



Introduction

To help you know how drugs are covered by your plan, we are pleased to provide you with a copy of our Preferred Drug Guide. This guide provides helpful information on the Magellan Rx Management Drug List and your pharmacy benefit plan. You may want to take this guide with you when you see your doctor to talk about what is covered under your plan.

Many commonly prescribed drugs are listed in this guide. Please remember this is not a complete list of drugs covered under your plan. Because thousands of drugs are included in your pharmacy benefits plan, we only list the most commonly prescribed ones. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription drug benefit plan. The list is not all inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

Note: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training or the need for and dosage of a prescription medication must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Pharmacy Benefit Programs

You are enrolled in a six-tier/open formulary plan. Six-tier means your plan has six different co-pay (or co-insurance) levels that you pay out of pocket for your covered prescription drugs. Open formulary means your plan covers most prescription drugs. Your plan may not cover certain drugs, even though some are listed, such as contraceptives, infertility drugs, erectile dysfunction drugs, and diabetic supplies. Please see your plan documents for a complete description of your pharmacy benefit or call Member Services at the toll-free number on your member ID card.

Tier 0: Value Based Drugs

Tier 1: Covered generic drugs

Tier 2: Covered preferred brand-name drugs

Tier 3: Covered specialty preferred drugs

Tier 4: Covered non-preferred generic or brand-name drugs

Tier 5: Covered specialty non-preferred drugs

Preferred Drug List

The Preferred Drug List (formulary) is meant to give you a general view of drugs covered by your plan. Changes to the list are based on the latest medical findings as well as information from the Food and Drug Administration (FDA) and drug makers.

This list includes both brand-name and generic drugs and is updated regularly. Your Health Plan will generally cover the drugs listed on our Preferred Drug List as long as they are medically necessary and plan rules are followed. Coverage is not limited to drugs on the Preferred Drug List.

Your plan has different co-pay or co-insurance tiers for generic, brand-name, preferred, and non-preferred drugs. Usually, preferred drugs are covered at a lower co-pay or co-insurance tier, which means you pay less out of pocket for those drugs. The Preferred Drug List is subject to change. We choose drugs for this list based on reliable medical data, safety, and cost. Many drugs, including drugs on the Preferred Drug List, are subject to rebate arrangements between Magellan Rx Management and the manufacturer of those drugs.

When you talk to your doctor about what drug may be right for you, it is important to remember that you and your doctor are responsible for making the final decision on your drug therapy.

Review of the Preferred Drug List

Magellan Rx Management's Pharmaceutical and Therapeutics (P&T) Committee reviews available clinical literature for drugs that have been approved by the FDA. The primary purpose of the Committee is to assist in developing and monitoring the Preferred Drug List, and to establish programs and procedures that promote the appropriate and cost-effective use of medications.

Preferred Drug List Development

Magellan Rx Management's P&T Committee meets regularly to review new drugs and new information about drugs that are already on the market. The Committee reviews available information concerning safety, effectiveness, and current use in therapy. The P&T Committee reviews the scientific evidence from American Hospital Formulary Service Drug Information (AHFS-DI), IPD, Micromedex, and other databases, including relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions, and peer-reviewed journals. Our P&T Committee includes licensed pharmacists and doctors, including those who are currently in practice and others who are Magellan Rx Management's employees. All committee members must tell us if they are in a situation that can create a conflict of interest or if they have a financial stake that might affect their decisions. Once the P&T Committee completes its clinical review, we also consider overall value (including cost and manufacturer rebate arrangements) and other factors before adding or removing a drug from the Preferred Drug List.

Prior Authorization

Prior Authorization* encourages the appropriate and cost-effective use of drugs by allowing coverage only when certain conditions are met.

For example, prior authorization promotes compliance with dosing guidelines. It also helps health care providers avoid inappropriate duplicate therapies as well as check that a drug is being used based on generally accepted medical criteria. The prior authorization (subject to change) program is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements. If your plan requires prior authorization, the following applies:

- Your doctor or the person you appoint to manage your care must contact Magellan Rx Management to request approval for coverage of the prior authorized drug. If we approve the request, we will notify you or your doctor. The drug will then be covered at the applicable co-payment or co-insurance under your plan. You will also be notified of approvals where the state requires notification to members.
- If the request is denied, you and your doctor will be notified. You can still purchase the drug for the full price. For information on whether prior authorization applies to your plan, please refer to your plan documents or call Member Services at the toll-free number on your member ID card.

* The prior authorization list is subject to change.

Quantity Limits

Your plan may limit the amount of a drug you can receive at one time. These limits help your doctor and pharmacist check that the drugs are used appropriately while promoting patient safety. We use medical guidelines, FDA approval, and guidance from drug makers to set these coverage limits. The Quantity Limits program includes:

- Dose Optimization Edits – Limits coverage of prescriptions to one dose per day for drugs that are approved for once or twice-daily dosing
- Maximum Daily Dose – A message is sent to the pharmacy if a prescription is higher than the maximum allowed dose
- Quantity Limits Over Time – Limits coverage of prescriptions to a specific number of units in a defined amount of time

Step-Therapy

With step-therapy, you must try one or more prerequisite drugs before your plan will cover a step-therapy drug. Prerequisite drugs are FDA-approved, treat the same condition(s), and they may also be available to you at a lower co-pay or co-insurance tier. If it is medically necessary for you to use a drug on the step-therapy list, your doctor or the person you appoint to manage your care may request a medical exception. If the request is approved, we will notify you or your doctor. The drug will then be covered at the applicable co-payment or co-insurance under your plan. You will also be notified of approvals where states require it. If the request is denied, we will notify you and your doctor.

For information on whether step-therapy applies to your plan, please refer to your plan documents. You may also call Member Services at the toll-free number on your member ID card.

Therapeutic Duplication

Therapeutic duplication is a potentially dangerous situation that occurs when two similar drugs are prescribed at the same time. Rarely are two drugs from the same category necessary to treat a medical condition.

Therapeutic duplication can occur when two different doctors are prescribing drugs for the same patient. This can also happen when a doctor changes a patient's prescription from one drug to another within the same therapeutic class but does not discontinue the first drug.

In either situation, the patient may end up taking two drugs with similar actions, potentially leading to serious side effects.

If therapeutic duplication is identified by our claims system, the member's pharmacist may ask the member and his or her doctor whether he or she should be taking both drugs. The physician can then help determine if both drugs are necessary, or whether one of the drugs should be discontinued.

Generic Drugs

Drug manufacturers develop and release new drugs under a brand name. When the patent expires, other manufacturers are then able to make duplicate versions of the same drug. Generic drugs are chemically the same as their branded counterparts. They are also the same in dosage, safety, strength, form, and intended use. In addition, generics usually cost less than brand-name drugs.

Generic drugs are only available after the FDA approves them. When filling your prescription, your pharmacist generally can substitute a generic drug for a brand-name drug when the generic is rated by the FDA as equivalent and also where it is permitted by your doctor and state law.

Medications That are Not Covered

Your pharmacy benefit may not cover select medications. The following are some of the reasons a medication may not be covered:

- The medication has been shown to have excessive adverse effects and/or safer alternatives.
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative.
- The medication is no longer marketed.
- The medication has a widely available/distributed A-rated generic equivalent formulation.
- The medication has been repackaged. This is a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different National Drug Code (NDC).
- DESI drugs: Drug Efficacy Study and Implementation (DESI) drug products and known related drug products are defined as less than effective by the Food and Drug Administration, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.

Compounded or Bulk Products

Compound prescriptions require a prior authorization (PA) when a claim is \$400.00 or more.

Note: Check your benefit booklet, certificate of coverage, contract, member handbook, or prescription drug endorsement to determine the medication exclusions that apply to your plan.

Specialty Pharmacy Medications

Specialty pharmacy medications are high-cost drugs, including but not limited to oral, topical, inhaled, inserted or implanted, and injected routes of administration without regard to setting. They may require close supervision and monitoring of the patient's therapy, or used to treat and diagnose rare or complex diseases, or require special handling, or are biologic/biosimilar drugs, or may have limited access or distribution.

For Specialty drug prior authorization:

- Your doctor must call or fax Magellan Customer Service for prior authorization before submitting your prescription:
 - Phone: 1-800-651-8921
 - Fax: 1-888-272-1349

For Specialty drug distribution:

- Your doctor must call Shands Medical Plaza Pharmacy
 - 2000 SW Archer Road
 - Phone: 1-888-345-8270 or 1-352-265-8270
 - Open: M-F 8:30 a.m. – 5 p.m.
- Or, call MRx Specialty Pharmacy
 - Phone: 1-866-554-2673
 - Fax: 1-866-364-2673
 - Customer Service M-F 8 a.m. – 7 p.m. EST. On Call Pharmacists 24/7 for Urgent Requests.

Note: Check your benefit booklet, certificate of coverage, contract, member handbook, or prescription drug endorsement for information on how specialty pharmacy medications are covered on your plan.

TIER	DESCRIPTION
T0	Tier 0
T1	Generics
T2	Preferred Brands
T3	Preferred Specialty
T4	Non-Preferred Brands
T5	Specialty
NC	Not Covered

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.
ST	Step Therapy In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.
GL	Gender Limit This prescription drug is restricted for a single gender.
AL	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. Some examples of the diseases include; multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

