-CHEK SAFE-T PRO LANCETS . . . 288
ACCU-CHEK SOFTCLIX LANCET DEV . . . 288
ACCU-CHEK SOFTCLIX LANCETS . . . 288
ACEBUTOLOL HCL . . . 113
acebutolol hcl . . . 113
ACEPROMAZINE MALEATE . . . 126
ACESULFAME POTASSIUM . . . 126
ACETAMINOPHEN . . . 126
acetaminophen w/ codeine . . . 19
ACETAMINOPHEN-CODEINE . . . 19
ACETARSONE . . . 126
ACETAZOLAMIDE . . . 126
acetazolamide . . . 249
ACETIC ACID . . . 123
acetic acid (otic) . . . 366
ACETIC ACID GLACIAL . . . 123
ACETONE . . . 175
ACETYL DIPEPTIDE-1 CETYL ESTER . . . 126
ACETYL HEXAPEPTIDE-8 . . . 126
ACETYL SALICYLIC ACID . . . 19
ACETYL-D-GLUCOSAMINE . . . 126
ACETYL-L-CARNITINE HCL . . . 126
ACETYLCHOLINE CHLORIDE . . . 126
ACETYLCYSTEINE . . . 183
acetylcysteine . . . 183
ACIDOPHILUS LACTOBACILLUS . . . 147
acitretin . . . 190
ACTHAR . . . 253
ACTHIB . . . 406
ACTI-LANCE 28G . . . 288
ACTI-LANCE LITE LANCETS 28G . . . 288
ACTI-LANCE SPECIAL LANCETS 17G . . . 288
ACTI-LANCE UNIVERSAL 23G . . . 288
ACTIMMUNE . . . 93
ACTIPHYTE OF ALGAE GL . . . 127
ACTIPHYTE OF CUCUMBER . . . 136
ACTIPHYTE OF IVY . . . 144
ACTIPHYTE OF LEMONGRASS . . . 169
ACTIPHYTE OF SEA KELP . . . 147
ACTIPHYTE OF SUGAR KELP . . . 147

ACULAR LS 363
acyclovir 112
ACYCLOVIR 126
acyclovir topical 192
ADACEL 402
ADALIMUMAB-AATY (1 PEN) 8
ADALIMUMAB-AATY (2 PEN) 8
ADALIMUMAB-AATY (2 SYRINGE) 8
ADALIMUMAB-AATY CD/UC/HS START 9
ADALIMUMAB-ADAZ 9
ADAPALENE 185
adapalene 185
adapalene-benzoyl peroxide 184
ADBRY 193
ADDYI 395
adefovir dipivoxil 111
ADEMETIONINE DISULF TOSYLATE 126
ADEMPAS 120
ADENOSINE 126
ADENOSINE-5-MONOPHOSPHATE 343
ADENOSINE-5-TRIPHOSPHATE 343
ADJUSTABLE LANCING DEVICE 288
ADLARITY 389
ADRENOCHROME SEMICARBAZONE 131
ADRENOCORTICOTROPHIC HORMONE 135
ADTHYZA 401
ADVAIR HFA 36
ADVANCED MOBILE LANCET 288
ADVANTAGE INFANT FORMULA/IRON 208
ADVANTAGE SAFETY LANCETS 28G 288
ADVATE 269
ADVERA 222
ADVIN COVID-19 ANTIGEN TEST 206
ADVOCATE INSULIN PEN NEEDLE 305
ADVOCATE INSULIN PEN NEEDLES 305
ADVOCATE INSULIN SYRINGE 305
ADVOCATE LANCETS 288
ADVOCATE LANCETS 30G 288
ADVOCATE LANCING DEVICE 288
ADVOCATE RAPID-SAFE LANCING 288
ADVOCATE SAFETY LANCETS 288
ADVOCATE SAFETY LANCETS 21G 288
ADVOCATE SAFETY LANCETS 23G 288
ADVOCATE SAFETY LANCETS 26G 288
ADVOCATE SAFETY LANCETS 28G 288
ADYNOVATE 270
AEMCOLO 31
AEROCHAMBER HOLDING CHAMBER 331
AEROCHAMBER MINI CHAMBER 331
AEROCHAMBER MV 331
AEROCHAMBER PLS FLOVU MTHPIECE 331
AEROCHAMBER PLUS FLO-VU INTERM 331
AEROCHAMBER PLUS FLO-VU LARGE 331
AEROCHAMBER PLUS FLO-VU MEDIUM 331
AEROCHAMBER PLUS FLO-VU SMALL 331
AEROCHAMBER Z-STAT PLUS 332
AEROCHAMBER Z-STAT PLUS CHAMBR 332
AEROCHAMBER Z-STAT PLUS/LARGE 332
AEROCHAMBER Z-STAT PLUS/MEDIUM 332
AEROCHAMBER Z-STAT PLUS/SMALL 332
AEROCHAMBER2GO ANTI-STATIC 332
AEROVENT PLUS 332
AFLURIA 407
AFLURIA PRESERVATIVE FREE 407
AFLURIA QUADRIVALENT 407
AFSTYLA 270
AGAMATRIX ULTRA-THIN LANCETS 288
AGAMREE 179
AGAR 126
AIMOVIG 334
AIMSCO LUBRICATED 285
AIMSCO TWIST LANCETS 32G 288
AIMSCO TWIST LANCETS 33G 288
AIRSUPRA 36
AJOVY 334
AKEEGA 84
AKLIEF 185
ALA SCALP 194
ALANINE 358
ALASKAN RED ALGAE 127
albendazole 31
ALBENDAZOLE 127

ALBUTEROL SULFATE 37
albuterol sulfate 37
ALCLOMETASONE DIPROPIONATE 194
alclometasone dipropionate 194
ALCOHOL ANHYDROUS 170
ALCOHOL, USP 175
ALDOSTERONE 127
ALECENSA 77
ALENDRONATE SODIUM 252
alendronate sodium 252
ALFALFA FLAVOR 371
ALFAMINO INFANT 208
alfuzosin hcl 267
ALGINIC ACID 127
ALINIA 32
aliskiren fumarate 72
ALKINDI SPRINKLE 179
ALKYL ACRYLATE CROSSPOLYMER 381
ALKYL BENZOATE C12-15 127
ALLANTOIN 124
ALLOPURINOL 127
allopurinol 269
ALLZITAL 18
ALMOND OIL (SWEET) 170
ALMOND OIL BITTER FLAVOR 371
almotriptan malate 335
ALOCRIL 361
ALOE VERA 127
ALOE VERA FREEZE DRIED 127
ALOE VERA LEAF 127
ALOMIDE 361
ALORA 261
alosetron hcl 263
ALPHA LIPOIC ACID 127
ALPHA-GPC 50% 143
ALPHA-KETOGLUTARIC ACID 127
ALPHA-LIPOIC ACID 127
ALPHA-TOCOPHEROL 167
ALPHANATE 270
ALPHANINE SD 270
alprazolam 35
ALPRAZOLAM 127
ALPRAZOLAM INTENSOL 35
ALPROLIX 270
ALPROSTADIL 124
ALSOY SOY FORMULA 208
ALTOPREV 66
ALTRENOGEST 127
ALTRIXA OB 348
ALTUVIIIO 270
ALUM AMMONIUM 171
ALUMINUM ACETATE BASIC 127
ALUMINUM AMMONIUM SULFATE 172
ALUMINUM CHLORIDE 204
ALUMINUM CHLORIDE ANHYDROUS 204
ALUMINUM CHLORIDE HEXAHYDRATE 204
ALUMINUM CHLOROHYDRATE 127
ALUMINUM HYDROXIDE DRIED GEL 124
ALUMINUM HYDROXIDE GEL 124
ALUMINUM POTASSIUM SULFATE 172
ALUMINUM SULFATE 172
ALUNBRIG 77
ALYFTREK 397
amantadine hcl 100
AMANTADINE HCL 127
AMARANTH 369
ambrisentan 120
AMCINONIDE 194
AMERICAN GINSENG 127
AMIKACIN SULFATE 8
amiloride hcl 251
AMILORIDE HCL 251
AMILORIDE-HYDROCHLOROTHIAZIDE 250
AMINOBENZOIC ACID 412
AMINOCAPROIC ACID 127
aminocaproic acid 279
AMINOLEVULINIC ACID HCL 127
AMINOPHYLLINE ANHYDROUS 39
AMINOPMRMS 222
AMINOPROPYL RACEMENTHYL PHOS 127
AMINOSALICYLIC ACID-4 74
AMINOSALICYLIC ACID-5 263

amiodarone hcl . . . 36
amitriptyline hcl . . . 52
AMITRIPTYLINE HCL . . . 127
AMLEXANOX . . . 127
AMLODIPINE BES+SYRSPEND SF . . . 115
amlodipine besylate . . . 115
AMLODIPINE BESYLATE . . . 127
amlodipine besylate-atorvastatin calcium . . . 118
amlodipine besylate-benazepril hcl . . . 69
amlodipine besylate-olmesartan medoxomil . . . 70
amlodipine besylate-valsartan . . . 70
amlodipine-valsartan-hydrochlorothiazide . . . 70
AMMONIUM BROMIDE . . . 172
AMMONIUM CARBONATE . . . 172
AMMONIUM CHLORIDE . . . 172
AMMONIUM HYDROXIDE . . . 125
AMMONIUM LACTATE . . . 170
AMMONIUM LAURYL SULFATE . . . 128
AMMONIUM MOLYBDATE TETRAHYD . . . 128
AMMONIUM PHOSPHATE DIBASIC . . . 172
AMMONIUM SULFATE . . . 172
AMOXICILL-CLARITHRO-LANSOPRAZ . . . 405
AMOXICILLIN . . . 367
amoxicillin . . . 367
amoxicillin & pot clavulanate . . . 368
AMOXICILLIN TRIHYDRATE . . . 367
AMOXICILLIN-POT CLAVULANATE . . . 368
amphetamine-dextroamphetamine . . . 2
AMPHOTERICIN B . . . 344
ampicillin . . . 367
AMZEEQ . . . 183
anagrelide hcl . . . 275
ANALPRAM HC . . . 30
ANALPRAM-HC . . . 30
anastrozole . . . 93
ANASTROZOLE . . . 128
ANDEMBRY . . . 274
ANDROSTENEDIONE . . . 128
ANGELIQ . . . 260
ANHYDROUS GEL BASE . . . 384
ANISE . . . 169
ANISE EXTRACT . . . 371
ANISE FLAVOR . . . 371
ANISINDIONE . . . 128
ANORO ELLIPTA . . . 36
ANTHRALIN . . . 189
ANTIMONY POTASSIUM TARTRATE . . . 128
ANTIMONY TRICHLORIDE . . . 128
ANTIMONY TRISULFIDE . . . 128
ANTIPYRINE . . . 128
ANTIVERT . . . 61
ANUCORT-HC . . . 31
ANUSOL-HC . . . 31
ANZEMET . . . 60
ANZUPGO . . . 193
APADAZ . . . 26
APAP-CAFF-DIHYDROCODEINE . . . 19
APEXICON E . . . 194
APOKYN . . . 101
APOMORPHINE HCL . . . 128
apomorphine hydrochloride . . . 101
APP SLIM RMS . . . 249
APPLE FLAVOR . . . 371
APPLE FLAVOR WATER MISCIBLE . . . 371
APRACLONIDINE HCL . . . 364
aprepitant . . . 61
APRETUDE . . . 108
APRICOT FLAVOR . . . 371
APTIVUS . . . 109
AQ INSULIN SYRINGE . . . 305
AQINJECT PEN NEEDLE . . . 305
AQNEURSA . . . 394
AQUALANCE LANCETS 30G . . . 288
ARAKODA . . . 73
ARANELLE . . . 178
ARANESP (ALBUMIN FREE) . . . 276
ARBLI . . . 71
ARBUTIN ALPHA . . . 128
ARCALYST . . . 12
AREXVY . . . 407
arformoterol tartrate . . . 37
ARGINAID EXTRA . . . 222

ARGININE HCL . . . 128
ARIKAYCE . . . 8
aripiprazole . . . 106
ARLACEL 165 . . . 143
ARLASILK PHOSPHOLIPID PLN . . . 370
armodafinil . . . 5
ARMOUR THYROID . . . 401
ARNICA . . . 128
ARNUITY ELLIPTA . . . 39
ARSENIC TRIOXIDE . . . 128
ASCORBIC ACID . . . 128
ASCORBIC ACID CASSAVE . . . 128
ASCORBYL PALMITATE . . . 128
asenapine maleate . . . 104
ASILNASALRMS . . . 222
ASMANEX (120 METERED DOSES) . . . 39
ASMANEX (30 METERED DOSES) . . . 39
ASMANEX (60 METERED DOSES) . . . 39
ASMANEX HFA . . . 39
ASPARAGINE MONOHYDRATE . . . 128
ASPARTAME (FOR COMPOUNDING) . . . 249
ASPARTAME (NUTRASWEET) . . . 249
ASPARTIC ACID . . . 172
ASPIRIN . . . 19
aspirin . . . 19
aspirin-dipyridamole . . . 274
ASPRUZYO SPRINKLE . . . 33
ASSURE COMFORT LANCETS 28G . . . 288
ASSURE ID DUO PRO PEN NEEDLES . . . 305
ASSURE ID PRO PEN NEEDLES . . . 305
ASSURE ID SAFETY PEN NEEDLES . . . 305
ASSURE LANCE LANCETS . . . 288
ASSURE LANCE LANCETS 21G . . . 289
ASSURE LANCE PLUS SAFETY 25G . . . 289
ASSURE LANCE PLUS SAFETY 30G . . . 289
ASSURE LANCE SAFETY LANCET 28G . . . 289
ASTAGRAF XL . . . 343
ASTRAGALUS ROOT . . . 370
ATABEX EC . . . 348
ATABEX OB . . . 348
atazanavir sulfate . . . 109
ATENOLOL . . . 113
atenolol . . . 113
atenolol & chlorthalidone . . . 72
ATENOLOL+SYRSPEND SF . . . 113
atomoxetine hcl . . . 2
ATORVALIQ . . . 67
atorvastatin calcium . . . 67
ATORVASTATIN CALCIUM . . . 128
atovaquone . . . 32
atovaquone-proguanil hcl . . . 73
ATROPINE SULFATE . . . 361,403
atropine sulfate (ophthalmic) . . . 361
ATROPINE SULFATE MONOHYDRATE . . . 403
ATROVENT HFA . . . 38
ATTAPULGITE . . . 128
ATTRUBY . . . 122
AUGMENTIN . . . 368
AUGTYRO . . . 90,91
AUM INSULIN SAFETY PEN NEEDLE . . . 305
AUM MINI INSULIN PEN NEEDLE . . . 305
AUM PEN NEEDLE . . . 305
AUM READYGARD DUO PEN NEEDLE . . . 305
AUM SAFETY PEN NEEDLE . . . 305
AURANOFIN . . . 12
AURORA LANCET SUPER THIN 30G . . . 289
AURORA LANCET THIN 23G . . . 289
AURORA PEN NEEDLES . . . 305
AURYXIA . . . 265
AUSTEDO . . . 390
AUSTEDO XR . . . 390
AUSTEDO XR PATIENT TITRATION . . . 390
AUTO-LANCET . . . 289
AUTO-LANCET MINI . . . 289
AUTOLET II CLINISAFE . . . 289
AUTOLET LANCING DEVICE . . . 289
AUTOLET LITE CLINISAFE . . . 289
AUTOLET LITE LANCING DEVICE . . . 289
AUTOLET LITE STARTER PACK . . . 289
AUTOLET MINI . . . 289
AUTOLET PLATFORMS . . . 289
AUTOLET PLUS . . . 289

AUVELITY 46
AUVELITY TITRATION PACK 46
AUVI-Q 412
avanafil 122
AVICEL PH 101 MICRO CELLULOSE 132
AVICEL PH 105 MICRO CELLULOSE 132
AVIPTADIL ACETATE 129
AVMAPKI FAKZYNJA CO-PACK 92
AVOCADO OIL 129
AVONEX PEN 392
AVONEX PREFILLED 392
AYVAKIT 90
AZATHIOPRINE 344
azathioprine 344
AZELAIC ACID 129
azelaic acid 204
AZELASTINE HCL 129
azelastine hcl 356
azelastine hcl (ophth) 361
AZELEX 185
AZENTRA 348
AZESCO 348
AZILSARTAN MEDOXOMIL 71
AZITHROMYCIN 129,283
azithromycin 283
AZITHROMYCIN DIHYDRATE 129
AZSTARYS 5

B

BABYS ONLY ORGANIC/DAIRY 208
BABYS ONLY ORGANIC/DHA & ARA 208
BABYS ONLY ORGANIC/SOY 208
BABYS ONLY ORGNIC/SENS DHA-ARA 209
BACITRA-NEOMYCIN-POLYMYXIN-HC 364
BACITRACIN 187,362
BACITRACIN MICRONIZED 129
BACITRACIN ZINC 187
bacitracin-poly-neomycin-hc 364
BACITRACIN-POLYMYXIN B 361
bacitracin-polymyxin b (ophth) 361
BACLOFEN 353
baclofen 353
BACLOFEN (BULK) 353
BACOCALMINE 381
BACON FLAVOR 371
BALANCED NUTRITIONAL DRINK 222
BALANCED NUTRITIONAL DRINK PLS 222
BALANCED NUTRITIONAL SHAKE PLS 222
balsalazide disodium 263
BALVERSA 83
BANANA CONCENTRATE 371
BANANA CREAM FLAVOR 371
BANANA CREME FLAVOR 372
BANANA FLAVOR 372
BAQSIMI ONE PACK 53
BAQSIMI TWO PACK 53
BARACLUDE 111
BARDIA BULB IRRIGATION SYRINGE 305
BARDIA PISTON IRRIGATION SYR 305
BASE A POLYETHYLENE GLYCOL 384
BASE C POLYETHYLENE GLYCOL 300 384
BASE D POLYETHYL GLYCOL 4600 384
BASE D POLYETHYLENE GLYCOL 384
BASE G ALMOND OIL (SWEET) 170
BASE GELATIN GUMMY TROCHE 380
BASE X 381
BASIC FUCHSIN HCL 129
BAXDELA 262
BAY OIL 169
BD ALLERGIST TRAY 305
BD ALLERGY SYRINGE 305
BD AUTOSHIELD DUO 305
BD BLUNT FILL NEEDLE 305
BD BLUNT FILL NEEDLE W/FILTER 305
BD CONTROL SYRING LUER-LOK 305
BD DISP NEEDLE 305
BD DISP NEEDLES 306
BD ECLIPSE LUER-LOK NEEDLE 306
BD ECLIPSE NEEDLE 306
BD ECLIPSE SHIELDED NEEDLE 306
BD ECLIPSE SYRINGE 306
BD ECLIPSE SYRINGE/NEEDLE 306

BD FILTER NEEDLE 306
BD HYPODERMIC NEEDLE 306
BD INSULIN SYR ULTRAFINE II 306
BD INSULIN SYRINGE 306
BD INSULIN SYRINGE HALF-UNIT 306
BD INSULIN SYRINGE MICROFINE 306
BD INSULIN SYRINGE U-500 306
BD INSULIN SYRINGE U/F 306
BD INSULIN SYRINGE U/F 1/2UNIT 306
BD INSULIN SYRINGE ULTRAFINE 307
BD INTEGRA NEEDLE 307
BD INTEGRA SYRINGE 307
BD LUER-LOCK SYRINGE 307
BD LUER-LOK SYRINGE 308
BD MICROTAINER LANCETS 289
BD NOKOR ADMIX NEEDLE 308
BD PEN NEEDLE MICRO ULTRAFINE 308
BD PEN NEEDLE MINI ULTRAFINE 308
BD PEN NEEDLE NANO 2ND GEN 308
BD PEN NEEDLE NANO ULTRAFINE 308
BD PEN NEEDLE ORIG ULTRAFINE 308
BD PEN NEEDLE SHORT ULTRAFINE 308
BD PLASTIPAK SYRINGE 308
BD PRECISIONGLIDE NEEDLE 308
BD SAFETYGLIDE ALLERGY SYRINGE 308
BD SAFETYGLIDE INSULIN SYRINGE 308
BD SAFETYGLIDE NEEDLE 309
BD SAFETYGLIDE SHIELDED NEEDLE 309
BD SAFETYGLIDE SYRINGE/NEEDLE 309
BD SYRINGE 309
BD SYRINGE BLUNT CANNULA 17G 309
BD SYRINGE DISPOSABLE 309
BD SYRINGE DUAL CANNULA 309
BD SYRINGE LUER SLIP TIP 309
BD SYRINGE LUER-LOK 309
BD SYRINGE SLIP TIP 309
BD SYRINGE/NEEDLE 309
BD TB SYRINGE 309
BD VEO INSULIN SYR U/F 1/2UNIT 309
BD VEO INSULIN SYR ULTRAFINE 309
BECLOMETHASONE DIPROPIONATE 129
BEEF (GRILLED) FLAVOR OIL SOL 372
BEEF BRAISED NATURAL FLAVOR 372
BEEF FLAVOR 372
BEEF TYPE FLAVOR NATURAL 372
BEEF TYPE FLAVOR OS 372
BEEF-ADE 372
BEES WAX 370
BEESWAX 370
BEESWAX (YELLOW) 370
BELBUCA 28
BELLADONNA 129
BELLADONNA EXTRACT 129
BELSOMRA 281
BENACTYZINE HCL 129
benazepril & hydrochlorothiazide 70
benazepril hcl 69
BENAZEPRIL HCL 129
BENECALORIE 222
BENEFIX 270
BENFOTIAMINE 129
BENLYSTA 341
BENTONITE 370
BENZALDEHYDE 372
BENZETHONIUM CHLORIDE 129
BENZHYDROCODONE-ACETAMINOPHEN 26
BENZNIDAZOLE 31
BENZOCAINE 129
BENZOIC ACID 188
BENZOIN GUM 129
BENZONATATE 182
benzonatate 182
BENZOQUINONE (PARA) 129
BENZOYL PEROXIDE 185
BENZOYL PEROXIDE HYDROUS 185
benzoyl peroxide-erythromycin 184
benztropine mesylate 100
BENZYL ALCOHOL 368
BENZYL BENZOATE 170
bepotastine besilate 361
BERGAMOT OIL 169
BERINERT 273

BESIFLOXACIN HCL . . . 362
BESIVANCE . . . 362
BESREMI . . . 93
BETA CAROTENE . . . 129
BETA CYCLODEXTRIN . . . 129
BETA GLUCAN . . . 129
BETAHISTINE DIHYDROCHLORIDE . . . 129
BETAHISTINE HCL . . . 129
betaine . . . 255
BETAINE ANHYDROUS . . . 129
BETAINE HCL . . . 129
BETAMETHASONE . . . 129
BETAMETHASONE ACETATE . . . 130
BETAMETHASONE DIPROPIONATE . . . 194
betamethasone dipropionate (topical) . . . 195
BETAMETHASONE DIPROPIONATE AUG . . . 195
betamethasone dipropionate augmented . . . 195
BETAMETHASONE SODIUM PHOSPHATE . . . 179
BETAMETHASONE VALERATE . . . 195
betamethasone valerate . . . 195
BETANAPHTHOL . . . 130
BETASERON . . . 392
betaxolol hcl . . . 113
BETAXOLOL HCL . . . 359
BETHANECHOL CHLORIDE . . . 130
bethanechol chloride . . . 406
BETIMOL . . . 360
BETOPTIC-S . . . 360
bexarotene . . . 98
bexarotene (topical) . . . 205
BEXSERO . . . 406
BHA . . . 130
BHRT BASE . . . 384
BHT . . . 172
bicalutamide . . . 75
BIKTARVY . . . 107
BIMATOPROST . . . 130
bimatoprost . . . 365
BIMZELX . . . 190
BINAXNOW COVID-19 AG HOME TEST . . . 206
BINAXNOW COVID-19 ANTIGEN SELF . . . 206
BINOSTO . . . 252
BIOFLAVONOID CITRUS . . . 134
BIORE HYDRATING MOISTURIZER . . . 125
BIOTIN . . . 130
BIOTIN-D . . . 130
BISABOLOL, ALPHA-L . . . 130
BISACODYL . . . 282
BISMUTH CITRATE . . . 130
BISMUTH SUBCARBONATE . . . 172
BISMUTH SUBGALLATE . . . 59
BISMUTH SUBNITRATE . . . 172
BISMUTH SUBSALICYLATE . . . 172
bisoprolol & hydrochlorothiazide . . . 72
bisoprolol fumarate . . . 113
BISOPROLOL FUMARATE . . . 113,130
BITTER DRUG . . . 381
BITTER ORANGE . . . 130
BITTER STOP FLAVOR . . . 372
BITTER-BLOC PURE . . . 372
BITTER-BLOC WS . . . 372
BITTER-BLOC WS CONCENTRATE . . . 372
BITTER-BLOC WS/OS LIQUID . . . 372
BITTERNESS MASK FLAVOR . . . 372
BITTERNESS REDUCING AGENT . . . 372
BITTERNESS SUPPRESSOR FLAVOR . . . 372
BLACKBERRY FLAVOR . . . 373
BLOOD ORANGE OS . . . 373
BLOOD PRESSURE KIT . . . 284
BLOOD PRESSURE MONITOR . . . 284
BLOOD PRESSURE MONITOR AUTOMAT . . . 284
BLOOD PRESSURE MONITOR/ARM . . . 284
BLOOD PRESSURE MONITOR/PRM ARM . . . 284
BLOOD PRESSURE MONITOR/WRIST . . . 284
BLOOD PRESSURE UNIT . . . 284
BLUE AGAVE ORGANIC . . . 126
BLUEBERRY FLAVOR . . . 373
BLUJEPA . . . 33
BONJESTA . . . 61
BOOST . . . 222
BOOST BREEZE . . . 222
BOOST BREEZE 2-FLAVOR PACK . . . 222

BOOST GLUCOSE CONTROL 222
BOOST GLUCOSE CTRL MAX PROTEIN 222
BOOST HIGH PROTEIN 223
BOOST KID ESSENTIALS 1.0 CAL 223
BOOST KID ESSENTIALS 1.5 CAL 223
BOOST KID ESSENTIALS 1.5/FIBER 223
BOOST MAX PROTEIN 223
BOOST ORIGINAL 223
BOOST PLUS 223
BOOST VERY HIGH CALORIE 223
BOOST VHC 223
BOOST WOMEN 223
BOOSTRIX 402
BORIC ACID 172
BORIC ACID NF 172
BORIC ACID TOPICAL 172
BORON AMORPHOUS FINE 130
BORON CITRATE 130
bosentan 121
BOSULIF 79
BOSWELLIA SERRATA EXTRACT 130
BRAFTOVI 80
BREATHE COMFORT CHAMBER/ADULT 332
BREATHE COMFORT CHAMBER/CHILD 332
BREATHE EASE LARGE 332
BREATHE EASE MEDIUM 332
BREATHE EASE SMALL 332
BREATHERITE VALVED MDI CHAMBER 332
BREKIYA 334
BREO ELLIPTA 36
BREXAFEMME 62
BREZTRI AEROSPHERE 36
BRIGHT BEGINNINGS PEDIATRIC 223
BRIJ 30 156
BRIJ 35 156
BRIJ 700 156
BRIJ 93 156
BRIJ C20 156
BRIJ S20 156
BRILLIANT BLUE G 369
BRILLIANT GREEN 130
BRIMONIDINE TARTRATE 130
brimonidine tartrate 364
brimonidine tartrate (topical) 204
brimonidine tartrate-timolol maleate 360
BRINSUPRI 398
brinzolamide 362
brivaracetam 42
BRIVIACT 42
BROMELAIN 342
BROMFENAC SODIUM 130
bromfenac sodium (ophth) 363
BROMHEXINE HCL 182
BROMOCRIPTINE MESYLATE 100
bromocriptine mesylate 100
BROMPHENIRAMINE MALEATE 63
BRONCHITOL 398
BRONCHITOL TOLERANCE TEST 398
BRUKINSA 81
BRYHALI 195
BUBBLE GUM CONCENTRATE 373
BUBBLE GUM FLAVOR 373
BUBBLE GUM OS 373
BUBBLE GUM WS 373
BUCAPSOL 34
BUDESONIDE 130
budesonide 179
budesonide (inhalation) 39
budesonide (intrarectal) 30
budesonide-formoterol fumarate dihydrate 36
BUFLOMEDIL HCL 130
bumetanide 250
BUPIVACAINE HCL 283
BUPIVACAINE HCL (BULK) 283
buprenorphine hcl 28
BUPRENORPHINE HCL 130
buprenorphine hcl-naloxone hcl dihydrate 28
bupropion hcl 46
BUPROPION HCL 130
bupropion hcl (smoking deterrent) 395
buspirone hcl 34
BUSPIRONE HCL 130

BUTALBITAL 130
butalbital-acetaminophen 18
butalbital-acetaminophen-caffeine 18
butalbital-acetaminophen-caffeine w/ codeine 19
BUTALBITAL-APAP-CAFFEINE 18
butalbital-aspirin-caffeine 19
butalbital-aspirin-caffeine w/cod 19
butorphanol tartrate 28
BUTORPHANOL TARTRATE 130
BUTTER FLAVOR 373
BUTTER RUM FLAVOR 373
BUTTERSCOTCH FLAVOR 373
BUTYL ALCOHOL 130
BUTYLATED HYDROXYANISOLE 131
BUTYLATED HYDROXYTOLUENE 172
BUTYLENE GLYCOL 131
BUTYLPARABEN 368
BYDUREON BCISE 56
BYLVAY 263
BYLVAY (PELLETS) 263