NPP	Non-Pharmacy Product	This medication is not on our drug list. Click on the THERAPEUTIC CLASS or sub class to find covered alternative medications. If you have questions, please contact member services.
HCR	Intrauterine Devices (IUDs) are not covered on pharmacy benefit.	The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.
HCR	Smoking Cessation: Limited to 180 days supply per year	Limited to 180 days supply per year
HCR	Smoking Cessation: Limited to 180 days supply per year	Limited to 180 days supply per year
HCR	Health Care Reform Products	The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.
PS	Preferred Specialty	Preferred Specialty.
PA	PA Applies	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
QPD	Quantity Per Day	Quantity Per Day.
HCG	High Cost Generic	High Cost Generic.
MVB	Minimal Value Brand	This medication is not on our drug list.
MV	Minimal Value Generic	This medication is not on our drug list.
NPP	Non-Pharmacy Product	This medication is not on our drug list.
PS1	Preferred 1st line	
PS2	Preferred 2nd line	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH) NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
D.H.E.45	NC	<ul style="list-style-type: none"> QL 10 / 30 days NPP Non-Pharmacy Product PA
DIBENZYLIN	NC	MVB MINIMAL VALUE BRAND
<i>dihydroergotamine 1 mg/ml amp</i>	NC	<ul style="list-style-type: none"> NPP Non-Pharmacy Product PA
<i>dihydroergotamine 4 mg/ml spry</i>	T1	<ul style="list-style-type: none"> QL 8 / 30 days PA
<i>ergoloid mesylates</i>	T1	
ERGOMAR	T4	
<i>ergotamine-caffeine</i>	T1	
MIGERGOT	NC	<ul style="list-style-type: none"> QPD 0.72 per day MVB MINIMAL VALUE BRAND
MIGRANAL	NC	<ul style="list-style-type: none"> QL 8 / 30 days PA MVB MINIMAL VALUE BRAND
<i>phenoxybenzamine hcl</i>	NC	<ul style="list-style-type: none"> HCG MVG MINIMAL VALUE GENERIC
<i>phentolamine mesylate</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl er</i>	T1	GL Male QPD 1 per day
RAPAFLO	T4	GL Male QPD 1 per day
<i>silodosin</i>	T1	GL Male QPD 1 per day
<i>tamsulosin hcl</i>	T1	QPD 2.0 per day
UROXATRAL	T4	GL Male QPD 1 per day
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
<i>acetaminophen (500 mg/50 ml bag, 1,000mg/100ml vl, 1000mg/100ml bag)</i>	NC	NPP Non-Pharmacy Product
<i>acetaminophen (325mg/32.5ml syr, 500 mg/50 ml syr, 650 mg/65 ml bag)</i>	NC	NPP Non-Pharmacy Product
ALLZITAL	NC	QPD 12 per day MVB Minimal Value Brand
BUPAP	T1	QPD 6 per day
<i>butalbital-acetaminophn 50-300</i>	NC	QPD 6 per day HCG MVG MINIMAL VALUE GENERIC
<i>butalbital-acetaminophn 50-325</i>	T1	QPD 6 per day
<i>butalbital-acetaminophen-caffe</i>	T1	QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl (1,000 mcg/10 ml vial, 5,000 mcg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
DURACLON	NC	NPP Non-Pharmacy Product
ESGIC 50-325-40 MG CAPSULE	NC	QPD 6 per day
		HCG
ESGIC 50-325-40 MG TABLET	NC	MVG MINIMAL VALUE GENERIC
		QPD 6 per day
GRALISE (ER 750 MG TABLET, ER 900 MG TABLET)	T4	ST
		QPD 2.0 per day
GRALISE ER 300 MG TABLET	T4	ST
		QPD 1 per day
GRALISE ER 450 MG TABLET	T4	ST
		QPD 1.0 per day
GRALISE ER 600 MG TABLET	T4	ST
		QPD 3 per day
OFIRMEV	NC	NPP Non-Pharmacy Product
		QPD 300 per day
<i>pregabalin er (er 82.5 mg tablet, er 165 mg tablet)</i>	T1	PA
		QPD 3 per day
<i>pregabalin er 330 mg tablet</i>	T1	PA
		QPD 2 per day
PRIALT	NC	S
		NPP Non-Pharmacy Product
		PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TENCON	T1	QPD 6 per day
VTOL LQ	T1	
ZEBUTAL	T1	QPD 6 per day
OPIATE AGONISTS		
<i>acetamin-caff-dihydrocodeine</i>	T1	AL At least 12 yrs old QPD 10 per day
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	T1	AL At least 12 yrs old QPD 90.0 per day
<i>acetaminophen-cod #2 tablet</i>	T1	AL At least 12 yrs old QPD 12.0 per day
<i>acetaminophen-cod #3 tablet</i>	T1	AL At least 12 yrs old QPD 12 per day
<i>acetaminophen-cod #4 tablet</i>	T1	AL At least 12 yrs old QPD 6 per day
ACTIQ	T4	AL At least 16 yrs old PA QPD 4 per day
<i>alfentanil hcl</i>	NC	NPP Non-Pharmacy Product
<i>asa-butalb-caffeine-codeine</i>	T1	AL At least 18 yrs old QPD 6 per day
ASCOMP WITH CODEINE	T1	AL At least 18 yrs old QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butalb-acetamin-caf-cod 50-300</i>	NC	<p>QPD 6 per day</p> <p>HCG</p> <p>MVG MINIMAL VALUE GENERIC</p>
<i>butalb-acetamin-caf-cod 50-325</i>	T1	QPD 6 per day
<i>butalbital compound-codeine</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 6 per day</p>
<i>codeine sulfate</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 6 per day</p>
DEMEROL (25 MG/ML CARPUJECT, 25 MG/ML SYRINGE)	NC	<p>AL At least 18 yrs old</p> <p>NPP Non-Pharmacy Product</p> <p>QPD 20 per day</p>
DEMEROL (50 MG/ML CARPUJECT, 50 MG/ML SYRINGE, 50 MG/ML VIAL, 100 MG/2 ML AMPUL)	NC	<p>AL At least 18 yrs old</p> <p>NPP Non-Pharmacy Product</p> <p>QPD 10 per day</p>
DEMEROL 100 MG/ML CARPUJECT	NC	<p>AL At least 18 yrs old</p> <p>NPP Non-Pharmacy Product</p> <p>QPD 5 per day</p>
DEMEROL 75 MG/ML CARPUJECT	T4	<p>AL At least 18 yrs old</p> <p>QPD 7 per day</p>
DSUVIA	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DURAMORPH 10 MG/10 ML AMPUL	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a5568; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div>Non-Pharmacy Product</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>5 per day</div> </div> </div>
DURAMORPH 5 MG/10 ML AMPUL	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a5568; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div>Non-Pharmacy Product</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>10 per day</div> </div> </div>
DVORAH	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 12 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>10 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> <div>Minimal Value Brand</div> </div> </div>
ENDOCET 10-325 MG TABLET	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>6.0 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> </div>
ENDOCET 2.5-325 MG TABLET	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>12 per day</div> </div> </div>
ENDOCET 5-325 MG TABLET	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>12 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> </div>
ENDOCET 7.5-325 MG TABLET	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>8.0 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> </div>
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.5 per day</div> </div> </div>
<i>fentanyl (37.5 mcg/hr patch, 62.5 mcg/hr patch)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #25639f; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.5 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl citrate (50 mcg/ml vial, 100 mcg/2 ml ampul, 100 mcg/2 ml vial, 250 mcg/5 ml vial, 500 mcg/10 ml vial, 1,000 mcg/20 ml syrng, 1,000 mcg/20 ml vial, 2,500 mcg/50 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>fentanyl citrate (100 mcg/2 ml carpuct, 100 mcg/2 ml syringe, 1,500 mcg/30 ml syr)</i>	NC	NPP Non-Pharmacy Product QPD 8 per day
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg)</i>	T1	AL At least 16 yrs old PA QPD 4 per day HCG
<i>fentanyl citrate ofc 800 mcg</i>	T1	AL At least 16 yrs old PA QPD 4 per day
<i>fentanyl citrate-0.9% nacl (50 mcg/5 ml-0.9% nacl, 500 mcg/50ml-0.9%nacl, 1,000 mcg/100 ml-ns, 1,100 mcg/55 ml-ns, 1,250 mcg/25 ml-ns, 1,250 mcg/50-0.9%nacl, 1,250mcg/250-0.9%nacl, 2,500mcg/100-0.9%nacl)</i>	NC	NPP Non-Pharmacy Product
<i>fentanyl citrate-0.9% nacl (1 mg/100 ml-0.9% nacl, 2.5mg/250ml-0.9% nacl, 10 mcg/ml-0.9% nacl, 1,000mcg/100-0.9%nacl, 2,500mcg/250-0.9%nacl)</i>	NC	NPP Non-Pharmacy Product QPD 38 per day
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	T1	PA QPD 2 per day
<i>hydrocodone bitartrate er (er 20 mg tablet, er 30 mg tablet, er 40 mg tablet, er 60 mg tablet, er 80 mg tablet, er 100 mg tablet, er 120 mg tablet)</i>	T1	PA QPD 1 per day
<i>hydrocodone-acetaminophen (2.5-108/5, 5-217/10, 10-325/15)</i>	T1	AL At least 2 yrs old QPD 90.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetamn 7.5-325/15</i>	T1	<p>AL At least 2 yrs old</p> <p>QPD 90.0 per day</p> <p>HCG</p>
<i>hydrocodone-acetamin 2.5-325</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 20 per day</p>
<i>hydrocodone-acetamin 5-300 mg</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 8.0 per day</p> <p>HCG</p>
<i>hydrocodone-acetamin 5-325 mg</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 8.0 per day</p>
<i>hydrocodone-acetaminophen (7.5-300, 10-300 mg)</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 6.0 per day</p> <p>HCG</p>
<i>hydrocodone-acetaminophen (7.5-325, 10-325 mg)</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 6.0 per day</p>
<i>hydrocodone-ibuprofen 10-200</i>	T1	<p>AL At least 16 yrs old</p> <p>QPD 5 per day</p> <p>HCG</p>
<i>hydrocodone-ibuprofen 5-200 mg</i>	T1	<p>AL At least 16 yrs old</p> <p>QPD 5.0 per day</p> <p>HCG</p>
<i>hydrocodone-ibuprofen 7.5-200</i>	T1	<p>AL At least 16 yrs old</p> <p>QPD 5 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone er</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">QPD</div> <div style="background-color: #FFD700; color: black; padding: 2px; border-radius: 3px;">HCG</div> </div> 1.0 per day
<i>hydromorphone hcl 1 mg/ml amp</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 13 per day
<i>hydromorphone 4 mg/ml carpuct</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">AL</div> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old Non-Pharmacy Product 3 per day
<i>hydromorphone 1 mg/ml solution</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">QPD</div> <div style="background-color: #FFD700; color: black; padding: 2px; border-radius: 3px;">HCG</div> </div> At least 18 yrs old 48.0 per day
<i>hydromorphone 5 mg/5 ml soln</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">QPD</div> <div style="background-color: #FFD700; color: black; padding: 2px; border-radius: 3px;">HCG</div> </div> At least 18 yrs old 13 per day
<i>hydromorphone 0.5 mg/0.5 ml</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">AL</div> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old Non-Pharmacy Product 50 per day
<i>hydromorphone hcl (1 mg/ml carpuct, 1 mg/ml syringe)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">AL</div> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old Non-Pharmacy Product 13 per day
<i>hydromorphone hcl (2 mg/ml carpuct, 2 mg/ml syringe)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">AL</div> <div style="background-color: #4169E1; color: white; padding: 2px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old Non-Pharmacy Product 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 6 per day</p>
<i>hydromorphone 2 mg/ml vial</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 6 per day</p>
<i>hydromorphone 25 mg/25 ml-ns</i>	NC	<p>NPP Non-Pharmacy Product</p>
<i>hydromorphone hcl-0.9% nacl (10 mg/50 ml-ns, 50 mg/50 ml-ns)</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 1 per day</p>
<i>hydromorphone hcl-0.9% nacl (15 mg/30 ml-ns, 25 mg/50 ml-ns)</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 25 per day</p>
<i>hydromorphone hcl-0.9% nacl (30 mg/30 ml-ns, 55 mg/55 ml-ns)</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 13 per day</p>
<i>hydromorphone 0.5 mg/50 ml-ns</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 5000 per day</p>
<i>hydromorphone 1 mg/50 ml-ns</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 50 per day</p>
<i>hydromorphone 2 mg/50 ml-ns</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 313 per day</p>
<i>hydromorphone hcl-0.9% nacl (6 mg/30 ml-ns, 20 mg/100 ml-ns)</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 63 per day</p>
<i>hydromorphone 1 mg/5 ml-ns</i>	NC	<p>NPP Non-Pharmacy Product</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LORTAB	T4	<p>AL At least 2 yrs old</p> <p>QPD 67.5 per day</p>
<i>meperidine 10 mg/ml cartrdge</i>	NC	<p>AL At least 18 yrs old</p> <p>NPP Non-Pharmacy Product</p> <p>QPD 50 per day</p>
<i>meperidine 50 mg/5 ml solution</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 50 per day</p>
<i>meperidine 50 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 10 per day</p>
<i>meperidine 100 mg/ml vial</i>	NC	<p>AL At least 18 yrs old</p> <p>NPP Non-Pharmacy Product</p> <p>QPD 5 per day</p>
<i>meperidine 25 mg/ml vial</i>	NC	<p>AL At least 18 yrs old</p> <p>NPP Non-Pharmacy Product</p> <p>QPD 20 per day</p>
<i>meperidine 50 mg/ml vial</i>	NC	<p>AL At least 18 yrs old</p> <p>NPP Non-Pharmacy Product</p> <p>QPD 10 per day</p>
<i>meperidine hcl-0.9% nacl</i>	NC	<p>NPP Non-Pharmacy Product</p> <p>QPD 50 per day</p>
<i>methadone 10 mg/ml oral conc</i>	T1	<p>PA</p> <p>QPD 2 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methadone 10 mg/5 ml solution</i>	T1	PA QPD 8 per day
<i>methadone 5 mg/5 ml solution</i>	T1	PA QPD 18 per day
<i>methadone hcl 10 mg/ml syringe</i>	NC	NPP Non-Pharmacy Product PA QPD 2 per day
<i>methadone hcl (5 mg tablet, 10 mg tablet)</i>	T1	PA QPD 3 per day
<i>methadone hcl (10 mg/ml vial, 200 mg/20 ml vl)</i>	NC	NPP Non-Pharmacy Product QPD 2 per day
METHADONE INTENSOL	T1	PA QPD 2 per day
METHADOSE 10 MG/ML ORAL CONC	T4	PA QPD 2 per day
<i>morphine 10 mg/0.7 ml auto-inj</i>	NC	NPP Non-Pharmacy Product PA QPD 3 per day
<i>morphine sulf 100 mg/5 ml conc</i>	T1	QPD 9.0 per day
<i>morphine sulf 20 mg/5 ml soln</i>	T1	QPD 45.0 per day
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	T1	QPD 90.0 per day
<i>morphine 5 mg/ml syringe</i>	NC	NPP Non-Pharmacy Product PA QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (2 mg/ml carpject, 2 mg/ml syringe)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="margin-left: 5px;">Non-Pharmacy Product</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b693d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">25 per day</div> </div> </div>
<i>morphine sulfate ir 15 mg tab</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">12.0 per day</div> </div>
<i>morphine sulfate ir 30 mg tab</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">6.0 per day</div> </div>
<i>morphine sulfate (1 mg/2 ml syringe, 5 mg/10 ml vial)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="margin-left: 5px;">Non-Pharmacy Product</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b693d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">100 per day</div> </div> </div>
<i>morphine sulfate (10 mg/10 ml vial, 30 mg/30 ml pca vial)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="margin-left: 5px;">Non-Pharmacy Product</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b693d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">50 per day</div> </div> </div>
<i>morphine sulfate (10 mg/ml carpject, 10 mg/ml syringe, sulfate 10 mg/ml vial, 100 mg/10 ml vial)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="margin-left: 5px;">Non-Pharmacy Product</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b693d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">5 per day</div> </div> </div>
<i>morphine sulfate (4 mg/ml carpject, 4 mg/ml syringe, sulfate 4 mg/ml vial)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="margin-left: 5px;">Non-Pharmacy Product</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b693d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">13 per day</div> </div> </div>
<i>morphine sulfate (8 mg/ml carpject, sulfate 8 mg/ml vial)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="margin-left: 5px;">Non-Pharmacy Product</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b693d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">6 per day</div> </div> </div>
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 100 mg cap)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8b693d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2 per day</div> </div> </div>
<i>morphine sulfate er (er 60 mg cap, er 80 mg cap)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8b693d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #4a69bd; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2.0 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er 30 mg cap</i>	T1	PA QPD 2.0 per day
<i>morphine sulfate er (er 90 mg cap, er 120 mg cap)</i>	T1	PA QPD 1 per day HCG
<i>morphine sulfate er 45 mg cap</i>	T1	PA QPD 1 per day
<i>morphine sulfate er 75 mg cap</i>	T1	PA QPD 1 per day HCG
<i>morphine sulf er 200 mg tablet</i>	T1	PA QPD 3 per day HCG
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet)</i>	T1	PA QPD 3 per day
<i>morphine 500mg/100ml-0.9% nacl</i>	NC	NPP Non-Pharmacy Product PA QPD 10 per day
<i>morphine sulfate-0.9% nacl (1 mg/ml-0.9% syr, 2 mg/2 ml-0.9%, 30 mg/30 ml-0.9%, 50 mg/50 ml-0.9%, 100mg/100ml-0.9%)</i>	NC	NPP Non-Pharmacy Product PA QPD 50 per day
<i>morphine sulfate-0.9% nacl (150 mg/30 ml-0.9%nacl, 250 mg/50ml-0.9% nacl, 275 mg/55 ml-0.9%nacl)</i>	NC	NPP Non-Pharmacy Product PA
<i>morphine sulfate-nacl (2 mg/2 syring, 50 mg/50 syrg)</i>	NC	NPP Non-Pharmacy Product PA QPD 50 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NALOCET	NC	<p>AL At least 18 yrs old</p> <p>QPD 12 per day</p> <p>MVB Minimal Value Brand</p>
OLINVYK (1 MG/ML VIAL, 2 MG/2 ML VIAL, 30 MG/30 ML PCA VIAL)	NC	NPP Non-Pharmacy Product
<i>oxycodone hcl (ir) 5 mg cap</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 8 per day</p> <p>HCG</p>
<i>oxycodone hcl 100 mg/5 ml conc</i>	T1	<p>QPD 2 per day</p> <p>HCG</p>
<i>oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)</i>	T1	QPD 33 per day
<i>oxycodone hcl (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 6.0 per day</p>
<i>oxycodone hcl (ir) 5 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 8 per day</p>
<i>oxycodone-acetaminophn 5-325/5</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 60.0 per day</p>
<i>oxycodone-acetaminophen 10-325</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 6.0 per day</p>
<i>oxycodone-acetaminophen 5-325</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 12 per day</p>
<i>oxycodone-acetaminophn 2.5-325</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 12 per day</p> <p>HCG</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone-acetaminophn 7.5-325</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">8.0 per day</div> </div> </div>
<i>oxymorphone hcl</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">6.0 per day</div> </div> </div>
<i>oxymorphone hcl er (er 5 mg tablet, er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 40 mg tab)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #654321; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #ffcc00; color: black; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> </div>
<i>oxymorphone hcl er 7.5 mg tab</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #654321; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2 per day</div> </div> </div>
PRIMLEV 10-300 MG TABLET	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">3 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> <div style="margin-left: 5px;">MINIMAL VALUE BRAND</div> </div> </div>
PRIMLEV 5-300 MG TABLET	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">7 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> <div style="margin-left: 5px;">MINIMAL VALUE BRAND</div> </div> </div>
PRIMLEV 7.5-300 MG TABLET	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">4 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> <div style="margin-left: 5px;">Minimal Value Brand</div> </div> </div>
PROLATE 10 MG-300 MG/5 ML SOLN	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">30 per day</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROLATE 10-300 MG TABLET	NC	<p>AL At least 18 yrs old</p> <p>QPD 6.0 per day</p> <p>MVB Minimal Value Brand</p>
PROLATE 5-300 MG TABLET	NC	<p>AL At least 18 yrs old</p> <p>QPD 12.0 per day</p> <p>MVB Minimal Value Brand</p>
PROLATE 7.5-300 MG TABLET	NC	<p>AL At least 18 yrs old</p> <p>QPD 8.0 per day</p> <p>MVB Minimal Value Brand</p>
<i>remifentanil hcl</i>	NC	NPP Non-Pharmacy Product
<i>sufentanil citrate (50 mcg/ml ampule, 50 mcg/ml vial, 100 mcg/2 ml ampule, 250 mcg/5 ml ampule)</i>	NC	NPP Non-Pharmacy Product
<i>tramadol hcl 100 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 4 per day</p>
<i>tramadol hcl 50 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 8 per day</p>
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 200 mg tablet, hcl er 300 mg tablet)</i>	T1	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 1 per day</p>
<i>tramadol hcl-acetaminophen</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 8 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREZIX	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 12 yrs old 10 per day
ULTIVA	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #34495e; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> </div> Non-Pharmacy Product
XTAMPZA ER (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE)	T2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2 per day
XTAMPZA ER 36 MG CAPSULE	T2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 8.0 per day
OPIATE PARTIAL AGONISTS		
BELBUCA	T2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old 2 per day
BUPRENEX	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #34495e; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 17 per day
<i>buprenorphine</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 0.144 per day
<i>buprenorphine 0.3 mg/ml crpjct</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #34495e; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 17 per day
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 3 per day
<i>buprenorphine 0.3 mg/ml vial</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #34495e; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 17 per day
<i>buprenorphine-naloxone (4-1mg film, 12-3mg film)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb, 8-2 mg tab, 8-2mg film)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 3 per day
<i>butorphanol 10 mg/ml spray</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #C00040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old 0.3 per day
<i>butorphanol 1 mg/ml vial</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #C00040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old Non-Pharmacy Product 7 per day
<i>butorphanol tartrate (2 mg/ml vial, 4 mg/2 ml vial)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #C00040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old Non-Pharmacy Product 4 per day
<i>nalbuphine hcl (10 mg/ml ampul, 100 mg/10 ml vial)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 5 per day
<i>nalbuphine hcl (20 mg/ml ampul, 200 mg/10 ml vial)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 3 per day
<i>pentazocine-naloxone hcl</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #C00040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 12 yrs old 12 per day
SUBLOCADE 100 MG/0.5 ML SYRING	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #D90000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 0.02 per day
SUBLOCADE 300 MG/1.5 ML SYRING	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #D90000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #000080; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 0.057 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZUBSOLV	T2	PA QPD 3 per day
ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS		
AMPHETAMINES		
ADDERALL (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	T4	QPD 3 per day
ADDERALL 30 MG TABLET	T4	QPD 2 per day
<i>amphetamine</i>	T4	ST QPD 15 per day
<i>amphetamine sulfate</i>	T1	QPD 6 per day
DESOXYN	NC	ST QPD 5 per day MVB MINIMAL VALUE BRAND
DEXEDRINE SPANSULE 10 MG	T4	ST QPD 5 per day
DEXEDRINE SPANSULE 15 MG	T4	ST QPD 4 per day
DEXEDRINE SPANSULE 5 MG	T4	ST QPD 2 per day
<i>dextroamphetamine 5 mg/5 ml</i>	T1	QPD 60 per day
<i>dextroamphetamine 10 mg tab</i>	T1	QPD 6 per day
<i>dextroamphetamine 20 mg tab</i>	T1	QPD 3.0 per day
<i>dextroamphetamine 5 mg tab</i>	T1	QPD 2 per day
<i>dextroamphetamine sulfate (15 mg tab, 30 mg tab)</i>	T1	QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine er 10 mg cap</i>	T1	QPD 5 per day
<i>dextroamphetamine er 15 mg cap</i>	T1	QPD 4 per day
<i>dextroamphetamine er 5 mg cap</i>	T1	QPD 2 per day
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	T1	QPD 2 per day
<i>dextroamp-amphetamin 30 mg tab</i>	T1	QPD 2 per day
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	T1	QPD 3 per day
<i>lisdexamfetamine dimesylate (10 mg capsule, 10 mg tb chew, 20 mg capsule, 20 mg tb chew, 30 mg capsule, 30 mg tb chew, 40 mg capsule, 40 mg tb chew, 50 mg capsule, 50 mg tb chew, 60 mg capsule, 60 mg tb chew, 70 mg capsule)</i>	T1	QPD 1.0 per day
<i>methamphetamine hcl</i>	T1	QPD 5 per day HCG
PROCENTRA	T4	ST QPD 60 per day
VYVANSE (10 MG CAPSULE, 10 MG CHEWABLE TABLET, 20 MG CAPSULE, 20 MG CHEWABLE TABLET, 30 MG CAPSULE, 30 MG CHEWABLE TABLET, 40 MG CAPSULE, 40 MG CHEWABLE TABLET, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 70 MG CAPSULE)	T2	QPD 1 per day
RESPIRATORY AND CNS STIMULANTS		
APTENSIO XR	T4	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AZSTARYS	T4	ST QPD 1.0 per day
CONCERTA (ER 18 MG TABLET, ER 27 MG TABLET, ER 36 MG TABLET)	T4	ST QPD 2 per day
CONCERTA ER 54 MG TABLET	T4	ST QPD 1 per day
<i>dexmethylphenidate 10 mg tab</i>	T1	QPD 2 per day
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)</i>	T1	QPD 3 per day
<i>dexmethylphenidate er 20 mg cp</i>	T1	QPD 2 per day
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	T1	QPD 1 per day
DOPRAM	NC	NPP Non-Pharmacy Product
<i>doxapram hcl</i>	NC	NPP Non-Pharmacy Product
JORNAY PM	T4	ST QPD 1 per day
METADATE ER	T1	QPD 3 per day
METHYLIN 10 MG/5 ML SOLUTION	T4	ST QPD 30 per day
METHYLIN 5 MG/5 ML SOLUTION	T4	ST QPD 60 per day
<i>methylphenidate</i>	T1	ST QPD 1.0 per day
<i>methylphenidate er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap, er 40 mg cap, er 50 mg cap, er 60 mg cap)</i>	T1	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)</i>	T1	QPD 2 per day
<i>methylphenidate er (er 54 mg tab, er 72 mg tab)</i>	T1	QPD 1 per day
<i>methylphenidate er 10 mg tab</i>	T1	QPD 5 per day
<i>methylphenidate er 20 mg tab</i>	T1	QPD 3 per day
<i>methylphenidate er (la) (10mg cp, 20mg cp, 40mg cp)</i>	T1	QPD 1 per day
<i>methylphenidate er(la) 30mg cp</i>	T1	QPD 2 per day
<i>methylphenidate 10 mg/5 ml sol</i>	T1	QPD 30 per day
<i>methylphenidate 5 mg/5 ml soln</i>	T1	QPD 60 per day
<i>methylphenidate 2.5 mg chew tb</i>	T1	QPD 3.0 per day
<i>methylphenidate hcl (5 mg chew tab, 10 mg chew tab, 20 mg tablet)</i>	T1	QPD 3 per day
<i>methylphenidate 10 mg tablet</i>	T1	QPD 5 per day
<i>methylphenidate 5 mg tablet</i>	T1	QPD 3 per day
<i>methylphenidate cd 30 mg cap</i>	T1	QPD 2 per day
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	T1	QPD 1 per day
<i>methylphenidate er(cd) 30mg cp</i>	T1	QPD 2 per day
<i>methylphenidate hcl er (cd) (10mg cp, 20mg cp, 40mg cp, 50mg cp, 60mg cp)</i>	T1	QPD 1 per day
<i>methylphenidate la (10 mg cap, 20 mg cap, 40 mg cap, 60 mg cap)</i>	T1	QPD 1 per day
<i>methylphenidate la 30 mg cap</i>	T1	QPD 2 per day
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	T1	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>modafinil</i>	T1	PA QPD 1 per day
SUNOSI	T4	AL At least 18 yrs old PA QPD 1 per day
WAKIX	T5	S PA QPD 2 per day
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	T1	PA QPD 4 per day
ALBENZA	T4	PA QPD 4 per day
BILTRICIDE	T4	PA
EGATEN	T4	
EMVERM	T2	PA
<i>ivermectin 3 mg tablet</i>	T1	PA
<i>praziquantel</i>	T1	PA
STROMEKTOL	T4	PA
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	T1	
FURADANTIN	T4	
HIPREX	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYOPHEN	T1	
MACROBID	T4	
MACRODANTIN	T4	
<i>me-naphos-mb-hyo 1</i>	T1	
<i>methenamine hippurate</i>	T1	
<i>methenamine mandelate</i>	T1	
MONUROL	T4	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	T1	
<i>nitrofurantoin 25 mg/5 ml susp</i>	T1	HCG
<i>nitrofurantoin mono-macro</i>	T1	
PRIMSOL	T4	
<i>trimethoprim</i>	T1	
UROGESIC-BLUE	T4	
UROQID-ACID NO.2	T4	
URYL	T1	
USTELL	T1	
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
AK-POLY-BAC	T1	QPD 0.434 per day
AZASITE	T4	QPD 0.36 per day
<i>bacitracin 500 unit/gm ophth</i>	T1	QPD 0.434 per day HCG
<i>bacitracin-polymyxin</i>	T1	QPD 0.434 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BESIVANCE	T4	QPD 0.767 per day
BLEPHAMIDE	T4	QL 5 / fill
CETRAXAL	NC	ST QPD 0.567 per day MVB Minimal Value Brand
CILOXAN (EYE DROPS, OINTMENT)	T4	QPD 0.767 per day
CIPRO HC	T4	ST QPD 0.434 per day
<i>ciprofloxacin 0.2% otic soln</i>	T1	QPD 0.567 per day
<i>ciprofloxacin 0.3% eye drop</i>	T1	QPD 0.767 per day
<i>ciprofloxacin hcl-fluocinolone</i>	T1	
<i>ciprofloxacin-dexamethasone</i>	T1	QPD 0.257 per day
CORTISPORIN-TC	T4	QL 10/ fill
<i>doxycycline hyclate 20 mg tab</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>erythromycin 0.5% eye ointment</i>	T1	QPD 0.54 per day
<i>gatifloxacin</i>	T1	QPD 0.36 per day HCG
GENTAK	T1	QPD 0.54 per day
<i>gentamicin 0.3% eye drop</i>	T1	QPD 2.143 per day
<i>levofloxacin (0.5% drops, 1.5% drops)</i>	T1	QPD 0.767 per day
MAXITROL EYE DROPS	T4	QL 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAXITROL EYE OINTMENT	T4	QL 4 / fill
<i>moxifloxacin (drops, drp-visc)</i>	T1	QPD 0.434 per day
NEO-POLYCIN	T1	QPD 0.124 per day
NEO-POLYCIN HC	T1	QL 4 / fill HCG
<i>neomycin-bacitracin-poly-hc</i>	T1	QL 4 / fill
<i>neomycin-bacitracin-polymyxin</i>	T1	QPD 0.124 per day
<i>neomyc-polym-dexameth eye drop</i>	T1	QL 5 / fill
<i>neomyc-polym-dexamet eye ointm</i>	T1	QL 4 / fill
<i>neomycin-polymyxin-gramicidin</i>	T1	QPD 1.47 per day
<i>neomycin-poly-hc eye drops</i>	T1	QL 10/ fill
<i>neomycin-polymyxin-hc ear susp</i>	T1	QL 10 / fill
<i>neomycin-polymyxin-hydrocort</i>	T1	QL 10 / fill
OCUFLOX	T4	QPD 1.47 per day
<i>ofloxacin 0.3% ear drops</i>	T1	QL 10 / 30 days
<i>ofloxacin 0.3% eye drops</i>	T1	QPD 1.47 per day
OTIPRIO	NC	MVB MINIMAL VALUE BRAND
OTOVEL	T4	ST QPD 0.473 per day
POLYCIN	T1	QPD 0.434 per day
<i>polymyxin b sul-trimethoprim</i>	T1	QPD 1.47 per day
POLYTRIM	T4	QPD 1.47 per day
PRED-G	T4	QL 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide 10% eye drops</i>	T1	QL 5 / fill
<i>sulfacetamide 10% eye ointment</i>	T1	QL 4 / fill
<i>sulfacetamide-prednisolone</i>	T1	QL 5 / fill
TOBRADEX EYE OINTMENT	T4	QL 4 / fill
TOBRADEX ST	T4	QL 5 / fill
<i>tobramycin 0.3% eye drop</i>	T1	QPD 2.143 per day
<i>tobramycin-dexamethasone</i>	T1	QL 5 / fill
TOBREX 0.3% EYE DROP	T4	QPD 2.143 per day
TOBREX 0.3% EYE OINTMENT	T4	QPD 0.54 per day
ZYLET	T4	QL 5 / fill
ZYMAXID	T4	QPD 0.36 per day
ANTIFUNGALS (EENT)		
NATACYN	T4	QPD 0.767 per day
ANTIVIRALS (EENT)		
<i>trifluridine</i>	T1	
ZIRGAN	T4	QPD 0.167 per day
EENT ANTI-INFECTIVES, MISCELLANEOUS		
<i>acetic acid 2% ear solution</i>	T1	
BETADINE 5% EYE SOLUTION	T4	
<i>chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)</i>	T1	
<i>hydrocortisone-acetic acid</i>	T1	
PAROEX	T1	
PERIDEX	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERIOGARD	T1	
XDEMVY	T4	PA QPD 0.334 per day
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX	T4	PA
AMZEEQ	T4	QPD 1 per day
CENTANY	T4	PA
CLEOCIN T (LOION, SOLUION)	T4	
CLINDACIN	T1	QPD 1.667 per day
CLINDACIN ETZ 1% PLEDGET	T1	
CLINDACIN P	T1	
<i>clind ph-benzoyl perox 1.2-5%</i>	T1	QPD 1.5 per day
<i>clind ph-benzoyl pero 1.2-2.5%</i>	T1	QPD 1.667 per day
<i>clindamycin phos-tretinoin</i>	NC	QPD 2 per day
		HCG MVG MINIMAL VALUE GENERIC
<i>clindamycin phosphate 1% foam</i>	NC	QPD 1.667 per day
		HCG MVG MINIMAL VALUE GENERIC
<i>clindamycin ph 1% gel</i>	T1	QL 75 / 30 days C Generic for Cleocin T

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate 1% gel</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #f1c232; color: white; padding: 2px 5px; border-radius: 3px;">HCG</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">MVG</div> </div> 75 / 30 days MINIMAL VALUE GENERIC
<i>clindamycin phosphate (phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i>	T1	
<i>clindamycin ph 1% solution</i>	T1	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2 per day
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	T1	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.667 per day
CLINDESSE	T4	
ERY	T1	
ERYGEL	T4	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1 per day
<i>erythromycin 2% gel</i>	T1	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1 per day
<i>erythromycin 2% solution</i>	T1	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2 per day
<i>erythromycin-benzoyl peroxide</i>	T1	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.6 per day
<i>gentamicin sulfate (cream, ointment)</i>	T1	
METROCREAM	T4	
METROGEL-VAGINAL	NC	<div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> MINIMAL VALUE BRAND
METROLOTION	T4	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel, vaginal 0.75% gl)</i>	T1	
<i>mupirocin 2% cream</i>	T1	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2 per day
<i>mupirocin 2% ointment</i>	T1	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2.5 per day
NEO-SYNALAR 0.5%-0.025% CREAM	NC	<div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin-polymyxin b (40 mg/ml amp, 40 mg/ml vl)</i>	NC	NPP Non-Pharmacy Product
NEUAC GEL	T1	QPD 1.5 per day
ROSADAN (CREAM, GEL)	T1	
ROSADAN 0.75% CREAM KIT	NC	MVB MINIMAL VALUE BRAND
ROSADAN 0.75% GEL KIT	T4	
VANDAZOLE	T4	
XACIATO	T4	QL 8 / 30 days
XEPI	T4	PA
ZILXI	T4	PA QPD 1 per day
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir 5% cream</i>	T1	AL At least 12 yrs old PA QPD 0.167 per day
<i>acyclovir 5% ointment</i>	T1	AL At least 18 yrs old
DENAVIR	T4	AL At least 12 yrs old PA QPD 0.167 per day
<i>penciclovir</i>	T1	AL At least 12 yrs old PA QPD 0.167 per day
XERESE	NC	AL At least 6 yrs old PA QPD 0.167 per day MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
DHS ZINC	T4	
<i>guaiacol</i>	T1	
<i>iodine mild tincture</i>	T1	
IODOFLEX	T4	
IODOSORB	T4	
KLARON	T4	QPD 4 per day
OVACE	NC	QPD 12 per day MVB Minimal Value Brand
OVACE PLUS 9.8% LOTION	NC	QPD 4 per day MVB Minimal Value Brand
<i>phenol liquified</i>	T1	
<i>selenium sulfide (2.25% shampoo, 2.5% lotion)</i>	T1	
SILVASORB GEL	T4	
<i>silver sulfadiazine</i>	T1	
<i>sodium sulfacetamide 10% wash</i>	T1	QPD 12 per day
<i>sod sulfacetam 10% clnsng gel</i>	NC	QPD 12 per day HCG MVG MINIMAL VALUE GENERIC
SSD	T1	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	T1	QPD 4 per day
SULFAMYLON 8.5% CREAM	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SCABICIDES AND PEDICULICIDES		
CROTAN	T1	
ELIMITE	T4	
EURAX (CREAM, LOTION)	T4	ST
<i>lindane</i>	T1	HCG
<i>malathion</i>	T1	HCG
OVIDE	T4	ST
<i>permethrin</i>	T1	
ULESFIA	T4	ST
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
ALREX	NC	QPD 0.5 per day MVB Minimal Value Brand
DERMOTIC	NC	MVB Minimal Value Brand
<i>dexamethasone 0.1% eye drop</i>	T1	QL 10 / fill
<i>difluprednate</i>	T1	QL 10 / 30 days
DUREZOL	T4	QL 10 / 30 days
FLAC OTIC OIL	T1	
FLAREX	T4	QL 10 / fill
<i>flunisolide</i>	T1	QPD 0.834 per day
<i>fluocinolone acetonide oil</i>	T1	HCG
<i>fluorometholone</i>	T1	QL 10 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FML	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> </div> 10 / fill Minimal Value Brand
FML FORTE	T4	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 10 / fill
ILUVIEN	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #8c564b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> max 1 per 365 days Non-Pharmacy Product
LOTEMAX 0.5% OPHTHALMIC GEL	T4	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 10 / fill
LOTEMAX 0.5% EYE OINTMENT	T4	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 4 / fill
LOTEMAX SM	T4	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 10 / fill
<i>loteprednol 0.5% ophthalmic gel</i>	T1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 10 / fill
<i>loteprednol etabonate 0.5% drp</i>	T1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 21 / fill
MAXIDEX	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> </div> 10 / fill MINIMAL VALUE BRAND
OMNARIS	T4	<div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 0.434 per day
OZURDEX	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 0.04 per day
PRED MILD	T4	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 21 / fill
<i>prednisolone ac 1% eye drop</i>	T1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 21 / fill
<i>prednisolone sod 1% eye drop</i>	T1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 20 / 30 days
QNASL	T4	<div style="background-color: #1f77b4; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 0.4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QNASL CHILDREN	T4	QPD 0.3 per day
RETISERT	NC	<ul style="list-style-type: none"> QL max 1 per 365 days S NPP Non-Pharmacy Product PA
TRIESENCE	NC	<ul style="list-style-type: none"> NPP Non-Pharmacy Product QPD 1 per day
YUTIQ	NC	<ul style="list-style-type: none"> S NPP Non-Pharmacy Product PA
ZETONNA	T4	QPD 0.22 per day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	T2	<ul style="list-style-type: none"> PA QPD 2 per day
RESTASIS MULTIDOSE	T2	<ul style="list-style-type: none"> PA QPD 0.2 per day
VERKAZIA	T5	<ul style="list-style-type: none"> S PA QPD 4.0 per day
XIIDRA	T2	<ul style="list-style-type: none"> AL At least 17 yrs old PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	NC	<ul style="list-style-type: none"> QL 15 / 30 days MVB Minimal Value Brand
ACULAR LS	T4	<ul style="list-style-type: none"> QL 5 / fill
ACUVAIL	NC	<ul style="list-style-type: none"> QPD 1 per day MVB Minimal Value Brand
<i>bromfenac sodium</i>	T1	<ul style="list-style-type: none"> QL 8 / rx HCG
<i>diclofenac 0.1% eye drops</i>	T1	<ul style="list-style-type: none"> QL 5 / fill
<i>flurbiprofen sodium</i>	T1	<ul style="list-style-type: none"> QL 3/ fill
<i>ketorolac 0.4% ophth solution</i>	T1	<ul style="list-style-type: none"> QL 5 / fill
<i>ketorolac 0.5% ophth solution</i>	T1	<ul style="list-style-type: none"> QL 15 / 30 days
PROLENSA	T2	<ul style="list-style-type: none"> QL 3/ fill
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
INTERLEUKIN ANTAGONISTS		
DUPIXENT 100 MG/0.67 ML SYRING	T3	<ul style="list-style-type: none"> PS PA QPD 0.05 per day
FASENRA	NC	<ul style="list-style-type: none"> PS PA QPD 0.04 per day NPP BENEFIT SHIFT PROGRAM
FASENRA PEN	T3	<ul style="list-style-type: none"> PS PA QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	T3	<ul style="list-style-type: none"> PS PA QPD 0.04 per day
NUCALA 40 MG/0.4 ML SYRINGE	T3	<ul style="list-style-type: none"> PS PA QPD 0.015 per day
NUCALA 100 MG/ML POWDER VIAL	NC	<ul style="list-style-type: none"> PS PA QPD 0.04 per day NPP BENEFIT SHIFT PROGRAM
SKYRIZI 600 MG/10 ML VIAL	NC	<ul style="list-style-type: none"> PS PA QPD 0.72 per day NPP BENEFIT SHIFT PROGRAM PS1 Preferred 1st line
SKYRIZI 180 MG/1.2 ML ON-BODY	T3	<ul style="list-style-type: none"> PS PA QPD 0.022 per day PS1 Preferred 1st line
SKYRIZI 360 MG/2.4 ML ON-BODY	T3	<ul style="list-style-type: none"> PS PA QPD 0.043 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEUKOTRIENE MODIFIERS		
ACCOLATE	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">MVB</div> <div>Minimal Value Brand</div> </div>
<i>montelukast sod 4 mg granules</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #ffc107; color: black; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">HCG</div> </div>
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div>
<i>zafirlukast</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2 per day</div> </div>
<i>zileuton er</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">4 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #ffc107; color: black; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">HCG</div> </div>
ZYFLO	T4	<div style="display: flex; align-items: center;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">4 per day</div> </div>
MAST-CELL STABILIZERS		
ALOCRIL	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">5 / fill</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">MVB</div> <div>MINIMAL VALUE BRAND</div> </div>
<i>cromolyn 20 mg/2 ml neb soln</i>	T1	
<i>cromolyn 4% eye drops</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">10 / fill</div> </div>
<i>cromolyn 100 mg/5 ml oral conc</i>	T1	
GASTROCROM	T4	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA	T2	<div style="display: flex; align-items: center;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">ST</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2.143 per day</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
<i>alclometasone dipro 0.05% crm</i>	T1	HCG
<i>alclometasone dipr 0.05% oint</i>	T1	
<i>amcinonide 0.1% cream</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>amcinonide 0.1% ointment</i>	NC	HCG MVG MINIMAL VALUE GENERIC
ANALPRAM HC 1% CREAM	NC	MVB Minimal Value Brand
ANALPRAM HC 2.5%-1% LOTION	NC	MVB Minimal Value Brand
ANUSOL-HC 2.5% CREAM	NC	MVB MINIMAL VALUE BRAND
ANUSOL-HC 25 MG SUPPOSITORY	NC	HCG MVG MINIMAL VALUE GENERIC
BESER	NC	HCG MVG MINIMAL VALUE GENERIC
<i>betamethasone diprop augmented (crm, gel, lot, oin)</i>	T1	
<i>betamethasone dipropionate (crm, lot, oint)</i>	T1	
<i>betamethasone valer 0.12% foam</i>	T1	HCG
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	T1	
BRYHALI	T4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>clobetasol emollient 0.05% crm</i>	T1		
<i>clobetasol emolInt 0.05% foam</i>	T1	HCG	
<i>clobetasol emulsion</i>	T1	HCG	
<i>clobetasol propionate (cream, gel, ointment, shampoo, solution)</i>	T1		
<i>clobetasol propionate (prop spray, topical lotn)</i>	T1	HCG	
<i>clocortolone pivalate</i>	T1	HCG	
CLODAN 0.05% SHAMPOO	T1	HCG	
CORTENEMA	NC	MVB	Minimal Value Brand
CORTIFOAM	NC	MVB	MINIMAL VALUE BRAND
DERMA-SMOOTH-FS BODY OIL	T4		
DERMA-SMOOTH-FS SCALP OIL	NC	MVB	Minimal Value Brand
<i>desonide 0.05% gel</i>	NC	HCG	MVG MINIMAL VALUE GENERIC
<i>desonide (cream, lotion, ointment)</i>	T1		
DESOWEN	NC	MVB	Minimal Value Brand
<i>desoximetasone (cream, ointment)</i>	T1	HCG	
<i>desoximetasone (0.05% gel, 0.25% cream, 0.25% ointment)</i>	T1		
<i>desoximetasone 0.25% spray</i>	T1	HCG	
DESRX	NC	HCG	MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIPROLENE	NC	MVB Minimal Value Brand
EPIFOAM	T4	
<i>fluocinolone acetonide (0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	T1	HCG
<i>fluocinolone acetonide (body oil, cream)</i>	T1	
<i>fluocinonide 0.1% cream</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>fluocinonide (cream, gel, ointment, solution)</i>	T1	
<i>fluocinonide-e</i>	T1	
<i>fluticasone prop 0.05% lotion</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	T1	
<i>halcinonide</i>	T1	PA
<i>halobetasol propionate (cream, ointmnt)</i>	T1	
<i>hydrocortisone (2.5% cream, 2.5% lotion, 2.5% ointment, 100 mg/60 ml)</i>	T1	
<i>hydrocortisone acetate (25 mg, 30 mg)</i>	T1	
<i>hydrocortisone butyrate (lipid crm, lipo cream)</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>hydrocortisone butyrate (buty cream, butyr lotn, butyr oint, butyr soln)</i>	T1	
<i>hydrocortisone valerate (cream, ointmt)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone-pramoxine (1%-1% crm, 2.5-1% crm)</i>	T1	
KOURZEO	T1	
LOCOID	T4	
LUXIQ	NC	MVB Minimal Value Brand
<i>mometasone furoate (cream, oint, soln)</i>	T1	
OLUX	T4	
OLUX-E	T4	
ORALONE	T1	
PRAMOSONE 1%-1% CREAM	NC	MVB Minimal Value Brand
PRAMOSONE (1% LOTION, 2.5%-1% LOTION)	T4	
<i>prednicarbate (cream, ointment)</i>	T1	
PROCTO-MED HC	T1	
PROCTOCORT 30 MG SUPPOSITORY	NC	MVB Minimal Value Brand
PROCTOFOAM-HC	T2	
PROCTOSOL-HC	T1	
PROCTOZONE-HC	T1	HCG
SCALACORT	T1	
SERNIVO	T4	
SYNALAR (0.01% SOLUTION, 0.025% CREAM)	NC	MVB Minimal Value Brand
TEMOVATE	NC	MVB Minimal Value Brand
TEXACORT	NC	MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT)	T4	
TOVET EMOLLIENT	T1	HCG
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.1% paste, 0.5% cream, 0.5% ointment)</i>	T1	
TRIDERM	T1	
TRIDESILON	NC	MVB Minimal Value Brand
VANOS	NC	MVB MINIMAL VALUE BRAND
ANTIANEMIA DRUGS		
IRON PREPARATIONS		
FERAHEME	NC	S NPP Non-Pharmacy Product PA
FERRLECIT	NC	S NPP Non-Pharmacy Product
<i>ferumoxytol</i>	NC	S NPP Non-Pharmacy Product
INJECTAFER 100 MG/2 ML VIAL	NC	S NPP Non-Pharmacy Product PA
INJECTAFER 750 MG/15 ML VIAL	NC	S NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOFERRIC	NC	S NPP PA Non-Pharmacy Product
<i>sod ferric gluconate complex</i>	NC	S NPP Non-Pharmacy Product
TRIFERIC (27.2 MG/5 ML AMPULE, 272 MG POWDER PACKET)	NC	S NPP Non-Pharmacy Product
VENOFER	NC	S NPP Non-Pharmacy Product
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	T1	
NORPACE	T4	
NORPACE CR	T4	
<i>procainamide hcl (1 gram/2 ml vial, 1,000 mg/2 ml vl)</i>	NC	NPP Non-Pharmacy Product
<i>quinidine gluconate</i>	T1	
<i>quinidine sulfate</i>	T1	
CLASS IB ANTIARRHYTHMICS		
<i>lidocaine hcl (hcl 1% abboject, hcl 1% syringe, hcl 2% abboject, hcl 2% luer-jet, hcl 2% syringe, hcl 2% vial, 100 mg/5 ml (2%) syr)</i>	NC	NPP Non-Pharmacy Product
<i>lidocaine hcl in 5% dextrose</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mexiletine hcl</i>	T1	
XYLOCAINE IV	NC	NPP Non-Pharmacy Product
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
RYTHMOL SR (SR 225 MG CAPSULE, SR 425 MG CAPSULE)	T4	
RYTHMOL SR 325 MG CAPSULE	NC	MVB Minimal Value Brand
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	T1	
<i>amiodarone hcl (150 mg/3 ml syringe, 150 mg/3 ml vial, 450 mg/9 ml vial, 900 mg/18 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>bretylum tosylate</i>	NC	NPP Non-Pharmacy Product
CORVERT	NC	NPP Non-Pharmacy Product
<i>dofetilide</i>	T3	PS
<i>ibutilide fumarate</i>	NC	NPP Non-Pharmacy Product
MULTAQ	T4	PA
NEXTERONE	NC	NPP Non-Pharmacy Product
PACERONE	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLASS IV ANTIARRHYTHMICS		
ADENOSCAN	NC	NPP Non-Pharmacy Product
<i>adenosine (6 mg/2 ml syringe, 6 mg/2 ml vial, 12 mg/4 ml syringe, 12 mg/4 ml vial, 60 mg/20 ml vial, 90 mg/30 ml vial)</i>	NC	NPP Non-Pharmacy Product
ANTIBACTERIALS		
AMINOGLYCOSIDE ANTIBIOTICS		
<i>amikacin sulfate</i>	NC	NPP Non-Pharmacy Product
ARIKAYCE	T5	S PA QPD 9 per day
BETHKIS	T5	S PA
<i>gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>gentamicin sulfate in ns (70 mg/ns 50 ml, 90 mg/ns 100 ml)</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, isoton 100 mg/50 ml)</i>	NC	NPP Non-Pharmacy Product
KITABIS PAK	T5	S PA
<i>neomycin sulfate</i>	T1	
<i>streptomycin sulfate</i>	NC	NPP Non-Pharmacy Product
TOBI	T5	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOBI PODHALER	T5	S PA
<i>tobramycin (300 mg/4 ml ampule, pak 300 mg/5 ml)</i>	T3	PS PA
<i>tobramycin 300 mg/5 ml ampule</i>	T3	PS PA
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>tobramycin sulfate in ns</i>	NC	NPP Non-Pharmacy Product
CHLORAMPHENICOL ANTIBIOTICS		
<i>chloramphenicol sod succinate</i>	NC	NPP Non-Pharmacy Product
QUINOLONE ANTIBIOTICS		
AVELOX IV	NC	NPP Non-Pharmacy Product
BAXDELA 450 MG TABLET	T4	QL max 14 days PA
BAXDELA 300 MG VIAL	NC	QL max 14 days NPP Non-Pharmacy Product PA
CIPRO 10% SUSPENSION	T4	QPD 10 per day
CIPRO 5% SUSPENSION	T4	QPD 7 per day
CIPRO (250 MG TABLET, 500 MG TABLET)	T4	QPD 2 per day
<i>ciprofloxacin 250 mg/5 ml susp</i>	T1	QPD 7 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin 500 mg/5 ml susp</i>	T1	QPD 10.0 per day
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 750 mg tab)</i>	T1	QPD 2 per day
<i>ciprofloxacin hcl 500 mg tab</i>	T1	QPD 2 per day
<i>ciprofloxacin-d5w</i>	NC	NPP Non-Pharmacy Product
FACTIVE	T4	PA QPD 7 per day
<i>levofloxacin 25 mg/ml solution</i>	T1	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	T1	QL 30 / fill