C

C-NATE DHA 348
CA PHOSPHATE DIBASIC DIHYD 338
cabergoline 253
CABLIVI 269
CABOMETYX 87
CABTREO 184
CAFERGOT 334
CAFFEINE 3
CAFFEINE ANHYDROUS 3
caffeine citrate 3
CAFFEINE CITRATED 3
CALAMINE 192
CALCILO XD 209
CALCIPOTRIENE 131,189
calcipotriene 189
CALCIPOTRIENE MONOHYDRATE 131
CALCIPOTRIOL 131
calcitonin (salmon) 253
CALCITRIOL 131,189
calcitriol 255
CALCITRIOL IN ALMOND OIL 131
CALCIUM ACETATE 131
calcium acetate (phosphate binder) 265
CALCIUM ALGINATE 131
CALCIUM AMINO ACID CHELATE 131
CALCIUM ASCORBATE 413
CALCIUM CARBONATE 338
CALCIUM CARBONATE EXTRA LIGHT 338
CALCIUM CARBONATE LIGHT 338
CALCIUM CHLORIDE ANHYDROUS 131,339
CALCIUM CHLORIDE DIHYDRATE 339
CALCIUM CITRATE 131
CALCIUM CITRATE TETRAHYDRATE 131
CALCIUM FOLINATE 148
CALCIUM FRUCTOBORATE 131
CALCIUM GLUBIONATE 131
CALCIUM GLUCONATE 339
CALCIUM GLUCONATE ANHYDROUS 339
CALCIUM GLUCONATE MONOHYDRATE 339
CALCIUM GLYCEROPHOSPHATE 131
CALCIUM HYDROXIDE 172
CALCIUM HYDROXYAPATITE 139
CALCIUM LACTATE PENTAHYDRATE 339
CALCIUM LEVULINATE DIHYDRATE 131
CALCIUM OXIDE 131
CALCIUM PANTOTHENATE 412
CALCIUM PHOSPHATE DIBASIC 339
CALCIUM PHOSPHATE TRIBASIC 339
CALCIUM PROPIONATE 131
CALCIUM PYRUVATE 131
CALCIUM SACCHARATE 131
CALCIUM SACCHARIN 160
CALCIUM SILICATE 131
CALCIUM STEARATE 131
CALCIUM SULFATE 172
CALCIUM SULFATE HEMIHYDRATE 172
CALCIUM THIOGLYCOLATE 131
CALQUENCE 81
CAMINO PRO COMPLETE/GLYTACTIN 223
CAMPHOR 189

CAMPHOR BLOCKS . . . 370
CAMPHOR SPIRIT . . . 170
CAMPHOR SPIRIT (BULK) . . . 170
CAMZYOS . . . 118
CANADIAN BALSAM . . . 131
candesartan cilexetil . . . 71
candesartan cilexetil-hydrochlorothiazide . . . 70
CANNABIDIOL . . . 131
CANTHARIDIN . . . 203
capecitabine . . . 76
CAPLYTA . . . 102,103
CAPRELSA . . . 87
CAPRYLIC ACID . . . 131
CAPRYLIC CAPRIC TRIGLYCERIDE . . . 131
CAPSAICIN . . . 203
CAPSAICIN PALMITATE . . . 132
CAPSICUM OLEORESIN . . . 124
CAPSORAL W/DYNAMIC STATIC GRD . . . 381
CAPSUBLEND-H . . . 381
CAPSUBLEND-P . . . 381
CAPSUBLEND-S . . . 381
captopril . . . 69
CAPTOPRIL . . . 132
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . 70
CAPVAXIVE . . . 406
CARAC . . . 189
CARAMEL FLAVOR . . . 373
CARAMEL OS . . . 373
CARBACHOL . . . 132
CARBAMAZEPINE . . . 42
carbamazepine . . . 42
CARBAMIDE PEROXIDE . . . 132
CARBATROL . . . 42
CARBAZOCHROME . . . 132
carbidopa . . . 101
CARBIDOPA . . . 124
CARBIDOPA ANHYDROUS . . . 124
carbidopa-levodopa . . . 101
carbidopa-levodopa-entacapone . . . 101
CARBIMAZOLE . . . 132
CARBINOXAMINE MALEATE . . . 63
carbinoxamine maleate . . . 63
CARBINOXAMINE MALEATE ER . . . 63
CARBOMER 934P . . . 132
CARBOMER 934P RESIN . . . 132
CARBOMER 940 . . . 132
CARBOMER 940 NF . . . 132
CARBOMER 941 . . . 132
CARBOMER 980 NF . . . 132
CARBOMER HOMOPOLYMER TYPE C . . . 132
carbonyl iron . . . 277
CARBOPOL 940 NF . . . 132
CARBOXYMETHYLCELLULOSE SODIUM . . . 172
CARBZAH . . . 63
CARDAMOM . . . 132
CARDIOCOM LANCING DEVICE . . . 289
CARDURA XL . . . 267
CAREFINE PEN NEEDLES . . . 309
CAREONE ADVANCED LANCING DEV . . . 289
CAREONE INSULIN SYRINGE . . . 309
CAREONE LANCET SUPER THIN 30G . . . 289
CAREONE LANCET THIN 23G . . . 289
CAREONE UNIFINE PENTIPS PLUS . . . 310
CAREPOINT POLY HUB NEEDLE . . . 310
CAREPOINT PRECISION POLY HUB . . . 310
CAREPOINT SAFETY 1ST NEEDLE . . . 310
CAREPOINT SAFETY1ST SYR/NEEDLE . . . 310
CAREPOINT SYRINGE CATHETER TIP . . . 310
CAREPOINT SYRINGE LUER LOCK . . . 311
CAREPOINT SYRINGE LUER SLIP . . . 311
CAREPOINT TUBERCLN SYR/LUER SL . . . 311
CARESENS LANCETS . . . 289
CARESENS LANCETS 30G . . . 289
CARESTART COVID-19 HOME TEST . . . 207
CARETOUCH CATHETER TIP SYRINGE . . . 311
CARETOUCH HYPODERMIC NEEDLE . . . 311
CARETOUCH INSULIN SYRINGE . . . 311
CARETOUCH LANCING/EJECTOR . . . 289
CARETOUCH LUER LOCK . . . 311
CARETOUCH LUER LOCK SYR/NEEDLE . . . 311
CARETOUCH LUER SLIP . . . 311
CARETOUCH PEN NEEDLES . . . 311

CARETOUCH SAFETY LANCETS 289
CARETOUCH SAFETY LANCETS 26G 289
CARETOUCH TWIST LANCETS 28G 289
CARETOUCH TWIST LANCETS 30G 289
CARETOUCH TWIST LANCETS 33G 289
CARETOUCH TWIST MC LANCETS 30G 289
carglumic acid 255
CARISOPRODOL 353
CARMINE 132
CARNATION BREAKFAST ESSENTIALS 223
CARNAUBA WAX 132
CARNITINE (L) 148
CARNOSINE L 132
CARRAGEENAN 381
CARTEOLOL HCL 360
carvedilol 113
carvedilol phosphate 113
CASTOR OIL 170
CASTOR OIL SULFATED 132
CATNIP 172
CAVERJECT 119
CAVERJECT IMPULSE 119
CAYA 287
CAYSTON 33
CEDAR LEAF OIL 169
CEDARWOOD OIL 169
CEFACLOR 123
CEFACLOR ER 123
CEFADROXIL 123
cefadroxil 123
cefdinir 123
CEFIXIME 123
CEFPODOXIME PROXETIL 123
cefpodoxime proxetil 123
cefprozil 123
CEFTAZIDIME 133
CEFTAZIDIME WITH SOD CARBONATE 133
CEFTRIAXONE SODIUM 133
cefuroxime axetil 123
celecoxib 12
CELECOXIB 133
CELLCEPT 343
CELLULASE 133
CELLULOSE 133
CELLULOSE CARMELLOSE SODIUM 133
cephalexin 123
CERAPHYL SLK 146
CERDELGA 275
CERESIN WAX 133
CERVIDIL 366
CESIUM CHLORIDE 133
CETEARYL ALCOHOL-CETEARETH 20 133
cetirizine hcl 64
CETOSTEARYL ALCOHOL 133
CETYL ALCOHOL 370
CETYL ESTERS WAX 163
CETYL MYRISTOLEATE 133
CETYLCIDE-G 106
CETYLPYRIDINIUM CHLORIDE 133
cevimeline hcl 347
CFPREOP 224
CHARCOAL 60
CHARCOAL ACTIVATED 60
CHEESE-ADE FLAVOR 373
CHEESECAKE FLAVOR 373
CHEMET 60
CHEMSIL K-12 384
CHEMSIL K-51 384
CHEMSTRIP K 206
CHENODAL 262
CHERRY FLAVOR 373
CHERRY-ADE FLAVOR 374
CHEW-HESIVE 384
CHICKEN (GRILLED) FLAVOR 374
CHICKEN BROTH FLAVOR 374
CHICKEN CONC FLAVOR 374
CHICKEN FLAVOR 374
CHICKEN FLAVOR OIL MISCIBLE 374
CHICKEN FLAVOR OIL SOLUBLE 374
CHICKEN FLAVOR WATER MISCIBLE 374
CHICKEN PROTEIN 133
CHICKEN ROASTED CONCENTRATE 374

CHLORAL HYDRATE 280
CHLORAMBUCIL 133
CHLORAMPHENICOL 133
CHLORAMPHENICOL (BULK) 133
CHLORAMPHENICOL PALMITATE 133
chlordiazepoxide hcl 35
CHLORDIAZEPOXIDE-AMITRIPTYLINE 388
CHLORHEXIDINE DIACETATE 133
CHLORHEXIDINE GLUCONATE 170
chlorhexidine gluconate (mouth-throat) 345
CHLOROACETIC ACID 194
CHLOROBUTANOL 368
CHLOROBUTANOL ANHYDROUS 368
CHLOROBUTANOL HEMIHYDRATE 368
CHLOROFORM 175
CHLOROPHYLLIN SODIUM COPPER 133
chloroquine phosphate 73
CHLOROQUINE PHOSPHATE 73
CHLOROTHIAZIDE 133
CHLOROXINE 133
CHLOROXYLENOL 133
CHLORPHENIRAMINE MALEATE 63
chlorpromazine hcl 105
CHLORPROMAZINE HCL 133
chlorthalidone 251
chlorzoxazone 353
CHOCOLATE CONCENTRATE 374
CHOCOLATE FLAVOR 374
CHOCOLATE HAZELNUT FLAVOR 374
CHOCOLATE NATURAL & ARTIFICIAL 374
CHOLBAM 262
CHOLECALCIFEROL 133
CHOLESTEROL 134
cholestyramine 65
CHOLESTYRAMINE 134
cholestyramine light 65
CHOLINE BITARTRATE 359
CHOLINE CHLORIDE 134
choline fenofibrate 65
CHOLINE MAG TRISALICYLATE 134
CHONDROITIN SULFATE SODIUM 134
CHORIONIC GONADOTROPIN 134
CHOSEN LANCETS 30G 290
CHOSEN LANCING DEVICE 290
CHOSEN SAFETY LANCETS 28G 290
CHROMIC CHLORIDE 134
CHROMIUM CHLORIDE 134
CHROMIUM K SULFATE DODECAHYD 134
CHROMIUM PICOLINATE 134
CHROMIUM POLYNICOTINATE 134
CHRYSIN 134
CHYMOTRYPSIN (ALPHA) 342
CIBINQO 193
CICLOPIROX 134
ciclopirox 188
CICLOPIROX OLAMINE 188
ciclopirox olamine 188
CIDOFOVIR 134
cilostazol 274
CIMDUO 107
CIMETIDINE 403
cimetidine 403
cimetidine hcl 403
CIMZIA (1 SYRINGE) 266
CIMZIA (2 SYRINGE) 266
CIMZIA-STARTER 266
cinacalcet hcl 252
CINNAMON BARK 134
CINNAMON FLAVOR 374
CINNAMON OIL 169
CIPRO 262
CIPRO HC 366
CIPROFLOXACIN 134
CIPROFLOXACIN HCL 134
ciprofloxacin hcl 262
ciprofloxacin hcl (ophth) 362
ciprofloxacin hcl (otic) 366
ciprofloxacin-dexamethasone 366
CIPROFLOXACIN-FLUOCINOLONE PF 366
ciprofloxacin-hydrocortisone 366
CISAPRIDE 134
CISPLATIN 134

CITALOPRAM HYDROBROMIDE 47
citalopram hydrobromide 47
CITICOLINE 134
CITRANATAL 90 DHA 351
CITRANATAL ASSURE 351
CITRANATAL B-CALM 348
CITRANATAL HARMONY 351
CITRANATAL MEDLEY 351
CITRIC ACID 172
CITRIC ACID ANHYDROUS 172
CITRIC ACID MONOHYDRATE 172
CITRONELLA OIL 169
CITRULLINE 134
CITRUS BIOFLAVONOIDS 134
cladribine (multiple sclerosis) 391,392
CLARINEX-D 12 HOUR 182
CLARITHROMYCIN 135,283
clarithromycin 283
CLEANLET LANCETS 28G 290
CLEARDETECT COVID-19 AG HOME 207
clemastine fumarate 63
CLEMASTINE FUMARATE 63,64
CLEMASZ 64
CLEMIZOLE HCL 135
CLEMSZA 64
CLEVER CHEK LANCETS 290
CLEVER CHOICE COMFORT EZ 290,311
CLEVER CHOICE HOLDING CHAMBER 332
CLEVER CHOICE LANCETS 21G 290
CLEVER CHOICE LANCETS 23G 290
CLEVER CHOICE LANCETS 28G 290
CLICKFINE PEN NEEDLES 311
CLIDINIUM BROMIDE 135
CLIMARA PRO 260
clindamycin hcl 32
CLINDAMYCIN HCL 135
CLINDAMYCIN HCL MONOHYDRATE 135
clindamycin palmitate hydrochloride 32
CLINDAMYCIN PHOSPHATE 135
clindamycin phosphate (topical) 183
clindamycin phosphate vaginal 411
clindamycin phosphate-benzoyl peroxide 184
clindamycin phosphate-benzoyl peroxide (refrigerate) 184
clindamycin phosphate-tretinoin 184
CLINDESSE 411
CLINITEST RAPID COVID-19 TEST 207
CLINOIN 185
CLINPRO 5000 345
CLIOQUINOL 188
clobazam 41
CLOBETASOL 17 PROPIONATE 195
CLOBETASOL PROPIONATE 195
clobetasol propionate 195,196
clobetasol propionate emollient base 195
clobetasol propionate emulsion 195
clocortolone pivalate 196
CLOCORTOLONE PIVALATE 196
CLOFAZIMINE 135
clomiphene citrate 258
CLOMIPHENE CITRATE 258
clomipramine hcl 52
CLOMIPRAMINE HCL 135
clonazepam 41
CLONAZEPAM 135
clonidine 71
CLONIDINE ER 71
clonidine hcl 72
CLONIDINE HCL 72
clonidine hcl (adhd) 2
CLONIDINE HCL (BULK) 18
CLOPIDOGREL BISULFATE 135
clopidogrel bisulfate 275
clorazepate dipotassium 35
CLORPACTIN 106
CLORSULON 135
CLOTRIMAZOLE 201
clotrimazole 344
clotrimazole (topical) 201
clotrimazole w/ betamethasone 188
CLOTRIMAZOLE-BETAMETHASONE 188
CLOVAGEL 384

CLOVE OIL . . . 169
clozapine . . . 104,105
CO-NATAL FA . . . 348
COAGADEX . . . 270
COAGUCHEK LANCETS . . . 290
COAL TAR . . . 171
COAL TAR EXTRACT . . . 171
COARTEM . . . 73
COBALT GLUCONATE . . . 135
COBAMAMIDE . . . 135
COCAINE HCL . . . 203
COCAMIDE DEA . . . 135
COCOA BUTTER . . . 381
COCONUT FLAVOR . . . 374
COCONUT OIL . . . 170
CODEINE PHOSPHATE . . . 20
codeine sulfate . . . 21
CODEINE SULFATE . . . 21
COENZYME Q10 . . . 124
COFFEE FLAVOR . . . 374
COLA FLAVOR . . . 374
COLCHICINE . . . 269
colchicine . . . 269
colchicine w/ probenecid . . . 269
colesevelam hcl . . . 65
colestipol hcl . . . 65
COLHIBIN . . . 135
COLISTIMETHATE SODIUM . . . 135
COLLAGEN HYDROLYSATE . . . 135
COLLAGENASE . . . 201
COLLASIL OSA . . . 381
COLLODION . . . 371
COMBIPATCH . . . 260
COMBIVENT RESPIMAT . . . 36
COMETRIQ (100 MG DAILY DOSE) . . . 88
COMETRIQ (140 MG DAILY DOSE) . . . 88
COMETRIQ (60 MG DAILY DOSE) . . . 88
COMFORT ASSIST INSULIN SYRINGE . . . 311
COMFORT ASSURED LANCETS 28G . . . 290
COMFORT ASSURED LANCETS 33G . . . 290
COMFORT EZ INSULIN SYRINGE . . . 312
COMFORT EZ MICRO PEN NEEDLES . . . 312
COMFORT EZ PEN NEEDLES . . . 312
COMFORT EZ PRO PEN NEEDLES . . . 312
COMFORT EZ SHORT PEN NEEDLES . . . 312
COMFORT TOUCH INSULIN PEN NEED . . . 312
COMFORT TOUCH LANCETS 31G . . . 290
COMFORT TOUCH PLUS LANCETS 28G . . . 290
COMFORT TOUCH PLUS LANCETS 30G . . . 290
COMFORT TOUCH TWIST LANCET 30G . . . 290
COMIRNATY . . . 407
COMIRNATY 5-11 YEARS . . . 407
COMPACT SPACE CHAMBER . . . 332
COMPACT SPACE CHAMBER/LG MASK . . . 332
COMPACT SPACE CHAMBER/MED MASK . . . 332
COMPACT SPACE CHAMBER/SM MASK . . . 332
COMPLEAT . . . 224
COMPLEAT ORG BLEND 1.2-CHICKEN . . . 224
COMPLEAT ORG BLEND 1.2-PLANT . . . 224
COMPLEAT ORGANIC BLENDS . . . 224
COMPLEAT PED ORGBLEND 1.2-CHIC . . . 224
COMPLEAT PED ORGBLEND 1.2-PLNT . . . 224
COMPLEAT PEDI PEPTIDE 1.5 . . . 224
COMPLEAT PEDI STANDARD 1.0 . . . 224
COMPLEAT PEDI STANDARD 1.4 . . . 224
COMPLEAT PEDIATRIC . . . 224
COMPLEAT PEDIATRIC ORG BLENDS . . . 224
COMPLEAT PEPTIDE 1.5 . . . 225
COMPLEAT STANDARD 1.4 . . . 225
COMPLETE NATAL DHA . . . 351
COMPLETENATE . . . 348
CONCEPT DHA . . . 348
CONCEPT OB . . . 348
CONDOMS . . . 285
CONJUPRI . . . 115
CONTOUR CONTROL . . . 290
CONTOUR NEXT CONTROL . . . 290
CONTOUR NEXT TEST . . . 206
CONTOUR PLUS CONTROL SOLUTION . . . 290
CONTOUR PLUS TEST . . . 206
CONTOUR TEST . . . 206
CONZIP . . . 21

COPASIL . . . 160
COPIKTRA . . . 96
COPPER GLUCONATE . . . 135
COPPER GLYCINATE . . . 136
COPPER SULFATE . . . 340
CORAL CALCIUM . . . 135
CORDRAN . . . 196
CORIFACT . . . 270
CORLANOR . . . 122
CORN OIL . . . 135
CORN STARCH . . . 172
CORPHENA . . . 63
CORTIFOAM . . . 30
CORTISONE ACETATE . . . 179
CORTISPORIN-TC . . . 366
CORVITA . . . 347
CORVITA 150 . . . 278
COSENTYX . . . 190
COSENTYX (300 MG DOSE) . . . 190
COSENTYX SENSOREADY (300 MG) . . . 190
COSENTYX SENSOREADY PEN . . . 190
COSENTYX UNOREADY . . . 190
COSMOCIL CQ . . . 156
COTELLIC . . . 85
COTTON CANDY FLAVOR . . . 374
COTTONSEED OIL . . . 170
COUMARIN . . . 135
COVID-19 AT HOME ANTIGEN TEST . . . 207
COVID-19 AT-HOME TEST . . . 207
COVID-19 OTC ANTIGEN 1-PACK . . . 207
COVID-19 OTC ANTIGEN 2-PACK . . . 207
COXANTO . . . 12
CRAN-RASPBERRY FLAVOR . . . 375
CRANBERRY . . . 135
CREATINE . . . 135
CREATINE MONOHYDRATE . . . 135
CREATININE . . . 135
CREME DE MENTHE FLAVOR . . . 375
CREME DEMENTHE FLAVOR . . . 375
CREME OS . . . 375
CRENESSITY . . . 253
CREON . . . 249
CRESEMBA . . . 62
CRESOL . . . 136
cromolyn sodium . . . 37
CROMOLYN SODIUM . . . 37,361
cromolyn sodium (mastocytosis) . . . 263
CRONO SYRINGE . . . 312
CROSCARMELLOSE SODIUM . . . 136
CROTAMITON . . . 136
CROTAN . . . 205
CROTON OIL . . . 136
CRYOSERV . . . 170
CTEXLI . . . 262
CUCUMBER MELON . . . 125
CUPRIC CHLORIDE DIHYDRATE . . . 136
CUPRIC SULFATE . . . 340
CUPUACU BUTTER . . . 136
CURCUMIN . . . 166
CURCUMIN EXTRACT . . . 166
CUSTOM POLYGLYCOL TROCHE BASE . . . 380
CUVRIOR . . . 341
CVS ADVANTAGE/IRON . . . 209
CVS ALCOHOL . . . 175
CVS COVID-19 AT HOME TEST KIT . . . 207
CVS EPSOM SALT . . . 282
CVS GENTLE INFANT FORMULA/IRON . . . 209
CVS INFANT FORMULA/IRON . . . 209
CVS ISOPROPYL ALCOHOL . . . 175
CVS LANCETS 21G . . . 290
CVS LANCETS MICRO THIN 33G . . . 290
CVS LANCETS ORIGINAL . . . 290
CVS LANCETS THIN 26G . . . 290
CVS LANCETS ULTRA THIN 30G . . . 290
CVS LANCETS ULTRA-THIN 30G . . . 290
CVS LANCING DEVICE . . . 290
CVS NUTRITION LIQUID . . . 225
CVS NUTRITION PLUS . . . 225
CVS NUTRITION PLUS CHOCOLATE . . . 225
CVS NUTRITION PLUS VANILLA . . . 225
CVS NUTRITIONAL SHAKE . . . 225
CVS SENSITIVITY/IRON . . . 209

CVS TENDER/IRON . . . 209
CVS TODDLER & INFANT/IRON . . . 209
CVS ULTRA THIN LANCETS . . . 290
CYANOCOBALAMIN . . . 136
cyanocobalamin . . . 276
CYCLANDELATE . . . 136
CYCLOBENZAPRINE HCL . . . 136
cyclobenzaprine hcl . . . 353
CYCLOGYL . . . 361
CYCLOMETHICONE . . . 136
CYCLOMYDRIL . . . 360
CYCLOPENTASILOX-PEG/PPG DIMETH . . . 136
CYCLOPENTOLATE HCL . . . 136
cyclopentolate hcl . . . 361
CYCLOPHOSPHAMIDE . . . 96,136
cyclophosphamide . . . 96
CYCLOSERINE . . . 74,136
CYCLOSET . . . 54
CYCLOSPORINE . . . 136
cyclosporine . . . 342
cyclosporine (ophth) . . . 363
CYCLOSPORINE A . . . 136
cyclosporine modified (for microemulsion) . . . 342
cyproheptadine hcl . . . 64
CYPROHEPTADINE HCL . . . 136
CYSTADROPS . . . 365
CYSTAGON . . . 268
CYSTARAN . . . 365
CYSTEAMINE HCL . . . 136

D

D-MANNOSE . . . 139
D-RIBOSE . . . 139
dabigatran etexilate mesylate . . . 41
DALFAMPRIDINE . . . 141
dalfampridine . . . 393
danazol . . . 28
DANAZOL . . . 28
DANTROLENE SODIUM . . . 136
dantrolene sodium . . . 354
dapagliflozin . . . 58
dapagliflozin free base-metformin hcl . . . 58
DAPIPRAZOLE HCL . . . 136
dapsone . . . 32
DAPSONE . . . 136
dapsone (topical) . . . 183
DAPTACEL . . . 402
darunavir . . . 109
dasatinib . . . 79
DAURISMO . . . 84
DAWNZERA . . . 275
DAYBUE . . . 357
DAYBUE STIX . . . 357
deferasirox . . . 60
deferiprone . . . 60
deflazacort . . . 179,180
DEHYDRATED ALCOHOL . . . 371
DEHYDROCHOLIC ACID . . . 137
DEHYDROEPIANDROSTERONE . . . 172
DEHYDROEPIANDROSTERONE MICRO . . . 172
DELSTRIGO . . . 107
DEMECARIUM BROMIDE . . . 137
demeclocycline hcl . . . 399
DENATONIUM BENZOATE . . . 137
DENTA 5000 PLUS . . . 345
DENTA 5000 PLUS SENSITIVE . . . 345
DENTAGEL . . . 345
DEOXYCHOLIC ACID . . . 137
DEOXYCHOLIC ACID SODIUM . . . 161
DEPO-ESTRADIOL . . . 261
DEPO-SUBQ PROVERA 104 . . . 178
DERMACINRX PRETRATE . . . 348
DERMASHIELD HYDROGEL . . . 384
DESCOVY . . . 107
DESICCATED BEEF LIVER . . . 137
DESIPRAMINE HCL . . . 52
desipramine hcl . . . 52
desloratadine . . . 64
DESLORATADINE . . . 64
DESMOPRESSIN ACETATE . . . 137
desmopressin acetate . . . 260
DESMOPRESSIN ACETATE SPRAY . . . 260

desmopressin acetate spray 260
desmopressin acetate spray refrigerated 260
desogestrel & ethinyl estradiol 175
desogestrel-ethinyl estradiol (biphasic) 175
DESONIDE 196
desonide 196,197
DESOXIMETASONE 137,197
desoximetasone 197
DESOXYCORTICOSTERONE ACETATE 137
DESVENLAFAXINE ER 50
desvenlafaxine succinate 50
DEVILS CLAW 137
DEXABLISS 180
DEXAMETHASONE 137,180
dexamethasone 180
DEXAMETHASONE ACETATE 137
DEXAMETHASONE BASE 137
DEXAMETHASONE INTENSOL 180
DEXAMETHASONE ISONICOTINATE 137
DEXAMETHASONE SODIUM PHOSPHATE . . 137,365
DEXCHLORPHENIRAMINE MALEATE 137
DEXCOM G6 RECEIVER 290
DEXCOM G6 SENSOR 291
DEXCOM G6 TRANSMITTER 291
DEXCOM G7 15 DAY SENSOR 291
DEXCOM G7 RECEIVER 291
DEXCOM G7 SENSOR 291
DEXLYT 180
dexmethylphenidate hcl 5
DEXPANTHENOL 137
DEXTRAN 40000 137
DEXTRAN 75000 137
dextroamphetamine sulfate 3
DEXTROMETHORPHAN 137
DEXTROMETHORPHAN HBR 182
DEXTROMETHORPHAN HBR MONOHYD 182
DEXTROSE 359
DEXTROSE ANHYDROUS 359
DEXTROSE MONOHYDRATE 359
DHEA MICRONIZED 172
DIABETISOURCE AC 225
DIACOMIT 42
DIALYVITE 347
DIALYVITE SUPREME D 347
DIAMINOPYRIDINE 137
DIATHRIVE LANCET ULTRA THIN 30 291
DIATHRIVE LANCETS 291
DIATHRIVE LANCING DEVICE 291
DIATHRIVE PEN NEEDLE 312
DIATRUST COVID-19 HOME TEST 207
diazepam 35
DIAZEPAM 137
diazepam (anticonvulsant) 41
diazoxide 53
DIAZOXIDE 137
DIBUCAINE 137
DIBUCAINE HCL 138
DIBUTYL SQUARATE 163
DICHLORALPHENAZONE 138
DICHLOROACETIC ACID 138
dichlorphenamide 249
DICLAZURIL 138
DICLOFENAC EPOLAMINE 186
diclofenac potassium 12,13
diclofenac potassium (migraine) 335
diclofenac sodium 13
DICLOFENAC SODIUM 138
diclofenac sodium (actinic keratoses) 189
diclofenac sodium (ophth) 363
diclofenac sodium (topical) 187
diclofenac w/ misoprostol 12
dicloxacillin sodium 368
DICOPANOL FUSEPAQ 64
DICYCLOMINE HCL 138,403
dicyclomine hcl 403
DIETHANOLAMINE 138
DIETHYL PHTHALATE 138
DIETHYL TOLUAMIDE 138
DIETHYLCARBAMAZINE CITRATE 138
DIETHYLENE GLYCOL MONOETHYL ET 132
DIETHYLPROPION HCL 138
DIETHYLSTILBESTROL 138

DIFFERIN . . . 185
DIFICID . . . 284
DIFLORASONE DIACETATE . . . 197
diflorasone diacetate . . . 197
DIFLUNISAL . . . 19
diflunisal . . . 19
digoxin . . . 118
DIGOXIN . . . 118,138
DIGOXIN MICRONIZED . . . 138
DIHYDROCODEINE BITARTRATE . . . 138
DIHYDROERGOTAMINE MESYLATE . . . 334
dihydroergotamine mesylate . . . 334,335
DIHYDROXYACETONE (1,3) DIMER . . . 138
DIINDOLYLMETHANE . . . 138
DIIODO-L-THYRONINE 3,5 . . . 138
DILANTIN . . . 45
DILANTIN INFATABS . . . 45
DILANTIN-125 . . . 45
diltiazem hcl . . . 115
DILTIAZEM HCL . . . 138
diltiazem hcl coated beads . . . 116
diltiazem hcl extended release beads . . . 116
DIMENHYDRINATE . . . 124
DIMERCAPTOPROPANE-SULFONATE NA . . . 124
DIMERCAPTOSUCCINIC ACID . . . 163
DIMETHYL FUMARATE . . . 138
dimethyl fumarate . . . 393
DIMETHYL SILOXANE HYDROXYALKYL . . . 138
DIMETHYL SULFONE . . . 150
DIMETHYL SULFOXIDE . . . 171
DIMETHYLACETAMIDE . . . 138
DIMETHYLAMINOETHANOL . . . 137
DIMETHYLGLYCINE HCL . . . 138
DINITROCHLOROBENZENE . . . 172
DIOSGENIN . . . 138
DIOSMIN . . . 138
DIOXYBENZONE . . . 138
DIPENTUM . . . 263
DIPHENHYDRAMINE HCL . . . 64
DIPHENIDOL HCL . . . 138
diphenoxylate w/ atropine . . . 59
DIPHENOXYLATE-ATROPINE . . . 59
DIPHENYLCYCLOPROPENONE . . . 138
DIPYRIDAMOLE . . . 138
dipyridamole . . . 274
DISOPHENOL . . . 138
disopyramide phosphate . . . 35
DISPERSERX . . . 381
DISULFIRAM . . . 139
disulfiram . . . 387
DIURIL . . . 251
divalproex sodium . . . 46
DIVALPROEX SODIUM . . . 139
DL-3-HYDROXYBUTYRIC ACID SOD . . . 161
DL-ALANINE . . . 358
DL-ALPHA LIPOIC ACID . . . 127
DL-LEUCINE . . . 358
DL-METHIONINE . . . 358
DL-PANTHENOL . . . 154
DL-PANTHENOL ALCOHOL . . . 154
DL-PHENYLALANINE . . . 358
DMAE BITARTRATE . . . 137
DOCOSANOL . . . 139
DOCUSATE SODIUM . . . 282
DOCUSATE SODIUM-SOD BENZOATE . . . 171
dofetilide . . . 36
DOJOLVI . . . 359
DOLOBID . . . 19
donepezil hydrochloride . . . 389
DOPAMINE HCL . . . 139
DOPTELET . . . 279
DOPTELET SPRINKLE . . . 279
DORAL . . . 280
DORYX MPC . . . 399
DORZOLAMIDE HCL . . . 139
dorzolamide hcl . . . 362
dorzolamide hcl-timolol maleate . . . 360
DOUBLE PM . . . 364
DOVATO . . . 107
DOW CORNING 1501 FLUID . . . 137
DOW CORNING 200 . . . 160
doxazosin mesylate . . . 72