<i>levofloxacin (500 mg/20 ml vial, 750 mg/30 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>levofloxacin-d5w</i>	NC	NPP Non-Pharmacy Product
<i>moxifloxacin 400 mg/250 ml bag</i>	NC	NPP Non-Pharmacy Product
<i>moxifloxacin hcl</i>	T1	QL 21 / fill
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	T1	QL 56 / fill
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
BACTRIM	T4	
BACTRIM DS	T4	
<i>sulfadiazine</i>	T1	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ss tablet, susp)</i>	T1	
<i>sulfamethoxazole-tmp ds tablet</i>	T1	
<i>sulfamethoxazole-tmp iv vial</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFATRIM	T1	
TETRACYCLINE ANTIBIOTICS		
AVIDOXY	T1	
COREMINO (ER 90 MG TABLET, ER 135 MG TABLET)	T1	ST QPD 1 per day
COREMINO ER 45 MG TABLET	T1	ST QPD 3 per day
<i>demeclocycline hcl</i>	T1	
DOXY 100	NC	NPP Non-Pharmacy Product
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	T1	
<i>doxycycline 50 mg tablet</i>	NC	ST QPD 6.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>doxycycline hyclate (75 mg tab, 150 mg tab)</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>doxycycline hyclate 100 mg vl</i>	NC	NPP Non-Pharmacy Product
<i>doxycycline ir-dr</i>	NC	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>doxycycline monohydrate (75 mg capsule, 75 mg tablet, 150 mg cap, 150 mg tablet)</i>	NC	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 100 mg cap, mono 100 mg tablet)</i>	T1	
MINOCIN	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4a5568; color: white; padding: 2px 5px; margin-bottom: 2px;">NPP</div> <div style="font-size: 0.8em; margin-bottom: 2px;">Non-Pharmacy Product</div> <div style="background-color: #228b22; color: white; padding: 2px 5px; margin-bottom: 2px;">MVB</div> <div style="font-size: 0.8em; margin-bottom: 2px;">MINIMAL VALUE BRAND</div> </div>
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	T1	
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4b4b4b; color: white; padding: 2px 5px; margin-bottom: 2px;">ST</div> <div style="background-color: #fcd34d; padding: 2px 5px; margin-bottom: 2px;">HCG</div> <div style="background-color: #1e407c; color: white; padding: 2px 5px; margin-bottom: 2px;">MVG</div> <div style="font-size: 0.8em; margin-bottom: 2px;">MINIMAL VALUE GENERIC</div> </div>
<i>minocycline er 45 mg tablet</i>	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4b4b4b; color: white; padding: 2px 5px; margin-bottom: 2px;">ST</div> <div style="background-color: #1e407c; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="font-size: 0.8em; margin-bottom: 2px;">3 per day</div> <div style="background-color: #fcd34d; padding: 2px 5px; margin-bottom: 2px;">HCG</div> <div style="background-color: #1e407c; color: white; padding: 2px 5px; margin-bottom: 2px;">MVG</div> <div style="font-size: 0.8em; margin-bottom: 2px;">MINIMAL VALUE GENERIC</div> </div>
<i>minocycline hcl er (er 55 mg tablet, er 65 mg tablet, er 80 mg tablet, er 90 mg tablet, er 115 mg tablet)</i>	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4b4b4b; color: white; padding: 2px 5px; margin-bottom: 2px;">ST</div> <div style="background-color: #1e407c; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="font-size: 0.8em; margin-bottom: 2px;">1 per day</div> <div style="background-color: #fcd34d; padding: 2px 5px; margin-bottom: 2px;">HCG</div> <div style="background-color: #1e407c; color: white; padding: 2px 5px; margin-bottom: 2px;">MVG</div> <div style="font-size: 0.8em; margin-bottom: 2px;">MINIMAL VALUE GENERIC</div> </div>
MONDOXYNE NL 100 MG CAPSULE	T1	
MONDOXYNE NL 75 MG CAPSULE	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #fcd34d; padding: 2px 5px; margin-bottom: 2px;">HCG</div> <div style="background-color: #1e407c; color: white; padding: 2px 5px; margin-bottom: 2px;">MVG</div> <div style="font-size: 0.8em; margin-bottom: 2px;">MINIMAL VALUE GENERIC</div> </div>
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tetracycline hcl</i>	T1	
ANTIBACTERIALS, MISCELLANEOUS		
BACITRACIN ANTIBIOTICS		
<i>bacitracin 50,000 unit vial</i>	NC	NPP Non-Pharmacy Product
CYCLIC LIPOPEPTIDE ANTIBIOTICS		
CUBICIN	NC	NPP Non-Pharmacy Product
CUBICIN RF	NC	NPP Non-Pharmacy Product
<i>daptomycin 500 mg vial</i>	NC	NPP Non-Pharmacy Product
<i>daptomycin-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
GLYCOPEPTIDE ANTIBIOTICS		
VANCOGIN HCL	T4	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	T1	
<i>vancomycin hcl (1 gram/200 ml bag, hcl 1g/200 ml bag, 1.25 gm/250 ml bag, hcl 1.25 gram vial, 1.5 gram/300 ml bag, hcl 1.5 gram vial, 1.75 gm/350 ml bag, 2 gram/400 ml bag, hcl 10 gm vial, hcl 100 gm smartpak, hcl 250 mg vial, 500 mg add-van vial, 500 mg vial, 500 mg/100 ml bag, 750 mg add-van vial, 750 mg/150 ml bag, hcl 750 mg vial)</i>	NC	NPP Non-Pharmacy Product
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 5 gm vial)</i>	NC	NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vancomycin hcl-0.9% nacl (vanco 1 gram/250 ml-0.9%, vanco 1.25 gm/250 ml-0.9%, vanco 1.5 gm/250 ml-0.9%, vanco 1.5 gm/500 ml-0.9%, vanco 1.75 g/250 ml-0.9%, vanco 2 gram/500 ml-0.9%, vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vanco 750 mg/250 ml-0.9%, vancomycin 1 g/200ml-0.9%)</i>	NC	NPP Non-Pharmacy Product
<i>vancomycin hcl-d5w (vancomycin 1.25 gram/250ml-d5w, vancomycin 1.5 gram/250 ml-d5w, vancomycin-d5w 500 mg/100 ml)</i>	NC	NPP Non-Pharmacy Product
VIBATIV	NC	NPP Non-Pharmacy Product
LINCOMYCIN ANTIBIOTICS		
CLEOCIN HCL	T4	QPD 4 per day
CLEOCIN PEDIATRIC	T4	QPD 70 per day
CLEOCIN PHOSPHATE	NC	NPP Non-Pharmacy Product
<i>clindamycin (pediatric)</i>	T1	QPD 70.0 per day
<i>clindamycin hcl</i>	T1	QPD 4 per day
<i>clindamycin phosphate (9 g/60 ml vial, 300 mg/2 ml vl, 600 mg/4 ml vl, 900 mg/6 ml vl)</i>	NC	NPP Non-Pharmacy Product
<i>clindamycin phosphate-d5w</i>	NC	NPP Non-Pharmacy Product
<i>clindamycin-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
LINCOCIN	NC	NPP Non-Pharmacy Product
<i>lincomycin hcl</i>	NC	NPP Non-Pharmacy Product QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTHER MISC. ANTIBACTERIAL AGENTS		
<i>bismuth-metronidazole-tetracyc</i>	T1	QL 120 / 365 days
PYLERA	T4	QL 120 / 365 days
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid 100 mg/5 ml susp</i>	T1	QL 900 / rx
<i>linezolid 600 mg tablet</i>	T1	QPD 2 per day
<i>linezolid-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>linezolid-d5w</i>	NC	NPP Non-Pharmacy Product
SIVEXTRO 200 MG TABLET	T4	QL 6 / 30 days PA
SIVEXTRO 200 MG VIAL	NC	QL 6 / 30 days NPP Non-Pharmacy Product PA
ZYVOX (200 MG/100, 600 MG/300)	NC	NPP Non-Pharmacy Product PA
ZYVOX 100 MG/5 ML SUSPENSION	T4	QL 900 / rx PA
ZYVOX 600 MG TABLET	T4	PA QPD 2 per day
PLEUROMUTILINS		
XENLETA 600 MG TABLET	T5	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XENLETA 150 MG/15 ML VIAL	NC	S NPP Non-Pharmacy Product PA
POLYMYXIN ANTIBIOTICS		
<i>colistimethate</i>	NC	NPP Non-Pharmacy Product
COLY-MYCIN M PARENTERAL	NC	NPP Non-Pharmacy Product
<i>polymyxin b sulfate</i>	NC	NPP Non-Pharmacy Product
RIFAMYCIN ANTIBIOTICS		
AEMCOLO	T4	
XIFAXAN 550 MG TABLET	T4	PA
STREPTOGRAMIN ANTIBIOTICS		
SYNERCID	NC	NPP Non-Pharmacy Product
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANASPAZ	T4	
ANORO ELLIPTA	T2	QPD 2 per day
ATROPEN	T4	
<i>atropine sulfate (0.1 mg/ml syringe, 0.25 mg/5 ml syringe, 0.4 mg/ml vial, 0.5 mg/5 ml abboject, 0.5 mg/5 ml syringe, 0.8 mg/2 ml syringe, 1 mg/10 ml syringe, 1 mg/2.5 ml syringe, 1 mg/ml vial, 2 mg/5 ml syringe, 8 mg/20 ml vial)</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATROVENT HFA	T4	QPD 1.29 per day
BENTYL	NC	NPP Non-Pharmacy Product
<i>chlordiazepoxide-clidinium</i>	T1	
COMBIVENT RESPIMAT	T2	QPD 0.267 per day
CUVPOSA	T4	
<i>dicyclomine 20 mg/2 ml ampul</i>	NC	NPP Non-Pharmacy Product
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	T1	
<i>dicyclomine 20 mg/2 ml vial</i>	NC	NPP Non-Pharmacy Product
DONNATAL (ELIXIR, ELIXIR 5 ML CUP, TABLET)	T4	
ED-SPAZ	T1	
GLYCATE	T4	
<i>glycopyrrolate (0.2 mg/ml syrng, 0.2 mg/ml vial, 0.4 mg/2 ml syr, 0.4 mg/2 ml vl, 0.6 mg/3 ml syr, 1 mg/5 ml syrng, 1 mg/5 ml vial, 4 mg/20 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml soln, 2 mg tablet)</i>	T1	
<i>glycopyrrolate 1.5 mg tablet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>glycopyrrolate-water</i>	NC	NPP Non-Pharmacy Product
GLYRX-PF (0.2 MG/ML VIAL, 0.4 MG/2 ML VIAL, 0.6 MG/3 ML SYRINGE, 1 MG/5 ML SYRINGE)	NC	NPP Non-Pharmacy Product
<i>hyoscyamine sulfate (0.125 mg odt, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hyoscyamine 0.125 mg tab sl</i>	T1	
<i>hyoscyamine sulfate er</i>	T1	
<i>hyoscyamine sulfate sr</i>	T1	
HYOSYNE (0.125 MG/ML DROP, 125 MCG/5 ML ELIXIR)	T1	
<i>ipratropium br 0.02% soln</i>	T1	QPD 12.5 per day
<i>ipratropium-albuterol</i>	T1	
LEVSIN 0.5 MG/ML AMPUL	NC	NPP Non-Pharmacy Product
LEVSIN 0.125 MG TABLET	T4	
LEVSIN-SL	T4	
LIBRAX	T4	
LONHALA MAGNAIR REFILL	T4	PA QPD 2 per day
LONHALA MAGNAIR STARTER	T4	PA QPD 2 per day
<i>methscopolamine bromide</i>	T1	
NULEV	T1	
OSCIMIN	T1	
OSCIMIN SL	T1	
<i>phenobarbital-belladonna</i>	T1	
<i>phenobarbital-hyosc-atrop-scop (phenobarb-hyo-atrop-scop elix, phenobarb-hyosc-atrop-scop tab)</i>	T1	
PHENOHYTRO TABLET	T1	HCG
PREVDUO	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OBREXZA	T4	PA QPD 1 per day
ROBINUL	T4	
ROBINUL FORTE	T4	
SPIRIVA HANDIHALER	T2	QPD 1 per day
SPIRIVA RESPIMAT	T2	QPD 1 per day
STIOLTO RESPIMAT	T2	QPD 0.134 per day
SYMAX DUOTAB	T4	
ANTICOAGULANTS		
ANTICOAGULANTS, MISCELLANEOUS		
ACD-A SOLUTION	NC	NPP Non-Pharmacy Product
<i>anticoag sodium citrate 4% sol</i>	NC	NPP Non-Pharmacy Product
ARIXTRA	T5	S
<i>citrate phosphate dextrose</i>	NC	NPP Non-Pharmacy Product
<i>fondaparinux sodium</i>	T5	S
<i>sodium citrate (lock flush, soln, syringe)</i>	NC	NPP Non-Pharmacy Product
COUMARIN DERIVATIVES		
JANTOVEN (1 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	T1	
JANTOVEN (2 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	T1	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium (6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	T1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT-PE TREAT START 5MG	T2	QL 100 / 30 days
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	T2	QPD 2 per day
SAVAYSA	T4	PA QPD 1 per day
XARELTO 1 MG/ML SUSPENSION	T2	QPD 20.7 per day
XARELTO DVT-PE TREAT START 30D	T2	QL 56 / fill
XARELTO (10 MG TABLET, 20 MG TABLET)	T2	QPD 1 per day
XARELTO (2.5 MG TABLET, 15 MG TABLET)	T2	QPD 2 per day
DIRECT THROMBIN INHIBITORS		
ANGIOMAX	NC	NPP Non-Pharmacy Product
<i>argatroban</i>	NC	NPP Non-Pharmacy Product
<i>argatroban-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>bivalirudin rtu 250 mg/50 ml</i>	NC	NPP Non-Pharmacy Product
<i>bivalirudin (250 mg add-vant vl, 250 mg vial)</i>	NC	NPP Non-Pharmacy Product
<i>bivalirudin-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dabigatran etexilate</i>	T1	QPD 2.0 per day
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	T2	QPD 2 per day
PRADAXA 110 MG CAPSULE	T2	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRADAXA (20 MG PELLETT PACK, 30 MG PELLETT PACK, 40 MG PELLETT PACK, 50 MG PELLETT PACK, 110 MG PELLETT PACK, 150 MG PELLETT PACK)	T4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">AL</div> <div>Up to 12 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QPD</div> <div>2.0 per day</div> </div>
HEPARINS		
<i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)</i>	T5	S
<i>enoxaparin 300 mg/3 ml vial</i>	T5	S
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/4 ML VIAL, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	T5	S
<i>hep-lock flush 100 unit/ml kit</i>	NC	NPP Non-Pharmacy Product
<i>heparin flush (iv flush 1 unit/ml syr, 2 unit/2 ml (1/ml) syr, 3 unit/3 ml (1/ml) syr, 5 unit/5 ml (1/ml) syr, 10 unit/10 ml (1/ml), flush 10 units/ml syr, lock flush 10 units/ml, 20 units/2 ml (10/ml), 30 units/3 ml (10/ml), 50 units/5 ml (10/ml), 60 units/6 ml (10/ml), 100 unit/10 ml (10/ml), iv flush 100 units/ml, 200 unit/2 ml (100/ml), 300 unit/3 ml (100/ml), 500 unit/5 ml (100/ml), 1,000 unit/10 (100/ml))</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>heparin lock</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>heparin 5,000 unit/ml carpuct</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>heparin sodium in 0.45% nacl</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>heparin sodium-0.45% nacl</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>heparin sodium-0.9% nacl (4,000 unit/1,000 ml-ns, 5,000 unit/1,000 ml-ns, 5,000 unit/500 ml-ns, 30,000 unit/1,000-ns)</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>heparin sodium-0.9% nacl (2,500 unit/5 ml-ns syr, 6,000 unit/3 ml-ns syr)</i>	NC	NPP Non-Pharmacy Product
<i>heparin sodium-d5w</i>	NC	NPP BENEFIT SHIFT PROGRAM
LOVENOX (30 MG/0.3 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 60 MG/0.6 ML SYRINGE, 80 MG/0.8 ML SYRINGE, 100 MG/ML SYRINGE, 120 MG/0.8 ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL)	T5	S
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
APTIOM (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	T4	QPD 2 per day
APTIOM 200 MG TABLET	T4	QPD 3 per day
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	T4	PA
BRIVIACT 10 MG/ML ORAL SOLN	T4	PA QPD 20 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRIVIACT (10 MG TABLET, 50 MG TABLET)	T4	PA QPD 4 per day
BRIVIACT 100 MG TABLET	T4	PA QPD 2 per day
BRIVIACT 25 MG TABLET	T4	PA QPD 8 per day
BRIVIACT 75 MG TABLET	T4	PA QPD 3 per day
BRIVIACT 50 MG/5 ML VIAL	NC	NPP Non-Pharmacy Product PA QPD 20 per day
<i>carbamazepine 200 mg/10 ml cup</i>	T1	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	T1	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	T1	
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	T5	S PA QPD 2 per day
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i>	T1	
<i>divalproex sodium er</i>	T1	
EPIDIOLEX	T5	S PA
EPITOL	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQUETRO	T4	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	T1	
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	T4	PA
FINTEPLA	T5	S
		PA
		QPD 12 per day
FYCOMPA 0.5 MG/ML ORAL SUSP	T4	QPD 6 per day
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	T4	QPD 1 per day
<i>gabapentin (100 mg capsule, 400 mg capsule)</i>	T1	QPD 9 per day
<i>gabapentin 300 mg capsule</i>	T1	QPD 9.0 per day
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	T1	QPD 72 per day
<i>gabapentin 600 mg tablet</i>	T1	QPD 6 per day
<i>gabapentin 800 mg tablet</i>	T1	QPD 5 per day
GABITRIL	T4	
HORIZANT ER 300 MG TABLET	T4	PA
		QPD 4 per day
HORIZANT ER 600 MG TABLET	T4	PA
		QPD 2 per day
<i>lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)</i>	T1	QPD 50.0 per day
<i>lacosamide (150 mg tablet, 200 mg tablet)</i>	T1	QPD 2.0 per day
<i>lacosamide (50 mg tablet, 100 mg tablet)</i>	T1	QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lacosamide 200 mg/20 ml vial</i>	NC	NPP Non-Pharmacy Product
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	T1	
<i>lamotrigine (blue)</i>	T1	
<i>lamotrigine (green)</i>	T1	
<i>lamotrigine (orange)</i>	T1	
<i>lamotrigine er</i>	T1	
<i>lamotrigine odt</i>	T1	
<i>lamotrigine odt (blue)</i>	T1	
<i>lamotrigine odt (green)</i>	T1	
<i>lamotrigine odt (orange)</i>	T1	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	T1	
<i>levetiracetam 500 mg/5 ml vial</i>	NC	NPP Non-Pharmacy Product
<i>levetiracetam er</i>	T1	
<i>levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)</i>	NC	NPP Non-Pharmacy Product
<i>levetiracetam-nacl 250 mg/50ml</i>	NC	NPP Non-Pharmacy Product
<i>magnesium sulfate (sulf 2 g/50 ml bag, sulf 4 g/100 ml bag, sulf 4 g/50 ml bag, sulf 20 g/500 ml bag, sulf 40 g/1,000 ml, sulfate 50% 10g/20ml, sulfate 50% 25g/50ml, sulfate 50% syringe)</i>	NC	NPP Non-Pharmacy Product
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml)</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>magnesium 2 gm/50 ml-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>magnesium sulfate-0.9% nacl (1 gm/50, 2 g/100)</i>	NC	NPP Non-Pharmacy Product
<i>magnesium sulfate-d5w (sulf 1 g/100, 2 gram/50)</i>	NC	NPP Non-Pharmacy Product
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	T1	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	T1	QPD 2 per day
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	T1	QPD 3 per day
<i>pregabalin 20 mg/ml solution</i>	T1	QPD 30 per day
ROWEEPRA	T1	
ROWEEPRA XR	T1	
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	T1	PA
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	T5	S PA QPD 6 per day
SPRITAM	T4	AL At least 4 yrs old QPD 3 per day
SUBVENITE	T1	
SUBVENITE (BLUE)	T1	
SUBVENITE (GREEN)	T1	
SUBVENITE (ORANGE)	T1	
<i>tiagabine hcl</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topiramate 15 mg sprinkle cap</i>	T1	
<i>topiramate (25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	T1	
<i>topiramate er (er 25 mg capsule, er 50 mg capsule, er 100 mg capsule, er 200 mg capsule)</i>	T1	
<i>topiramate er 150 mg capsule</i>	T4	
TROKENDI XR	T4	ST
<i>valproate sodium</i>	NC	NPP Non-Pharmacy Product
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln)</i>	T1	
<i>valproic acid (500 mg/10 ml cup, 500 mg/10 ml sol)</i>	T1	
<i>vigabatrin (500 mg powder packet, 500 mg tablet)</i>	T3	PS PA QPD 6 per day
VIGADRONE 500 MG POWDER PACKET	T3	PS PA QPD 6 per day
VIGADRONE 500 MG TABLET	T3	PS PA QPD 6.0 per day
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	T4	PA QPD 1 per day
XCOPRI (150 MG TABLET, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	T4	PA QPD 2 per day
XCOPRI (50 MG TABLET, 100 MG TABLET)	T4	PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zonisamide (25 mg capsule, 100 mg capsule)</i>	T1	
<i>zonisamide 50 mg capsule</i>	T1	
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE	T4	
<i>primidone (50 mg tablet, 250 mg tablet)</i>	T1	
<i>primidone 125 mg tablet</i>	T1	
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam 2.5 mg/ml suspension</i>	T3	PS PA
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	T1	PA
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	T1	QPD 10 per day
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	T1	QPD 3 per day
NAYZILAM	T4	QL 10 / 30 days
HYDANTOINS		
CEREBYX	NC	NPP Non-Pharmacy Product
DILANTIN 30 MG CAPSULE	T4	
<i>fosphenytoin sodium</i>	NC	NPP Non-Pharmacy Product
PHENYTEK	T4	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	T1	
<i>phenytoin sodium (50 mg/ml syringe, 100 mg/2 ml vial, 250 mg/5 ml vial)</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenytoin sodium extended</i>	T1	
SUCCINIMIDES		
CELONTIN	T4	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	T1	
<i>methsuximide</i>	T1	
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	T4	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #808000; color: white; padding: 2px; margin-bottom: 2px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="margin-bottom: 2px;">1 per day</div> <div style="background-color: #008000; color: white; padding: 2px; margin-bottom: 2px;">MVB</div> <div style="margin-bottom: 2px;">Minimal Value Brand</div> </div>
<i>bupropion hcl 100 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px;">QPD</div> <div>5 per day</div>
<i>bupropion hcl 75 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px;">QPD</div> <div>6 per day</div>
<i>bupropion hcl sr 150 mg tablet</i>	T0	<div style="background-color: #333; color: white; padding: 10px; text-align: center; font-weight: bold; font-size: 2em;">C</div> <div style="font-size: 0.8em; margin-top: 5px;">HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</div> <div style="background-color: #00AEEF; color: white; padding: 2px; margin-top: 5px;">HCR</div> <div style="background-color: #0070C0; color: white; padding: 2px; margin-top: 2px;">QPD</div> <div>2 per day</div>
<i>bupropion hcl sr 100 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px;">QPD</div> <div>4 per day</div>
<i>bupropion hcl sr 200 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px;">QPD</div> <div>2 per day</div>
<i>bupropion hcl sr 150 mg tablet (ndc: 00591354360)</i>	T0	<div style="background-color: #333; color: white; padding: 10px; text-align: center; font-weight: bold; font-size: 2em;">C</div> <div style="font-size: 0.8em; margin-top: 5px;">HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</div> <div style="background-color: #00AEEF; color: white; padding: 2px; margin-top: 5px;">HCR</div> <div style="background-color: #0070C0; color: white; padding: 2px; margin-top: 2px;">QPD</div> <div>2 per day</div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl sr 150 mg tablet (ndc: 00591354376)</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <div style="background-color: #00a0e3; color: white; padding: 2px; text-align: center; font-weight: bold;">HCR</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 2 per day
<i>bupropion hcl sr 150 mg tablet (ndc: 43598086360)</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <div style="background-color: #00a0e3; color: white; padding: 2px; text-align: center; font-weight: bold;">HCR</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 2 per day
<i>bupropion hcl xl 150 mg tablet</i>	T1	<div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 3.0 per day
<i>bupropion hcl xl 300 mg tablet</i>	T1	<div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 1 per day
<i>mirtazapine 7.5 mg tablet</i>	T1	<div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 2 per day
<i>mirtazapine (15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	T1	<div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 1 per day
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	T4	<div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 1 per day
SPRAVATO (28 MG NASAL SPRAY, 84 MG DOSE PACK)	T5	<div style="background-color: #c00; color: white; padding: 2px; text-align: center; font-weight: bold;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center; font-weight: bold;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 0.87 per day
SPRAVATO 56 MG DOSE PACK	T5	<div style="background-color: #c00; color: white; padding: 2px; text-align: center; font-weight: bold;">S</div> <div style="background-color: #804000; color: white; padding: 2px; text-align: center; font-weight: bold;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; font-weight: bold;">QPD</div> 0.58 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE INHIBITORS		
MARPLAN	T4	QPD 6 per day
NARDIL	T4	QPD 6 per day
PARNATE	T4	QPD 6 per day
<i>phenelzine sulfate</i>	T1	QPD 6 per day
<i>tranylcypromine sulfate</i>	T1	QPD 6 per day
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine er</i>	NC	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>desvenlafaxine succinate er</i>	T1	QPD 1 per day
DRIZALMA SPRINKLE	T4	QPD 2 per day
<i>duloxetine hcl (dr 20 mg cap, dr 40 mg cap, dr 60 mg cap)</i>	T1	QPD 2 per day
<i>duloxetine hcl dr 30 mg cap</i>	T1	QPD 4 per day
FETZIMA 20-40 MG TITRATION PAK	T4	ST QPD 1 per day
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	T4	ST QPD 1 per day
<i>venlafaxine hcl (37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	T1	
<i>venlafaxine hcl 25 mg tablet</i>	T1	
<i>venlafaxine hcl er (er 37.5 mg cap, er 150 mg cap)</i>	T1	QPD 1 per day
<i>venlafaxine hcl er 75 mg cap</i>	T1	QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab, er 150 mg tab, er 225 mg tab)</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #FFD700; padding: 2px 5px; border-radius: 3px;">HCG</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">MVG</div> </div> 1 per day MINIMAL VALUE GENERIC
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 20 per day
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1 per day
<i>citalopram hbr 40 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.0 per day
<i>escitalopram oxalate 5 mg/5 ml</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 20 per day
<i>escitalopram 20 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1 per day
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.5 per day
<i>fluoxetine dr</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #FFD700; padding: 2px 5px; border-radius: 3px;">HCG</div> 0.15 per day
<i>fluoxetine hcl 10 mg capsule</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1 per day
<i>fluoxetine hcl 20 mg capsule</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 4 per day
<i>fluoxetine hcl 40 mg capsule</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2 per day
<i>fluoxetine 20 mg/5 ml solution</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 20 per day
<i>fluoxetine hcl 10 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #FFD700; padding: 2px 5px; border-radius: 3px;">HCG</div> 1.5 per day
<i>fluoxetine hcl 20 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #FFD700; padding: 2px 5px; border-radius: 3px;">HCG</div> 4 per day
<i>fluoxetine hcl 60 mg tablet</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #FFD700; padding: 2px 5px; border-radius: 3px;">HCG</div> 1.5 per day
<i>flvoxamine maleate (25 mg tab, 50 mg tab)</i>	T1	<div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluvoxamine maleate 100 mg tab</i>	T1	QPD 3 per day
<i>fluvoxamine maleate er</i>	T1	QPD 2 per day
<i>olanzapine-fluoxetine hcl</i>	T1	AL At least 10 yrs old QPD 1 per day
<i>paroxetine cr (cr 25 mg tablet, cr 37.5 mg tablet)</i>	T1	QPD 2 per day
<i>paroxetine cr 12.5 mg tablet</i>	T1	QPD 1 per day
<i>paroxetine er (er 25 mg tablet, er 37.5 mg tablet)</i>	T1	QPD 2 per day
<i>paroxetine er 12.5 mg tablet</i>	T1	QPD 1 per day
<i>paroxetine hcl 10 mg/5 ml susp</i>	T1	PA QPD 42.0 per day
<i>paroxetine hcl 10 mg tablet</i>	T1	QPD 1.5 per day
<i>paroxetine hcl 20 mg tablet</i>	T1	QPD 1 per day
<i>paroxetine hcl 30 mg tablet</i>	T1	QPD 2 per day
<i>paroxetine hcl 40 mg tablet</i>	T1	QPD 1 per day
<i>paroxetine mesylate</i>	T1	QPD 1 per day
PAXIL 10 MG/5 ML SUSPENSION	T4	PA QPD 42 per day
PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	T4	PA QPD 1 per day
PEXEVA 40 MG TABLET	NC	PA QPD 1 per day MVB Minimal Value Brand
<i>sertraline 20 mg/ml oral conc</i>	T1	QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	T1	QPD 1.5 per day
<i>sertraline hcl 100 mg tablet</i>	T1	QPD 2 per day
SYMBYAX	T4	AL At least 10 yrs old QPD 1 per day
SEROTONIN MODULATORS		
<i>nefazodone hcl 100 mg tablet</i>	T1	QPD 6 per day
<i>nefazodone hcl 150 mg tablet</i>	T1	QPD 4 per day
<i>nefazodone hcl 200 mg tablet</i>	T1	QPD 3 per day
<i>nefazodone hcl 250 mg tablet</i>	T1	QPD 2.5 per day
<i>nefazodone hcl 50 mg tablet</i>	T1	QPD 12 per day
<i>trazodone 100 mg tablet</i>	T1	QPD 4 per day
<i>trazodone 150 mg tablet</i>	T1	QPD 2 per day
<i>trazodone 300 mg tablet</i>	T1	QPD 1 per day
<i>trazodone 50 mg tablet</i>	T1	QPD 3 per day
TRINTELLIX	T4	ST QPD 1 per day
<i>vilazodone hcl</i>	T1	QPD 1.0 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl</i>	T1	
<i>amoxapine</i>	T1	
ANAFRANIL	T4	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clomipramine hcl</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desipramine hcl</i>	T1	
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	T1	
<i>doxepin hcl (10 mg/ml oral conc, 75 mg capsule, 150 mg capsule)</i>	T1	
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	T1	QPD 1 per day
ELAVIL	T4	
<i>imipramine hcl</i>	T1	
<i>imipramine pamoate</i>	T1	
NORPRAMIN	T4	
<i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	T1	
PAMELOR (10 MG CAPSULE, 25 MG CAPSULE, 75 MG CAPSULE)	NC	MVB Minimal Value Brand
PAMELOR 50 MG CAPSULE	T4	
<i>perphenazine-amitriptyline</i>	T1	AL At least 18 yrs old
<i>protriptyline hcl</i>	T1	
SILENOR	T4	QPD 1 per day
<i>trimipramine maleate</i>	T1	
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose 100 mg tablet</i>	T1	QPD 3 per day
<i>acarbose 25 mg tablet</i>	T1	QPD 12 per day
<i>acarbose 50 mg tablet</i>	T1	QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>miglitol</i>	T1	QPD 3 per day
PRECOSE 100 MG TABLET	NC	QPD 3 per day MVB Minimal Value Brand
PRECOSE 25 MG TABLET	NC	QPD 12 per day MVB Minimal Value Brand
PRECOSE 50 MG TABLET	NC	QPD 6 per day MVB Minimal Value Brand
AMYLINOMIMETICS		
SYMLINPEN 120	T2	PA QPD 0.4 per day
SYMLINPEN 60	T2	PA QPD 0.2 per day
ANTIDIABETIC AGENTS, MISCELLANEOUS		
KORLYM	T5	S PA
BIGUANIDES		
<i>metformin hcl (500 mg/5 ml cup, 500 mg/5 ml soln, 850 mg/8.5ml cup)</i>	T1	QPD 25 per day
<i>metformin hcl 1,000 mg tablet</i>	T1	QPD 2.5 per day
<i>metformin hcl 500 mg tablet</i>	T1	QPD 5 per day
<i>metformin hcl 850 mg tablet</i>	T1	QPD 3 per day
<i>metformin hcl er 500 mg tablet</i>	T1	C Only Glucophage ER generic covered QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metformin hcl er 750 mg tablet</i>	T1	<div style="background-color: #333; color: white; padding: 5px; display: inline-block; border-radius: 5px;">C</div> Only Glucophage ER generic covered <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 3 per day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
JANUMET	T2	<div style="background-color: #6B8E23; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 2 per day
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	T2	<div style="background-color: #6B8E23; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 2 per day
JANUMET XR 100-1,000 MG TABLET	T2	<div style="background-color: #6B8E23; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 1 per day
JANUVIA	T2	<div style="background-color: #6B8E23; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 1 per day
JENTADUETO	T2	<div style="background-color: #6B8E23; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 2 per day
JENTADUETO XR 2.5 MG-1,000 MG	T2	<div style="background-color: #6B8E23; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 2 per day
JENTADUETO XR 5 MG-1,000 MG TB	T2	<div style="background-color: #6B8E23; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 1 per day
TRADJENTA	T2	<div style="background-color: #6B8E23; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">ST</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 1 per day
INCRETIN MIMETICS		
BYDUREON BCISE	T2	<div style="background-color: #8B4513; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 0.15 per day
BYETTA 10 MCG DOSE PEN INJ	T2	<div style="background-color: #8B4513; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; display: inline-block; border-radius: 5px;">QPD</div> 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BYETTA 5 MCG DOSE PEN INJ	T2	PA QPD 0.04 per day
MOUNJARO	T2	PA QPD 0.08 per day
OZEMPIC	T2	PA QPD 0.108 per day
RYBELSUS	T2	PA QPD 1 per day
TRULICITY	T2	PA QPD 0.08 per day
VICTOZA 2-PAK	T2	PA QPD 0.3 per day
VICTOZA 3-PAK	T2	PA QPD 0.3 per day
MEGLITINIDES		
<i>nateglinide</i>	T1	QPD 3 per day
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	T1	QPD 4 per day
<i>repaglinide 2 mg tablet</i>	T1	QPD 8 per day
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	T2	QPD 1 per day
GLYXAMBI	T2	QPD 1 per day
INPEFA 200 MG TABLET	T4	PA QPD 2.0 per day
JARDIANCE	T2	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNJARDY	T2	QPD 2 per day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	T2	QPD 2 per day
SYNJARDY XR 25-1,000 MG TABLET	T2	QPD 1 per day
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	T2	QPD 1 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	T2	QPD 2 per day
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	T2	QPD 2 per day
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	T2	QPD 1 per day
SULFONYLUREAS		
AMARYL	NC	MVB Minimal Value Brand
<i>glimepiride</i>	T1	
<i>glipizide (5 mg tablet, 10 mg tablet)</i>	T1	
<i>glipizide 2.5 mg tablet</i>	T4	QPD 1.0 per day
<i>glipizide er</i>	T1	
<i>glipizide xl</i>	T1	
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	T1	QPD 4 per day
<i>glipizide-metformin 2.5-250 mg</i>	T1	QPD 8 per day
GLUCOTROL XL	NC	MVB Minimal Value Brand
<i>glyburide</i>	T1	