DOXAZOSIN MESYLATE . . . 139
doxepin hcl . . . 52
DOXEPIN HCL . . . 52,139
doxepin hcl (antipruritic) . . . 189
DOXERCALCIFEROL . . . 255
doxycycline (monohydrate) . . . 400
doxycycline (rosacea) . . . 204
DOXYCYCLINE HYCLATE . . . 400
doxycycline hyclate . . . 400
DOXYCYCLINE MONOHYDRATE . . . 139
DOXYLAMINE SUCCINATE . . . 64
doxylamine-pyridoxine . . . 61
DPP DIPEPTIDE POWER . . . 225
DRAKKAR NOIR . . . 125
DRONABINOL . . . 61
dronabinol . . . 61
DROPERIDOL . . . 34
DROPLET GENTEEL LANCING DEVICE . . . 291
DROPLET INSULIN SYRINGE . . . 312
DROPLET LANCETS ULTRA THIN 30G . . . 291
DROPLET LANCING DEVICE . . . 291
DROPLET MICRON . . . 312
DROPLET PEN NEEDLES . . . 312
DROPLET PERSONAL LANCETS 30G . . . 291
DROPSAFE ACTI-LANCE 23G . . . 291
DROPSAFE AUTOPROTECT DUO . . . 312
DROPSAFE MEDLANCE LANCET 30G . . . 291
DROPSAFE SAFETY PEN NEEDLES . . . 312
DROPSAFE SAFETY SYRINGE/NEEDLE . . . 312
DROPSAFE SICURA . . . 312
drospirenone-ethinyl estradiol . . . 176
drospirenone-ethinyl estradiol-levomefolate calcium 176
DROXIA . . . 276
droxidopa . . . 412
DRUG MART LANCETS THIN 26G . . . 291
DRUG MART ON-THE-GO LANCET 30G . . . 291
DRUG MART UNIFINE PENTIPS . . . 312
DRUG MART UNIFINE PENTIPS PLUS . . . 312
DRUG MART UNILET LANCETS 28G . . . 291
DRUG MART UNILET LANCETS 30G . . . 291
DRUG MART UNILET LANCETS 33G . . . 291
DUAL COMPLEX FORMULA 1 KIT . . . 187
DUAVEE . . . 261
DULERA . . . 36
duloxetine hcl . . . 51
DULOXETINE HCL . . . 139
DUOBRII . . . 205
DUOPA . . . 101
DUPIXENT . . . 193
DUREX EXTRA SENSITIVE THIN . . . 285
DUREX REALFEEL . . . 285
DUREX TROPICAL . . . 285
DUTASTERIDE . . . 139
dutasteride . . . 267
dutasteride-tamsulosin hcl . . . 268
DUVYZAT . . . 357
DYCLONINE HCL . . . 139
DYPHYLLINE . . . 139

E

E-Z JECT LANCET MICRO-THIN 33G . . . 291
E-Z JECT LANCET SUPER THIN 30G . . . 291
E-Z JECT LANCETS . . . 291
E-Z JECT LANCETS 21G . . . 291
E-Z JECT LANCETS THIN 26G . . . 291
E.E.S. 400 . . . 283
EASIVENT . . . 332
EASIVENT MASK LARGE . . . 332
EASIVENT MASK MEDIUM . . . 332
EASIVENT MASK SMALL . . . 332
EASY COMFORT INSULIN SYRINGE . . . 312
EASY COMFORT LANCETS . . . 291
EASY COMFORT LANCETS TWIST TOP . . . 292
EASY COMFORT PEN NEEDLES . . . 312
EASY GLIDE CATH TIP SYRINGE . . . 312
EASY GLIDE LUER LOCK SYRINGE . . . 312
EASY GLIDE PEN NEEDLES . . . 312
EASY GLIDE SLIP LOCK SYRINGE . . . 312
EASY MINI EJECT LANCING DEVICE . . . 292
EASY MINI LANCING DEVICE . . . 292
EASY TOUCH ALLERGY SYRINGE . . . 312
EASY TOUCH FLIPLOCK INSULIN SY . . . 312

EASY TOUCH FLIPLOCK NEEDLES 313
EASY TOUCH FLIPLOCK SAFETY SYR 314
EASY TOUCH FLURINGE 314
EASY TOUCH FLURINGE FLIPLOCK 314
EASY TOUCH FLURINGE SHEATHLOCK 314
EASY TOUCH HYPODERMIC NEEDLE 315
EASY TOUCH INSULIN BARRELS 315
EASY TOUCH INSULIN SAFETY SYR 315
EASY TOUCH INSULIN SYRINGE 315
EASY TOUCH LANCETS 21G 292
EASY TOUCH LANCETS 23G 292
EASY TOUCH LANCETS 26G 292
EASY TOUCH LANCETS 28G 292
EASY TOUCH LANCETS 28G/TWIST 292
EASY TOUCH LANCETS 30G 292
EASY TOUCH LANCETS 30G/TWIST 292
EASY TOUCH LANCETS 32G 292
EASY TOUCH LANCETS 32G/TWIST 292
EASY TOUCH LANCETS 33G/TWIST 292
EASY TOUCH LANCING DEVICE 292
EASY TOUCH PEN NEEDLES 315
EASY TOUCH SAFETY LANCETS 21G 292
EASY TOUCH SAFETY LANCETS 23G 292
EASY TOUCH SAFETY LANCETS 26G 292
EASY TOUCH SAFETY LANCETS 28G 292
EASY TOUCH SAFETY PEN NEEDLES 315
EASY TOUCH SAFETY SYRINGE 316
EASY TOUCH SHEATHLOCK SYRINGE 316
EASY TOUCH SYRINGE BARREL 316
EASY TOUCH TB FLIPLOCK SYRINGE 316
EASY TOUCH TB SHEATHLOCK SYR 316
EASYGEL 346
EASYPOINT NEEDLE 317
EASYPOINT NEEDLE/SYRINGE 317
EBGLYSS 193
EC-RX DHEA 8
EC-RX ESTRADIOL 261
EC-RX PROGESTERONE 387
EC-RX TESTOSTERONE 28
ECONAZOLE NITRATE 139,201
econazole nitrate 201
ECOZA 201
ECTOSEAL P2G 381
EDARBI 71
EDARBYCLOR 70
EDETATE ACID 124
EDETATE CALCIUM DISODIUM 60
EDETATE DISODIUM 124
EDETATE DISODIUM DIHYDRATE 124
EDETATE SODIUM 124
EDETIC ACID 124
EDEX (2 CARTRIDGE) 119
EDEX (6 CARTRIDGE) 119
EDLUAR 280
EDROPHONIUM CHLORIDE 139
EDURANT 109
EDURANT PED 109
efavirenz 109
EFAVIRENZ 109,110
efavirenz-emtricitabine-tenofovir disoproxil fumarate 107
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 107
efavirenz-lamivudine-tenofovir disoproxil fumarate . 107
EFFERVESCENT BASE 381
EFLORNITHINE HCL 140
EGCG 143
ELESTRIN 261
eletriptan hydrobromide 335
ELFOLATE PLUS 208
ELIGARD 96
ELIQUIS 40
ELIQUIS (1.5 MG PACK) 40
ELIQUIS (2 MG PACK) 40
ELIQUIS DVT/PE STARTER PACK 40
ELITE-OB 348
ELLA 177
ELLUME COVID-19 HOME TEST 207
ELMIRON 268
ELOCTATE 270
eltrombopag olamine 279
ELYXYB 335
EMBECTA AUTOSHIELD DUO 317

EMBECTA INS SYR U/F 1/2 UNIT 317
EMBECTA INSULIN SYRINGE 317
EMBECTA INSULIN SYRINGE U-100 317
EMBECTA INSULIN SYRINGE U-500 317
EMBECTA INSULIN SYRINGE U/F 317
EMBECTA PEN NEEDLE NANO 317
EMBECTA PEN NEEDLE NANO 2 GEN 317
EMBECTA PEN NEEDLE U/F 317
EMBECTA PEN NEEDLE ULTRAFINE 317
EMBRACE LANCETS ULTRA THIN 30G 292
EMBRACE LANCING DEVICE/EJECTOR 292
EMBRACE PEN NEEDLES 317
EMBRACE PRESSURE ACTIVATED 21G 292
EMBRACE PRESSURE ACTIVATED 28G 292
EMBRIVA 348
EMCYT 94
EMEND 61
EMGALITY 334
EMGALITY (300 MG DOSE) 334
EMPAVELI 273
EMROSI 204
EMSAM 47
emtricitabine 110
emtricitabine-rilpivirine-tenofovir disoproxil fumarate 107
emtricitabine-tenofovir disoproxil fumarate 107
EMTRIVA 110
EMU OIL 140
EMULGADE CM 381
EMULSIFYING WAX 370
EMVERM 31
enalapril maleate 69
ENALAPRIL MALEATE 140
enalapril maleate & hydrochlorothiazide 70
ENBRACE HR 348
ENBREL 17,18
ENBREL MINI 18
ENBREL SURECLICK 18
ENCARE 410
ENCLOMIPHENE CITRATE 140
ENDOMETRIN 411
ENFAGROW NEUROPRO TODDLER 209
ENFAGROW NEXT STEP 209
ENFAGROW PREMIUM LIPIL 209
ENFAGROW PREMIUM OLDER TODDLER 209
ENFAMIL 24 210
ENFAMIL AR LIPIL 210
ENFAMIL AR SPIT-UP 210
ENFAMIL ENFACARE 210
ENFAMIL ENSPIRE GENTLEASE 210
ENFAMIL ENSPIRE/IRON 210
ENFAMIL GENTLEASE 210
ENFAMIL GENTLEASE LIPIL 210
ENFAMIL HUMAN MILK FORTIFIER 210
ENFAMIL NEUROPRO ENFACARE 210
ENFAMIL NEUROPRO GENTLEASE 210
ENFAMIL NEUROPRO INFANT 210
ENFAMIL NEUROPRO SENSITIVE 211
ENFAMIL NUTRAMIGEN 211
ENFAMIL NUTRAMIGEN LIPIL 211
ENFAMIL NUTRAMIGEN PROBIOT LGG 211
ENFAMIL NUTRAMIGEN TOD/ENF LGG 211
ENFAMIL PREGESTIMIL LIPIL 211
ENFAMIL PREMATURE 211
ENFAMIL PREMIUM INFANT 211
ENFAMIL PREMIUM LIPIL 211
ENFAMIL PREMIUM NEWBORN 211
ENFAMIL PROSOBEE LIPIL 211
ENFAMIL PROSOBEE SOY 211
ENFAMIL PROSOBEE/SENSITIVE 212
ENFAMIL REGULINE-IRON 212
ENFAPORT 212
ENGERIX-B 407
ENGLISH TOFFEE FLAVOR 375
ENLIVE 225
ENOVARX-AMITRIPTYLINE 128
ENOVARX-BACLOFEN 186
ENOVARX-CYCLOBENZAPRINE HCL 353
ENOVARX-DICLOFENAC SODIUM 187
ENOVARX-IBUPROFEN 187
ENOVARX-LIDOCAINE HCL 203
ENOVARX-NAPROXEN 187

ENOVARX-TRAMADOL . . . 186
enoxaparin sodium . . . 41
ENROFLOXACIN . . . 140
ENSACOVE . . . 88
ENSPRYNG . . . 343
ENSTILAR . . . 205
ENSURE . . . 225
ENSURE ACTIVE . . . 225
ENSURE ACTIVE HEART HEALTH . . . 226
ENSURE ACTIVE HIGH PROTEIN . . . 226
ENSURE ACTIVE LIGHT . . . 226
ENSURE BONE HEALTH REVIGOR . . . 226
ENSURE CLEAR . . . 226
ENSURE CLINICAL ST REVIGOR . . . 226
ENSURE COMPACT . . . 226
ENSURE COMPLETE . . . 226
ENSURE COMPLETE SHAKE . . . 226
ENSURE ENLIVE . . . 226
ENSURE HEALTHY MOM . . . 226
ENSURE HIGH CALCIUM . . . 226
ENSURE HIGH PROTEIN . . . 227
ENSURE IMMUNE HEALTH . . . 227
ENSURE MAX PROTEIN . . . 227
ENSURE MAX PROTEIN WITH CAFFEI . . . 227
ENSURE MUSCLE HEALTH REVIGOR . . . 227
ENSURE NUTRA SHAKE HI-CAL . . . 227
ENSURE NUTRITION SHAKE . . . 227
ENSURE ORIG THERAPEUTIC NUTRI . . . 227
ENSURE ORIGINAL . . . 227
ENSURE ORIGINAL/FIBER . . . 227
ENSURE PLANT-BASED PROTEIN . . . 227
ENSURE PLUS . . . 227
ENSURE PLUS HIGH PROTEIN . . . 228
ENSURE PLUS HN . . . 228
ENSURE PLUS WITH FIBER . . . 228
ENSURE PRE-SURGERY . . . 228
ENSURE SURGERY . . . 228
ENSURE SURGICAL NUTRITION . . . 228
ENSURE/FIBER . . . 228
entacapone . . . 102
ENTADFI . . . 268
entecavir . . . 111
ENTERADE . . . 228
ENTERADE IBS-D . . . 228
ENTRESTO . . . 118
ENTYVIO PEN . . . 264
ENU COMPLETE NUTRITION SHAKE . . . 228
ENU PRO3 PLUS . . . 228
ENVARSUS XR . . . 343
EO28 SPLASH . . . 228
EOHILIA . . . 180
EPCLUSA . . . 111
EPHEDRINE HCL . . . 39
EPHEDRINE SULFATE . . . 39
EPIDIOLEX . . . 42
epinastine hcl (ophth) . . . 361
EPINEPHRINE . . . 124
epinephrine (anaphylaxis) . . . 412
EPINEPHRINE BASE . . . 124
EPINEPHRINE BITARTRATE . . . 140
eplerenone . . . 73
EPOGEN . . . 276
EPSOM SALT . . . 282
EQ NUTRITIONAL SHAKE . . . 228
EQ NUTRITIONAL SHAKE PLUS . . . 229
EQ SPACE CHAMBER ANTI-STATIC . . . 332
EQ SPACE CHAMBER ANTI-STATIC L . . . 332
EQ SPACE CHAMBER ANTI-STATIC M . . . 332
EQ SPACE CHAMBER ANTI-STATIC S . . . 332
EQ WEIGHT LOSS SHAKE . . . 229
EQL COLOR LANCETS 21G . . . 292
EQL COLOR LANCETS MICRO 33G . . . 292
EQL EPSOM SALT . . . 282
EQL INSULIN SYRINGE . . . 317
EQL ISOPROPYL ALCOHOL . . . 175
EQL SUPER THIN LANCETS 30G . . . 292
EQL THIN LANCETS 26G . . . 292
EQUACARE JR . . . 229
EQUATE . . . 229
EQUATE PLUS . . . 229
EQUETRO . . . 103
ERGOCALCIFEROL . . . 413

ergocalciferol . . . 413
ERGOLOID MESYLATES . . . 140
ERGOMAR . . . 335
ERGOTAMINE TARTRATE . . . 335
ERGOTAMINE-CAFFEINE . . . 334
ERIVEDGE . . . 84
ERLEADA . . . 75
erlotinib hcl . . . 82
ERLOTINIB HCL (BULK) . . . 140
ERMEZA . . . 401
ERTACZO . . . 201
ERY . . . 183
ERYTHROCIN STEARATE . . . 283
ERYTHROMYCIN . . . 183,283
erythromycin (acne aid) . . . 183
erythromycin (ophth) . . . 362
erythromycin base . . . 283
ERYTHROMYCIN BASE . . . 283
ERYTHROMYCIN ESTOLATE . . . 140
ERYTHROMYCIN ETHYLSUCCINATE . . . 283
erythromycin ethylsuccinate . . . 284
ESCITALOPRAM OXALATE . . . 47,140
escitalopram oxalate . . . 48
eslicarbazepine acetate . . . 42
esomeprazole magnesium . . . 404
ESPEROCT . . . 270
ESSENTIAL CARE JR . . . 229
estazolam . . . 280
ESTRADIOL . . . 140
estradiol . . . 261
estradiol & norethindrone acetate . . . 260
ESTRADIOL BENZOATE . . . 140
ESTRADIOL CYPIONATE . . . 140
ESTRADIOL HEMIHYDRATE (BULK) . . . 140
ESTRADIOL MICRONIZED . . . 140
estradiol vaginal . . . 411
ESTRADIOL VALERATE . . . 140
estradiol valerate . . . 261
ESTRING . . . 411
ESTRIOL . . . 140
ESTRIOL MICRONIZED . . . 140
estrogens, conjugated . . . 261
ESTRONE . . . 140
eszopiclone . . . 280
ethacrynic acid . . . 250
ETHAMBUTOL HCL . . . 74
ethambutol hcl . . . 74
ETHANOL . . . 175
ETHER . . . 175
ETHINYL ESTRADIOL . . . 261
ethosuximide . . . 45
ETHOSUXIMIDE . . . 140
ETHOXY DIGLYCOL . . . 132
ETHOXY ETHOXY ETHANOL REAGENT . . . 132
ETHYL ACETATE . . . 381
ETHYL ALCOHOL . . . 175,371
ETHYL OLEATE . . . 140
ETHYL VANILLIN . . . 141
ETHYLCELLULOSE . . . 141
ETHYLENEDIAMINE . . . 141
ETHYLPARABEN . . . 125
ethynodiol diacet & eth estrad . . . 176
etodolac . . . 13
ETOMIDATE . . . 141
etonogestrel-ethinyl estradiol . . . 177
ETOPOSIDE . . . 96,141
etravirine . . . 110
EUCALYPTOL . . . 141
EUCALYPTUS FLAVOR . . . 375
EUCALYPTUS OIL . . . 169
EUCRISA . . . 204
EUGENOL . . . 169
EUGENOL FLAVOR . . . 375
EULEXIN . . . 75
EURAX . . . 205
EVAMIST . . . 261
EVANS BLUE . . . 369
everolimus . . . 87
everolimus (immunosuppressant) . . . 343
EVEXITHROID . . . 401
EVOTAZ . . . 107
EVRYSDI . . . 357,358

EXCELL-RDT SF BASE 381
EXELDERM 202
exemestane 93
EXPEDITE 229
EXSERVAN 357
EXTENSIVE HA 212
EXXUA 49
EXXUA TITRATION PACK 50
EYSUVIS 365
EZ-LETS LANCETS 21G 292
EZ-LETS LANCETS 26G 292
EZ-LETS LANCETS 28G 292
EZ-LETS LANCETS 30G 292
EZALLOR SPRINKLE 67
ezetimibe 68
ezetimibe-simvastatin 68

F

F-MELT 381
FABHALTA 273
FAGRON CAPFILL PRO 381
FAGRON DISPERSAPRO 381
FAGRON VERSIFIX 384
famciclovir 112
FAMCICLOVIR 141
FAMOTIDINE 141
famotidine 403
FANAPT 103
FANAPT TITRATION PACK A 103
FANAPT TITRATION PACK B 103
FANAPT TITRATION PACK C 103
FANATREX FUSEPAQ 42
FANTASY LUBRICATED 285
FANTASY LUBRICATED/SPERMICIDE 285
FARXIGA 58
FASENRA PEN 38
FASTEP COVID-19 ANTIGEN TEST 207
FATTYBLEND 382
FBL KIT 187
FC2 FEMALE CONDOM 285
FD&C BLUE #2 369
FD&C RED #40 ALUMINUM LAKE 369
FD&C YELLOW #5 369
FD&C YELLOW #6 ALUMINUM LAKE 369
FDC BLUE 1 369
FDC BLUE 1 ALUMINUM LAKE 369
FDC BLUE 2 369
FDC GREEN #3 369
FDC RED #3 369
FDC RED 40 369
FDC YELLOW 5 ALUMINUM LAKE 369
FDC YELLOW 6 369
febuxostat 269
FEIBA 270
felbamate 44
felodipine 116
FEMCAP 285
FENBENDAZOLE 141
fenofibrate 65,66
FENOFIBRATE 65,66,141
fenofibrate micronized 66
FENOFIBRIC ACID 66
fenoprofen calcium 13
FENOPROFEN CALCIUM 13
FENOPRON 13
fentanyl 21
FENTANYL CITRATE 21,22
fentanyl citrate 22
FENTANYL CITRATE (BULK) 21
FENTORA 22
FERRALET 90 278
FERRIC AMMONIUM CITRATE 141
FERRIC CHLORIDE HEXAHYDRATE 141
ferric citrate 266
FERRIC PYROPHOSPHATE 126
FERRIC SUBSULFATE (BULK) 141
FERRIC SULFATE 141
FERRIPROX 60
FERRIPROX TWICE-A-DAY 60
FERROUS BISGLYCINATE CHELATE 141
FERROUS FUMARATE 141
ferrous fumarate w/ b12-vit c-fa-ifc 278

FERROUS GLUCONATE 141
FERROUS GLUCONATE DIHYDRATE 141
FERROUS SULFATE 278
ferrous sulfate 278
FERULIC ACID 141
FETZIMA 51
FETZIMA TITRATION 51
FEVERFEW 141
FEXOFENADINE HCL 141
FIASP 54
FIASP FLEXTOUCH 54
FIASP PENFILL 54
FIBER FLOW 229
FIBERSOURCE HN 229
FIBRICOR 66
FIBRYGA 270
fidaxomicin 284
FIFTY50 PEN NEEDLES 317
FIFTY50 SAFETY SEAL LANCETS 293
FIFTY50 SUPERIOR COMFORT SYR 317
FIFTY50 UNILET LANCETS 33G 293
FILSPARI 268
FILSUVEZ 206
FINASTERIDE 141
finasteride 267
FINGERSTIX LANCETS 293
fingolimod hcl 395
FINTEPLA 42
FIRDAPSE 74
FIRST-LANSOPRAZOLE 404
FIRST-METRONIDAZOLE 31
FIRST-MOUTHWASH BLM 344
FIRST-OMEPRAZOLE 404
FIRST-PANTOPRAZOLE 404
FISH FLAVOR 375
FIXED OIL SUSPENSION 380
FIZZMIX BASE 382
FLAREX 365
FLAVOR CONC-CHLORHEXIDINE 375
FLAVORX 375
flecainide acetate 36
FLECTOR 187
FLEXICHAMBER 332
FLEXICHAMBER ADULT MASK/SMALL 332
FLEXICHAMBER CHILD MASK/LARGE 332
FLEXICHAMBER CHILD MASK/SMALL 332
FLIBANSERIN 142
FLOLIPID 67
FLORIVA 339,348
FLOW-EZE VENTED NEEDLE 317
FLOWFLEX COVID-19 AG HOME TEST 207
FLUAD 408
FLUAD QUADRIVALENT 408
FLUARIX 408
FLUARIX QUADRIVALENT 408
FLUBLOK 408
FLUBLOK QUADRIVALENT 408
FLUCELVAX 408
FLUCELVAX QUADRIVALENT 408
fluconazole 62
FLUCONAZOLE 142
flucytosine 62
FLUCYTOSINE 142
FLUDROCORTISONE ACETATE 181
fludrocortisone acetate 181
FLULAVAL 408
FLULAVAL QUADRIVALENT 408
FLUMAZENIL 142
FLUMIST 408
FLUMIST QUADRIVALENT 408
FLUNISOLIDE 39
flunisolide (nasal) 356
FLUNIXIN MEGLUMINE 142
FLUOCINOLONE ACETONIDE 197
fluocinolone acetonide 197
fluocinolone acetonide (otic) 366
FLUOCINONIDE 198
fluocinonide 198
fluocinonide emulsified base 198
FLUORESCEIN 124
FLUORESCEIN SODIUM 124
FLUORIDEX 346

FLUORIDEX DAILY RENEWAL . . . 346
FLUORIDEX ENHANCED WHITENING . . . 346
FLUORIDEX SENSITIVITY RELIEF . . . 345
FLUORIMAX 5000 . . . 346
FLUORIMAX 5000 SENSITIVE . . . 345
fluorometholone (ophth) . . . 365
FLUOROURACIL . . . 142,189
fluorouracil (topical) . . . 189
fluoxetine hcl . . . 48
FLUOXETINE HCL . . . 48,142
FLUOXETINE HCL (PMDD) . . . 394
FLUPHENAZINE DECANOATE . . . 142
fluphenazine hcl . . . 105
FLUPHENAZINE HCL . . . 105
FLURANDRENOLIDE . . . 198
FLURAZEPAM HCL . . . 280
flurbiprofen . . . 13
FLURBIPROFEN . . . 13
FLURBIPROFEN SODIUM . . . 363
FLUTICASONE PROPIONATE . . . 142,198
fluticasone propionate . . . 198
fluticasone propionate (nasal) . . . 356
fluticasone-salmeterol . . . 36
FLUTICASONE-SALMETEROL . . . 37
fluvastatin sodium . . . 67
fluvoxamine maleate . . . 48
FLUZONE . . . 408
FLUZONE HIGH-DOSE . . . 408
FLUZONE HIGH-DOSE QUADRIVALENT . . . 408
FLUZONE QUADRIVALENT . . . 408
FOLATEXCEL . . . 348
FOLBEE PLUS . . . 347
FOLGARD RX . . . 277
FOLIC ACID . . . 277
folic acid . . . 277
folic acid-pyridoxine-cyanocobalamin . . . 208
folic acid-vitamin b6-vitamin b12 . . . 277
FOLIVANE-F . . . 278
FOLIVANE-OB . . . 348
FOLIVANE-PLUS . . . 278
FOLLISTIM AQ . . . 257
FOLPLEX 2.2 . . . 277
FOLTANX . . . 208
FOLTRATE . . . 276
fondaparinux sodium . . . 41
FONDCIRCLE LANCING DEVICE . . . 293
FONDCIRCLE SINGLE USE LANCETS . . . 293
FOOD COLOR BLACK . . . 369
FOOD COLOR BLUE . . . 369
FOOD COLOR BROWN . . . 369
FOOD COLOR FLESH . . . 369
FOOD COLOR GREEN . . . 369
FOOD COLOR LIME GREEN . . . 369
FOOD COLOR ORANGE . . . 369
FOOD COLOR ORANGE - YELLOW #6 . . . 369
FOOD COLOR PINK . . . 369
FOOD COLOR RED . . . 369
FOOD COLOR VIOLET . . . 370
FOOD COLOR WHITE . . . 370
FOOD COLOR YELLOW . . . 370
FOOD COLOR YELLOW #5 ALUM LAKE . . . 370
FORA LANCETS . . . 293
FORA LANCING DEVICE . . . 293
FORMOTEROL FUMARATE . . . 142
FORMOTEROL FUMARATE DIHYDRATE . . . 142
FORSKOLIN . . . 142
FOSAMAX PLUS D . . . 252
fosamprenavir calcium . . . 109
fosfomycin tromethamine . . . 33
fosinopril sodium . . . 69
fosinopril sodium & hydrochlorothiazide . . . 70
FOSRENOL . . . 266
FOTIVDA . . . 88
FRAGMIN . . . 41
FRAICHE 5000 DENTAL . . . 346
FRAICHE 5000 PREVI . . . 345
FRAICHE 5000 SENSITIVE . . . 345
FREEDOM ADAPTADERM . . . 384
FREEDOM CEPAPRO . . . 384
FREEDOM ESTERDERM . . . 133
FREEDOM LOLLIPOP BASE . . . 382
FREEDOM ODT BASE . . . 382

FREEDOM PEG TROCHE BASE 380
FREEDOM SILOMAC ANHYDROUS 384
FREEDOM SIMPLECAP 382
FREESTYLE CONTROL SOLUTION 293
FREESTYLE INSULINX TEST 206
FREESTYLE LANCETS 293
FREESTYLE LITE TEST 206
FREESTYLE PRECISION NEO TEST 206
FREESTYLE TEST 206
FREESTYLE UNISTICK II LANCETS 293
FRESH LINEN FRAGRANCE 126
frovatriptan succinate 335
FRUCTOSE 359
FRUZAQLA 98
FT CAMPHOR SPIRIT 171
FT ISOPROPYL RUBBING ALCOHOL 175
FT NAIL POLISH REMOVER 175
FT SWEET OIL 170
FULLERS EARTH 173
FULPHILA 277
FULVICIN P/G 165 62
FUMARIC ACID 123
FURAZOLIDONE 142
FUROSCIX 250
FUROSEMIDE 250
furosemide 250
FUSION PLUS 278
FUZEON 108
FYLNETRA 277

G

gabapentin 42
GABAPENTIN 142
gabapentin (once-daily) 394
GABARONE 42
GALACTOSE 142
GALAFOLD 254
GALANTAMINE HYDROBROMIDE 389
galantamine hydrobromide 389
GALEN IQ 900 382
GALZIN 340
GAMMA-AMINOBUTYRIC ACID 142
GAMMAGARD 367
GAMMAGARD ERC 367
GAMMAKED 367
GAMUNEX-C 367
ganirelix acetate 254
GARDASIL 9 409
GARDENIA FRAGRANCE 142
GATIFLOXACIN 142
gatifloxacin (ophth) 362
GATTEX 263
GAVILYTE-C 282
GAVRETO 90
gefitinib 82
GELATEIN MCT 229
GELATIN 370
GEMFIBROZIL 66
gemfibrozil 66
GEMTESA 406
GENABIO COVID-19 RAPID TEST 207
GENISTEIN 142
GENOTROPIN 254
GENOTROPIN MINIQUICK 255
GENTAMICIN SULFATE 187
gentamicin sulfate (ophth) 362
gentamicin sulfate (topical) 187
GENTEEL BUTTERFLY TOUCH LANCET 293
GENTEEL CONTACT TIPS (BLUE) 293
GENTEEL CONTACT TIPS (CLEAR) 293
GENTEEL CONTACT TIPS (GREEN) 293
GENTEEL CONTACT TIPS (ORANGE) 293
GENTEEL CONTACT TIPS (RAINBOW) 293
GENTEEL CONTACT TIPS (VIOLET) 293
GENTEEL CONTACT TIPS (YELLOW) 293
GENTEEL LANCING KIT (BLUE) 293
GENTEEL NOZZLES 293
GENTEEL PLUS LANCING (BLACK) 293
GENTEEL PLUS LANCING (PURPLE) 293
GENTEEL PLUS LANCING (WHITE) 293
GENTEEL PLUS LANCING DEV(BLUE) 293
GENTEEL PLUS LANCING DEV(PINK) 293