<i>glyburide micronized</i>	T1	
<i>glyburid-metformin 1.25-250 mg</i>	T1	QPD 8 per day
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	T1	QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYNASE	NC	MVB Minimal Value Brand
THIAZOLIDINEDIONES		
ACTOPLUS MET	NC	QPD 3 per day MVB Minimal Value Brand
ACTOS	T4	QPD 1 per day
DUETACT	NC	QPD 1 per day MVB Minimal Value Brand
<i>pioglitazone hcl</i>	T1	QPD 1 per day
<i>pioglitazone-glimepiride</i>	T1	QPD 1 per day
<i>pioglitazone-metformin</i>	T1	QPD 3 per day
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET	T4	QPD 2.0 per day
<i>granisetron hcl 1 mg tablet</i>	T1	QL 6 / 30 days
<i>granisetron hcl (0.1 mg/ml vial, 1 mg/ml vial, 4 mg/4 ml vial)</i>	NC	S NPP Non-Pharmacy Product
<i>ondansetron hcl (hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	NC	PS NPP BENEFIT SHIFT PROGRAM
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	T1	QPD 20 per day
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	T1	QL 24 / 30 days
<i>ondansetron hcl-0.9% nacl (8mg/50ml-0.9% nacl, 16mg/50ml-0.9%nacl)</i>	NC	PS NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ondansetron odt</i>	T1	QL 24 / 30 days
ANTIEMETICS, MISCELLANEOUS		
<i>dronabinol</i>	T1	QPD 5 per day
MARINOL	T4	PA QPD 5 per day
<i>scopolamine</i>	T1	
SYNDROS	T4	AL At least 18 yrs old PA QPD 13 per day
TRANSDERM-SCOP	T4	
ANTIHISTAMINES (GI DRUGS)		
ANTIVERT 50 MG TABLET	T4	
BONJESTA	T4	PA QPD 2 per day
COMPAZINE 25 MG SUPPOSITORY	T1	
COMPAZINE (5 MG TABLET, 10 MG TABLET)	T4	
COMPRO	T1	
DICLEGIS	NC	PA QPD 4 per day MVB Minimal Value Brand
<i>dimenhydrinate 50 mg/ml vial</i>	NC	NPP Non-Pharmacy Product
<i>doxylamine succ-pyridoxine hcl</i>	T1	PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meclizine 25 mg tablet</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine 10 mg/2 ml vial</i>	NC	NPP Non-Pharmacy Product
<i>prochlorperazine 50 mg/10 ml</i>	T1	
<i>prochlorperazine maleate</i>	T1	
TIGAN	NC	NPP Non-Pharmacy Product
<i>trimethobenzamide hcl</i>	T1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO 300-0.5 MG CAPSULE	T4	PA QPD 0.15 per day
<i>aprepitant 125-80-80 mg pack</i>	T1	QL 3/ fill HCG
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	T1	QPD 0.08 per day
<i>aprepitant 80 mg capsule</i>	T1	QPD 0.15 per day
CINVANTI	NC	S NPP Non-Pharmacy Product PA
EMEND TRIPACK	T4	QL 3/ fill
EMEND 80 MG CAPSULE	T4	QPD 0.15 per day
EMEND 125 MG POWDER PACKET	T4	QPD 0.15 per day
EMEND 150 MG VIAL	NC	QL 2 / fill S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fosaprepitant dimeglumine</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / fill</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #333399; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div>Non-Pharmacy Product</div> <div style="background-color: #804d2d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
VARUBI	T5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804d2d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0066b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.15 per day</div> </div>
ANTIFUNGAL (SYSTEMIC)		
ALLYLAMINE ANTIFUNGALS		
<i>terbinafine hcl</i>	T1	
ANTIFUNGALS, MISCELLANEOUS		
<i>griseofulvin 125 mg/5 ml susp</i>	T1	
<i>griseofulvin micro 500 mg tab</i>	T1	HCG
<i>griseofulvin ultramicrosize</i>	T1	HCG
AZOLE ANTIFUNGALS		
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	T4	PA
CRESEMBA 372 MG VIAL	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #333399; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div>Non-Pharmacy Product</div> <div style="background-color: #804d2d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	T4	
DIFLUCAN 150 MG TABLET	T4	QPD
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluconazole 150 mg tablet</i>	T1	QPD 1 per day
<i>fluconazole-nacl</i>	NC	NPP Non-Pharmacy Product
<i>itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)</i>	T1	
<i>ketoconazole 200 mg tablet</i>	T1	
NOXAFIL (40 MG/ML SUSPENSION, 300 MG POWDERMIX SUSP)	T4	
NOXAFIL DR 100 MG TABLET	NC	MVB Minimal Value Brand
NOXAFIL 300 MG/16.7 ML VIAL	NC	NPP Non-Pharmacy Product
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	T1	
<i>posaconazole 300 mg/16.7 ml vl</i>	NC	NPP Non-Pharmacy Product
VFEND 40 MG/ML SUSPENSION	T5	S QPD 20 per day
VFEND (50 MG TABLET, 200 MG TABLET)	T4	QPD 4 per day
VFEND IV	NC	NPP Non-Pharmacy Product
<i>voriconazole 40 mg/ml susp</i>	T5	S QPD 20 per day
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	T1	QPD 4 per day
<i>voriconazole 200 mg vial</i>	NC	NPP Non-Pharmacy Product
ECHINOCANDIN ANTIFUNGALS		
CANCIDAS	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>caspofungin acetate</i>	NC	NPP Non-Pharmacy Product
ERAXIS (WATER DILUENT)	NC	NPP Non-Pharmacy Product
<i>micafungin</i>	NC	NPP Non-Pharmacy Product
MYCAMINE	NC	NPP Non-Pharmacy Product
POLYENE ANTIFUNGALS		
ABELCET	NC	NPP Non-Pharmacy Product
AMBISOME	NC	NPP Non-Pharmacy Product
<i>amphotericin b</i>	NC	NPP Non-Pharmacy Product
<i>amphotericin b liposome</i>	NC	NPP Non-Pharmacy Product
<i>nystatin (100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup)</i>	T1	
PYRIMIDINE ANTIFUNGALS		
ANCOBON	T4	
<i>flucytosine</i>	T1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine hcl (1% cream, 2% cream)</i>	NC	ST HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naftifine hcl (1% gel, 2% gel)</i>	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6b8e23; color: white; padding: 2px 5px; margin-bottom: 2px;">ST</div> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; margin-bottom: 2px;">HCG</div> <div style="background-color: #2980b9; color: white; padding: 2px 5px; margin-bottom: 2px;">MVG</div> <div style="font-size: 0.8em; margin-top: 5px;">MINIMAL VALUE GENERIC</div> </div>
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole 10 mg troche</i>	T1	
<i>clotrimazole-betamethasone crm</i>	T1	
<i>econazole nitrate</i>	T1	
<i>ketoconazole 2% cream</i>	T1	<div style="background-color: #2980b9; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 2 per day
<i>ketoconazole 2% shampoo</i>	T1	
<i>luliconazole</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e6c39; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #2980b9; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="margin-top: 5px;">2 per day</div> </div>
<i>miconazole 3 200 mg vag supp</i>	T4	<div style="background-color: #27ae60; color: white; padding: 2px 5px; margin-right: 5px;">GL</div> Female
ORAVIG	T4	
<i>oxiconazole nitrate</i>	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6b8e23; color: white; padding: 2px 5px; margin-bottom: 2px;">ST</div> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; margin-bottom: 2px;">HCG</div> <div style="background-color: #2980b9; color: white; padding: 2px 5px; margin-bottom: 2px;">MVG</div> <div style="font-size: 0.8em; margin-top: 5px;">MINIMAL VALUE GENERIC</div> </div>
<i>terconazole (0.4% cream, 0.8% cream)</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; margin-bottom: 2px;">GL</div> <div style="margin-right: 5px;">Female</div> <div style="background-color: #2980b9; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="margin-top: 5px;">1.5 per day</div> </div>
<i>terconazole 80 mg suppository</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; margin-bottom: 2px;">GL</div> <div style="margin-right: 5px;">Female</div> <div style="background-color: #2980b9; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="margin-right: 5px;">1.5 per day</div> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; margin-top: 2px;">HCG</div> </div>
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN 8% SOLUTION	T1	<div style="background-color: #2980b9; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> 0.22 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	T1	
<i>ciclopirox 8% solution</i>	T1	QPD 0.22 per day
LOPROX 1% SHAMPOO	T4	
OXABOROLES		
KERYDIN	T4	AL At least 6 yrs old PA QPD 0.267 per day
<i>tavaborole</i>	T1	AL At least 6 yrs old PA QPD 0.67 per day
POLYENES (SKIN AND MUCOUS MEMBRANE)		
NYAMYC	T1	
<i>nystatin (unit/gm cream, unit/gm oint)</i>	T1	
<i>nystatin 100,000 unit/gm powd</i>	T1	QPD 1 per day
<i>nystatin-triamcinolone cream</i>	T1	
<i>nystatin-triamcinolone ointm</i>	T1	HCG
NYSTOP	T1	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS	T2	QPD 0.4 per day
<i>brimonidine 0.2% eye drop</i>	T1	QPD 0.4 per day
<i>brimonidine tartrate 0.15% drp</i>	T1	QPD 0.4 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>brimonidine tartrate-timolol</i>	T1	QPD 0.334 per day
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol hcl 0.5% eye drop</i>	T1	QPD 0.54 per day
BETIMOL 0.25% EYE DROPS	T4	QPD 0.286 per day
BETIMOL 0.5% EYE DROPS	T4	QPD 0.334 per day
BETOPTIC S	T4	QPD 0.54 per day
<i>carteolol hcl</i>	T1	QPD 0.334 per day
ISTALOL	T4	QPD 0.286 per day
<i>levobunolol hcl</i>	T1	QPD 0.4 per day
		QPD 0.334 per day
<i>timolol 0.5% eye drop</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>timolol maleate 0.5% eye drop</i>	T1	QPD 2 per day
<i>timolol maleate 0.25% eye drop</i>	T1	QPD 2.0 per day
<i>timolol maleate 0.5% eye drops</i>	T1	QPD 0.334 per day
<i>timolol maleate (0.25%, 0.5%, 0.5% gfs)</i>	T1	QPD 0.286 per day
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide</i>	T1	
<i>acetazolamide er</i>	T1	
<i>acetazolamide sodium</i>	NC	NPP Non-Pharmacy Product
<i>brinzolamide</i>	T1	QPD 0.5 per day
<i>dorzolamide hcl</i>	T1	QPD 0.4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dorzolamide-timolol 2%-0.5%</i>	T1	QPD 2 per day
<i>dorzolamide-timolol eye drops</i>	T1	QPD 0.334 per day
<i>methazolamide 25 mg tablet</i>	T1	
<i>methazolamide 50 mg tablet</i>	T1	HCG
SIMBRINZA 1%-0.2% EYE DROPS	T2	QPD 0.4 per day
SIMBRINZA 1%-0.2% EYE DROPS (NDC: 00065414727)	T2	QPD 0.4 per day
TRUSOPT	T4	QPD 0.4 per day
MIOTICS		
ISOPTO CARPINE	T4	QPD 0.54 per day
MIOCHOL-E	NC	NPP Non-Pharmacy Product
MIOSTAT	NC	NPP Non-Pharmacy Product
PHOSPHOLINE IODIDE	T4	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	T1	QPD 0.54 per day
PROSTAGLANDIN ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	T1	QPD 0.13 per day HCG
IYUZEH	T4	QPD 1.0 per day
<i>latanoprost 0.005% eye drops</i>	T1	QPD 0.13 per day
LUMIGAN	T2	QPD 0.13 per day
<i>tafluprost</i>	T4	QPD 1.0 per day
<i>travoprost</i>	T1	QPD 0.13 per day
XELPROS	T4	QPD 0.13 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RHO KINASE INHIBITORS		
RHOPRESSA	T4	QPD 0.1 per day
ROCKLATAN	T4	QPD 0.1 per day
ANTIHEMORRHAGIC AGENTS		
ANTIHEPARIN AGENTS		
<i>protamine sulfate</i>	NC	NPP Non-Pharmacy Product
HEMOSTATICS		
AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET, 1,000 MG TABLET)	NC	MVB MINIMAL VALUE BRAND
<i>aminocaproic acid (0.25 gram/ml, 500 mg tab, 1,000 mg tab)</i>	T1	
<i>aminocaproic acid 5 g/20 ml vl</i>	NC	NPP Non-Pharmacy Product
AVITENE (FLOUR, SHEET 35MMX35MM, SHEET 70MMX35MM, SHEET 70MMX70MM)	T4	
CYKLOKAPRON (MG/10 ML AMP, MG/10 ML VL)	NC	S NPP Non-Pharmacy Product
ENDO-AVITENE	T4	
EVICEL	NC	NPP Non-Pharmacy Product
LYSTEDA	T4	GL Female QPD 6 per day
RECOTHROM	NC	S NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE AVITENE	T4	
THROMBIN-JMI (5,000 UNIT EPIST, 5,000 UNITS SYR, 5,000 UNITS VIAL, 20,000 UNIT VIAL, 20,000 UNITS PUMP, 20,000 UNITS SYR)	T4	
<i>tranexamic acid 1,000 mg/10 ml</i>	NC	S NPP Non-Pharmacy Product
<i>tranexamic acid 650 mg tablet</i>	T1	GL Female QPD 6 per day
<i>tranexamic acid-nacl</i>	NC	S NPP Non-Pharmacy Product
ULTRAFOAM	T4	
VISTASEAL FIBRIN SEALANT	NC	NPP Non-Pharmacy Product
VONVENDI	T5	S PA
ANTIHISTAMINE DRUGS		
SECOND GENERATION ANTIHISTAMINES		
12 HOUR ALLERGY-D	T5	QPD 2.0 per day
24HOUR ALLERGY	T5	QPD 1 per day
ALAVERT D-12 ALLERGY-SINUS TAB	T5	QPD 2 per day
ALAVERT 10 MG ODT	T5	QPD 1 per day
ALAVERT D-12	T5	QPD 2 per day
ALL DAY ALLERGY (KRO 10 MG SFGL, RA 10 MG SFTGL)	T5	QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALL DAY ALLERGY (ALL DAY 10 MG TABLET, EQL ALL DAY 10 MG TAB, FT AD (CETRZN) 10MG TB, GNP ALL DAY 10 MG TAB, GS ALL DAY 10 MG TAB, KRO ALL DAY 10 MG TAB, QC ALL DAY 10 MG TAB, SM ALL DAY 10 MG TAB)	T5	QPD 1 per day
ALL DAY ALLERGY RELIEF (FT AD (LORAT) 10 MG TB, GNP ALL DAY 10 MG SFGL)	T5	QPD 1 per day
ALL DAY ALLERGY-D	T5	QPD 2 per day
ALLEGRA ALLERGY (180 MG GELCAP, 180 MG TABLET)	T5	QPD 1 per day
ALLEGRA ALLERGY 60 MG TABLET	T5	QPD 2 per day
ALLEGRA HIVES	T5	QPD 1.0 per day
ALLEGRA-D 12 HOUR	T5	QPD 2 per day
ALLEGRA-D 24 HOUR	T5	QPD 1 per day
GS ALLER-EASE 180 MG TABLET	T5	QPD 1 per day
GS ALLER-EASE 60 MG TABLET	T5	QPD 2 per day
ALLER-FEX	T5	QPD 1 per day
ALLER-TEC	T5	QPD 1 per day
ALLER-TEC D	T5	QPD 2 per day
ALLERCLEAR	T5	QPD 1 per day
ALLERCLEAR D-12HR	T5	QPD 2 per day
ALLERCLEAR D-24HR	T5	QPD 1 per day
ALLERGY 10 MG TABLET	T5	QPD 1 per day
ALLERGY COMPLETE-D	T5	QPD 2 per day
ALLERGY RELIEF (GNP RELF 5 MG/5 ML SLN, RELIEF 5 MG/5 ML SOLN)	T5	QPD 5 per day
EQ ALLERGY RELIEF 1 MG/ML SOLN	T5	QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALLERGY RELIEF (ALLERGY (LORATADINE) 10 MG TAB, ALLERGY RELIEF 10 MG TABLET, ALLERGY RELIEF 180 MG TABLET, ALLERGY RLF (CETRZN) 10 MG TAB, ALLERGY RLF(CETRZN) 10 MG SFGL, CVS ALLERGY (CETRZN) 10 MG TAB, CVS ALLERGY (LORAT) 10 MG ODT, CVS ALLERGY (LORAT) 10 MG TAB, CVS ALLERGY RELIEF 180 MG TAB, CVS ALLERGY(CETRZN) 10 MG SFGL, EQ ALLERGY (LORAT) 10 MG TAB, EQ ALLERGY RELIEF 10 MG TABLET, EQ ALLERGY RELIEF 180 MG TAB, EQL ALLERGY (CETRZN) 10 MG TAB, EQL ALLERGY RELIEF 10 MG TAB, EQL ALLERGY RELIEF 180 MG TAB, FT ALLERGY (FEXO) 180 MG TAB, GNP ALLERGY RELIEF 180 MG TAB, GS ALLERGY RELIEF 10 MG TABLET, HM ALLERGY RELIEF 10 MG TABLET, HM ALLERGY RELIEF 180 MG TAB, KRO ALLERGY RELIEF 10 MG TAB, KRO ALLERGY RELIEF 180 MG TAB, PUB ALLERGY RELIEF 10 MG TAB, PUB ALLERGY RELIEF 180 MG TAB, QC ALLERGY (LORAT) 10 MG TAB, QC ALLERGY RELIEF 180 MG TAB, RA ALLERGY RELIEF 10 MG TABLET, RA ALLERGY RELIEF 180 MG TAB, SW ALLERGY RELIEF 10 MG TAB)	T5	QPD 1 per day
ALLERGY RELIEF (CVS (FEXO) 60 MG TAB, FT (FEXO) 60 MG TABLET, HM RELIEF 60 MG TABLET, KRO RELIEF 60 MG TAB, RELIEF 60 MG TABLET, RLF (FEXO) 60 MG TAB, SM RELIEF 60 MG TABLET)	T5	QPD 2 per day
ALLERGY RLF (CETRZN) 5 MG TAB	T5	
CVS ALLERGY (LORAT) 5 MG ODT	T5	QPD 1.0 per day
ALLERGY RELIEF D	T5	QPD 2 per day
ALLERGY RELIEF D-12	T5	QPD 2 per day
ALLERGY RELIEF D-24HR	T5	QPD 1 per day
ALLERGY RELIEF NASAL DECONGEST	T5	QPD 2 per day
ALLERGY RELIEF-D (CVS RELIEF-D TABLET, CVS RLF-D 60-120 MG TB, PUB RELIEF-D TABLET, RELIEF-D 12 HOUR TAB, RELIEF-D TABLET, SW RELIEF-D TABLET)	T5	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALLERGY RELIEF-D12 (5-120 MG TB, CVS TABLET)	T5	QPD 2 per day
ALLERGY RELIEF-NASAL DECONGEST	T5	QPD 1 per day
ALLERGY-CONGESTION 12HR (ALLERGY-CONGEST 12HR 60-120 MG, HM ALLERGY-CONGESTION 12HR TAB)	T5	QPD 2 per day
ALLERGY-CONGESTION ER	T5	QPD 2 per day
ALLERGY-CONGESTION RELIEF	T5	QPD 1 per day
ALLERGY-CONGESTION RELIEF 12HR	T5	QPD 2 per day
ALLERGY-CONGESTION RELIEF-D	T5	QPD 1 per day
ALLERGY-CONGESTION-D ER	T5	QPD 2 per day
CETIRI-D	T5	QPD 2 per day
<i>cetirizine hcl 1 mg/ml soln</i>	T5	QPD 10 per day
<i>cetirizine hcl (10 mg chew tab, 10 mg tablet, ra 10 mg tablet)</i>	T5	QPD 1 per day
<i>cetirizine hcl (5 mg chew tab, 5 mg tablet, 5 mg/5 ml cup)</i>	T5	
<i>cetirizine-pseudoephedrine er</i>	T5	QPD 2 per day
CHILDREN'S ALL DAY ALLERGY	T5	QPD 10 per day
CHLD ALLEGRA ALLERGY 30 MG/5	T5	QPD 10 per day
CHLD ALLEGRA ALLERGY 30 MG ODT	T5	QPD 6 per day
CHILDREN'S ALLER-TEC	T5	QPD 10.0 per day
CHILD ALLERGY (FEXO) 30 MG/5ML	T5	QPD 10.0 per day
CHILDREN'S ALLERGY (5 MG/5 ML SOLN, EQ 5 MG/5 ML SOL, RA 5 MG/5 ML SOL, SM 5 MG/5 ML SOL)	T5	QPD 5 per day
CHILDREN'S ALLERGY (PUB 1 MG/ML, QC 1 MG/ML)	T5	QPD 10 per day
CVS CHILD ALLERGY(FEX) 30 MG/5	T5	QPD 10.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHILDREN'S ALLERGY RELIEF (CVS 5 MG/5 ML, EQ RELIEF SOLN, EQL (LORAT) SOLN, GS RLF 5 MG/5 ML, KRO RELIEF SOLN, RELIEF 5 MG/5 ML)	T5	QPD 5 per day
CHILDREN'S ALLERGY RELIEF (CVS RELF 1 MG/ML, CVS RLF 1 MG/ML, EQ RELF 1 MG/ML, FT RLF 1 MG/ML, RA RELF 1 MG/ML, RELIEF 1 MG/ML)	T5	QPD 10 per day