GENTIAN VIOLET 188
GENTLE-LET GP LANCETS 293
GENTLE-LET LANCETS 293
GENTLE-LET PLATFORMS 293
GENVOYA 107
GERANIUM OIL 169
GERBER GOOD START GENTLE 212
GERBER GOOD START GENTLE 2 212
GERBER GOOD START GENTLEPRO 2 212
GERBER GOOD START GENTLEPRO/FE 212
GERBER GOOD START GROW 3 212
GERBER GOOD START NOURISH 212
GERBER GOOD START PREMATURE 212
GERBER GOOD START PROTECT/IRON 212
GERBER GOOD START SOOTHE 213
GERBER GOOD START SOOTHE 1 213
GERBER GOOD START SOOTHE 2 213
GERBER GOOD START SOOTHEPRO/FE 213
GERBER GOOD START SOY 213
GERBER GOOD START SOY/IRON 213
GERBER GOOD START SUPREME/IRON 213
GERBER GRADUATES GENTLE/IRON 213
GERBER GRADUATES PROTECT/IRON 213
GERBER GRADUATES SOOTHE 213
GERBER GRADUATES SOY/IRON 213
GERBER NATURA STAGE 1 213
GERBER NATURA STAGE 2 214
GERBER NATURA STAGE 3 214
GERMALL PLUS 139
GERMANIUM SESQUIOXIDE 173
GESTYRA 348
GILENYA 395
GILOTRIF 82
GIMOTI 263
GINGER OIL 142
GINGER ROOT 173
GINSENG ROOT 142
GLASSIA 397
glatiramer acetate 391
GLIMEPIRIDE 58
glimepiride 58
GLIPIZIDE 58,59
glipizide 59
glipizide-metformin hcl 58
GLOBAL EASE INJECT PEN NEEDLES 317
GLOBAL EASY GLIDE INSULIN SYR 317
GLOBAL EASY GLIDE PEN NEEDLES 317
GLOBAL INJECT EASE INSULIN SYR 317
GLOBAL INJECT EASE LANCETS 28G 293
GLOBAL INJECT EASE LANCETS 30G 293
GLOBAL INSULIN SYRINGES 317
GLOBAL LANCING DEVICE 294
GLOPERBA 269
glucagon 53
GLUCAGON EMERGENCY 53
GLUCERNA 229
GLUCERNA 1.0 CAL 229
GLUCERNA 1.0 CAL/CARBSTEADY 229
GLUCERNA 1.0 CAL/FIBER 230
GLUCERNA 1.2 CAL 230
GLUCERNA 1.5 CAL 230
GLUCERNA 1.5 CAL/CARBSTEADY 230
GLUCERNA ADVANCE SHAKE 230
GLUCERNA CARBSTEADY 230
GLUCERNA HUNGER SMART SHAKE 230
GLUCERNA OS 230
GLUCERNA SELECT 230
GLUCERNA SHAKE 230
GLUCERNA SNACK SHAKE 230
GLUCERNA WEIGHT LOSS SHAKE 230
GLUCOCOM LANCETS 28G 294
GLUCOCOM LANCETS 30G 294
GLUCOCOM LANCETS 33G 294
GLUCONOLACTONE 143
GLUCOPRO INSULIN SYRINGE 317
GLUCOSAMINE HCL 143
GLUCOSAMINE SULFATE 143
GLUCOSAMINE SULFATE NACL 143
GLUCOSAMINE SULFATE POTASSIUM 143
GLUTAMINE 358
glutamine (sickle cell) 276
GLUTARALDEHYDE 143

GLUTARALDEHYDE IN WATER 143
GLUTATHIONE 358
GLUTATHIONE-L 358
GLUTATHIONE-L REDUCED 358
GLYBURIDE 59
glyburide 59
GLYBURIDE MICRONIZED 59
glyburide-metformin 58
GLYCATE 405
GLYCERIN 171
glycerin (topical) 201
GLYCEROL FORMAL 171
GLYCEROL MONOOLEATE 143
glycerol phenylbutyrate 259
GLYCERYL MONOSTEARATE 143
GLYCINE 268
GLYCINE SOYA PROTEIN 170
GLYCOFUROL 143
GLYCOLIC ACID 123,192
GLYCOPYRROLATE 143,405
glycopyrrolate 405
GLYCOSAMINOGLYCANS 143
GLYCYRRHIZIC ACID 143
GLYTACTIN BETTERMILK 231
GLYTACTIN BETTERMILK 15 231
GLYTACTIN BETTERMILK DE-LITE 231
GLYTACTIN BUILD 10PE 231
GLYTACTIN BUILD 20/20 231
GLYTACTIN BUILD 20/20 PKU 231
GLYTACTIN BURST 231
GLYTACTIN COMPLETE 10PE 231
GLYTACTIN RESTORE 10 231
GLYTACTIN RESTORE 5 231
GLYTACTIN RESTORE LITE 10 231
GLYTACTIN RESTORE LITE 10PE 231
GLYTACTIN RTD 10 231
GLYTACTIN RTD 15 231
GLYTACTIN RTD LITE 15 231
GLYTACTIN SWIRL 15 231
GLYTACTIN SWIRL 15PE 231
GLYTROL PREBIO1 231
GLYXAMBI 58
GNP BORIC ACID 173
GNP CINNAMON 169
GNP CLICKFINE PEN NEEDLES 317
GNP EUCALYPTUS 169
GNP INSULIN SYRINGE 317
GNP INSULIN SYRINGES 317
GNP INSULIN SYRINGES 28GX1/2" 318
GNP INSULIN SYRINGES 29GX1/2" 318
GNP INSULIN SYRINGES 30GX5/16" 318
GNP INSULIN SYRINGES 31GX5/16" 318
GNP ISOPROPYL ALCOHOL 175
GNP ISOPROPYL RUBBING ALCOHOL 175
GNP LANCETS 21G 294
GNP LANCETS THIN 26G 294
GNP LANCING SYSTEM DEVICE 294
GNP PEN NEEDLES 318
GNP PEPPERMINT SPIRIT 171
GNP SODIUM SILICATE 171
GNP STERILE LANCETS 28G 294
GNP STERILE LANCETS 30G 294
GNP STERILE LANCETS 33G 294
GNP ULTICARE PEN NEEDLES 318
GNP ULTIGUARD SAFEPACK NEEDLE 318
GNP ULTRA COM INSULIN SYRINGE 318
GOCOVRI 100
GOJJI LANCING DEVICE/CLEAR CAP 294
GOJJI STERILE LANCETS 294
GOLD SODIUM THIOMALATE 143
GOMEKLI 85
GOOD START 214
GOOD START 2 ESSENTIALS SOY/FE 214
GOOD START 2 ESSENTIALS/IRON 214
GOOD START 2 SUPREME/IRON 214
GOOD START ESSENTIALS SOY/IRON 214
GOOD START ESSENTIALS/IRON 214
GOOD START GENTLE PLUS 214
GOOD START NATURAL CULTURES 214
GOOD START SOY PLUS 2 214
GOOD START SUPREME/IRON 214
GOOD START/FE 215

GOODSENSE CLICKFINE PEN NEEDLE 318
GOODSENSE COLOR LANCETS 33G 294
GOODSENSE ISOPROPYL ALCOHOL 175
GOODSENSE LANCETS 26G UNIV 294
GOODSENSE LANCETS 30G 294
GOODSENSE LANCETS 30G UNIV 294
GOODSENSE LANCETS 33G 294
GOODSENSE LANCETS 33G UNIV 294
GOODSENSE LANCING DEVICE 294
GOODSENSE NUTRISURE ORIGINAL 232
GOODSENSE NUTRISURE PLUS 232
GOODSENSE PEN NEEDLE PENFINE 318
GOODSENSE PETROLEUM JELLY 384
GOTOKNOW COVID-19 ANTIGEN RAPI 207
GRAMICIDIN D 143
granisetron hcl 60
GRANISOL 60
GRAPE CONCORD OS 375
GRAPE FLAVOR 375
GRAPE SEED 143
GRAPEFRUIT FLAVOR 375
GRAPEFRUIT OIL 169
GRASTEK 7
GREEN APPLE OS 375
GREEN SOAP 143
GREEN TEA 140,143
GREEN TEA EXTRACT 143
GREEN TEA OIL FRAGRANCE 143
GRISEOFULVIN MICRONIZED 143
griseofulvin microsize 62
GRISEOFULVIN MICROSIZE 143
griseofulvin ultramicrosize 62
GRISEOFULVIN ULTRAMICROSIZE 62
GUAIACOL 171
GUAIFENESIN 182
guaifenesin-codeine 182
GUANABENZ ACETATE 144
GUANETHIDINE SULFATE 144
guanfacine hcl 72
guanfacine hcl (adhd) 2
GUANIDINEACETIC ACID 143
GUAR GUM 144
GUARANA SEED EXTRACT 144
GUAVA FLAVOR 375
GUM ARABIC 370
GUM BASE (GELATIN) 380
GVOKE HYPOPEN 1-PACK 53
GVOKE HYPOPEN 2-PACK 53
GVOKE KIT 53
GVOKE PFS 53
GYMNEMA SYLVESTRIS LEAF 144
GYNAZOLE-1 410

H

H-E-B INCONTROL ADV LANCING 294
H-E-B INCONTROL LANCETS 28G 294
H-E-B INCONTROL LANCETS 30G 294
H-E-B INCONTROL LANCETS 33G 294
H-E-B INCONTROL PEN NEEDLES 318
H-E-B INCONTROL UNIFINE PENTIP 318
HADLIMA 9
HADLIMA PUSHTOUCH 9
HAEGARDA 273
HAELAN 951 FERMENTED SOY 232
HAELAN HTPI FERMENTED SOY 232
HAEMOLANCE 294
HAEMOLANCE LOW FLOW LANCETS 294
HAEMOLANCE PLUS 294
HAEMOLANCE PLUS HIGH FLOW 294
HAEMOLANCE PLUS LOW FLOW 294
HAEMOLANCE PLUS MAX FLOW 294
HAEMOLANCE PLUS PEDIATRIC FLOW 294
halcinonide 198
halobetasol propionate 198
HALOBETASOL PROPIONATE 198
HALOG 198,199
haloperidol 104
HALOPERIDOL 144
HALOPERIDOL DECANOATE 144
haloperidol lactate 104
HAM FLAVOR 375
HARVONI 111

HAVRIX . . . 409
HAWTHORN BERRY . . . 144
HCU COOLER . . . 232
HCU COOLER15 . . . 232
HCU EASY . . . 232
HCU EXPRESS 15 PLUS+ . . . 232
HCU EXPRESS 20 PLUS+ . . . 232
HCU LOPHLEX LQ . . . 232
HEALTH CARE LANCING DEVICE . . . 295
HEALTHWISE INSULIN SYR/NEEDLE . . . 318
HEALTHWISE MICRON PEN NEEDLES . . . 318
HEALTHWISE SHORT PEN NEEDLES . . . 318
HEALTHY ACCENTS NUTRA FIT . . . 232
HEALTHY ACCENTS NUTRA FIT PLUS . . . 232
HEMADY . . . 180
HEMANGEOL . . . 114
HEMATOXYLIN . . . 144
HEMICLOR . . . 251
HEMLIBRA . . . 272
HEMMOREX-HC . . . 31
HEMOFIL M . . . 270
HEPARIN SODIUM . . . 144
heparin sodium (porcine) . . . 41
HEPARIN SODIUM (PORCINE) PF . . . 41
HEPES . . . 144
HEPLISAV-B . . . 409
HEPTAMINOL . . . 144
HERNEXEOS . . . 78
HETLIOZ LQ . . . 281
HI-CAL . . . 232
HIBERIX . . . 406
HIGH-PROTEIN NUTRITIONAL SHAKE . . . 232
HISTAMINE PHOSPHATE . . . 144
HIZENTRA . . . 367
HM BORIC ACID . . . 173
HM NUTRISURE . . . 233
HM NUTRISURE PLUS . . . 233
HM ULTICARE INSULIN SYRINGE . . . 318
HM ULTICARE MINI PEN NEEDLES . . . 318
HM ULTICARE SHORT PEN NEEDLES . . . 318
HOMACTIN AA PLUS . . . 233
HOMATROPINE METHYLBROMIDE . . . 124
HONEY ALMOND FRAGRANCE . . . 144
HONEY FLAVOR . . . 375
HORIZANT . . . 394
HORMONE CREAM BASE . . . 384
HRT BASE . . . 384
HRT BASE (MEN) . . . 384
HRT BOTANICAL . . . 384
HRT CREAM . . . 384
HRT CREAM BASE . . . 384
HRT CREAM BASE WOMEN . . . 384
HRT ESSENTIAL . . . 384
HRT HEAVY . . . 384
HRT NATURAL . . . 384
HUMALOG . . . 54
HUMALOG JUNIOR KWIKPEN . . . 54
HUMALOG KWIKPEN . . . 54
HUMALOG MIX 50/50 . . . 54
HUMALOG MIX 50/50 KWIKPEN . . . 54
HUMALOG MIX 75/25 . . . 54
HUMALOG MIX 75/25 KWIKPEN . . . 54
HUMALOG TEMPO PEN . . . 54
HUMAN CHORIONIC GONADOTROPIN . . . 134
HUMATE-P . . . 270
HUMATIN . . . 8
HUMULIN 70/30 . . . 54
HUMULIN 70/30 KWIKPEN . . . 55
HUMULIN N . . . 55
HUMULIN N KWIKPEN . . . 55
HUMULIN R . . . 55
HUMULIN R U-500 (CONCENTRATED) . . . 55
HUMULIN R U-500 KWIKPEN . . . 55
HUPERZINE SERRATE A . . . 144
HY-VEE LANCETS . . . 295
HY-VEE THIN LANCETS . . . 295
HYALURONATE SODIUM . . . 144
HYALURONIC ACID . . . 144
HYALURONIC ACID SODIUM . . . 144
HYCAMTIN . . . 98
hydralazine hcl . . . 73
HYDRALAZINE HCL . . . 144

HYDRAZINE SULFATE 144
HYDROCHLORIC ACID 124
HYDROCHLOROTHIAZIDE 251
hydrochlorothiazide 251
HYDROCOD POLI-CHLORPHE POLI ER 183
hydrocodone bitartrate 22,23
HYDROCODONE BITARTRATE 145
HYDROCODONE BITARTRATE ER 22
hydrocodone bitartrate-homatropine methylbromide 182
hydrocodone-acetaminophen 20
HYDROCODONE-ACETAMINOPHEN 20
hydrocodone-ibuprofen 20
HYDROCODONE-IBUPROFEN 20
HYDROCORTISONE 145,199
hydrocortisone 180
hydrocortisone (intrarectal) 30
HYDROCORTISONE (PERIANAL) 31
hydrocortisone (rectal) 31
hydrocortisone (topical) 199
HYDROCORTISONE ACE-PRAMOXINE 30
HYDROCORTISONE ACETATE 31,145,199
hydrocortisone acetate (rectal) 31
HYDROCORTISONE BUTYRATE 199
hydrocortisone butyrate 199
HYDROCORTISONE HEMISUCCINATE 145
HYDROCORTISONE MICRONIZED 145
hydrocortisone valerate 199
hydrocortisone w/acetic acid 366
HYDROFLUORIC ACID 145
HYDROMORPHONE HCL 23
hydromorphone hcl 23
HYDROMORPHONE HCL (BULK) 23
HYDROQUINONE 201
HYDROXOCOBALAMIN 145
HYDROXOCOBALAMIN ACETATE 276
HYDROXOCOBALAMIN HCL 145
HYDROXYAMPHETAMINE HBR 145
hydroxychloroquine sulfate 73
HYDROXYCHLOROQUINE SULFATE 73,145
HYDROXYETHYL CELLULOSE 145
HYDROXYETHYL METHACRYLATE 145
HYDROXYPROGESTERONE CAPROATE 145
HYDROXYPROPYL CELLULOSE 145
HYDROXYPROPYL METHYLCELLULOSE 145
HYDROXYPROPYL-BETA-CYCLODEXT 145
HYDROXYQUINOLINE SULFATE 154
HYDROXYTRYPTOPHAN 125
HYDROXYTRYPTOPHAN L-5 125
hydroxyurea 93
HYDROXYUREA 145
hydroxyzine hcl 34
HYDROXYZINE HCL 145
hydroxyzine pamoate 34
HYDROXYZINE PAMOATE 34
HYFTOR 203
HYMPAVZI 272
HYOSCYAMINE SULFATE 403
HYPERSAL 182
HYPODERMIC NEEDLE 319
HYPOLANCE AST LANCING 295
HYPROMELLOSE 145
HYPROMELLOSE METHOCEL K100M 145

I

ibandronate sodium 252
IBRANCE 93
IBTROZI 91
IBUPROFEN 13,14
ibuprofen 13
icatibant acetate 273
ICHTHAMMOL 204
ICLUSIG 79,80
icosapent ethyl 65
IDEBENONE 145
IDELVION 271
IDHIFA 95
IDOXURIDINE 145
IHEALTH COVID-19 RAPID TEST 207
IHEALTH LANCING DEVICE 295
ILET CONTACT DETACH 23" 6MM 303
ILET INFUSION-FLEX 23" 6MM 303
ILET INFUSION-INSET 23" 6MM 303

ILET INFUSION-INSET 32" 6MM 303
ILET INSULIN PUMP 304
ILET STARTER - CONTACT DETACH 304
ILET STARTER KIT - INSET 23" 304
ILET STARTER KIT - INSET 32" 304
ILEVRO 363
imatinib mesylate 80
IMATINIB MESYLATE 146
IMBRUVICA 81
IMCIVREE 256
IMIDUREA 146
IMIPRAMINE HCL 52
imipramine hcl 52
imipramine pamoate 52
IMIQUIMOD 146
imiquimod 202
IMITREX STATDOSE REFILL 336
IMITREX STATDOSE SYSTEM 336
IMOVAX RABIES 409
IMPACT 233
IMPAVIDO 31
IMPOYZ 200
IMURAN 344
IN TOUCH LANCING DEVICE 295
IN TOUCH STERILE LANCETS 30G 295
INATAL GT 348
INBRIJA 100
INCONTROL ULTICARE PEN NEEDLES 319
INCRELEX 256
INCRUSE ELLIPTA 38
indapamide 251
INDERAL XL 114
INDICAID COVID-19 RAPID TEST 207
INDOCYANINE GREEN 146
INDOLE-3-CARBINOL 146
INDOMETHACIN 14
indomethacin 14
INFANRIX 402
INGREZZA 390,391
INLURIYO 94
INLYTA 99
INNOPRAN XL 114
INNOVACIN 233
INOSITOL 146
INOSITOL HEXANICOTINATE 146
INQOVI 92
INREBIC 95
INSPIREASE 333
INSPIREASE RESERVOIR BAGS 333
INSULIN GLARGINE-YFGN 55
INSULIN SYRINGE 319
INSULIN SYRINGE-NEEDLE U-100 319
INSUPEN PEN NEEDLES 319
INSUPEN32G EXTR3ME 319
INTEGRA F 278
INTEGRA PLUS 278
INTELENCE 110
INTELISWAB COVID-19 RAPID TEST 207
INTRAROSA 410
INZIRQO 251
IODINE 146
IODINE RESUBLIMED 146
IODINE STRONG (LUGOL'S) 146
IODOFORM 173
IODOQUINOL 8
IOPANOIC ACID 146
IPOL 409
IPRATROPIUM BROMIDE 38
ipratropium bromide 38
ipratropium bromide (nasal) 355
ipratropium bromide hfa 38
ipratropium-albuterol 37
IQIRVO 265
irbesartan 71
irbesartan-hydrochlorothiazide 70
iron polysaccharide complex-vit b12-folic acid 278
IRON UP 278
ISENTRESS 109
ISENTRESS HD 109
ISOMALT LOLLIPOP BASE 382
ISOMETHEPTENE MUCATE 146
ISOMIL 2 215

ISOMIL ADVANCE SOY FORMULA-FE 215
ISOMIL DF 215
ISOMIL SF/IRON 215
ISOMIL SOY FORMULA/IRON 215
ISOMIL SOY/IRON 215
ISOMIL/IRON 215
ISONIAZID 74
isoniazid 74
ISOPROPAMIDE IODIDE 405
ISOPROPYL ALCOHOL 175
ISOPROPYL MYRISTATE 146
ISOPROPYL PALMITATE 171
ISOPROTERENOL HCL 146
ISOSORBIDE 146
isosorbide dinitrate 34
isosorbide dinitrate-hydralazine hcl 119
isosorbide mononitrate 34
ISOSOURCE 1.5 CAL 233
ISOSOURCE HN 233
ISOTRETINOIN 146
isotretinoin 185
ISOVACTIN AA PLUS 233
ISOVACTIN AA PLUS 15 IVA 233
ISOXSUPRINE HCL 146
isradipine 116
ISTURISA 253
ITOVEBI 96,97
itraconazole 62
ITRACONAZOLE 146
ivabradine hcl 122
ivermectin 31
IVERMECTIN 31,146
ivermectin (rosacea) 204
IWILFIN 96
IXINITY 271

J

JAKAFI 95
JANUMET 53
JANUMET XR 53
JANUVIA 53
JARDIANCE 58
JASCAYD 399
JASMINE FRAGRANCE 146
JAYPIRCA 81,82
JELENE 385
JENLIVA PRENATAL/POSTNATAL 348
JEVITY 1 CAL 233
JEVITY 1 CAL/FIBER 233
JEVITY 1.2 CAL 234
JEVITY 1.5 CAL/FIBER 234
JIVI 271
JOENJA 341
JOJOBA OIL 147
JORNAY PM 5
JOURNAVX 18
JUICE PLUS FIBRE 234
JULUCA 107
JUNIPER TAR 169
JUST RIGHT 5000 346
JUXTAPID 68
JYLAMVO 76
JYNNEOS 409

K

K-PHOS 339
K-PHOS NO 2 268
K-PHOS-NEUTRAL 339
K.B.G.L IN TERODERM 187
KAHLUA FLAVOR 376
KALETRA 107
KALYDECO 397
KAMELEON LUBRICATED 285
KANAMYCIN SULFATE 147
KAOLIN 59
KAPSPARGO SPRINKLE 113
KARAYA GUM 382
KARBINAL ER 64
KATE FARMS BLENDED MEALS PED 234
KATE FARMS GLUCOSE SUPPORT 1.2 234
KATE FARMS HIGH PROTEIN 234
KATE FARMS KIDS NUTRITION 234

KATE FARMS PED PEPTIDE 1.0 . . . 234
KATE FARMS PED PEPTIDE 1.5 . . . 234
KATE FARMS PED STANDARD 1.2 . . . 234
KATE FARMS PEPTIDE 1.0 . . . 234
KATE FARMS PEPTIDE 1.5 . . . 234
KATE FARMS RENAL SUPPORT 1.8 . . . 235
KATE FARMS STANDARD 1.0 . . . 235
KATE FARMS STANDARD 1.4 . . . 235
KATERZIA . . . 116
KENDAKIDS . . . 235
KERENDIA . . . 257
KESIMPTA . . . 393
KETAMINE HCL . . . 147
KETO . . . 235
KETOCAL 2.5:1 LQ MULTI FIBER . . . 235
KETOCAL 4:1 . . . 235
KETOCAL 4:1 LQ MULTI FIBER . . . 235
KETOCAL 4:1 LQ MULTI-FIBER . . . 235
ketoconazole . . . 62
KETOCONAZOLE . . . 125
ketoconazole (topical) . . . 202
KETONE TEST . . . 206
KETOPROFEN . . . 14,147
KETOPROFEN ER . . . 14
ketorolac tromethamine . . . 14
KETOROLAC TROMETHAMINE . . . 147,363
ketorolac tromethamine (ophth) . . . 363
KETOSTIX . . . 206
KETOTIFEN FUMARATE . . . 147
KETOTIFEN HYDROGEN FUMARATE . . . 147
KETOVIE . . . 235
KETOVIE 3:1 . . . 235
KETOVIE 4:1 . . . 235
KETOVIE PEPTIDE . . . 236
KEVZARA . . . 12
KFLO . . . 236
KHINDIVI . . . 180
KIDS PLANT PROTEIN SHAKE . . . 236
KIDS PROTEIN ORGANIC SHAKE . . . 236
KIMONO . . . 285
KIMONO COLORS . . . 285
KIMONO MAXX-LARGE FLARE . . . 285
KIMONO MICRO THIN . . . 285
KIMONO MICRO THIN PLUS . . . 285
KIMONO PLUS . . . 286
KIMONO PS . . . 286
KIMONO PS PLUS . . . 286
KIMONO SENSATION . . . 286
KIMONO SENSATION PLUS . . . 286
KIMONO SPECIAL . . . 286
KINDERSPROUT PLANT PROTEIN . . . 236
KINETIN . . . 147
KINNEY LANCETS . . . 295
KINNEY THIN LANCETS . . . 295
KINRAY INSULIN SYRINGE . . . 319
KINRIX . . . 402
KIPROFEN . . . 14
KISQALI (200 MG DOSE) . . . 93
KISQALI (400 MG DOSE) . . . 94
KISQALI (600 MG DOSE) . . . 94
KISQALI FEMARA (200 MG DOSE) . . . 92
KISQALI FEMARA (400 MG DOSE) . . . 93
KISQALI FEMARA (600 MG DOSE) . . . 93
KITABIS PAK . . . 8
KIWI FRAGRANCE . . . 147
KLISYRI (250 MG) . . . 204
KLISYRI (350 MG) . . . 204
KLOXXADO . . . 60
KMART VALU INSULIN SYRINGE 29G . . . 319
KMART VALU INSULIN SYRINGE 30G . . . 319
KOATE . . . 271
KOATE-DVI . . . 271
KOGENATE FS . . . 271
KOJIC ACID . . . 125
KOMZIFTI . . . 86
KONVOMEP . . . 404
KOSELUGO . . . 85,86
KOSHER PRENATAL PLUS IRON . . . 348
KOVALTRY . . . 271
KRAZATI . . . 85
KRINTAFEL . . . 73
KRIS-ESTER 236 . . . 385

KROGER AUTOLET LANCING DEVICE 295
KROGER HEALTHPRO LANCET 26G 295
KROGER INSULIN SYRINGE 319
KROGER LANCETS 295
KROGER LANCETS 21G 295
KROGER LANCETS MICRO THIN 33G 295
KROGER LANCETS SUPER THIN 295
KROGER LANCETS THIN 295
KROGER LANCETS THIN 26G 295
KROGER LANCETS ULTRATHIN 30G 295
KROGER LANCING DEVICE 295
KROGER PEN NEEDLES 319
KRYSTAL SF 382
KUDZU 147
KYLEENA 178

L

L-ALANINE 358
L-ARGININE 358
L-ASPARAGINE 126
L-ASPARTIC ACID 173
L-ASPARTIC ACID SODIUM 161
L-CARNITINE 148
L-CARNITINE HCL 148
L-CARNOSINE 132
L-CITRULLINE 134
L-CYSTEINE 136
L-CYSTEINE HCL 136
L-CYSTINE 358
L-GLUTAMIC ACID 358
L-GLUTAMIC ACID HCL 249
L-GLUTAMIC ACID MONOSOD SALT 152
L-GLUTAMINE 358
L-GLUTATHIONE 358
L-HISTIDINE 358
L-HISTIDINE HCL MONOHYDRATE 358
L-HISTIDINE MONOHYDROCHLORIDE 358
L-ISOLEUCINE 358
L-LEUCINE 358
L-LYSINE HCL 149
L-MENTHOL 173
L-METHIONINE 358
L-METHYLFOLATE CALCIUM 148
L-ORNITHINE 358
L-ORNITHINE HYDROCHLORIDE 154
L-PHENYLALANINE 358
L-PROLINE 358
L-SELENOMETHIONINE 149
L-SELENOMETHIONINE BLEND 149
L-SERINE 160
L-THREONINE 358
L-TRYPTOPHAN 359
L-TYROSINE 359
L-VALINE 359
labetalol hcl 113
LABETALOL HCL 113,147
lacosamide 42
LACTASE 5000 147
LACTIC ACID 124
lactic acid (ammonium lactate) 201
LACTOSE 382
LACTOSE ANHYDROUS 382
LACTOSE HYDROUS 382
LACTOSE MONOHYDRATE 382
lactulose 282
lactulose (encephalopathy) 265
LAGEVRIO 112
LAMICTAL XR 43
lamivudine 110
lamivudine (hbv) 111
lamivudine-zidovudine 107
lamotrigine 43
LAMOTRIGINE 147
LAMPIT 32
LANCET DEVICE 295
LANCET DEVICE WITH EJECTOR 295
LANCET TRANSPORTER CASE 295
LANCETS 295
LANCETS 28G THIN 295
LANCETS 30G 295
LANCETS 33G 295
LANCETS MICRO THIN 33G 295

LANCETS SUPER THIN . . . 295
LANCETS SUPER THIN 28G . . . 295
LANCETS THIN . . . 295
LANCETS ULTRA THIN . . . 296
LANCETS ULTRA THIN 30G . . . 296
LANCING DEVICE . . . 296
LANOLIN . . . 385
LANOLIN ALCOHOL . . . 385
LANOXIN . . . 118
LANSOPRAZOLE . . . 147
lansoprazole . . . 404
lanthanum carbonate . . . 266
LANZO . . . 296
lapatinib ditosylate . . . 88
LASIX ONYU . . . 250
LATANOPROST . . . 147
latanoprost . . . 365
LAURETH-9 POLIDOCANOL . . . 147
LAURIC ACID . . . 147
LAVENDER OIL . . . 169
LAZCLUZE . . . 82
LEAD ACETATE TRIHYDRATE . . . 173
LEAD TETROXIDE . . . 148
LEADER ADVANCED LANCING DEVICE . . . 296
LEADER INSULIN SYRINGE . . . 319
LEADER UNIFINE PENTIPS . . . 319
LEADER UNIFINE PENTIPS PLUS . . . 319
LECITHIN . . . 359
LECITHIN SOYA . . . 161
LECITHIN-ISOPROPYL PALMITATE . . . 370
leflunomide . . . 17
LEFLUNOMIDE . . . 148
LEMON BIOFLAVANOID . . . 148
LEMON EXTRACT . . . 376
LEMON FLAVOR . . . 376
LEMON OIL . . . 169
LEMON-LIME SD . . . 376
LEMONADE FLAVOR . . . 376
LEMONGRASS OIL . . . 169
lenalidomide . . . 342,343
LENVIMA (10 MG DAILY DOSE) . . . 99
LENVIMA (12 MG DAILY DOSE) . . . 99
LENVIMA (14 MG DAILY DOSE) . . . 99
LENVIMA (18 MG DAILY DOSE) . . . 99
LENVIMA (20 MG DAILY DOSE) . . . 99
LENVIMA (24 MG DAILY DOSE) . . . 99
LENVIMA (4 MG DAILY DOSE) . . . 99
LENVIMA (8 MG DAILY DOSE) . . . 99
LEQSELVI . . . 186
letrozole . . . 93
LETROZOLE . . . 148
LETS . . . 283
LEUCINE . . . 359
leucovorin calcium . . . 94
LEUCOVORIN CALCIUM . . . 148
LEUKERAN . . . 96
LEUKINE . . . 277
leuprolide acetate . . . 96
LEUPROLIDE ACETATE . . . 148
LEUPROLIDE ACETATE (3 MONTH) . . . 96
levalbuterol hcl . . . 38
LEVALBUTEROL HCL . . . 148
LEVAMISOLE HCL . . . 84
LEVAMLODIPINE MALEATE . . . 116
LEVEMIR . . . 55
levetiracetam . . . 43
LEVETIRACETAM . . . 148
LEVOBUNOLOL HCL . . . 360
LEVOCARNITINE . . . 148
levocarnitine (metabolic modifiers) . . . 253
levocetirizine dihydrochloride . . . 64
LEVOCETIRIZINE DIHYDROCHLORIDE . . . 148
LEVODOPA . . . 100
LEVOFLOXACIN . . . 148,362
levofloxacin . . . 262
LEVOFLOXACIN HEMIHYDRATE . . . 148
LEVOMEFOLATE CALCIUM . . . 148
LEVOMEFOLATE GLUCOSAMINE . . . 148
levonorgestrel & eth estradiol . . . 176
levonorgestrel (emergency oc) . . . 177
levonorgestrel-eth estradiol (triphasic) . . . 178
levonorgestrel-ethinyl estradiol (91-day) . . . 177

levonorgestrel-ethinyl estradiol (continuous) 177
levorphanol tartrate 23
LEVORPHANOL TARTRATE 148
LEVOTHYROXINE SODIUM 148,401
levothyroxine sodium 402
LEXETTE 200
LIBERTY MEDICAL LANCETS 296
LIBERTY MINI LANCING DEVICE 296
LICART 187
LICORICE DEGLYCYRRHIZINATED 148
LICORICE FLAVOR 376
LICORICE ROOT 173
LIDOCAINE 148
lidocaine 203
LIDOCAINE BASE 148
LIDOCAINE HCL 148
lidocaine hcl 203
lidocaine hcl (mouth-throat) 344
LIDOCAINE HCL MONOHYDRATE 148
lidocaine-prilocaine 205
LILETTA (52 MG) 178
LIME FLAVOR 376
LIME OIL 169
LIMONENE 149
LINCOMYCIN HCL 149
linezolid 33
LINOLEIC ACID 149
LINSEED OIL 170
LIOTHYRONINE 149
LIOTHYRONINE SODIUM 149
liothyronine sodium 402
LIP BALM BASE NATURAL 385
LIPACTIVE INCA INCHI WO 146
LIPMAX 370
LIPOFEN 66
LIPOIC ACID 127
LIPOIL 370
LIPOPEN ANHYDROUS 385
LIPOSOMAL HAIR 385
LIPOVAN BASE 385
LIQUID HOPE 236
LIQUID HOPE PEPTIDE 236
LIQUID HOPE PEPTIDE BERRY 236
LIQUIGEL COMPLEX 382
liraglutide (weight management) 4
lisdexamfetamine dimesylate 3
lisinopril 69
LISINOPRIL 149
lisinopril & hydrochlorothiazide 70
LISSAMINE GREEN B 370
LITE TOUCH LANCETS 296
LITE TOUCH LANCING PEN 296
LITETOUCH INSULIN SYRINGE 319
LITETOUCH LANCETS 296
LITETOUCH PEN NEEDLES 319
LITFULO 186
lithium 102
LITHIUM CARBONATE 102
lithium carbonate 102
LITHIUM CITRATE TETRAHYDRATE 149
LITHOBID 102
LITHOSTAT 269
LIVDELZI 265
LIVE BETTER LANCET SUPER THIN 296
LIVER CONCENTRATE 376
LIVER FLAVOR 376
LIVMARLI 263
LIVTENCITY 111
LO LOESTRIN FE 175
LOCOID LIPOCREAM 200
LOCUST BEAN GUM 132
LODOCO 118
lofexidine hcl 387
LOKELMA 344
LOLLIBASE 382
lomustine 96
LONGS INSULIN SYRINGE 319
LONGS LANCETS STANDARD 296
LONGS LANCETS THIN 296
LONGS LANCETS ULTRA THIN 296
LONSURF 93
LOPERAMIDE HCL 59

loperamide hcl . . . 59
LOPHLEX LQ 20 . . . 236
lopinavir-ritonavir . . . 107
LOPRESSOR . . . 113
LORATADINE . . . 149
lorazepam . . . 35
LORAZEPAM . . . 149
LORBRENA . . . 78
LOREEV XR . . . 35
losartan potassium . . . 71
LOSARTAN POTASSIUM . . . 149
losartan potassium & hydrochlorothiazide . . . 71
LOTEMAX . . . 365
LOTEMAX SM . . . 365
loteprednol etabonate . . . 365
loteprednol etabonate-tobramycin . . . 364
lovastatin . . . 67
LOVASTATIN . . . 149
LOVO-ODF CUSTOM . . . 382
loxapine succinate . . . 105
LOXORAL BASE . . . 382
LPS CRITICAL CARE SUGAR FREE . . . 236
LPS SUGAR FREE . . . 236
LUBRAJEL NP . . . 385
LUER LOCK SAFETY SYRINGES . . . 320
LULICONAZOLE . . . 202
LUMAKRAS . . . 85
LUMIGAN . . . 365
LUMRYZ . . . 388
LUMRYZ STARTER PACK . . . 388
LUPKYNIS . . . 342
LUPRON DEPOT (1-MONTH) . . . 96
LUPRON DEPOT (3-MONTH) . . . 96
LUPRON DEPOT (4-MONTH) . . . 96
LUPRON DEPOT (6-MONTH) . . . 96
LUPRON DEPOT-PED (1-MONTH) . . . 256
LUPRON DEPOT-PED (3-MONTH) . . . 256
LUPRON DEPOT-PED (6-MONTH) . . . 256
lurasidone hcl . . . 103
LURBIPR . . . 14
LURBIRO . . . 14
LUTEIN . . . 149
LUZU . . . 202
LYBALVI . . . 396
LYNPARZA . . . 97
LYSINE HCL . . . 149
LYSODREN . . . 75
LYTGOBI (12 MG DAILY DOSE) . . . 83
LYTGOBI (16 MG DAILY DOSE) . . . 83
LYTGOBI (20 MG DAILY DOSE) . . . 83
LYUMJEV . . . 55
LYUMJEV KWIKPEN . . . 55
LYUMJEV TEMPO PEN . . . 55
LYVISPAH . . . 353

M

M-M-R II . . . 407
M-NATAL PLUS . . . 348
MACA ROOT . . . 149
MACADAMIA NUT OIL . . . 170
macitentan . . . 121
MAFENIDE ACETATE . . . 149,194
MAFENIDE HCL . . . 149
MAGELLAN INSULIN SAFETY SYR . . . 320
MAGELLAN SYRINGE-SAFETY NEEDLE . . . 320
MAGELLAN TUBERCULIN SYRINGE . . . 320
MAGNASWEET 110 . . . 128
MAGNASWEET 135 . . . 128
MAGNESIUM ALUMINUM SILICATE . . . 149
MAGNESIUM AMINO ACID CHELATE . . . 149
MAGNESIUM ASCORBATE . . . 149
MAGNESIUM BISGLYCINATE DIHYD . . . 149
MAGNESIUM CARBONATE . . . 31,339
MAGNESIUM CARBONATE HEAVY . . . 339
MAGNESIUM CHLORIDE . . . 339
MAGNESIUM CITRATE . . . 149
MAGNESIUM GLUCONATE . . . 150
MAGNESIUM GLYCINATE . . . 150
MAGNESIUM HYDROXIDE . . . 150
MAGNESIUM MALATE . . . 150
MAGNESIUM OXIDE . . . 31
MAGNESIUM PHOSPHATE . . . 150

MAGNESIUM SALICYLATE . . . 150
MAGNESIUM STEARATE . . . 382
MAGNESIUM STEARATE (BULK) . . . 382
MAGNESIUM SULFATE . . . 282
MAGNESIUM TRISILICATE . . . 31
malathion . . . 205
MALEIC ACID . . . 150
MALIC ACID . . . 150
MALTODEXTRIN . . . 150
MANDELIC ACID . . . 150
MANGANESE CHLORIDE . . . 150
MANGANESE GLUCONATE . . . 150
MANGANESE SULFATE . . . 150
MANGO FLAVOR . . . 376
MANGO FLAVOR SWEETENED . . . 376
MANGO PASSION FRUIT OS . . . 376
MANNITOL . . . 173
MAPLE FLAVOR . . . 376
MARATHON MEDICAL PENTIPS . . . 320
maraviroc . . . 108
MARPLAN . . . 47
MARSHMALLOW ARTIFICIAL FLAVOR . . . 376
MARSHMALLOW FLAVOR . . . 376
MARSHMALLOW OS . . . 376
MARSHMALLOW WS . . . 376
MASK VORTEX/CHILD/FROG . . . 333
MASK VORTEX/TODDLER/LADYBUG . . . 333
MATERNACEL . . . 348
MATERVIA . . . 348
MATRONEX . . . 348
MATULANE . . . 93
MAVYRET . . . 111,112
MAXI-COMFORT INSULIN SYRINGE . . . 320
MAXI-COMFORT SAFETY PEN NEEDLE . . . 320
MAXICOMFORT II PEN NEEDLE . . . 320
MAXICOMFORT SYR 27G X 1/2" . . . 320
MAXIDEX . . . 365
MAXX . . . 286
MAXX PLUS . . . 286
MAYZENT . . . 395,396
MAYZENT STARTER PACK . . . 396
MEBENDAZOLE . . . 31
MECAMYLAMINE HCL . . . 150
MECHLORETHAMINE HCL . . . 150
MECLIZINE HCL . . . 61
meclizine hcl . . . 61
MECLOFENAMATE SODIUM . . . 14
MECLOFENOXATE HCL . . . 150
MEDI-RDT . . . 382
MEDI-RDT BASE . . . 382
MEDIBASE C . . . 385
MEDIC INSULIN SYRINGE . . . 320
MEDICHOICE SAFETY LANCET . . . 296
MEDICHOICE SAFETY LANCET EXTRA . . . 296
MEDICHOICE SAFETY LANCET NORM . . . 296
MEDICINE SHOPPE PEN NEEDLES . . . 320
MEDISENSE GLUCOSE KETONE CONTR . . . 296
MEDISENSE HI/MID/LOW CONTROL . . . 296
MEDIUM CHAIN TRIGLYCERIDES . . . 150
MEDLANCE PLUS EXTRA 21G . . . 296
MEDLANCE PLUS LITE 25G . . . 296
MEDLANCE PLUS SPECIAL 0.8MM . . . 296
MEDLANCE PLUS SUPERLITE 30G . . . 296
MEDLANCE PLUS UNIVERSAL 21G . . . 296
MEDROL . . . 180
MEDROXYPROGESTERONE ACE MICRO . . . 150
medroxyprogesterone acetate . . . 387
medroxyprogesterone acetate (contraceptive) . . . 178
MEDROXYPROGESTERONE MICRONIZED . . . 150
mefenamic acid . . . 15
MEFENAMIC ACID . . . 15
mefloquine hcl . . . 73
megestrol acetate . . . 98
MEGESTROL ACETATE . . . 98,387
MEGLUMINE . . . 150
MEIJER ISOPROPYL ALCOHOL . . . 175
MEIJER LANCETS . . . 296
MEIJER LANCETS THIN . . . 296
MEIJER LANCETS UNIVERSAL 21G . . . 296
MEIJER LANCETS UNIVERSAL 30G . . . 296
MEIJER LANCETS UNIVERSAL 33G . . . 296
MEIJER PEN NEEDLES . . . 320

MEIJER SUPER THIN LANCETS 296
MEKINIST 86
MEKTOVI 86
MELATONIN 125
meloxicam 15
MELOXICAM 15,150
MEMANTINE HCL 393
memantine hcl 393
memantine hcl-donepezil hcl 388
MENADIONE 150
MENADIONE SODIUM BISULFITE 125
MENEST 261
MENOPUR 257
MENOSTAR 261
MENQUADFI 406
MENTHOL 173
MENVEO 406
MEPACRINE 73
MEPERIDINE HCL 23
MEPIVACAINE HCL 283
MEQUINOL 150
mercaptopurine 76
MERCAPTOPURINE 150
MERCAPTOPURINE MONOHYDRATE 150
MESALAMINE 264
mesalamine 264
mesna 98
METACRESOL ACETATE 151
METAPROTERENOL SULFATE 38
METAXALONE 354
metaxalone 354
METER BUFFER 368
metformin hcl 52,53
METFORMIN HCL 53,151
METHACHOLINE CHLORIDE 151
METHACRYLIC ACID COPOLYMER A 151
METHADONE HCL 23
methadone hcl 23
methamphetamine hcl 3
METHANESULFONIC ACID 151
METHANOL 175
METHAZOLAMIDE 250
methazolamide 250
METHENAMINE 173
methenamine hippurate 33
METHENAMINE MANDELATE 173
METHIMAZOLE 401
methimazole 401
METHIONINE 359
METHITEST 28
METHOCARBAMOL 151
methocarbamol 354
METHOCEL E4M 145
METHOCEL E4M PREMIUM 145
METHOCEL E4M PREMIUM CR 145
METHOCEL K100 PREMIUM 145
METHOCEL K100M PREMIUM 145
METHOTREXATE 76
methotrexate sodium 76
METHOTREXATE SODIUM 76
METHOXSALEN 204
METHOXSALEN RAPID 191
METHOXYAMINE HYDROCHLORIDE 151
METHOXYETHANOL 151
METHSCOPOLAMINE BROMIDE 151
methscopolamine bromide 405
METHSCOPOLAMINE NITRATE 151
methsuximide 45
METHYL ALCOHOL 175
METHYL METHACRYLATE CROSSPOLY 151
METHYL SULFONE 151
METHYLCELLULOSE 370
METHYLCOBALAMIN 151
METHYLDOPA 72
methyldopa 72
METHYLENE BLUE 125
METHYLENE CHLORIDE 151
methylergonovine maleate 366
METHYLMETHACRYL CROSSPOLYMER 151
METHYLPARABEN 368
METHYLPARABEN SODIUM 368
methylphenidate hcl 5,6

METHYLPHENIDATE HCL . . . 151
METHYLPHENIDATE HCL ER . . . 6
METHYLPHENIDATE HCL ER(DIFFUS) . . . 6
METHYLPREDNISOLONE . . . 180
methylprednisolone . . . 180
METHYLPREDNISOLONE ACETATE . . . 180
METHYLSULFONYLMETHANE . . . 151
methyltestosterone . . . 29
METHYLTESTOSTERONE . . . 29
METHYSERGIDE MALEATE . . . 151
METOCLOPRAMIDE HCL . . . 263
metoclopramide hcl . . . 263
METOCLOPRAMIDE HCL MONOHYDRATE . . . 263
metolazone . . . 251
metoprolol & hydrochlorothiazide . . . 72
metoprolol succinate . . . 114
METOPROLOL TARTRATE . . . 114
metoprolol tartrate . . . 114
metronidazole . . . 32
METRONIDAZOLE . . . 151
metronidazole (topical) . . . 204,205
METRONIDAZOLE BENZO+SYRSPEND . . . 32
METRONIDAZOLE BENZOATE . . . 151
metronidazole vaginal . . . 411
metyrosine . . . 70
mexiletine hcl . . . 35
MEXILETINE HCL . . . 151
MICONAZOLE . . . 62
MICONAZOLE 3 . . . 410
MICONAZOLE NITRATE . . . 202
MICONAZOLE-ZINC OXIDE-PETROLAT . . . 188
MICORT HC . . . 200
MICROCHAMBER . . . 333
MICROCRYSTAL CELLULOSE NF 101 . . . 133
MICROCRYSTAL CELLULOSE NF 102 . . . 133
MICROCRYSTAL CELLULOSE NF 105 . . . 133
MICRODOT PEN NEEDLE . . . 320
MICROLET LANCETS . . . 297
MICROLET NEXT LANCETS . . . 297
MICROLET NEXT LANCING DEVICE . . . 297
MICROSPACER . . . 333
MIDAZOLAM . . . 151
MIDAZOLAM+SYRSPEND SF . . . 280
midodrine hcl . . . 412
MIFEPREX . . . 251
mifepristone . . . 251
mifepristone (hyperglycemia) . . . 57
MIGERGOT . . . 334
MIGLITOL . . . 52
miglustat . . . 276
MILK THISTLE . . . 151
milnacipran hcl . . . 389
MINERAL OIL . . . 282
MINERAL OIL HEAVY . . . 282
MINERAL OIL LIGHT . . . 282
MINI LANCING DEVICE . . . 297
MINOCYCLINE HCL . . . 400
minocycline hcl . . . 400
MINOCYCLINE HCL ER . . . 400
minoxidil . . . 73
MINOXIDIL . . . 125
MINT CHOCOLATE CHIP FLAVOR . . . 377
MIPLYFFA . . . 394
mirabegron . . . 406
MIRCERA . . . 277
MIRENA (52 MG) . . . 178
mirtazapine . . . 46
MIRTAZAPINE . . . 151
MISOPROSTOL . . . 151
misoprostol . . . 405
MISOPROSTOL-HPMC . . . 151
MITOMYCIN . . . 151
MITOTANE . . . 151
MIUDELLA INTRAUTERINE COPPER . . . 177
MM INSULIN SYRINGE/NEEDLE . . . 320
MM LANCING DEVICE . . . 297
MM PEN NEEDLES . . . 320
MM TWIST LANCETS . . . 297
MMA/PA COOLER15 . . . 236
MNEXSPIKE . . . 409
MOBILE LANCETS 30G . . . 297
modafinil . . . 6

MODAFINIL . . . 152
MODERNA COVID-19 VAC 6M-11Y . . . 409
MODEYSO . . . 90
moexipril hcl . . . 69
MOLASSES FLAVOR . . . 377
MOLINDONE HCL . . . 105
MOLYBDENUM . . . 152
MOMETASONE FUROATE . . . 152
mometasone furoate . . . 200
mometasone furoate (nasal) . . . 356
MONOBENZONE . . . 152
MONOETHANOLAMINE . . . 152
MONOJECT ALLERGIST TRAY . . . 320
MONOJECT BLUNTIP CANNULA . . . 320
MONOJECT BLUNTIP SYR/CANNULA . . . 320
MONOJECT CONTROL SYRINGE . . . 320
MONOJECT FILTER NEEDLE . . . 320
MONOJECT HYPODERMIC NEEDLE . . . 321
MONOJECT INSULIN SYRINGE . . . 322
MONOJECT INTRODUCER NEEDLE . . . 322
MONOJECT LIFESHIELD SYRINGE . . . 322
MONOJECT MAGELLAN SAFETY NDL . . . 322
MONOJECT MAGELLAN SYRINGE . . . 323
MONOJECT MEDICATION TRANSF NDL . . . 323
MONOJECT PHARMACY TRAY . . . 323
MONOJECT PISTON SYRINGE . . . 323
MONOJECT SOFTPACK/CATHTIP . . . 323
MONOJECT SOFTPACK/LLOCK . . . 323
MONOJECT SOFTPACK/LTIP . . . 323
MONOJECT SOFTPACK/RG LOCK . . . 323
MONOJECT SOFTPACK/RG LUER . . . 323
MONOJECT SYRINGE . . . 324
MONOJECT SYRINGE CATH TIP . . . 324
MONOJECT SYRINGE ECC LUER . . . 324
MONOJECT SYRINGE ECCENTRIC TIP . . . 324
MONOJECT SYRINGE LUER LOCK . . . 324
MONOJECT SYRINGE LUER-LOCK TIP . . . 324
MONOJECT SYRINGE PHARMACY TRAY . . . 324
MONOJECT SYRINGE REG LUER . . . 324
MONOJECT SYRINGE REGULAR TIP . . . 324
MONOJECT SYRINGE TOOMEY TYPE . . . 324
MONOJECT TB SAFETY SYRINGE . . . 324
MONOJECT TB SYRINGE . . . 324
MONOJECT ULTRA COMFORT SYRINGE . . . 324
MONOLET LANCETS . . . 297
MONOLET OPD LANCETS . . . 297
MONOLETTOR SAFETY LANCETS . . . 297
montelukast sodium . . . 39
MONTELUKAST SODIUM . . . 152
MORANTEL TARTRATE . . . 152
MORPHINE SULFATE . . . 23
morphine sulfate . . . 23,24
MORPHINE SULFATE (BULK) . . . 23
MORPHINE SULFATE ER . . . 23
MORPHINE SULFATE ER BEADS . . . 24
MOTOFEN . . . 59
MOUNJARO . . . 56
MOVANTIK . . . 265
MOXIFLOXACIN HCL . . . 152
moxifloxacin hcl . . . 262
MOXIFLOXACIN HCL (2X DAY) . . . 362
moxifloxacin hcl (ophth) . . . 362
MOXISYLYTE HCL . . . 152
MRESVIA . . . 409
MS INSULIN SYRINGE . . . 324
MSUD ANALOG . . . 215
MSUD COOLER . . . 237
MSUD COOLER15 . . . 237
MSUD EASY . . . 237
MSUD LOPHLEX LQ . . . 237
MUCOLOX . . . 382
MULPLETA . . . 279
MULTAQ . . . 36
MULTI-LANCET DEVICE . . . 297
MULTI-LANCET DEVICE 2 . . . 297
MULTI-VITAMIN/FLUORIDE . . . 347
MULTI-VITAMIN/FLUORIDE/IRON . . . 347
MULTIGEN . . . 278
MULTIGEN FOLIC . . . 278
MULTIVITAMIN/FLUORIDE . . . 347
MUPIROCIN . . . 152
mupirocin . . . 187

mupirocin calcium (topical) . . . 187
MURI-LUBE . . . 282
MUSTARD OIL . . . 169
MYALEPT . . . 256
MYCAPSSA . . . 259
MYCOPHENOLATE MOFETIL . . . 152
mycophenolate mofetil . . . 343
mycophenolate sodium . . . 343
MYFEMBREE . . . 260
MYFORTIC . . . 343
MYGLUCOHEALTH LANCETS 30G . . . 297
MYHIBBIN . . . 343
MYLERAN . . . 75
MYRBETRIQ . . . 406
MYSOLINE . . . 43
MYTESI . . . 59

N

N-ACETYL-L-CARNOSINE . . . 152
N-ACETYL-L-CYSTEINE . . . 183
nabumetone . . . 15
NABUMETONE . . . 152
NADH . . . 153
NADOLOL . . . 114
nadolol . . . 114
NAFTIFINE HCL . . . 188
naftifine hcl . . . 188
NAFTIN . . . 188
NALBUPHINE HCL . . . 152
NALFON . . . 15
NALIDIXIC ACID . . . 33
NALOCET . . . 26
naloxone hcl . . . 60
NALOXONE HCL . . . 60,152
NALOXONE HCL DIHYDRATE . . . 152
NALTREXONE . . . 152
naltrexone hcl . . . 60
NALTREXONE HCL . . . 152
NALTREXONE HCL ANHYDROUS . . . 152
NALTREXONE HCL DIHYDRATE . . . 152
NALTREXONE HCL MICRONIZED . . . 152
NAMZARIC . . . 388
NANDROLONE DECANOATE . . . 152
NAPHAZOLINE HCL . . . 152
NAPRO . . . 187
NAPROXEN . . . 15
naproxen . . . 15
NAPROXEN SODIUM . . . 15
naproxen sodium . . . 15
NAPROXEN SODIUM ER . . . 15
naratriptan hcl . . . 336
NARDIL . . . 47
NAT BITTERNESS . . . 382
NATACHEW . . . 348
NATACYN . . . 362
NATAL PNV . . . 349
NATALCHEW . . . 349
NATALVIT . . . 349
NATAPRES . . . 126
NATAZIA . . . 177
nateglinide . . . 57
NATROBA . . . 205
NATURAL BITTERNESS . . . 382
NATURAL CARAMEL . . . 377
NATURAL MIXED TOCOPHEROLS . . . 165
NAYZILAM . . . 41
nebivolol hcl . . . 114
NEBUSAL . . . 182
NEEVO DHA . . . 349
NEMLUVIO . . . 203
NEO-SYNALAR . . . 187
NEO-VITAL RX . . . 349
NEOCATE SPLASH JUNIOR . . . 237
NEOCATE SYNEO INFANT . . . 215
NEOMATERNA . . . 349
neomycin sulfate . . . 8
NEOMYCIN SULFATE . . . 187
NEOMYCIN-BACITRACIN ZN-POLYMYX . . . 361
neomycin-bacitracin zn-polymyxin . . . 361
neomycin-polymy-dexameth . . . 364
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . 361
NEOMYCIN-POLYMYXIN-HC . . . 364

neomycin-polymyxin-hc (otic) . . . 366
NEONATAL + DHA . . . 351
NEONATAL 19 . . . 352
NEONATAL COMPLETE . . . 349
NEONATAL FE . . . 349
NEONATAL PLUS . . . 349
NEONATAL VITAMIN . . . 349
NEORAL . . . 342
NEOSTIGMINE METHYLSULFATE . . . 153
NEPRO . . . 237
NEPRO/CARBSTEADY . . . 237
NERLYNX . . . 88
NESTABS . . . 349
NESTABS DHA . . . 349
NESTABS ONE . . . 351
NETTLE LEAF . . . 153
NEUPRO . . . 101
NEVIRAPINE . . . 110
nevirapine . . . 110
NEXICLON XR . . . 72
NEXLETOL . . . 65
NEXLIZET . . . 65
NEXTOL SF . . . 382
NIACIN . . . 412
niacin (antihyperlipidemic) . . . 68
NIACIN (ANTIHYPERLIPIDEMIC) . . . 68
NIACINAMIDE . . . 412
NIACOR . . . 68
NIAOULI . . . 169
nicardipine hcl . . . 116
NICE PURE BAKING SODA . . . 161
NICLOSAMIDE . . . 153
NICOTINAMIDE . . . 412
NICOTINAMIDE ADENINE DINUCLEO . . . 152
NICOTINAMIDE RIBOSIDE CHLORIDE . . . 153
NICOTINE . . . 395
nicotine . . . 395
NICOTINE POLACRILEX . . . 153
nicotine polacrilex . . . 395
NICOTINE TARTRATE . . . 153
NICOTROL . . . 395
NICOTROL NS . . . 395
nifedipine . . . 116
NIFEDIPINE . . . 153
NIFEDIPINE MICRONIZED . . . 153
NIFEREX . . . 278
nilotinib hcl . . . 80
NILUTAMIDE . . . 75
nimodipine . . . 116
NIMODIPINE . . . 116,153
NINLARO . . . 90
nintedanib esylate . . . 399
nisoldipine . . . 116,117
NISOLDIPINE ER . . . 116
nitazoxanide . . . 32
NITAZOXANIDE . . . 153
nitisinone . . . 255
NITRIC ACID . . . 124
NITRO-DUR . . . 34
NITRO-TIME . . . 34
NITROFURANTOIN . . . 33
nitrofurantoin . . . 33
NITROFURANTOIN ANHYDROUS . . . 153
nitrofurantoin macrocrystal . . . 33
nitrofurantoin monohyd macro . . . 33
NITROFURANTOIN MONOHYDRATE . . . 153
NITROFURAZONE . . . 194
nitroglycerin . . . 34
nitroglycerin (intra-anal) . . . 30
NITYR . . . 255
NIVA THYROID . . . 402
NIVA-PLUS . . . 349
NIVESTYM . . . 277
NIZATIDINE . . . 403
nizatidine . . . 403
NOCDURNA . . . 260
NOKOR VENTED NEEDLE . . . 324
NONOXYNOL-9 . . . 153
norelgestromin-ethinyl estradiol . . . 177
NOREPINEPHRINE BITARTRATE . . . 153
norethin acet & estrad-fe . . . 176
NORETHINDRONE . . . 153

norethindrone & eth estradiol 176
norethindrone & ethinyl estradiol-fe 176
norethindrone (contraceptive) 178
norethindrone acet & eth estra 176
norethindrone acetate 387
NORETHINDRONE ACETATE 387
norethindrone acetate-ethinyl estradiol 260
norethindrone acetate-ethinyl estradiol-fe 178
norethindrone-eth estradiol (triphasic) 178
NORGESIC 355
NORGESIC FORTE 355
norgestimate-ethinyl estradiol 176
norgestimate-ethinyl estradiol (triphasic) 178
norgestrel & ethinyl estradiol 176
NORLIQVA 117
NORM-JECT LUER LOCK SYRINGE 324
NORM-JECT LUER SLIP SYRINGE 324
NORPACE 35
NORPACE CR 35
NORTRIPTYLINE HCL 52
nortriptyline hcl 52
NORVIR 109
NOURIANZ 100
NOURISH 237
NOURISH PEPTIDE FORMULA 237
NOURISIL 160
NOVA SAFETY LANCETS 23G 297
NOVA SAFETY LANCETS 28G 297
NOVA SUREFLEX LANCETS 297
NOVA SUREFLEX LANCING DEVICE 297
NOVAFERRUM PEDIATRIC DROPS 278
NOVAFILM 385
NOVASOURCE RENAL 237
NOVAVAX COVID-19 VACCINE 409
NOVOEIGHT 271
NOVOFINE PEN NEEDLE 325
NOVOFINE PLUS PEN NEEDLE 325
NOVOLIN 70/30 55
NOVOLIN 70/30 FLEXPEN 55
NOVOLIN 70/30 FLEXPEN RELION 55
NOVOLIN 70/30 RELION 55
NOVOLIN N 55
NOVOLIN N FLEXPEN 55
NOVOLIN N FLEXPEN RELION 55
NOVOLIN N RELION 55
NOVOLIN R 55
NOVOLIN R FLEXPEN 55
NOVOLIN R FLEXPEN RELION 56
NOVOLIN R RELION 56
NOVOLOG 56
NOVOLOG 70/30 FLEXPEN RELION 56
NOVOLOG FLEXPEN 56
NOVOLOG FLEXPEN RELION 56
NOVOLOG MIX 70/30 56
NOVOLOG MIX 70/30 FLEXPEN 56
NOVOLOG MIX 70/30 RELION 56
NOVOLOG PENFILL 56
NOVOLOG RELION 56
NOVOPEN ECHO 325
NOVOSEVEN RT 271
NOVYRA 349
NOXAFIL 63
NP THYROID 402
NUBEQA 75
NUCALA 38
NUCYNTA 24
NUCYNTA ER 24
NUEDEXTA 394
NULIBRY 257
NUPLAZID 103
NURTEC 334
NUTRA/SHAKE 237
NUTREN 1.0 237
NUTREN 2.0 237
NUTREN JUNIOR 238
NUTREN JUNIOR 1.0 238
NUTREN JUNIOR/FIBER 238
NUTREN PULMONARY 238
NUTRIFOCUS 238
NUTRIHEP 1.5 CAL 238
NUTRITIONAL DRINK 238
NUTRITIONAL DRINK PLUS 238

NUTRITIONAL SHAKE . . . 238
NUTRITIONAL SHAKE COMPLETE . . . 238
NUTRITIONAL SHAKE HIGH PROTEIN . . . 238
NUTRITIONAL SHAKE PLUS . . . 238
NUTRITIONAL SHAKE PLUS PROTEIN . . . 239
NUTRITIONAL SUPPLEMENT . . . 239
NUTRITIONAL SUPPLEMENT PLUS . . . 239
NUVAXOVID COVID-19 VACCINE . . . 409
NUVESSA . . . 411
NUWIQ . . . 271
NUZYRA . . . 399
NYLIDRIN HCL . . . 119
NYMALIZE . . . 117
nystatin . . . 62
NYSTATIN . . . 153
nystatin (mouth-throat) . . . 344
nystatin (topical) . . . 188
nystatin-triamcinolone . . . 188

O

OB COMPLETE . . . 349
OB COMPLETE ONE . . . 349
OB COMPLETE PETITE . . . 349
OB COMPLETE PREMIER . . . 349
OB COMPLETE/DHA . . . 349
OBIZUR . . . 271
OBSTETRIX DHA . . . 351
OCTAGAM . . . 367
OCTINOXATE . . . 153
OCTISALATE . . . 153
OCTREOTIDE ACETATE . . . 259
octreotide acetate . . . 259
OCTYL STEARATE . . . 153
ODACTRA . . . 7
ODEFSEY . . . 108
ODOMZO . . . 84
OFEV . . . 399
OFLOXACIN . . . 262
ofloxacin (ophth) . . . 362
ofloxacin (otic) . . . 366
OGSIVEO . . . 83
OHC COVID-19 ANTIGEN SELF TEST . . . 207
OINTMENT BASE (EMULSIFYING) . . . 385
OJEMDA . . . 80
OJJAARA . . . 95
olanzapine . . . 106
olanzapine-fluoxetine hcl . . . 396
OLEABASE PLASTICIZED . . . 385
OLEIC ACID . . . 370
OLIVE OIL . . . 170
olmesartan medoxomil . . . 71
OLMESARTAN MEDOXOMIL . . . 153
olmesartan medoxomil-amlodipine-hydrochlorothiazide . . . 70
olmesartan medoxomil-hydrochlorothiazide . . . 71
olopatadine hcl . . . 362
olopatadine hcl (nasal) . . . 356
OLUMIANT . . . 10
OMEPRAZOLE . . . 154
omeprazole . . . 404
OMEPRAZOLE+SYRSPEND SF ALKA . . . 405
omeprazole-sodium bicarbonate . . . 404
OMNARIS . . . 356
OMNIFLEX DIAPHRAGM . . . 287
OMNIPOD 5 DEXG7G6 INTRO GEN 5 . . . 304
OMNIPOD 5 DEXG7G6 PODS GEN 5 . . . 304
OMNIPOD 5 G7 INTRO (GEN 5) . . . 304
OMNIPOD 5 G7 PODS (GEN 5) . . . 304
OMNIPOD 5 LIBRE INTRO . . . 304
OMNIPOD 5 LIBRE PODS . . . 304
OMNIPOD DASH INTRO (GEN 4) . . . 304
OMNIPOD DASH PODS (GEN 4) . . . 304
OMNITROPE . . . 255
OMVOH . . . 264
OMVOH (300 MG DOSE) . . . 264
ON/GO COVID-19 ANTIGEN TEST . . . 208
ON/GO ONE COVID-19 HOME TEST . . . 208
ONAPGO . . . 101
ONDANSETRON . . . 61
ondansetron . . . 61
ondansetron hcl . . . 61
ONDANSETRON HCL . . . 61,154

ONE VITE WOMENS PLUS 349
ONENATAL RX 349
ONETOUCH DELICA PLUS LANCET30G 297
ONETOUCH DELICA PLUS LANCET33G 297
ONETOUCH DELICA PLUS LANCING 297
ONETOUCH DELICA SAFETY LANCING 297
ONETOUCH ULTRASOFT 2 LANCETS 297
ONGENTYS 102
ONUREG 77
ONZETRA XSAIL 336
OPFOLDA 254
OPSUMIT 121
OPTICHAMBER DIAMOND 333
OPTICHAMBER DIAMOND-LG MASK 333
OPTICHAMBER DIAMOND-MD MASK 333
OPTICHAMBER DIAMOND-SM MASK 333
OPTIMENTAL 239
OPTIONS GYNOL II CONTRACEPTIVE 410
OPTIUMEZ TEST 206
OPVEE 60
OPZELURA 193
ORA-HESIVE BASE 385
ORALAIR 7
ORANGE CONCENTRATE 377
ORANGE CREAM FLAVOR 377
ORANGE FLAVOR 377
ORANGE OIL 169
ORANGE OIL FLAVOR 377
ORAPRED ODT 180
ORAVIG 345
ORENCIA 17
ORENCIA CLICKJECT 17
ORENITRAM 119
ORENITRAM MONTH 1 119
ORENITRAM MONTH 2 119
ORENITRAM MONTH 3 119
ORFADIN 255
ORGAIN KIDS PROTEIN ORGANIC NU 239
ORGANIC NUTRITION SHAKE 239
ORGOVYX 94
ORIAHNN 260
ORIGANUM OIL 154
ORILISSA 254
ORKAMBI 397
ORLADEYO 274
ORLISTAT 4,154
ORLYNVAH 33
ORNITHINE HCL 154
ORPHENADRINE CITRATE 354
orphenadrine citrate 354
ORPHENADRINE-ASPIRIN-CAFFEINE 355
ORPHENGESIC FORTE 355
ORSERDU 98
ORUDIS 15
oseltamivir phosphate 112
OSELTAMIVIR PHOSPHATE 154
OSMOLEX ER 100
OSMOLITE 239
OSMOLITE 1 CAL 239
OSMOLITE 1.2 CAL 239
OSMOLITE 1.5 CAL 239
OSMOLITE HN 239
OSPHENA 258
OTEZLA 16,17
OTEZLA XR 17
OTEZLA/OTEZLA XR INITIATION PK 17
OTOVEL 366
OVIDREL 258
OXALIC ACID (BULK) 124
OXALIC ACID DIHYDRATE 124
OXANDROLONE 154
OXAPROZIN 16
oxaprozin 16
oxazepam 35
oxcarbazepine 43
OXEPA 239
OXEPA 1.5 240
OXERVATE 363
oxiconazole nitrate 202
OXISTAT 202
OXYBENZONE 125
OXYBUTYNIN CHLORIDE 154

oxybutynin chloride 405,406
OXYCODONE HCL 24
oxycodone hcl 24
oxycodone w/ acetaminophen 26,27
OXYCODONE-ACETAMINOPHEN 27
OXYMETAZOLINE HCL 154
oxymorphone hcl 24
OXYMORPHONE HCL ER 25
OXYTETRACYCLINE DIHYDRATE 154
OXYTETRACYCLINE HCL 400
OXYTOCIN 154
OXYTOCIN ACETATE 154
OXYTROL 406
OZEMPIC 57
OZEMPIC (0.25 OR 0.5 MG/DOSE) 56
OZEMPIC (1 MG/DOSE) 57
OZEMPIC (2 MG/DOSE) 57

P

PALFORZIA (1 MG DAILY DOSE) 7
PALFORZIA (12 MG DAILY DOSE) 7
PALFORZIA (120 MG DAILY DOSE) 7
PALFORZIA (160 MG DAILY DOSE) 7
PALFORZIA (20 MG DAILY DOSE) 7
PALFORZIA (200 MG DAILY DOSE) 7
PALFORZIA (240 MG DAILY DOSE) 7
PALFORZIA (3 MG DAILY DOSE) 7
PALFORZIA (300 MG MAINTENANCE) 7
PALFORZIA (300 MG TITRATION) 7
PALFORZIA (40 MG DAILY DOSE) 7
PALFORZIA (6 MG DAILY DOSE) 7
PALFORZIA (80 MG DAILY DOSE) 7
PALFORZIA INITIAL DOSE 1-3YRS 7
PALFORZIA INITIAL DOSE 4-17YRS 7
PALFORZIA INITIAL ESCALATION 7
paliperidone 104
PALMAROSA 154
PALMIDROL 154
PALMITOYL PENTAPEPTIDE-3 154
PALMITOYL TRIPEPTIDE-3 154
PALYNZIQ 258
PANCREATIN 154
PANDA MASK LARGE 333
PANDA MASK MEDIUM 333
PANDA MASK SMALL 333
PANDEL 200
PANRETIN 189
PANTHENOL 154
PANTOPRAZOLE SODIUM 154
pantoprazole sodium 405
PAPAIN 154
PAPAVERINE HCL 119
PARA-AMINOBENZOIC ACID 412
PARACHLOROPHENOL 155
PARAFFIN 370
PARAFFIN WAX BEADS 370
PARAFORMALDEHYDE 155
PARAGARD INTRAUTERINE COPPER 177
PARI VORTEX PEDIATRIC MASK 333
paricalcitol 255
PAROMOMYCIN SULFATE 155
PAROXETINE HCL 48
paroxetine hcl 48,49
paroxetine mesylate (vasomotor) 397
PASSION FRUIT FLAVOR 377
PASSION FRUIT FLAVOR SWEETENED 377
PATCHOULI OIL 155
PAXLOVID (150/100) 111
PAXLOVID (300/100 & 150/100) 111
PAXLOVID (300/100) 111
pazopanib hcl 88
PAZOPANIB HCL 88
PC UNIFINE PENTIPS 325
PCCA CUSTOM NATATROCHE HMP 380
PCCA CUSTOM RDT 382
PCCA CUSTOM TROCHE BASE 380
PCCA CUSTOM TROCHE BASE (LS) 380
PCCA DMAE COMPLEX 137
PCCA EMULSIFIX-205 BASE 382
PCCA FIXED OIL BASE 380
PCCA GELATIN BASE 385
PCCA LECITHIN ISOPROPYL PALM 370

PCCA LIPODERM HMW 385
PCCA LOXASPERSE BASE 382
PCCA MBK (FATTY ACID) BASE 382
PCCA NATATROCHE BASE 380
PCCA OCCLUSADERM 385
PCCA PERME8 ANHYDROUS 385
PCCA PLASTICIZED BASE 385
PCCA PLURONIC F127 BASE 385
PCCA POLOXAMER 407 385
PCCA POLYGLYCOL TROCHE 380
PCCA PRACAMAC BASE 380
PCCA RAPID DISSOLVE TABLET 383
PCCA SORBITOL LOLLIPOP BASE 383
PCCA SPIRA-WASH BASE 385
PCCA SWEETNESS ENHANCER 377
PCCA T3 SODIUM 149
PCCA T4 SODIUM 148
PCCA W06 ANHYDROUS TOPICAL 385
PCCA XYLIFOS BASE 383
PEACH FLAVOR 377
PEANUT BUTTER FLAVOR 377
PEANUT BUTTER OS 377
PEANUT OIL 170
PEARBERRY FRAGRANCE 155
PECTIN 59
ped multivitamins w/fl & iron 347
PEDIARIX 402
PEDIASURE 240
PEDIASURE 1.0 CAL 240
PEDIASURE 1.0 CAL/FIBER 240
PEDIASURE 1.5 CAL 240
PEDIASURE 1.5 CAL/FIBER 240
PEDIASURE GROW & GAIN 240
PEDIASURE GROW & GAIN ORGANIC 240
PEDIASURE GROW & GAIN/FIBER 240
PEDIASURE HARVEST 1.0 CAL 240
PEDIASURE NUTRIPALS 240
PEDIASURE PEDIATRIC 240
PEDIASURE PEPTIDE 1.0 CAL 241
PEDIASURE PEPTIDE 1.5 CAL 241
PEDIASURE REDUCED CALORIE 241
PEDIASURE SHAKE/FIBER 241
PEDIASURE SIDEKICKS 241
PEDIASURE SIDEKICKS CLEAR 241
PEDIASURE SIDEKICKS SHAKE 241
PEDIASURE/FIBER 241
PEDIATRIC DRINK 241
PEDIATRIC PANDA MASK 333
PEDVAX HIB 406
PEG 300 385
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate . . 282
peg 3350-potassium chloride-sod bicarbonate-sod chloride 282
PEG 400 MONOSTEARATE 155
PEG-40 CASTOR OIL 155
PEG-PREP 282
PEGASYS 112
PEMAZYRE 83
PEN NEEDLE/5-BEVEL TIP 325
PEN NEEDLES 325
PEN NEEDLES 5/16" 325
PENBRAYA 406
penciclovir 192
PENCICLOVIR (BULK) 155
PENICILLAMINE 155
penicillamine 341
PENICILLIN V POTASSIUM 367
penicillin v potassium 367
PENMENVY 406
PENNYROYAL OIL 155
PENTACEL 403
pentamidine isethionate 32
PENTASA 264
PENTIPS 325
PENTIPS GENERIC PEN NEEDLES 325
PENTOBARBITAL SODIUM 279
PENTOSAN POLYSULFATE SODIUM 155
PENTOXIFYLLINE 155
pentoxifylline 273
PENTYLENE GLYCOL 155
PENTYLENETETRAZOLE 155
PEPPERMINT BURST OS 377

PEPPERMINT FLAVOR 377
PEPPERMINT OIL 169
PEPPERMINT SPIRIT 171
PEPSIN 249
PEPTAMEN 241
PEPTAMEN 1.5 CAL 241
PEPTAMEN 1.5 CAL/PREBIO1 241
PEPTAMEN AF 242
PEPTAMEN INTENSE VHP 242
PEPTAMEN JUNIOR 1 CAL 242
PEPTAMEN JUNIOR 1 CAL/PREBIO1 242
PEPTAMEN JUNIOR 1.5 242
PEPTAMEN JUNIOR 1.5 CAL 242
PEPTAMEN JUNIOR FIBER 242
PEPTAMEN JUNIOR HP 242
PEPTAMEN JUNIOR PHGG 1.2 242
PEPTAMEN JUNIOR/PREBIO1 242
PEPTAMEN/PREBIO1 242
perampanel 41
PERATIVE 242
PERATIVE 1.3 CAL 243
PERFECT LANCETS 28G 297
PERFECT LANCETS 30G 297
PERFECT POINT SAFETY LANCETS 297
PERFECT POINT SAFETY NEEDLE 325
PERFLUORODECALIN 155
PERGOLIDE MESYLATE 155
PERIFLEX INFANT 215
perindopril erbumine 69
PERINDOPRIL ERBUMINE 69
PERIOMED 346
PERMETHRIN 155
permethrin 205
perphenazine 106
PERPHENAZINE 155
PERPHENAZINE-AMITRIPTYLINE 394
PERUVIAN BALSAM 171
PETROLATUM 385
PETROLATUM WHITE 385
PETROLEUM JELLY 385
PEUCEDANUM OSTRUTHIUM EXTRACT 155
PFIZER COVID-19 VAC-TRIS 5-11Y 409
PFIZER COVID-19 VAC-TRIS 6M-4Y 409
PH BUFFER 368
PHARMACIST CHOICE LANCETS 297
PHARMACY COUNTER LANCETS 297
PHEBURANE 259
PHENAZOPYRIDINE HCL 268
PHENELZINE SULFATE 47,155
PHENINDIONE 155
PHENIRAMINE MALEATE 155
PHENOBARBITAL 280
phenobarbital 280
PHENOBARBITAL SODIUM 280
PHENOL 106
PHENOLSULFONIC ACID 155
phenoxybenzamine hcl 70
PHENOXYBENZAMINE HCL 155
PHENOXYETHANOL 155
phentermine hcl 3
PHENTERMINE HCL 155
phentermine hcl-topiramate 3
PHENTOLAMINE MESYLATE 155
PHENYL SALICYLATE 155
PHENYL-FREE 1 215
PHENYLADE GMP MIX DHA/FIBER 243
PHENYLADE GMP READY 243
PHENYLADE RTD PKU 10 243
PHENYLBUTAZONE 16
PHENYLEPHRINE HCL 356
PHENYLETHYL ALCOHOL 156
PHENYLETHYLAMINE HCL 156
PHENYLMERCURIC ACETATE 173
PHENYLMERCURIC NITRATE 173
PHENYLPROPANOLAMINE HCL 356
PHENYLTOLOXAMINE CITRATE 156
phenytoin 45
PHENYTOIN 156
PHENYTOIN SODIUM 45
phenytoin sodium extended 45
PHEXX 411
PHEXXI 411

PHOSPHA 250 NEUTRAL 339
PHOSPHATIDYLCHOLINE 156
PHOSPHATIDYLSERINE 156,161
PHOSPHO-TRIN 250 NEUTRAL 339
PHOSPHO-TRIN K500 339
PHOSPHORIC ACID 124
PHOSPHOROUS 339
PHYTIC ACID IN WATER 156
PHYTONADIONE 156
phytonadione 413
PIFELTRO 110
PILOCARPINE HCL 173
pilocarpine hcl 361
pilocarpine hcl (oral) 347
PILOCARPINE NITRATE 173
PILOT COVID-19 AT-HOME TEST 208
pimecrolimus 204
PIMOBENDAN 156
pimozide 394
PINA COLADA FLAVOR 377
pindolol 114
PINE BARK EXTRACT 156
PINE NEEDLE OIL 156
PINE OIL 169
PINE TAR 171
PINEAPPLE EXTRACT 156
PINEAPPLE FLAVOR 377
PINENE (L-ALPHA) 147
pioglitazone hcl 59
pioglitazone hcl-glimepiride 58
pioglitazone hcl-metformin hcl 59
PIP LANCETS 28G 297
PIP LANCETS 30G 297
PIP PEN NEEDLES 31G X 5MM 325
PIP PEN NEEDLES 32G X 4MM 325
PIPERAZINE CITRATE 31
PIPERINE 156
PIQRAY (200 MG DAILY DOSE) 97
PIQRAY (250 MG DAILY DOSE) 97
PIQRAY (300 MG DAILY DOSE) 97
PIRACETAM 156
PIRFENIDONE 398
pirfenidone 398,399
piroxicam 16
PIROXICAM 16
PIVOT 1.5 CAL 243
PKU AIR20 GOLD 243
PKU AIR20 GREEN 243
PKU AIR20 YELLOW 243
PKU COOLER 10 243
PKU COOLER 15 243
PKU COOLER 20 243
PKU EASY 243
PKU EASY MICROTABS PLUS 243
PKU EXPRESS 15 PLUS+ 243
PKU EXPRESS 20 PLUS+ 243
PKU LOPHLEX LQ 20 244
PKU SPHERE 20 244
PKU SPHERE NEXT 15 244
PLASTIBASE 386
PLASTICIZED BASE 386
PLEGRIDY 392
PLEGRIDY STARTER PACK 392
PLIAGLIS 205
PLO TRANSDERMAL 386
PLURONIC 383
PLURONIC F127 383,386
PLURONIC L64 383
PMX-1184 SILICONE 160
PNEUMOVAX 23 407
PNV 27-CA/FE/FA 349
PNV PRENATAL PLUS MULTIVIT+DHA 349
PNV TABS 20-1 349
PNV-DHA 351
PNV-DHA+DOCUSATE 351
PNV-OMEGA 349
PNV-SELECT 349
POCKET CHAMBER 333
POCKET SPACER 333
PODIAPN 208
PODOFILOX 156,203
podofilox 203

PODOPHYLLUM RESIN 203
POKONZA 339,340
POLOX 383
POLOXAMER 188 383
POLOXAMER 407 383
POLY HUB NEEDLE 325
POLY-IRON 150 FORTE 278
POLY-VI-FLOR 347
POLYACRYLATE CROSSPOLYMER-6 156
POLYBLEND RX 383
POLYETHYLENE GLYCOL 386
POLYETHYLENE GLYCOL 1000 386
POLYETHYLENE GLYCOL 1450 386
POLYETHYLENE GLYCOL 1500 386
POLYETHYLENE GLYCOL 200 386
POLYETHYLENE GLYCOL 300 386
POLYETHYLENE GLYCOL 3350 386
POLYETHYLENE GLYCOL 400 386
POLYETHYLENE GLYCOL 4500 386
POLYETHYLENE GLYCOL 600 386
POLYETHYLENE GLYCOL 600 (BULK) 126
POLYETHYLENE GLYCOL 8000 386
POLYHEXAMETHYLENE BIGUANIDE 156
POLYMAC PROGEL 386
POLYMATRIX 383
POLYMYXIN B SULFATE 33
polymyxin b-trimethoprim 361
POLYOX WSR-301 126
POLYOXYL 40 HYD CASTOR OIL 156
POLYOXYL 40 STEARATE 387
POLYPEG 383
POLYSORBATE 20 171
POLYSORBATE 40 171
POLYSORBATE 60 171
POLYSORBATE 80 171
POLYVINYL ALCOHOL 156
POLYVINYLPYRROLIDONE K-30 156
POLYVINYLPYRROLIDONE K-90 157
pomalidomide 84
POMALYST 85
POMEGRANATE SEED 157
PONAZURIL 157
posaconazole 63
POTASH SULFURATED LUMP 173
POTASSIUM ACETATE 157
POTASSIUM ALUM 173
POTASSIUM AMINOBENZOATE 412
POTASSIUM ASPARTATE 157
POTASSIUM AZELAOYL DIGLYCINATE 157
POTASSIUM BENZOATE 157
POTASSIUM BICARBONATE 340
POTASSIUM BITARTRATE 173
POTASSIUM BROMIDE 173
POTASSIUM CARBONATE 173
POTASSIUM CHLORIDE 340
potassium chloride 340
POTASSIUM CHLORIDE ER 340
potassium chloride microencapsulated crystals er . . 340
POTASSIUM CITRATE 267
potassium citrate (alkalinizer) 267
POTASSIUM CITRATE MONOHYDRATE 267
POTASSIUM GLUCONATE ANHYDROUS 173
POTASSIUM HYDROXIDE 125
POTASSIUM IODIDE 157
POTASSIUM METABISULFITE 157
POTASSIUM NITRATE 173
POTASSIUM PERCHLORATE 173
POTASSIUM PERMANGANATE 157
POTASSIUM PHOSPHATE DIBASIC 157
POTASSIUM PHOSPHATE MONOBASIC 157
POTASSIUM SODIUM TARTRATE 157
POTASSIUM SORBATE 368
POTASSIUM SULFATE 157
POVIDONE 157
POVIDONE K-30 157
POVIDONE-IODINE 157
POWDER SCENT FRAGRANCE 157
PRADAXA 41
PRALIDOXIME CHLORIDE 157
PRALINES AND CREAM FLAVOR 378
pramipexole dihydrochloride 101,102
PRAMOXINE HCL 203

PRASTERONE MICRONIZED . . . 173
prasugrel hcl . . . 275
pravastatin sodium . . . 67
praziquantel . . . 31
PRAZIQUANTEL . . . 157
PRAZOSIN HCL . . . 72
prazosin hcl . . . 72
PRECISION GLUCOSE KETONE CONTR . . . 297
PRECISION SURE-DOSE SYRINGE . . . 325
PRECISION THINS GP LANCETS . . . 298
PRECISION XTRA BLOOD GLUCOSE . . . 206
PREDNISOLONE . . . 181
prednisolone . . . 181
PREDNISOLONE ACETATE . . . 181
prednisolone acetate (ophth) . . . 365
PREDNISOLONE ANHYDROUS . . . 181
PREDNISOLONE SODIUM PHOSPHATE . . . 181,365
prednisolone sodium phosphate . . . 181
prednisone . . . 181
PREDNISONE . . . 181
PREDNISONE INTENSOL . . . 181
PREFERRED PLUS INSULIN SYRINGE . . . 325
PREFERRED PLUS LANCETS COLORED . . . 298
PREFERRED PLUS LANCETS THIN . . . 298
PREFERRED PLUS UNIFINE PENTIPS . . . 325
pregabalin . . . 43,44
PREGABALIN . . . 157
PREGEN DHA . . . 351
PREGENNA . . . 349
PREGESTIMIL . . . 216
PREGNENOLONE . . . 173
PREGNENOLONE MICRONIZED . . . 173
PREGNYL . . . 258
PREHEVBRIO . . . 409
PREMARIN . . . 262,411
PREMESISRX . . . 352
PREMIUM INFANT FORMULA/IRON . . . 216
PREMPHASE . . . 260
PREMPRO . . . 260
PRENA 1 TRUE . . . 351
PRENA1 . . . 352
PRENA1 PEARL . . . 349
PRENAISSANCE . . . 352
PRENAISSANCE PLUS . . . 352
PRENATABS FA . . . 350
PRENATABS RX . . . 350
PRENATAL . . . 350
PRENATAL 19 . . . 350
PRENATAL PLUS . . . 350
PRENATAL PLUS VITAMIN/MINERAL . . . 350
PRENATAL-U . . . 350
PRENATE . . . 352
PRENATE AM . . . 352
PRENATE DHA . . . 352
PRENATE ELITE . . . 350
PRENATE ENHANCE . . . 352
PRENATE ESSENTIAL . . . 352
PRENATE MINI . . . 352
PRENATE PIXIE . . . 352
PRENATE RESTORE . . . 352
PRENATOL-M . . . 350
PRENATRIX . . . 350
PRENATRYL . . . 350
PRENATVITE COMPLETE . . . 350
PRENATVITE PLUS . . . 350
PRENATVITE RX . . . 350
PRENOVA . . . 350
PRENYRA . . . 350
PRESTALIA . . . 69
PRETOMANID . . . 74
PRETZ . . . 171
PREVENT DROPSAFE PEN NEEDLES . . . 325
PREVENT SAFETY PEN NEEDLES . . . 325
PREVIDENT . . . 346
PREVIDENT 5000 BOOSTER PLUS . . . 346
PREVIDENT 5000 DRY MOUTH . . . 346
PREVIDENT 5000 ENAMEL PROTECT . . . 345
PREVIDENT 5000 KIDS . . . 346
PREVIDENT 5000 ORTHO DEFENSE . . . 346
PREVIDENT 5000 PLUS . . . 346
PREVIDENT 5000 SENSITIVE . . . 345
PREVNAR 20 . . . 407

PREVYMIS . . . 111
PREZCOBIX . . . 108
PREZISTA . . . 109
PRIFTIN . . . 74
PRILOCAINE . . . 157
PRILOCAINE HCL . . . 157
PRILOSEC . . . 405
PRIMACARE . . . 350
primaquine phosphate . . . 73
primidone . . . 44
PRIMIDONE . . . 44,157
PRIORIX . . . 407
PRO COMFORT INSULIN SYRINGE . . . 325
PRO COMFORT LANCETS 30G . . . 298
PRO COMFORT LANCETS 31G . . . 298
PRO COMFORT PEN NEEDLES . . . 325
PRO COMFORT SAFETY LANCETS 30G . . . 298
PRO COMFORT SPACER ADULT . . . 333
PRO COMFORT SPACER CHILD . . . 333
PRO COMFORT SPACER INFANT . . . 333
probenecid . . . 269
PROCAINAMIDE HCL . . . 35
PROCAINE HCL . . . 283
PROCAP 90 CAPSULE EXCIPIENT . . . 383
PROCARBAZINE HCL . . . 157
PROCARE SPACER/ADULT MASK . . . 333
PROCARE SPACER/CHILD MASK . . . 333
PROCHAMBER VHC . . . 333
prochlorperazine . . . 106
PROCHLORPERAZINE EDISYLATE . . . 157
PROCHLORPERAZINE MALEATE . . . 106
prochlorperazine maleate . . . 106
PROCRIT . . . 277
PROCTOCORT . . . 31
PROCTOFOAM HC . . . 30
PROCYSBI . . . 268
PRODIGY INSULIN SYRINGE . . . 325
PRODIGY LANCETS 28G . . . 298
PRODIGY LANCING DEVICE . . . 298
PRODIGY SAFETY LANCETS 26G . . . 298
PRODIGY TWIST TOP LANCETS 28G . . . 298
PROFILNINE . . . 271
PROFLAVINE HEMISULFATE . . . 157
PROGESTERONE . . . 157
progesterone . . . 387
progesterone (vaginal) . . . 412
PROGESTERONE MICRONIZED . . . 157,387
PROGESTERONE MILLED . . . 158
PROGESTERONE WETTABLE . . . 158
PROGESTERONE WETTABLE (SOY) . . . 158
PROGRAF . . . 343
PROLATE . . . 27
PROMAZINE HCL . . . 158
promethazine hcl . . . 64
PROMETHAZINE HCL . . . 158
promethazine w/codeine . . . 183
promethazine-dm . . . 183
PROMETHEGAN . . . 64
PROMOD . . . 244
PROMOTE . . . 244
PROMOTE 1.0 . . . 244
PROMOTE 1.0 WITH FIBER . . . 244
PROMOTE/FIBER . . . 244
propafenone hcl . . . 36
PROPANEDIOL . . . 158
PROPANTHELINE BROMIDE . . . 405
PROPARACAINE HCL . . . 158
PROPIONIC ACID . . . 158
PROPRANOLOL HCL . . . 114
propranolol hcl . . . 114
PROPYL GALLATE . . . 158
PROPYLENE GLYCOL . . . 158
PROPYLENE GLYCOL MONOSTEARATE . . . 158
PROPYLPARABEN . . . 368
PROPYLPARABEN SODIUM . . . 368
PROPYLTHIOURACIL . . . 158
propylthiouracil . . . 401
PROQUAD . . . 407
PROSOURCE . . . 244
PROSOURCE PLUS . . . 244
PROSOURCE TF . . . 244
PROSOURCE XTRACAL . . . 244

PROSOURCE ZAC . . . 245
PROSTAGLANDIN E1 . . . 125
PROSTAGLANDIN E2 . . . 139
PROSURE . . . 245
PROTALITY . . . 245
PROTAMINE SULFATE . . . 158
PROTEASE . . . 158
PROTEIN FORTIFIER . . . 216
protriptyline hcl . . . 52
PROVIDA OB . . . 350
PRURADIK . . . 205
pseudoephed-bromphen-dm . . . 183
PSEUDOEPHEDRINE HCL . . . 356
PSS SELECT GP LANCETS . . . 298
PSS SELECT PLATFORMS . . . 298
PSS SELECT SAFETY LANCETS . . . 298
PSYLLIUM HUSK . . . 158
PULLULAN . . . 158
PULMOCARE . . . 245
PULMOCARE 1.5 . . . 245
PULMOSAL . . . 182
PULMOZYME . . . 398
PUMICE (FLOUR) . . . 173
PUMPKIN FLAVOR . . . 378
PURAMINO DHA/ARA . . . 216
PURAMINO JR . . . 216
PURE COMFORT LANCETS 30G . . . 298
PURE COMFORT PEN NEEDLE . . . 325
PURE COMFORT SAFETY LANCET 30G . . . 298
PURE COMFORT SAFETY PEN NEEDLE . . . 325
PURE COMFORT SPACER CHAMBER . . . 333
PURIXAN . . . 77
PUSH 20+ ADVANCED . . . 245
PX ADVANCED LANCING DEVICE . . . 298
PX EXTRA SHORT PEN NEEDLES . . . 325
PX INSULIN SYRINGE . . . 325
PX LANCETS MICROTHIN 33G . . . 298
PX LANCETS ULTRA THIN 28G . . . 298
PX MINI PEN NEEDLES . . . 326
PX PEN NEEDLE . . . 326
PYRANTEL PAMOATE . . . 158
pyrazinamide . . . 74
PYRAZINAMIDE . . . 158
pyridostigmine bromide . . . 74
PYRIDOSTIGMINE BROMIDE . . . 74,158
PYRIDOXAL-5 PHOSPHATE . . . 158
PYRIDOXAL-5-PHOSPHATE . . . 158
PYRIDOXINE HCL . . . 413
PYRILAMINE MALEATE . . . 64
pyrimethamine . . . 73
PYRIMETHAMINE . . . 158
PYROGALLOL . . . 174
PYRUKYND . . . 275
PYRUKYND TAPER PACK . . . 275
PYRUVIC ACID . . . 125

Q

QBRELIS . . . 69
QBREXZA . . . 204
QC ADVANCED LANCING DEVICE . . . 298
QC BORIC ACID . . . 174
QC CAMPHOR SPIRIT . . . 171
QC CASTOR OIL . . . 170
QC LANCETS SUPER THIN 30G . . . 298
QC LANCETS ULTRA THIN . . . 298
QC PEN NEEDLES . . . 326
QC SWEET OIL . . . 170
QC UNIFINE PENTIPS . . . 326
QC UNILET LANCETS 28G . . . 298
QC UNILET LANCETS MICRO THIN . . . 298
QDOLO . . . 25
QINLOCK . . . 89
QLOSI . . . 361
QNASL . . . 356
QNASL CHILDRENS . . . 356
QUADRACEL . . . 403
QUATERNIUM-15 . . . 158
QUAZEPAM . . . 280
QUERCETIN DIHYDRATE . . . 158
QUETIAPINE FUMARATE . . . 105
quetiapine fumarate . . . 105
QUICK TOUCH INSULIN PEN NEEDLE . . . 326

QUICKVUE AT-HOME COVID-19 TEST 208
QUILLICHEW ER 6,7
QUILLIVANT XR 7
QUINACRINE HCL 74
quinapril hcl 69
QUINAPRIL-HYDROCHLOROTHIAZIDE 70
quinidine gluconate 35
QUINIDINE SULFATE 35
QUINIDINE SULFATE DIHYDRATE 174
QUININE HCL DIHYDRATE 159
quinine sulfate 74
QUININE SULFATE DIHYDRATE 74
QUINIZARIN GREEN SS 370
QULIPTA 334
QVAR REDIHALER 39

R

RA BLOOD PRESSURE CUFF MONITOR 284
RA E-ZJECT LANCETS 28G 298
RA E-ZJECT LANCETS THIN 26G 298
RA E-ZJECT LANCETS THIN 28G 298
RA E-ZJECT LANCETS ULTRA THIN 298
RA EPSOM SALT 282
RA INSULIN SYRINGE 326
RA PEN NEEDLES 326
RABAVERT 409
rabeprazole sodium 405
RABEPRAZOLE SODIUM 405
RACEPINEPHRINE HCL 159
RADICAVA ORS 356
RADICAVA ORS STARTER KIT 356
RAGWITEK 7
raloxifene hcl 259
ramipril 70
ranolazine 34
RAPAMUNE 343
RAPESEED OIL 159
rasagiline mesylate 100
RASAGILINE MESYLATE 159
RASPBERRY CONCENTRATE 378
RASPBERRY FLAVOR 378
RASPBERRY FLAVOR ARTIFICIAL 378
RASPBERRY OS 378
RASUVO 12
RAUWOLFIA SERPENTINA 159
RAYA SURE PEN NEEDLE 326
RAYALDEE 256
RCF 216
RCF LOW-IRON 216
RDT BASE 383
RDT-PLUS 383
RE/NEPH 245
RE/NEPH LP/HC 245
RE/NEPH REDUCED SUGAR 245
READYLANCE SAFETY LANCETS 298
REALITY INSULIN SYRINGE 326
REALITY LANCETS 298
REALITY LATEX CONDOMS 286
REALITY LATEX/ULTRA TEXTURED 286
REALITY LATEX/ULTRA THIN 286
REALITY TRIGGER LANCETS 298
REASON 245
REASON PEPTIDE 1.5 245
REBIF 392
REBIF REBIDOSE 392
REBIF REBIDOSE TITRATION PACK 393
REBIF TITRATION PACK 393
REBINYN 271
RECOMBINATE 271
RECOMBIVAX HB 409
RECORLEV 253
RED YEAST RICE 159
RED YEAST RICE EXTRACT 159
REDEMPLO 254
REGENT ALCOHOL 371
REGRANEX 205
REGULAR NUTRITIONAL SHAKE 245
RELAFEN DS 16
RELENZA DISKHALER 112
RELEVIA 350
RELION BLOOD PRESSURE MONITOR 284
RELION INSULIN SYRINGE 326

RELION KETONE TEST 206
RELION LANCET DEVICES 30G 299
RELION LANCETS 299
RELION LANCETS MICRO-THIN 33G 299
RELION LANCETS THIN 26G 299
RELION LANCETS ULTRA-THIN 30G 299
RELION LANCING DEVICE 299
RELION MINI PEN NEEDLES 326
RELION PEN NEEDLES 326
RELION PREMIUM MONITOR 285
RELION SHORT PEN NEEDLES 326
RELION ULTRA THIN LANCETS 30G 299
RELION ULTRA THIN PLUS LANCETS 299
RELNATE DHA 350
RELTONE 262
RENALCAL 246
RENASTEP 246
RENEWCREAM HRT 386
RENO CAPS 347
RENOVAGE 165
RENTHYROID 402
repaglinide 57
REPATHA 68
REPATHA PUSHTRONEX SYSTEM 68
REPATHA SURECLICK 68
REPLETE 246
REPLETE FIBER 1 CAL 246
RESERPINE 73
RESORCINOL 174
RESVERATROL 159
RETACRIT 277
RETEVMO 90
RETIN-A MICRO 185
RETIN-A MICRO PUMP 185
RETINAL 159
RETINOIC ACID 185
RETINOL MOLECULAR FILM 167
REVCOVI 252
REVUFORJ 86
REXALL LANCETS ULTRA THIN 30G 299
REXTOVY 60
REXULTI 106
REYATAZ 109
REYVOW 338
REZLIDHIA 95
REZUROCK 344
RHAPSIDO 342
RHOPRESSA 363
RIASTAP 271
RIBAVIRIN 112,159
RIBOFLAVIN 159
RIBOFLAVIN 5-PHOSPHATE SODIUM 159
RIBOFLAVIN-5-PHOSPHATE SODIUM 159
RIBOSE (D) 139
RIDAURA 12
rifabutin 74
rifampin 74
RIFAMPIN 159
RIFAMPIN+SYRSPEND SF 74
RIFAXIMIN 159
RIGHTEST ALTERNATE SITE ADAPT 299
RIGHTEST GD500 LANCING DEVICE 299
RIGHTEST GL300 LANCETS 299
rilpivirine hcl 110
riluzole 357
RINVOQ 10
RINVOQ LQ 11
risedronate sodium 252
RISPERIDONE 104
risperidone 104
RITEFLO 333
ritonavir 109
rivaroxaban 40
rivastigmine 389
rivastigmine tartrate 389
RIXUBIS 272
rizatriptan benzoate 336
ROCKLATAN 363
ROCURONIUM BROMIDE 159
roflumilast 39
ROMVIMZA 82
RONIDAZOLE 159

ROOT BEER FLAVOR 378
ropinirole hydrochloride 102
ROPIVACAINE HCL 159
ROSE BENGAL B 159
ROSE OIL 169
ROSEMARY OIL 169
ROSIN 174
rosuvastatin calcium 67
ROSUVASTATIN CALCIUM 159
ROTARIX 409
ROTATEQ 409
ROXYBOND 25
ROZLYTREK 91
RUBIDIUM CHLORIDE 159
RUBRACA 97
RUCONEST 273
rufinamide 44
RUKOBIA 108
RUTIN 159
RYALTRIS 355
RYBELSUS 57
RYCLORA 63
RYDAPT 89
RYTARY 101

S

SACCHARIN 249
SACCHARIN CALCIUM 160
sacubitril-valsartan 118
SAFE-T-LANCE 299
SAFE-T-LANCE PLUS 299
SAFETY LANCET 30G/PRESSURE ACT 299
SAFETY LANCETS 299
SAFETY LANCETS 21G 299
SAFETY LANCETS 23G 299
SAFETY LANCETS 28G 299
SAFETY PEN NEEDLES 326
SAFFLOWER OIL 170
SAGE LEAF 160
SALICYLIC ACID 160
SALSALATE 160
SANCUSO 61
SANDIMMUNE 342
SANTYL 201
sapropterin dihydrochloride 258
SAPS HEALTH PLUS LANCETS 299
SAPS HEALTH TWIST TOP LANCETS 299
SAPS TWIST TOP LANCETS 299
SAPSCARE TWIST TOP LANCETS 299
SARDINE FLAVOR 378
SASSAFRAS OIL 169
SAVELLA 389
SAVELLA TITRATION PACK 389
SAW PALMETTO BERRY 160
SB COMPLETE NUTRITION 246
SB COMPLETE NUTRITION PLUS 246
SB INSULIN SYRINGE 326
SB LANCETS THIN 299
SB LANCETS ULTRA THIN 299
SCAR CARE BASE ENHANCED 386
SCARLET RED 160
SCEMBLIX 80
scopolamine 61
SCOPOLAMINE HBR 403
SE-NATAL 19 350
SE-TAN PLUS 278
SECRETIN-MANNITOL 160
SECUADO 104
SECURESAFE HYPODERMIC NEEDLE 326
SECURESAFE INSULIN SYRINGE 326
SECURESAFE SAFETY PEN NEEDLES 326
SECURESAFE SYRINGE/NEEDLE 326
SEGLENTIS 28
SELARSDI 191
SELECT-LITE DEVICE/LANCETS 299
SELECT-LITE LANCING DEVICE 299
SELECT-OB 350
SELECT-OB+DHA 352
SELEGILINE HCL 100
selegiline hcl 100
SELENIUM SULFIDE 160,192
selenium sulfide 192

SELENIUM YEAST 160
SELZENTRY 108
SEMGLEE (YFGN) 56
SENNA 160
SENSILANCE SAFETY LANCETS 21G 299
SENSILANCE SAFETY LANCETS 26G 299
SENSILANCE SAFETY LANCETS 28G 299
SEPHIENCE 258
SEPICALM VG 168
SEPINEO P 600 383
SEREVENT DISKUS 38
SERMORELIN ACETATE 160
SERNIVO 200
SEROTONIN HCL 160
sertraline hcl 49
SERTRALINE HCL 160
SESAME OIL 170
sevelamer carbonate 266
sevelamer hcl 266
SEVENFACT 272
SF 346
SF 5000 PLUS 346
SFROWASA 264
SHARK CARTILAGE 160
SHEA BUTTER 383
SHEA BUTTER ORGANIC 383
SHINGRIX 410
SHOWER FRESH FRAGRANCE 160
SHRIMP FLAVOR 378
SIBERIAN GINSENG 160
SIBERIAN PINE OIL 141
SIGNIFOR 259
SIKLOS 276
sildenafil citrate 122
SILDENAFIL CITRATE 160
sildenafil citrate (pulmonary hypertension) 121
SILICA 174
SILICON DIOXIDE 174
SILICON DIOXIDE (SYLOID 244FP) 174
SILICONE BLEND CUSTOM 160
SILICONE ELASTOMER BLEND 160
SILICONE FLUID 556 161
silodosin 267
SILVER NITRATE 194
SILVER PROTEIN MILD 106
SILVER SULFADIAZINE 161
silver sulfadiazine 194
SIMBRINZA 359
SIMETHICONE 262
SIMILAC 216
SIMILAC 2 ADVANCE 216
SIMILAC 2-IRON 216
SIMILAC ADVANCE COMPLETE 216
SIMILAC ADVANCE EARLY SHIELD 216
SIMILAC ADVANCE KOSHER 217
SIMILAC ADVANCE LAMEHADRIN 217
SIMILAC ADVANCE NON-GMO 217
SIMILAC ADVANCE ON-THE-GO 217
SIMILAC ADVANCE ORGANIC 217
SIMILAC ADVANCE-IRON 217
SIMILAC ADVANCE/IRON 217
SIMILAC ALIMENTUM ADVANCE-IRON 217
SIMILAC ALIMENTUM-IRON 217
SIMILAC EXPERT CARE ALIMENTUM 217
SIMILAC EXPERT CARE DIARRHEA 217
SIMILAC EXPERT CARE NEOSURE/FE 217
SIMILAC FOR SPIT-UP 218
SIMILAC FOR SPIT-UP/OPTIGRO 218
SIMILAC FOR SUPPLEMENTATION 218
SIMILAC GO & GROW EARLY SHIELD 218
SIMILAC GO & GROW HMO 218
SIMILAC GO & GROW NON-GMO 218
SIMILAC GO & GROW OPTIGRO 218
SIMILAC GO & GROW TODDLER 218
SIMILAC LACTOSE FREE 218
SIMILAC LACTOSE FREE ADVANCE 218
SIMILAC LOW-IRON 218
SIMILAC NATURAL CARE 218
SIMILAC NEOSURE 219
SIMILAC NEOSURE ADVANCE/IRON 219
SIMILAC NEOSURE OPTIGRO 219
SIMILAC ORGANIC/A2 MILK/IRON 219

SIMILAC ORGANIC/IRON 219
SIMILAC PM 219
SIMILAC PRO-ADVANCE OPTIGRO 219
SIMILAC PRO-ADVANCE WITH IRON 219
SIMILAC PRO-SENSITIVE 219
SIMILAC PRO-SENSITIVE OPTIGRO 219
SIMILAC PRO-TOTAL COMFORT 219
SIMILAC PURE BLISS 219
SIMILAC PURE BLISS/IRON 220
SIMILAC SENSITIVE 220
SIMILAC SENSITIVE EARLY SHIELD 220
SIMILAC SENSITIVE FUSSINESS 220
SIMILAC SENSITIVE NON-GMO 220
SIMILAC SENSITIVE OPTIGRO 220
SIMILAC SENSITIVE SPIT-UP 220
SIMILAC SOY ISOMIL 220
SIMILAC SOY ISOMIL/IRON 220
SIMILAC SPECIAL CARE 220
SIMILAC SPECIAL CARE PREMATURE 220
SIMILAC SPECIAL CARE/IRON 220
SIMILAC SPECIAL CARE/LOW IRON 221
SIMILAC TOTAL CMFRT OPTIGRO/FE 221
SIMILAC TOTAL COMFORT 221
SIMILAC/IRON 221
SIMLANDI (1 PEN) 9
SIMLANDI (1 SYRINGE) 10
SIMLANDI (2 PEN) 10
SIMLANDI (2 SYRINGE) 10
SIMPLE DIAGNOSTICS LANCING DEV 300
SIMPLECAP 383
SIMPLGEL 30 386
SIMPONI 10
simvastatin 67
SIMVASTATIN 161
SINCALIDE IN MANNITOL 161
SINGLE-LET 300
SIROLIMUS 161
sirolimus 343
SIRTURO 74
sitagliptin phosphate 53
sitagliptin phosphate-metformin hcl 53
SITAVIG 112
SIVEXTRO 33
SKYCLARYS 357
SKYLA 178
SKYRIZI 191,264
SKYRIZI PEN 191
SKYTROFA 255
SM BORIC ACID 174
SM CAMPHOR SPIRIT 171
SM LANCETS 33G 300
SM NUTRI-DRINK 246
SM NUTRI-DRINK + ... 246
SM PETROLEUM JELLY 386
SM SWEET OIL 170
SM TRUEDRAW LANCING DEVICE 300
SMART DIABETES VANTAGE LANCING 300
SMART SENSE COLOR LANCETS 33G 300
SMART SENSE STANDARD LANCETS 300
SMART SENSE SUPER THIN LANCETS 300
SMART SENSE THIN LANCETS 26G 300
SMARTEST LANCETS 28G 300
SOAANZ 250
SOD ANAMIX EARLY YEARS 221
SOD BICARB-SOD CHLORIDE (BULK) 171
SOD CITRATE-CITRIC ACID 267
SOD FLUORIDE-POTASSIUM NITRATE 345
SODIUM 4-AMINOSALICYLATE 128
SODIUM ACETATE 338
SODIUM ACETATE TRIHYDRATE 161
SODIUM ALGINATE 161
SODIUM ASCORBATE 413
SODIUM ASCORBYL PHOS DIHYDRATE 161
SODIUM ASPARTATE 161
SODIUM ASPARTATE MONOHYDRATE 161
SODIUM BENZOATE 383
SODIUM BICARBONATE 161
SODIUM BISULFITE 161
SODIUM BITARTRATE MONOHYDRATE 161
SODIUM BORATE 125
SODIUM BORATE DECAHYDRATE 125
SODIUM BROMIDE 174

SODIUM BUTYRATE 174
SODIUM CACODYLATE 174
SODIUM CAPRATE 161
SODIUM CAPRYLATE 161
SODIUM CARBONATE ANHYDROUS 125
SODIUM CARBONATE MONOHYDRATE 125
SODIUM CHLORIDE 182,183,340
SODIUM CHLORITE 161
SODIUM CITRATE 267
sodium citrate & citric acid 267
SODIUM CITRATE ANHYDROUS 267
SODIUM CITRATE DIHYDRATE 161
SODIUM COCOYL GLUTAMATE 161
SODIUM DEHYDROACETATE 161
SODIUM DEOXYCHOLATE 161
SODIUM DIACETATE 161
SODIUM DICHLOROACETATE 161
SODIUM FLUORIDE 161,339,346
sodium fluoride (dental) 346
SODIUM FLUORIDE 5000 ENAMEL 345
SODIUM FLUORIDE 5000 PLUS 346
SODIUM FLUORIDE 5000 PPM 346
SODIUM FLUORIDE 5000 SENSITIVE 345
SODIUM FLUOROPHOSPHATE 162
SODIUM GLUCONATE 162
SODIUM HYALURONATE 145
SODIUM HYDROXIDE 125
SODIUM IODIDE 162
SODIUM LACTATE 162
SODIUM LAURETH SULFATE 162
SODIUM LAURYL SULFATE 371
SODIUM METABISULFITE 162
SODIUM MOLYBDATE 162
SODIUM MONOFLUOROPHOSPHATE 162
SODIUM NITRATE 162
SODIUM NITRITE 174
SODIUM OLEATE 162
sodium oxybate 388
SODIUM PERBORATE 174
SODIUM PHENYLBUTYRATE 162
sodium phenylbutyrate 260
SODIUM PHOSPHATE DIBASIC 162
SODIUM PHOSPHATE DIBASIC HEPTA 162
SODIUM PHOSPHATE MONOBASIC 162
SODIUM PHOSPHATE TRIBASIC 162
SODIUM PIDOLATE 162
sodium polystyrene sulfonate 344
SODIUM PROPIONATE 162
SODIUM PYROPHOSPHATE 126
SODIUM SALICYLATE 19
SODIUM SELENITE 162
SODIUM SILICATE (BULK) 171
SODIUM STARCH GLYCOLATE 162
SODIUM STEARATE 162
SODIUM STEARYL FUMARATE 162
SODIUM SUCCINATE 162
SODIUM SULFATE 174
sodium sulfate-potassium sulfate-magnesium sulfate 282
SODIUM SULFITE 174
SODIUM TARTRATE DIHYDRATE 162
SODIUM TETRADECYL SULFATE 162
SODIUM THIOSALICYLATE 162
SODIUM THIOSULFATE 383
SODIUM VALPROATE 167
SOFDRA 204
SOHONOS 355
solifenacin succinate 406
SOLIQUA 57
SOLOSEC 8
SOLTAMOX 76
SOLUS V2 LANCETS 28G 300
SOLUS V2 LANCING DEVICE 300
SOLUS V2 TWIST LANCETS 30G 300
SOMAVERT 254
sorafenib tosylate 89
SORAFENIB TOSYLATE (BULK) 162
SORBIC ACID 368
SORBITAN MONOLAURATE 162
SORBITAN MONOOLEATE 162
SORBITAN MONOPALMITATE 162
SORBITAN MONOSTEARATE 163

SORBITOL 174,380
SORBITOL CANDY BASE 383
SORILUX 190
sotalol hcl 115
sotalol hcl (afib/afl) 115
SOTYKTU 191
SOTYLIZE 115
SOVALDI 112
SOVUNA 74
SOYABEAN CASEIN DIGEST MEDIUM 163
SOYBEAN LECITHIN 163
SOYBEAN OIL 170
SPAN 80 163
SPEARMINT FLAVOR 378
SPEARMINT OIL 169
SPEARMINT OS 378
SPECPED 135
SPEEDY SWAB COVID-19 ANTIGEN 208
SPEVIGO 191
SPG SUPPOSI-BASE 383
SPIKEVAX 410
SPIKEVAX 6M-11Y 410
SPINOSAD 205
SPIRIVA RESPIMAT 38
SPIRONOLACTONE 251
spironolactone 251
spironolactone & hydrochlorothiazide 250
SPIRULINA 163
SPRITAM 44
SPRIX 16
SPS (SODIUM POLYSTYRENE SULF) 344
SQUALANE 163
SQUALENE 163
SQUARIC ACID 163
SQUARIC ACID DI-N-BUTYL ESTER 163
SQUARIC ACID IN BUTANOL 163
ST JOHNS WORT 163
STANNOUS CHLORIDE DIHYDRATE 163
STANNOUS FLUORIDE 174
stannous fluoride 346
STANOZOLOL 163
STARCH 174
STARCH RICE 174
STEARIC ACID 383
STEARYL ALCOHOL 371
STEQEYMA 191
STERILANCE TL 300
STEVIA EXTRACT 163
STEVIA GLYCERITE EXTRACT 378
STEVIOL GLYCOSIDES 163
STEVIOSIDE 163
STIOLTO RESPIMAT 37
STIVARGA 89
STRAWBERRY FLAVOR 378
STRAWBERRY OS 378
STRENSIQ 256
STREPTOMYCIN SULFATE 8
STRIBILD 108
STRIVERDI RESPIMAT 38
STRONTIUM CHLORIDE 163
STRONTIUM NITRATE 174
STROVITE ONE 347
SUBVENITE 44
SUCCIMER DMSA 163
SUCCINIC ACID 163
SUCCINYLCHOLINE CHLORIDE 163
SUCRAID 249
SUCRALFATE 404
sucralfate 404
SUCROSE 174
SUCROSE OCTAACETATE 163
SUDAFED CHILDRENS 356
SUFENTANIL CITRATE 164
SUFENTANIL CITRATE (BULK) 25
SULAR 117
SULCONAZOLE NITRATE 202
SULFACETAMIDE 164
SULFACETAMIDE SODIUM 192,365
sulfacetamide sodium (acne) 184
sulfacetamide sodium (ophth) 365
SULFACETAMIDE-PREDNISOLONE 364
SULFADIAZINE 399

sulfadiazine . . . 399
SULFADIAZINE SODIUM . . . 399
SULFADIMETHOXINE . . . 164
SULFAMERAZINE . . . 164
SULFAMETHOXAZOLE . . . 399
SULFAMETHOXAZOLE MICRO . . . 399
sulfamethoxazole-trimethoprim . . . 32
SULFAMYLON . . . 194
SULFANILAMIDE . . . 174
SULFAPYRIDINE . . . 399
sulfasalazine . . . 264
SULFASALAZINE . . . 264
SULFATHIAZOLE . . . 399
SULFISOXIZOLE . . . 399
SULFOSALICYLIC ACID DIHYDRATE . . . 164
SULFUR PRECIPITATED . . . 164
SULFUR SUBLIMED . . . 164
SULFURIC ACID . . . 124
SULINDAC . . . 16
sulindac . . . 16
SULPHAN BLUE . . . 370
SULPIRIDE . . . 164
SUMATRIPTAN . . . 164
sumatriptan . . . 336
SUMATRIPTAN SUCCINATE . . . 164
sumatriptan succinate . . . 336,337
SUMATRIPTAN SUCCINATE REFILL . . . 337
sumatriptan-naproxen sodium . . . 335
sunitinib malate . . . 89
SUNLENCA . . . 108
SUNOSI . . . 4
SUPER SYNERSWEET FLAVOR . . . 378
SUPER THIN LANCETS . . . 300
SUPEROXIDE DISMUTASE . . . 164
SUPLENA . . . 246
SUPLENA 1.8/CARBSTEADY . . . 246
SUPLENA/CARB STEADY . . . 246
SUPPOSI-PLEX R36 . . . 383
SUPPOSI-PLEX V33 . . . 383
SUPPOSIBLEND . . . 383
SURE COMFORT INSULIN SYRINGE . . . 327
SURE COMFORT LANCETS 18G . . . 300
SURE COMFORT LANCETS 21G . . . 300
SURE COMFORT LANCETS 23G . . . 300
SURE COMFORT LANCETS 28G . . . 300
SURE COMFORT LANCETS 30G . . . 300
SURE COMFORT LANCING PEN . . . 300
SURE COMFORT PEN NEEDLES . . . 327
SURELIFE BP MONITOR/ARM . . . 285
SURELIFE BP MONITOR/WRIST . . . 285
SURELITE LANCETS . . . 300
SUSPENDIT . . . 386
SUTAB . . . 282
SWEET CORN FLAVOR . . . 378
SWEET DROPS . . . 378
SWEET OIL . . . 170
SWEETENING ENHANCER . . . 378
SYMDEKO . . . 397
SYMPAZAN . . . 41
SYMPROIC . . . 265
SYMTUZA . . . 108
SYN-AKE . . . 139
SYNAPRYN FUSEPAQ . . . 25
SYNAPSIN . . . 383
SYNAREL . . . 256
SYNDROS . . . 61
SYNJARDY . . . 58
SYNJARDY XR . . . 58
SYNTHROID . . . 402
SYRINGE DISPOSABLE . . . 327
SYRINGE ECCENTRIC TIP . . . 327
SYRINGE LUER LOCK . . . 328
SYRINGE LUER SLIP . . . 328
SYRINGE/HYPODERMIC SAFETY . . . 328

T

TABLOID . . . 77
TABRADOL FUSEPAQ . . . 354
TABRECTA . . . 86
TACROLIMUS . . . 164
tacrolimus . . . 343
tacrolimus (topical) . . . 204

tadalafil . . . 122
TADALAFIL . . . 164
tadalafil (pulmonary hypertension) . . . 121
TAFINLAR . . . 81
TAGRISSO . . . 82
TAKHZYRO . . . 274
TALC . . . 174
TALICIA . . . 405
TALZENNA . . . 97
tamoxifen citrate . . . 76
TAMOXIFEN CITRATE . . . 164
TAMOXIFEN CITRATE MICRONIZED . . . 164
tamsulosin hcl . . . 267
TANDEM PLUS . . . 278
TANGERINE FLAVOR . . . 379
TANGERINE FLAVOR SWEETENED . . . 379
TANNIC ACID . . . 193
tapentadol hcl . . . 25
TAPERDEX 12-DAY . . . 181
TAPERDEX 7-DAY . . . 181
TARON FORTE . . . 278
TARON-C DHA . . . 350
TARTARIC ACID . . . 125
tasimelteon . . . 281
TAURINE . . . 359
TAVALISSE . . . 275
TAZAROTENE . . . 164
tazarotene . . . 190
TAZVERIK . . . 87
TDC MAX . . . 386
TDVAX . . . 403
TEA COCOYL GLUTAMINE . . . 165
TEA TREE OIL . . . 164
TEABERRY FLAVOR . . . 379
TECHLITE AST LANCETS . . . 300
TECHLITE INSULIN SYRINGE . . . 328
TECHLITE LANCETS . . . 300
TECHLITE LANCETS 26G . . . 300
TECHLITE PEN NEEDLES . . . 328
TECHLITE PLUS PEN NEEDLES . . . 328
TECHNA 10 SF TROCHE BASE . . . 380
TECHNA 10 TROCHE BASE . . . 380
TECHNA 20 SF TROCHE BASE . . . 381
TECHNA 20 TROCHE BASE . . . 381
TECHNA NATURAL SF TROCHE BASE . . . 381
TECHNA NATURAL TROCHE BASE G2 . . . 381
TEGRETOL . . . 44
TEGRETOL-XR . . . 44
TEGSEDI . . . 388
telmisartan . . . 71
TELMISARTAN-AMLODIPINE . . . 70
telmisartan-hydrochlorothiazide . . . 71
temazepam . . . 280
temozolomide . . . 94
TENCON . . . 19
TENIVAC . . . 403
tenofovir disoproxil fumarate . . . 110
TEPMETKO . . . 87
terazosin hcl . . . 72
terbinafine hcl . . . 62
TERBINAFINE HCL . . . 164
TERBUTALINE SULFATE . . . 38
terbutaline sulfate . . . 38
terconazole vaginal . . . 410
teriflunomide . . . 391
teriparatide . . . 258
TERPIN HYDRATE . . . 182
TERPIN HYDRATE MONOHYDRATE . . . 182
testosterone . . . 29,30
TESTOSTERONE . . . 29,164
testosterone cypionate . . . 29
TESTOSTERONE CYPIONATE . . . 164
TESTOSTERONE ENANTHATE . . . 29,164
TESTOSTERONE MICRONIZED . . . 164
TESTOSTERONE PROPIONATE . . . 164
TESTOSTERONE UNDECANOATE . . . 164
tetrabenazine . . . 391
TETRACAINE . . . 164
TETRACAINE HCL . . . 164
TETRACYCLINE HCL . . . 188
tetracycline hcl . . . 400
TETRAHYDROBIOPTERIN DIHCL . . . 165

TETRAHYDROCURCUMIN 165
TETRAHYDROZOLINE HCL 165
TEXACORT 200
TEZRULY 72
TEZSPIRE 39
TGT LANCET MICRO THIN 33G 300
TGT LANCET THIN 26G 300
TGT LANCET ULTRA THIN 30G 300
TGT LANCING DEVICE 300
THALITONE 251
THALOMID 341
THEANINE 165
THEO-24 39
THEOBROMINE 165
theophylline 40
THEOPHYLLINE 174
THEOPHYLLINE ANHYDROUS 174
THEOPHYLLINE ER 40
THEOPHYLLINE-ETHYLENEDIAMINE 40
THIABENDAZOLE 31
THIAMINE HCL 412
THIAMINE MONONITRATE 412
THICK-IT THICKENED CRANBERRY 246
THIMEROSAL 106
THINLETS GP LANCETS 300
THIOGUANINE 165
THIOLA EC 269
THIORIDAZINE HCL 165
THIOTEPA 165
thiothixene 106
THREONINE 359
THRIVACIN 30 247
THRIVACIN DETOX 247
THRIVITE RX 350
THYMOL 174
THYMOL IODIDE 174
THYMOL IODIDE PURIFIED 174
THYMUS 165
THYQUIDITY 402
THYROID 402
THYROID (PORCINE) 165
TIAGABINE HCL 45
TIBSOVO 95
ticagrelor 273
TICARCILLIN-POT CLAVULANATE 165
TIGLUTIK 357
timolol 360
TIMOLOL MALEATE 115
timolol maleate 115
timolol maleate (ophth) 360
tinidazole 32
TINIDAZOLE 125
TINOGARD TL 130
tiopronin 269
tiotropium bromide 38
TIROSINT 402
TIROSINT-SOL 402
TITANIUM DIOXIDE 165
TIVICAY 109
TIVICAY PD 109
TIZANIDINE HCL 165,354
tizanidine hcl 354
TOBI PODHALER 8
TOBRADEX ST 364
tobramycin 8
TOBRAMYCIN 8,165
tobramycin (ophth) 362
TOBRAMYCIN SULFATE 8
tobramycin-dexamethasone 364
TOCOPHERYL ACID SUCC D-ALPHA 167
TOCOTRIENOLS 165
TODAY SPONGE 410
TODAYS HEALTH LANCING DEVICE 301
TODAYS HEALTH PEN NEEDLES 328
TODAYS HEALTH SHORT PEN NEEDLE 328
TODAYS HEALTH THIN LANCETS 28G 301
TODAYS HEALTH THIN LANCETS 30G 301
tofacitinib citrate 11
TOFACITINIB CITRATE 165
TOLAZOLINE HCL 165
tolcapone 101
TOLECTIN 600 16

TOLECTIN DS 16
TOLMETIN SODIUM 16
TOLNAFTATE 188
TOLSURA 63
tolterodine tartrate 406
TOLTRAZURIL 165
TOLU BALSAM 165
TOLUIDINE BLUE O 165
tolvaptan 259
tolvaptan (hyponatremia) 259
TOMMY GEL 386
TONMYA 389
TOOMEY SYRINGE 328
TOPCARE CLICKFINE PEN NEEDLES 328
TOPCARE LANCETS MICRO-THIN 33G 301
TOPCARE ULTRA COMFORT INS SYR 328
topiramate 44
TOPIRAMATE 165
toremifene citrate 76
torsemide 250
TOSYMRA 337
TOUJEO MAX SOLOSTAR 56
TOUJEO SOLOSTAR 56
TRAGACANTH 371
tramadol hcl 25,26
TRAMADOL HCL 25,26,165
TRAMADOL HCL (ER BIPHASIC) 25
TRAMADOL HCL ER 26
tramadol-acetaminophen 28
TRAMETINIB 165
trandolapril 70
TRANDOLAPRIL-VERAPAMIL HCL ER 69
TRANEXAMIC ACID 166
tranexamic acid 279
TRANILAST 166
TRANSDERMAL PAIN BASE 386
tranylcypromine sulfate 47
TRAVEL LANCETS ADVANCED 28G 301
travoprost 365
TRAZODONE HCL 50
trazodone hcl 50
TRECATOR 74
TRELEGY ELLIPTA 37
TREMFYA 192,265
TREMFYA ONE-PRESS 192
TREMFYA PEN 192,265
TREMFYA-CD/UC INDUCTION 265
TRESIBA 56
TRESIBA FLEXTOUCH 56
TRETINOIN 185
tretinoin 185,186
tretinoin (chemotherapy) 98
TRETINOIN MICROSPHERE 186
tretinoin microsphere 186
TRETINOIN MICROSPHERE PUMP 186
TRETTEN 272
TREXALL 77
TREZIX 20
TRI-VITE/FLUORIDE 347
TRIACETIN 166
TRIAMCINOLONE 166
TRIAMCINOLONE ACETONIDE 200,201
triamcinolone acetonide (mouth) 347
triamcinolone acetonide (topical) 200,201
TRIAMCINOLONE DIACET MICRONIZE 181
TRIAMCINOLONE DIACETATE 181
TRIAMCINOLONE HEXACETONIDE 166
TRIAMTERENE 251
triamterene 251
triamterene & hydrochlorothiazide 250
TRICARE 350
TRICHLORMETHIAZIDE 166
TRICHLOROACETIC ACID 166
TRICLOSAN 166
TRIENTINE HCL 341
trientine hcl 341
TRIETHANOLAMINE LAURYL SULFATE 166
TRIETHANOLAMINE SALICYLATE 166
TRIETHYL CITRATE 166
trifluoperazine hcl 106
TRIFLURIDINE 362
TRIGELS-F FORTE 278

TRIHEXYPHENIDYL HCL 100
trihexyphenidyl hcl 100
TRIJARDY XR 57
TRIKAFTA 398
TRILOSTANE 166
TRIMEPRAZINE TARTRATE 166
trimethobenzamide hcl 61
TRIMETHOBENZAMIDE HCL 166
trimethoprim 32
TRIMETHOPRIM 32
TRIMIPRAMINE MALEATE 52
trimipramine maleate 52
TRINATAL RX 1 350
TRINATE 350
TRINTELLIX 50
TRIOXSALEN 166
TRIPELENNAMINE HCL 64
TRIPHROCAPS 347
TRIPLE COMPLEX FORMULA 3 KIT 187
TRIPLE PMB 364
TRIPLE PMK 364
TRIPROLIDINE HCL 166
TRISTART DHA 352
TRITON X-100 153
TRITTAB PEPPERMINT ICE 379
TRIUMEQ 108
TRIUMEQ PD 108
TROCHE BASE 381
TROCHE BASE SF W/BITTER-BLOC 381
TROCHIBASE 381
TROCHIBASE S CLASSIC 381
TROJAN BARESKIN 286
TROJAN ENZ 286
TROJAN MAGNUM 286
TROJAN ULTRA RIBBED LUBRICATED 286
TROJAN ULTRA THIN 286
TROJAN ULTRA THIN/SPERMICIDAL 286
TROJAN-ENZ LUBRICATED 286
TROJAN-ENZ/SPERMICIDAL 286
TROLAMINE 368
TROMETHAMINE 166
TROPICAL FUSION OS 379
TROPICAL FUSION WS 379
TROPICAL PUNCH FLAVOR 379
TROPICAMIDE 361
TROPOLONE 166
trospium chloride 406
TRUCLEAR STEVIA PLUS 163
TRUE COMFORT INSULIN SYRINGE 328
TRUE COMFORT PEN NEEDLES 328
TRUE COMFORT PRO INSULIN SYR 328
TRUE COMFORT PRO PEN NEEDLES 328
TRUE COMFORT SAFETY LANCETS 301
TRUE COMFORT SAFETY PEN NEEDLE 329
TRUE COMFORT TWIST TOP LANCETS 301
TRUE COVER 286
TRUEDRAW LANCING DEVICE 301
TRUEPLUS 5-BEVEL PEN NEEDLES 329
TRUEPLUS INSULIN SYRINGE 329
TRUEPLUS LANCETS 26G 301
TRUEPLUS LANCETS 28G 301
TRUEPLUS LANCETS 30G 301
TRUEPLUS LANCETS 33G 301
TRUEPLUS PEN NEEDLES 329
TRUEPLUS SAFETY LANCETS 28G 301
TRULANCE 262
TRULICITY 57
TRUMENBA 407
TRUQAP 77
TRUSTEX COLOR CONDOMS + LUBE 286
TRUSTEX LUB/RIBBED/STUDDED 286
TRUSTEX LUB/SPERMICIDE EX ST 286
TRUSTEX LUB/SPERMICIDE XL 286
TRUSTEX LUBRICATED 286
TRUSTEX LUBRICATED EX LARGE 287
TRUSTEX LUBRICATED EXTRA ST 287
TRUSTEX LUBRICATED/SPERMICIDE 287
TRUSTEX NATURAL CONDOMS + LUBE 287
TRUSTEX NON-LUBRICATED 287
TRUSTEX RIA LUB/SPERMICIDE 287
TRUSTEX RIA LUBRICATED 287
TRUSTEX RIA NON-LUBRICATED 287

TRUSTEX-NONOXYNOL-9/RIB/STUD 287
TRYNGOLZA 254
TRYPAN BLUE 370
TRYPSIN 166
TRYPTOPHAN 359
TRYPTYR 365
TRYVIO 73
TUKYSA 78
TUNA FLAVOR 379
TUNA TYPE FLAVOR OS 379
TURALIO 89
TURMERIC 166
TURMERIC ROOT 166
TURPENTINE 175
TURPENTINE OIL 170
TUTTI FRUTTI CONCENTRATE 379
TUTTI FRUTTI FLAVOR 379
TUTTI-FRUTTI FLAVOR 379
TUXARIN ER 183
TWIIST REFILL KIT 304
TWIIST REFILL KIT/INFUSION SET 304
TWIIST STARTER KIT 304
TWINRIX 407
TWIST TOP LANCETS 30G 301
TWOCAL HN 247
TWOCAL HN 2.0 247
TYBLUME 176
TYBOST 111
TYENNE 12
TYLACTIN BUILD 20PE TYR 247
TYLACTIN COMPLETE 15 PE 247
TYLACTIN RESTORE 10 247
TYLACTIN RESTORE 5PE 247
TYLACTIN RTD 15 247
TYLOSIN TARTRATE 166
TYLOXAPOL 166
TYMLOS 258
TYR COOLER 247
TYR COOLER15 247
TYR EASY 247
TYR EXPRESS 15 PLUS+ 247
TYR EXPRESS 20 PLUS+ 247
TYR LOPHLEX LQ 248
TYRVAYA 360
TYVASO 119
TYVASO DPI MAINTENANCE KIT 119,120
TYVASO DPI TITRATION KIT 120
TYVASO REFILL 120
TYVASO STARTER 120

U

UBIDECARENONE 125
UBIQUINOL 166
UBRELVY 334
UCARE POLYMER JR-400 383
ULTI-LANCE AUTOMATIC 301
ULTICARE INSULIN SAFETY SYR 329
ULTICARE INSULIN SYR 1/2 UNIT 329
ULTICARE INSULIN SYRINGE 329
ULTICARE MICRO PEN NEEDLES 329
ULTICARE MINI PEN NEEDLES 329
ULTICARE PEN NEEDLES 329
ULTICARE SHORT PEN NEEDLES 329
ULTICARE SYRINGE 329
ULTICARE TUBERCULIN SAFETY SYR 329
ULTIGUARD SAFEPACK PEN NEEDLE 329
ULTIGUARD SAFEPACK SYR/NEEDLE 329
ULTILET CLASSIC LANCETS 301
ULTILET LANCETS 301
ULTILET PEN NEEDLE 329
ULTILET SAFETY LANCETS 301
ULTILET SAFETY LANCETS 23G 301
ULTRA COMFORT INSULIN SYRINGE 329
ULTRA FLO INSULIN PEN NEEDLES 329
ULTRA FLO INSULIN SYR 1/2 UNIT 329
ULTRA FLO INSULIN SYRINGE 329
ULTRA THIN LANCETS 31G 301
ULTRA THIN PEN NEEDLES 329
ULTRA-CARE LANCETS 30G 301
ULTRA-CARE SAFETY LANCETS 30G 301
ULTRA-THIN II AUTO LANCET 301
ULTRA-THIN II INS SYR SHORT 329

ULTRA-THIN II INSULIN SYRINGE . . . 329
ULTRA-THIN II LANCETS . . . 301
ULTRA-THIN II MINI PEN NEEDLE . . . 329
ULTRA-THIN II PEN NEEDLE SHORT . . . 329
ULTRA-THIN II PEN NEEDLES . . . 329
ULTRACARE INSULIN SYRINGE . . . 330
ULTRACARE PEN NEEDLES . . . 330
ULTRAVATE . . . 201
ULTRIENT 1.5 SAFE-T FEED . . . 248
UNDECYLENIC ACID . . . 171
UNIFINE OTC PEN NEEDLES . . . 330
UNIFINE PENTIPS . . . 330
UNIFINE PENTIPS PLUS . . . 330
UNIFINE PROTECT PEN NEEDLE . . . 330
UNIFINE SAFECONTROL PEN NEEDLE . . . 330
UNIFINE ULTRA PEN NEEDLE . . . 330
UNIFLOW . . . 383
UNILET COMFORTOUCH LANCET . . . 301
UNILET EXCELITE . . . 301
UNILET EXCELITE II . . . 301
UNILET G.P. LANCET . . . 301
UNILET G.P. SUPERLITE LANCET . . . 301
UNILET GP 28 ULTRA THIN . . . 301
UNILET LANCET . . . 302
UNILET MICRO-THIN 33G . . . 302
UNILET SUPER-THIN 30G . . . 302
UNILET SUPERLITE LANCET . . . 302
UNILET ULTRA-THIN 28G . . . 302
UNISTIK 1 . . . 302
UNISTIK 2 . . . 302
UNISTIK 2 COMFORT . . . 302
UNISTIK 2 EXTRA . . . 302
UNISTIK 2 NEONATAL . . . 302
UNISTIK 2 NORMAL . . . 302
UNISTIK 2 SUPER . . . 302
UNISTIK 3 . . . 302
UNISTIK 3 COMFORT . . . 302
UNISTIK 3 EXTRA . . . 302
UNISTIK 3 GENTLE . . . 302
UNISTIK 3 NEONATAL . . . 302
UNISTIK 3 NORMAL . . . 302
UNISTIK CZT COMFORT . . . 302
UNISTIK CZT NORMAL . . . 302
UNISTIK NORMAL . . . 302
UNISTIK PRO SAFETY LANCET . . . 302
UNISTIK SAFETY LANCETS 28G . . . 302
UNISTIK SAFETY LANCETS 30G . . . 302
UNISTIK TOUCH SAFETY LANC 21G . . . 302
UNISTIK TOUCH SAFETY LANC 23G . . . 302
UNISTIK TOUCH SAFETY LANC 28G . . . 302
UNISTIK TOUCH SAFETY LANC 30G . . . 302
UNIVERSAL 1 LANCETS THIN 26G . . . 302
UNIVERSAL 1 LANCETS THIN 33G . . . 302
UNIVERSAL 1 LANCETS ULTRA THIN . . . 303
UPNEEQ . . . 365
UPTRAVI . . . 121
UREA . . . 167
UREA PEROXIDE . . . 132
UREAPRO . . . 208
URIDINE . . . 167
URSODIOL . . . 167,262
ursodiol . . . 262
URSODIOL+SYRSPEND SF . . . 262

V

V-C FORTE . . . 347
valacyclovir hcl . . . 112
VALACYCLOVIR HCL . . . 167
VALCHLOR . . . 189
VALERIAN ROOT . . . 167
valganciclovir hcl . . . 111
VALINE . . . 359
valproate sodium . . . 46
VALPROATE SODIUM . . . 167
valproic acid . . . 46
VALPROIC ACID . . . 167
valsartan . . . 71
valsartan-hydrochlorothiazide . . . 71
VALTOCO 10 MG DOSE . . . 42
VALTOCO 15 MG DOSE . . . 42
VALTOCO 20 MG DOSE . . . 42
VALTOCO 5 MG DOSE . . . 42

VALTYA 1/50 . . . 176
VALUE HEALTH INSULIN SYRINGE . . . 330
VALUE PLUS LANCET STANDARD 21G . . . 303
VALUE PLUS LANCETS SUPER THIN . . . 303
VALUE PLUS LANCETS THIN 26G . . . 303
VALUE PLUS LANCING DEVICE . . . 303
VANADIUM . . . 167
VANADYL SULFATE HYDRATE . . . 167
vancomycin hcl . . . 32
VANCOMYCIN HCL . . . 167
VANCOMYCIN+SYRSPEND SF . . . 32
VANDAZOLE . . . 411
VANFLYTA . . . 89
VANILLA BUTTERNUT FLAVOR . . . 379
VANILLA FLAVOR . . . 379
VANILLA OS . . . 379
VANILLIN . . . 167
VANILLIN FLAVOR . . . 380
VANISHPOINT ALLERGY TRAY . . . 330
VANISHPOINT INSULIN SYRINGE . . . 330
VANISHPOINT SAFETY SYRINGE . . . 330
VANISHPOINT SYRINGE . . . 331
VANISHPOINT TUBERCULIN SYRINGE . . . 331
VANRAFIA . . . 268
VAQTA . . . 410
vardenafil hcl . . . 122
VARDENAFIL HCL . . . 167
varenicline tartrate . . . 395
VARIVAX . . . 410
VARUBI (180 MG DOSE) . . . 61
VASELINE PURE ULTRA WHITE . . . 386
VAXELIS . . . 403
VAXNEUVANCE . . . 407
VCF VAGINAL CONTRACEPTIVE . . . 411
VECAMYL . . . 72
VECTICAL . . . 190
VEEGUM . . . 167
VELIVET . . . 178
VEMLIDY . . . 111
VENCLEXTA . . . 78,79
VENCLEXTA STARTING PACK . . . 79
venlafaxine hcl . . . 51
VENTAVIS . . . 120
VENTOLIN HFA . . . 38
VERAPAMIL HCL . . . 117
verapamil hcl . . . 117
VERAPAMIL HCL ER . . . 117
VEREGEN . . . 186
VERELAN PM . . . 117
VERIFINE INSULIN PEN NEEDLE . . . 331
VERIFINE INSULIN SYRINGE . . . 331
VERIFINE PLUS PEN NEEDLE . . . 331
VERIFINE SAFE LANCET MINI 21G . . . 303
VERIFINE SAFE LANCET MINI 23G . . . 303
VERIFINE SAFE LANCET MINI 28G . . . 303
VERIFINE SAFE LANCET MINI 30G . . . 303
VERIFINE UNIVERSAL LANCETS 28G . . . 303
VERIFINE UNIVERSAL LANCETS 30G . . . 303
VERIFINE UNIVERSAL LANCETS 33G . . . 303
VERISAFE SAFE STERILE SYRINGE . . . 331
VERISAFE SAFETY STERILE NEEDLE . . . 331
VERKAZIA . . . 363
VERQUVO . . . 122
VERSABASE . . . 387
VERSABASE HRT . . . 387
VERSACLOZ . . . 105
VERSAPENN (AG) ANHYDROUS . . . 387
VERSAPENN (AL) ANHYD LIPID . . . 387
VERSAPRO . . . 387
VERSAPRO ANHYDROUS BASE . . . 387
VERY BERRY OS . . . 380
VERZENIO . . . 94
VIBERZI . . . 263
VICTORIAS SECRET VANILLA LACE . . . 126
VIDARABINE . . . 167
vigabatrin . . . 45
VIGAFYDE . . . 45
VIJOICE . . . 344
VILACTIN AA PLUS . . . 248
vilazodone hcl . . . 50
VINATE DHA RF . . . 351
VINATE II . . . 351

VINATE ONE . . . 351
VINPOCETINE . . . 167
VIRACEPT . . . 109
VIREAD . . . 110,111
VISTOGARD . . . 60
VITAFOL FE+ . . . 352
VITAFOL GUMMIES . . . 351
VITAFOL STRIPS . . . 352
VITAFOL ULTRA . . . 352
VITAFOL-NANO . . . 351
VITAFOL-OB . . . 351
VITAFOL-OB+DHA . . . 352
VITAFOL-ONE . . . 352
VITAL 1.0 CAL . . . 248
VITAL 1.5 CAL . . . 248
VITAL AF 1.2 CAL . . . 248
VITAL AF 1.2 CAL ADV FORMULA . . . 248
VITAL HIGH PROTEIN . . . 248
VITAL HP 1.0 CAL . . . 248
VITAL JR . . . 248
VITAL PEPTIDE 1.5 CAL . . . 248
VITALARA . . . 351
VITAMEDMD ONE RX/QUATREFOLIC . . . 352
VITAMEDMD REDICHEW RX . . . 352
VITAMIN A . . . 167
VITAMIN A ACETATE . . . 167
VITAMIN A PALMITATE . . . 167
VITAMIN D3 . . . 134
VITAMIN E . . . 167
VITAMIN E ACETATE . . . 167
VITAMIN E SUCCINATE . . . 167
VITAMIN K1 . . . 156
VITAMIN K2 . . . 151
VITAMIN/IRON MASKING AGENT . . . 380
VITAMINS ACD-FLUORIDE . . . 347
VITAPEARL . . . 351
VITATHELY WITH GINGER . . . 351
VITATROCHE PLUS BASE SF . . . 381
VITATRUE . . . 352
VITRAKVI . . . 91
VIVA DHA . . . 351
VIVAGUARD LANCETS . . . 303
VIVAGUARD LANCETS 30G . . . 303
VIVAGUARD LANCING DEVICE . . . 303
VIVAGUARD SAFETY LANCETS 28G . . . 303
VIVJOA . . . 62
VIVONEX RTF . . . 249
VIVOTIF . . . 407
VIZIMPRO . . . 83
VIZZ . . . 361
VONJO . . . 95
VONVENDI . . . 272
VOQUEZNA . . . 404
VORANIGO . . . 95
voriconazole . . . 63
VORICONAZOLE . . . 168
VORTEX HOLD CHMBR/MASK/CHILD . . . 333
VORTEX HOLD CHMBR/MASK/TODDLER . . . 333
VORTEX VALVE CHAMBER-PEDI MASK . . . 333
VORTEX VALVED HOLDING CHAMBER . . . 333
VOSEVI . . . 112
VOWST . . . 265
VOXZOGO . . . 257
VP FC KIT . . . 187
VP GKL KIT . . . 187
VP INSULIN SYRINGE . . . 331
VRAYLAR . . . 103
VTAMA . . . 190
VUMERITY . . . 393
VUSION . . . 189
VYALEV . . . 101
VYKAT XR . . . 252
VYLEESI . . . 390
VYNDAMAX . . . 122
VYNDAQEL . . . 122
VYSCOXA . . . 12
VYVGART HYTRULO . . . 342
VYZULTA . . . 366

W

WA-001 EXPERIMENTAL SOIL SURFA . . . 170
WAINUA . . . 388

WAKIX 4
WALGREENS LANCETS 303
WALGREENS LANCETS MICRO THIN 303
WALGREENS LANCETS SUPER THIN 303
WALGREENS THIN LANCETS 303
WALGREENS ULTRA THIN LANCETS 303
WARFARIN SODIUM 40
warfarin sodium 40
WATER ORAL 221
WATERMELON FLAVOR 380
WAX, WHITE 371
WAXY MAIZE STARCH N-200 174
WEGMANS UNIFINE PENTIPS PLUS 331
WEGOVY 4
WEGOVY HD 4
WELIREG 84
WES-PHOS 250 NEUTRAL 339
WESCAP-C DHA 351
WESCAP-PN DHA 352
WESNATAL DHA COMPLETE 351
WESNATE DHA 351
WESTAB PLUS 351
WESTGEL DHA 352
WHEY PROTEIN ISOLATE 168
WHITE KIDNEY BEAN EXTRACT 168
white petrolatum 387
WHITE WAX 371
WHITE WILLOW BARK 168
WIDE-SEAL DIAPHRAGM 60 287
WIDE-SEAL DIAPHRAGM 65 287
WIDE-SEAL DIAPHRAGM 70 287
WIDE-SEAL DIAPHRAGM 75 287
WIDE-SEAL DIAPHRAGM 80 287
WIDE-SEAL DIAPHRAGM 85 287
WIDE-SEAL DIAPHRAGM 90 287
WIDE-SEAL DIAPHRAGM 95 288
WILATE 272
WILD CHERRY FLAVOR 380
WILD CHERRY OS 380
WILD CHERRY SD FLAVOR 380
WILEY BASIC ELEMENTS BHRT BASE 387
WINLEVI 186
WINREVAIR 120
WINTERGREEN OIL 203
WITCH HAZEL 144
WITEPSOL 384

X

XADAGO 100
XALKORI 78
XANTHAN GUM 384
XARELTO 40
XARELTO STARTER PACK 40
XATMEP 77
XCOPRI 45
XCOPRI (250 MG DAILY DOSE) 45
XCOPRI (350 MG DAILY DOSE) 45
XDEMVY 363
XELJANZ 11
XELJANZ XR 11,12
XEMBIFY 367
XENICAL 5
XEPI 188
XERESE 192
XERMELO 266
XHANCE 356
XIFAXAN 32
XIGDUO XR 58
XILOGEL 164
XLEU ANALOG 221
XLYS XTRP ANALOG 221
XMET ANALOG 221
XMET XCYS MAXAMAID 249
XMTVI ANALOG 221
XOFLUZA (40 MG DOSE) 113
XOFLUZA (80 MG DOSE) 113
XOLAIR 37
XOLREMDI 276
XOSPATA 89
XPHE-XTYR ANALOG 221
XPOVIO (100 MG ONCE WEEKLY) 91
XPOVIO (40 MG ONCE WEEKLY) 91,92

XPOVIO (40 MG TWICE WEEKLY) . . . 92
XPOVIO (60 MG ONCE WEEKLY) . . . 92
XPOVIO (60 MG TWICE WEEKLY) . . . 92
XPOVIO (80 MG ONCE WEEKLY) . . . 92
XPOVIO (80 MG TWICE WEEKLY) . . . 92
XPTM ANALOG . . . 221
XROMI . . . 276
XTAMPZA ER . . . 26
XTANDI . . . 76
XTRACAL PLUS . . . 249
XULTOPHY . . . 57
XURIDEN . . . 255
XYLITOL . . . 168
XYLOMETAZOLINE HCL . . . 168
XYNTHA . . . 272
XYNTHA SOLOFUSE . . . 272
XYOSTED . . . 30
XYWAV . . . 388

Y

YALE DISP NEEDLES . . . 331
YEAST EXTRACT . . . 168
YELLOW WAX . . . 371
YESINTEK . . . 192
YEZTUGO . . . 108
YLANG-YLANG OIL FRAGRANCE . . . 132
YOHIMBINE HCL . . . 168
YONSA . . . 75
YORVIPATH . . . 256
YOSPRALA . . . 274
YUTREPIA . . . 120

Z

zafirlukast . . . 39
zaleplon . . . 281
ZALVIT . . . 351
ZANAFLEX . . . 354
ZARONTIN . . . 45
ZARXIO . . . 277
ZEAXANTHIN . . . 168
ZEGALOGUE . . . 53
ZEJULA . . . 98
ZELAPAR . . . 100
ZELBORAF . . . 81
ZELSUVMI . . . 192
ZEMBRACE SYMTOUCH . . . 337
ZENPEP . . . 249
ZEPBOUND . . . 4
ZEPOSIA . . . 396
ZEPOSIA 7-DAY STARTER PACK . . . 396
ZEPOSIA STARTER KIT . . . 396
ZERVIATE . . . 362
ZETONNA . . . 356
ZEVRX INSULIN SYRINGE . . . 331
ZEVRX PEN NEEDLES . . . 331
ZEVRX TWIST TOP LANCETS 30G . . . 303
zidovudine . . . 110
zileuton . . . 36
ZILXI . . . 205
ZIMHI . . . 60
ZINC ACETATE . . . 168,345
ZINC CHLORIDE . . . 168
ZINC CITRATE . . . 168
ZINC GLUCONATE . . . 168
ZINC MONOMETHIONINE . . . 168
ZINC OXIDE . . . 168
ZINC PICOLINATE . . . 168
ZINC PYRITHIONE . . . 158
ZINC STEARATE . . . 371
ZINC SULFATE . . . 340
ZINC SULFATE HEPTAHYDRATE . . . 340
ZINC SULFATE MONOHYDRATE . . . 340
ZINC UNDECYLENATE . . . 168
ZIPHEX . . . 351
ziprasidone hcl . . . 103
ZIRCONIUM OXIDE . . . 168
ZITHROMAX . . . 283
ZOKINVY . . . 342
ZOLINZA . . . 84
ZOLMITRIPTAN . . . 338
zolmitriptan . . . 338
ZOLPIDEM TARTRATE . . . 281

zolpidem tartrate 281
ZOMIG 338
zonisamide 44
ZONISAMIDE 168
ZONTIVITY 275
ZORTRESS 343
ZOSIL 387
ZTALMY 44
ZTLIDO 203
ZUBSOLV 28
ZUNVEYL 389
ZURNAI 60
ZURZUVAE 47
ZYBIC 16
ZYCLARA PUMP 202
ZYDELIG 97
ZYFLO 36
ZYKADIA 78
ZYMFENTRA (1 PEN) 266
ZYMFENTRA (2 PEN) 266
ZYMFENTRA (2 SYRINGE) 267
ZYPITAMAG 67,68