CHILDREN'S ALLERGY RELIEF (CVS 5 MG CHW, EQL 5 MG CHW, FT 5 MG CHEW, HM 5 MG CHEW, RA 5 MG CHEW)	T5	QPD 2 per day
<i>children's cetirizine hcl (eq 1 mg/ml, hcl 1 mg/ml)</i>	T5	QPD 10 per day
<i>child cetirizine 10 mg chew tb</i>	T5	QPD 1 per day
<i>child cetirizine 5 mg chew tab</i>	T5	
CHILD CLARITIN 5 MG/5 ML SOLN	T5	QPD 5 per day
CHILD'S CLARITIN 5 MG TAB CHEW	T5	QPD 2.0 per day
<i>children's loratadine (child 5 mg/5 ml sol, child 5 mg/5 ml syr, gnp chld 5 mg/5 ml, hm child 5 mg/5 ml)</i>	T5	QPD 5 per day
<i>child loratadine 5 mg tab chew</i>	T5	QPD 2 per day
CHILDREN'S WAL-FEX	T5	QPD 10 per day
CHILD WAL-ZYR 1 MG/ML SOLUTION	T5	QPD 10 per day
CHILD'S WAL-ZYR 10 MG CHEW TAB	T5	QPD 1 per day
CHILDREN'S WAL-ZYR 10 MG ODT	T5	QPD 1.0 per day
CHILD ZYRTEC 1 MG/ML SOLUTION	T5	QPD 10 per day
CHILD ZYRTEC 10 MG CHEW TABLET	T5	QPD 1.0 per day
CHILD ZYRTEC 2.5 MG CHEW TAB	T5	
CHILDREN'S ZYRTEC ALLERGY	T5	QPD 1 per day
CLARITIN 5 MG/5 ML SYRUP	T5	QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLARITIN 10 MG CHEWABLE TABLET	T5	QPD 1.0 per day
CLARITIN (5 MG REDITABS, 10 MG LIQUI-GEL CAP, 10 MG REDITABS, 10 MG TABLET)	T5	QPD 1 per day
CLARITIN-D 12 HOUR	T5	QPD 2 per day
CLARITIN-D 24 HOUR	T5	QPD 1 per day
<i>desloratadine 5 mg tablet</i>	T1	QPD 1 per day
		QPD 1 per day
<i>desloratadine (2.5 mg odt, 5 mg odt)</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>fexofenadine hcl (180 mg tablet, sm 180 mg tab)</i>	T5	QPD 1.0 per day
<i>fexofenadine hcl (60 mg tablet, hm 60 mg tab)</i>	T5	QPD 2 per day
<i>hm fexofenadine hcl 180 mg tab</i>	T5	QPD 1 per day
<i>fexofenadine-pse er (er 60-120 tab, gnp er 60-120)</i>	T5	QPD 2 per day
<i>fexofenadine-pse er 180-240 tb</i>	T5	QPD 1.0 per day
LORADAMED	T5	QPD 1 per day
LORATA-D	T5	QPD 1 per day
LORATA-DINE D	T5	QPD 1 per day
<i>loratadine (5 mg/5 ml solution, 5 mg/5 ml syrup, gnp 5 mg/5 ml syrup, sm 5 mg/5 ml syrup)</i>	T5	QPD 5 per day
<i>gnp loratadine 10 mg tablet</i>	T5	QPD 1.0 per day
<i>loratadine (10 mg odt, 10 mg tablet, eq 10 mg odt, gnp 10 mg odt, hm 10 mg tablet, qc 10 mg tablet, ra 10 mg tablet, sm 10 mg tablet)</i>	T5	QPD 1 per day
<i>loratadine allergy</i>	T5	QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LORATADINE-D (12 HOUR TABLET, SM 12 HOUR TABLET)	T5	QPD 2 per day
LORATADINE-D (24HR TABLET, QC 24HR TABLET)	T5	QPD 1 per day
QUZYTIR	NC	NPP Non-Pharmacy Product
WAL-FEX ALLERGY 180 MG TABLET	T5	QPD 1 per day
WAL-FEX ALLERGY 60 MG TABLET	T5	QPD 2 per day
WAL-FEX D 12 HOUR	T5	QPD 2 per day
WAL-FEX D 24 HOUR	T5	QPD 1 per day
WAL-ITIN (5 MG/5 ML SYRUP, CHILD 5 MG/5 ML SOLN, CHILD 5 MG/5 ML SYRUP)	T5	QPD 5 per day
WAL-ITIN 10 MG TABLET	T5	QPD 1 per day
WAL-ITIN D	T5	QPD 1 per day
WAL-ITIN D 12 HOUR	T5	QPD 2 per day
WAL-ZYR (10 MG SOFTGEL, 10 MG TABLET)	T5	QPD 1 per day
WAL-ZYR SOLUTION	T5	QPD 10 per day
WAL-ZYR D	T5	QPD 2 per day
ZYRTEC (10 MG CHEWABLE TABLET, 10 MG LIQUID GELS)	T5	QPD 1.0 per day
ZYRTEC 10 MG TABLET	T5	QPD 1 per day
ZYRTEC-D	T5	QPD 2 per day
ANTIHYPOGLYCEMIC AGENTS		
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
<i>diazoxide</i>	T1	
PROGLYCEM	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYCOGENOLYTIC AGENTS		
BAQSIMI	T2	
GLUCAGON 1 MG EMERGENCY KIT	T2	
<i>glucagon hcl</i>	NC	NPP Non-Pharmacy Product
ZEGALOGUE AUTOINJECTOR	T2	
ZEGALOGUE SYRINGE	T2	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	T1	PA QPD 4.0 per day
<i>icosapent ethyl 1 gram capsule</i>	T1	PA QPD 4 per day
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)	T5	S PA QPD 1 per day
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	T5	S PA QPD 2 per day
NEXLETOL	T2	PA QPD 1 per day
NEXLIZET	T2	PA QPD 1 per day
NIACOR	NC	QPD 12 per day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>omega-3 acid ethyl esters</i>	T1	QPD 4 per day
THEROMEGA SPORT	T1	
VASCEPA 0.5 GM CAPSULE	T2	PA QPD 4 per day
VASCEPA 1 GM CAPSULE	T2	PA QPD 4 per day
BILE ACID SEQUESTRANTS		
<i>cholestyramine powder</i>	T1	QPD 24 per day
<i>cholestyramine packet</i>	T1	QPD 4 per day
<i>cholestyramine light powder</i>	T1	QPD 24.0 per day
<i>cholestyramine light packet</i>	T1	QPD 4 per day
<i>colesevelam hcl 3.75 g packet</i>	T1	QPD 1 per day
<i>colesevelam 625 mg tablet</i>	T1	QPD 6 per day
<i>colestipol hcl (granules, granules packet)</i>	T1	QPD 6 per day HCG
<i>colestipol hcl 1 gm tablet</i>	T1	QPD 4 per day
PREVALITE POWDER	T1	QPD 24 per day
PREVALITE PACKET	T1	QPD 4 per day
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	T1	QPD 1 per day
<i>ezetimibe-atorvastatin calcium</i>	NC	ST QPD 1.0 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ezetimibe-simvastatin</i>	T1	QPD 1 per day
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAPSULE	T4	PA QPD 2 per day
ANTARA 90 MG CAPSULE	T4	PA QPD 1 per day
<i>fenofibrate (120 mg tablet, 130 mg capsule, 150 mg capsule)</i>	NC	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate (43 mg capsule, 50 mg capsule)</i>	NC	QPD 2 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate (67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	T1	QPD 1 per day
<i>fenofibrate 30 mg capsule</i>	NC	QPD 2.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate 90 mg capsule</i>	NC	QPD 1.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate (48 mg tablet, 54 mg tablet)</i>	T1	QPD 2 per day
<i>fenofibrate 40 mg tablet</i>	NC	QPD 2 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibric acid (105 mg tablet, dr 135 mg cap)</i>	T1	QPD 1 per day
<i>fenofibric acid (35 mg tablet, dr 45 mg cap)</i>	T1	QPD 2 per day
FENOGLIDE 120 MG TABLET	NC	QPD 1 per day MVB MINIMAL VALUE BRAND
FENOGLIDE 40 MG TABLET	NC	QPD 2 per day MVB MINIMAL VALUE BRAND
FIBRICOR 105 MG TABLET	T4	QPD 1 per day
FIBRICOR 35 MG TABLET	T4	QPD 2 per day
<i>gemfibrozil</i>	T1	QPD 2 per day
LIPOFEN 150 MG CAPSULE	T4	PA QPD 1 per day
LIPOFEN 50 MG CAPSULE	T4	PA QPD 2 per day
LOPID	NC	QPD 2 per day MVB Minimal Value Brand
TRILIPIX DR 135 MG CAPSULE	NC	QPD 1 per day MVB Minimal Value Brand
TRILIPIX DR 45 MG CAPSULE	NC	QPD 2 per day MVB Minimal Value Brand
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	NC	ST QPD 1 per day MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-atorvastatin</i>	NC	<p>QPD 1 per day</p> <p>HCG</p> <p>MVG MINIMAL VALUE GENERIC</p>
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	T0	<p>C HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>HCR</p> <p>QPD 1 per day</p>
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	T1	<p>QPD 1 per day</p>
CADUET	NC	<p>QPD 1 per day</p> <p>MVB MINIMAL VALUE BRAND</p>
FLOLIPID 20 MG/5 ML ORAL SUSP	T4	<p>AL Up to 16 yrs old</p> <p>QPD 10 per day</p>
FLOLIPID 40 MG/5 ML ORAL SUSP	T4	<p>AL Up to 16 yrs old</p> <p>QPD 5 per day</p>
<i>fluvastatin er</i>	T1	<p>QPD 1 per day</p> <p>HCG</p>
<i>fluvastatin sodium 20 mg cap</i>	T1	<p>QPD 1 per day</p> <p>HCG</p>
<i>fluvastatin sodium 40 mg cap</i>	T1	<p>QPD 2 per day</p> <p>HCG</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lovastatin 40 mg tablet</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>HCR</p> <p>QPD 2 per day</p>
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>HCR</p> <p>QPD 1 per day</p>
<i>pravastatin sodium 80 mg tab</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>HCR</p> <p>QPD 1.0 per day</p>
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	T1	<p>QPD 1 per day</p>
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>HCR</p> <p>QPD 1 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>HCR</p> <p>QPD 1.5 per day</p>
<i>simvastatin 5 mg tablet</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>HCR</p> <p>QPD 1 per day</p>
<i>simvastatin 80 mg tablet</i>	T1	<p>QPD 1 per day</p>
PCSK9 INHIBITORS		
PRALUENT PEN	T3	<p>PS</p> <p>PA</p> <p>QPD 0.08 per day</p>
REPATHA PUSHTRONEX	T3	<p>PS</p> <p>PA</p> <p>QPD 0.13 per day</p>
REPATHA SURECLICK	T3	<p>PS</p> <p>PA</p> <p>QPD 0.08 per day</p>
REPATHA SYRINGE	T3	<p>PS</p> <p>PA</p> <p>QPD 0.08 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG 140 MG/ML AUTOINJECTOR	T2	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.04 per day</p>
AIMOVIG 70 MG/ML AUTOINJECTOR	T2	<p>QL 2 / 30 days</p> <p>AL At least 18 yrs old</p> <p>PA</p>
AJOVY AUTOINJECTOR	T2	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.057 per day</p>
AJOVY SYRINGE	T2	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.057 per day</p>
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	T2	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.1 per day</p>
NURTEC ODT	T2	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.8 per day</p>
QULIPTA	T2	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 1.0 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UBRELVY	T2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #800040; color: white; padding: 2px 5px; margin-bottom: 2px;">AL</div> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> At least 18 yrs old 0.54 per day
ZAVZPRET	T4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #800040; color: white; padding: 2px 5px; margin-bottom: 2px;">AL</div> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> At least 18 yrs old 0.267 per day
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #ffcc00; color: black; padding: 2px 5px;">HCG</div> </div> 0.4 per day
AMERGE	T4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">ST</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> 0.6 per day
<i>eletriptan hbr</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> 0.4 per day
FROVA	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">ST</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #008000; color: white; padding: 2px 5px;">MVB</div> </div> 0.6 per day MINIMAL VALUE BRAND
<i>frovatriptan succinate</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #ffcc00; color: black; padding: 2px 5px;">HCG</div> </div> 0.6 per day
<i>naratriptan hcl</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> 0.6 per day
<i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> 0.6 per day
<i>sumatriptan</i>	T1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4b0082; color: white; padding: 2px 5px;">QL</div> </div> 6 / 30 days
<i>sumatriptan succ-naproxen sod</i>	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #ffcc00; color: black; padding: 2px 5px; margin-bottom: 2px;">HCG</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">MVG</div> </div> 0.3 per day MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	T1	QPD 0.167 per day
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	T1	QPD 0.3 per day
<i>zolmitriptan (2.5 mg nasal spry, 5 mg nasal spray)</i>	T4	ST QPD 0.2 per day
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	T1	QPD 0.2 per day
<i>zolmitriptan odt</i>	T1	QPD 0.2 per day
ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)	T4	ST QPD 0.2 per day
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	T1	
ANTITUBERCULOSIS AGENTS		
CAPASTAT SULFATE	NC	NPP Non-Pharmacy Product
<i>cycloserine</i>	T1	
<i>ethambutol hcl</i>	T1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	T1	
<i>isoniazid 100 mg/ml vial</i>	NC	NPP Non-Pharmacy Product
MYAMBUTOL	T4	
MYCOBUTIN	T4	
PASER	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pretomanid</i>	T4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #800040; color: white; padding: 2px 5px; margin-bottom: 2px;">AL</div> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> At least 18 yrs old 1 per day
PRIFTIN	T4	<div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> 1.25 per day
<i>pyrazinamide</i>	T1	
<i>rifabutin</i>	T1	
RIFADIN	NC	<div style="background-color: #000080; color: white; padding: 2px 5px;">NPP</div> Non-Pharmacy Product
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	T1	
<i>rifampin iv 600 mg vial</i>	NC	<div style="background-color: #000080; color: white; padding: 2px 5px;">NPP</div> Non-Pharmacy Product
SIRTURO	T5	<div style="background-color: #800000; color: white; padding: 2px 5px;">S</div> <div style="background-color: #654321; color: white; padding: 2px 5px;">PA</div>
TRECTOR	T4	
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate 250 mg tab</i>	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> 4 per day
<i>abiraterone acetate 500 mg tab</i>	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px;">QPD</div> </div> 2 per day
ABRAXANE	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #800000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #000080; color: white; padding: 2px 5px; margin-bottom: 2px;">NPP</div> <div style="background-color: #654321; color: white; padding: 2px 5px;">PA</div> </div> Non-Pharmacy Product
ADCETRIS	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #800000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #000080; color: white; padding: 2px 5px; margin-bottom: 2px;">NPP</div> <div style="background-color: #654321; color: white; padding: 2px 5px;">PA</div> </div> Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADRIAMYCIN (10 MG VIAL, 10 MG/5 ML VIAL, 20 MG/10 ML VIAL, 50 MG VIAL, 50 MG/25 ML VIAL, 200 MG/100 ML VIAL)	NC	S NPP Non-Pharmacy Product
ADRUCIL	NC	S NPP Non-Pharmacy Product
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	T5	S PA QPD 2 per day
AFINITOR 2.5 MG TABLET	T5	S PA QPD 1 per day
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET)	T5	S PA QPD 1 per day
AFINITOR DISPERZ 5 MG TABLET	T5	S PA QPD 2 per day
AKEEGA	T5	S PA QPD 2.0 per day
ALECENSA	T5	AL At least 18 yrs old S PA QPD 8 per day
ALIQOPA	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALKERAN 2 MG TABLET	T4	
ALKERAN 50 MG VIAL	NC	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px 5px; margin-right: 5px;">NPP</div> <div>Non-Pharmacy Product</div> </div>
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	T5	<div style="display: flex; align-items: center;"> <div style="background-color: purple; color: white; padding: 2px 5px; margin-right: 5px;">AL</div> <div>At least 18 yrs old</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: red; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div style="background-color: brown; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: blue; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div>2 per day</div> </div>
ALUNBRIG 180 MG TABLET	T5	<div style="display: flex; align-items: center;"> <div style="background-color: purple; color: white; padding: 2px 5px; margin-right: 5px;">AL</div> <div>At least 18 yrs old</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: red; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div style="background-color: brown; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: blue; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div>1 per day</div> </div>
ALUNBRIG 30 MG TABLET	T5	<div style="display: flex; align-items: center;"> <div style="background-color: purple; color: white; padding: 2px 5px; margin-right: 5px;">AL</div> <div>At least 18 yrs old</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: red; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div style="background-color: brown; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: blue; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div>6 per day</div> </div>
<i>anastrozole</i>	T0	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px; font-size: 1.2em;">C</div> <div>HCR: Age edits (35 and older) and Gender edits (Females) apply.</div> </div> <div style="background-color: cyan; color: white; padding: 2px 5px; margin-top: 5px; width: fit-content;">HCR</div>
AROMASIN	T4	
ARRANON	NC	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px 5px; margin-right: 5px;">NPP</div> <div>Non-Pharmacy Product</div> </div> <div style="background-color: brown; color: white; padding: 2px 5px; margin-top: 5px; width: fit-content;">PA</div>
<i>arsenic trioxide</i>	NC	<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div style="background-color: blue; color: white; padding: 2px 5px; margin-right: 5px;">NPP</div> <div>Non-Pharmacy Product</div> </div>

PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
ARZERRA		NC	S NPP Non-Pharmacy Product PA
ASPARLAS		NC	S NPP Non-Pharmacy Product PA
AVASTIN		NC	S PA NPP BENEFIT SHIFT PROGRAM
AYVAKIT		T5	S PA QPD 1 per day
<i>azacitidine</i>		NC	S NPP Non-Pharmacy Product PA
BALVERSA 3 MG TABLET		T5	S PA QPD 3 per day
BALVERSA 4 MG TABLET		T5	S PA QPD 2 per day
BALVERSA 5 MG TABLET		T5	S PA QPD 1 per day
BAVENCIO		NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bcg (tice strain)</i>	NC	S NPP Non-Pharmacy Product PA
BELEODAQ	NC	S NPP Non-Pharmacy Product PA
<i>bendamustine 100 mg/4 ml vial</i>	NC	S NPP Non-Pharmacy Product PA
BESREMI	T5	S PA QPD 0.08 per day
<i>bevacizumab 1.25 mg/0.05 ml</i>	NC	S NPP Non-Pharmacy Product PA
<i>bexarotene (1% gel, 75 mg capsule)</i>	T3	PS PA
<i>bicalutamide</i>	T1	
BICNU	NC	S NPP Non-Pharmacy Product
BLENREP	NC	S NPP Non-Pharmacy Product PA QPD 0.142 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bleomycin sulfate</i>	NC	S NPP Non-Pharmacy Product
BLINCYTO (35 MCG VIAL, 35MCG VL W-STABILIZER)	NC	S NPP Non-Pharmacy Product PA
BOSULIF (400 MG TABLET, 500 MG TABLET)	T5	S PA QPD 1 per day
BOSULIF 100 MG TABLET	T5	S PA QPD 4 per day
BRAFTOVI	T5	S PA
BRUKINSA	T5	S PA QPD 4 per day
<i>busulfan</i>	NC	S NPP Non-Pharmacy Product
BUSULFEX	NC	S NPP Non-Pharmacy Product
CABOMETYX	T5	S PA QPD 1 per day
CALQUENCE 100 MG CAPSULE	T5	AL At least 18 yrs old S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALQUENCE 100 MG TABLET	T5	<p>AL At least 18 yrs old</p> <p>S</p> <p>PA</p> <p>QPD 2.0 per day</p>
CAMPTOSAR	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>
<i>capecitabine</i>	T3	<p>PS</p> <p>PA</p>
CAPRELSA 100 MG TABLET	T5	<p>S</p> <p>PA</p> <p>QPD 2 per day</p>
CAPRELSA 300 MG TABLET	T5	<p>S</p> <p>PA</p> <p>QPD 1 per day</p>
CARAC	NC	<p>PA</p> <p>MVB MINIMAL VALUE BRAND</p>
<i>carboplatin (50 mg/5 ml vial, 150 mg vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>
<i>carmustine</i>	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p>
CASODEX	T4	
<i>cisplatin (50 mg vial, 50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i>	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cladribine</i>	NC	S NPP Non-Pharmacy Product
<i>clofarabine</i>	NC	S NPP Non-Pharmacy Product
CLOLAR	NC	S NPP Non-Pharmacy Product
COMETRIQ 100 MG DAILY-DOSE PK	T5	S PA QPD 2 per day
COMETRIQ 140 MG DAILY-DOSE PK	T5	S PA QPD 4 per day
COMETRIQ 60 MG DAILY-DOSE PACK	T5	S PA QPD 3 per day
COPIKTRA	T5	S PA
COSMEGEN	NC	S NPP Non-Pharmacy Product
COTELLIC	T5	AL At least 18 yrs old S PA QPD 2.5 per day
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	T1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	T4	PA
<i>cyclophosphamide (1 gm vial, 1 gm/2 ml vl, 1 gm/5 ml vl, 2 gm vial, 2 gm/10 ml vl, 2 gm/4 ml vl, 500 mg vial, 500 mg/2.5 ml, 500 mg/ml vl)</i>	NC	S NPP Non-Pharmacy Product PA
CYRAMZA	NC	S NPP Non-Pharmacy Product PA
<i>cytarabine</i>	NC	S NPP Non-Pharmacy Product
<i>dacarbazine</i>	NC	S NPP Non-Pharmacy Product
DACOGEN	NC	S NPP Non-Pharmacy Product PA
<i>dactinomycin</i>	NC	S NPP Non-Pharmacy Product
DANYELZA	NC	S NPP Non-Pharmacy Product PA QPD 0.434 per day
DARZALEX	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DARZALEX FASPRO	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p> <p>QPD 2.15 per day</p>
<i>daunorubicin hcl</i>	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p>
DAURISMO	T5	<p>S</p> <p>PA</p> <p>QPD 1 per day</p>
<i>decitabine</i>	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>
<i>diclofenac sodium 3% gel</i>	NC	<p>QL 100 / 30 days</p> <p>PA</p> <p>HCG</p> <p>MVG MINIMAL VALUE GENERIC</p>
DOCEFREZ	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>
<i>docetaxel</i>	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>
DOXIL	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxorubicin hcl (10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	NC	S NPP Non-Pharmacy Product PA
<i>doxorubicin hcl liposome</i>	NC	S NPP Non-Pharmacy Product PA
DROXIA	T4	
EFUDEX	T4	
ELLECE	NC	S NPP Non-Pharmacy Product
ELZONRIS	NC	S NPP Non-Pharmacy Product PA
EMCYT	T5	S
ENHERTU	NC	S NPP Non-Pharmacy Product PA
<i>epirubicin hcl (50 mg/25 ml vial, 200 mg/100 ml vial, hcl 200 mg vial)</i>	NC	S NPP Non-Pharmacy Product
ERBITUX	NC	S NPP Non-Pharmacy Product PA
ERIVEDGE	T5	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERLEADA 240 MG TABLET	T5	S PA QPD 1.0 per day
ERLEADA 60 MG TABLET	T5	S PA QPD 4 per day
<i>erlotinib hcl</i>	T3	PS PA QPD 1 per day
ETOPOPHOS	NC	S NPP Non-Pharmacy Product
<i>etoposide 50 mg capsule</i>	T3	PS
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	NC	S NPP Non-Pharmacy Product
EULEXIN	T4	ST
<i>everolimus (5 mg tablet, 7.5 mg tablet)</i>	T5	S PA QPD 2 per day
<i>everolimus 2.5 mg tablet</i>	T5	S PA QPD 1 per day
<i>everolimus (2 mg tab susp, 3 mg tab susp)</i>	T5	S PA QPD 1.0 per day
<i>everolimus (5 mg tab for susp, 10 mg tablet)</i>	T5	S PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVOMELA	NC	S NPP Non-Pharmacy Product PA
<i>exemestane</i>	T0	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
EXKIVITY	T5	S PA QPD 4.0 per day
FARYDAK	T5	S PA
FASLODEX	NC	S NPP Non-Pharmacy Product PA QPD 1.25 per day
FEMARA	T4	PA
<i>floxuridine</i>	NC	S NPP Non-Pharmacy Product
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	NC	S NPP Non-Pharmacy Product
FLUOROPLEX	T4	
<i>fluorouracil 0.5% cream</i>	T4	
<i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vial, 5 gram/100 ml vial, 500 mg/10 ml vial)</i>	NC	S NPP Non-Pharmacy Product
<i>flutamide</i>	T1	
FOLOTYN	NC	S NPP Non-Pharmacy Product PA
FOTIVDA	T5	S PA QPD 0.767 per day
<i>fulvestrant</i>	NC	S NPP Non-Pharmacy Product PA QPD 1.25 per day
FYARRO	NC	S NPP Non-Pharmacy Product PA QPD 0.29 per day
GAVRETO	T5	S PA QPD 4 per day
GAZYVA	NC	S NPP Non-Pharmacy Product PA
<i>gefitinib</i>	T3	PS PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gemcitabine hcl (1 gram/26.3 ml vl, hcl 1 gram vial, hcl 1 gram/10 ml, hcl 1.5 gram/15 ml, 2 gram/52.6 ml vl, hcl 2 gram vial, hcl 2 gram/20 ml, 200 mg/5.26 ml vl, hcl 200 mg vial, hcl 200 mg/2 ml vl)</i>	NC	S NPP Non-Pharmacy Product PA
GILOTRIF	T5	S PA QPD 1 per day
GLEEVEC 100 MG TABLET	T5	S PA QPD 8 per day
GLEEVEC 400 MG TABLET	T5	S PA QPD 2 per day
GLEOSTINE	T5	S
GLIADEL	NC	NPP Non-Pharmacy Product
HALAVEN	NC	S NPP Non-Pharmacy Product PA
HERCEPTIN	NC	S PA NPP BENEFIT SHIFT PROGRAM
HERCEPTIN HYLECTA	NC	S PA NPP BENEFIT SHIFT PROGRAM
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	T5	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYCAMTIN 4 MG VIAL	NC	S NPP Non-Pharmacy Product PA
HYDREA	T4	
<i>hydroxyurea</i>	T1	
IBRANCE (100 MG CAPSULE, 100 MG TABLET)	T3	PS PA QPD 1.25 per day
IBRANCE (75 MG CAPSULE, 75 MG TABLET)	T3	PS PA QPD 1.667 per day
IBRANCE (125 MG CAPSULE, 125 MG TABLET)	T3	PS PA QPD 1 per day
ICLUSIG (10 MG TABLET, 30 MG TABLET, 45 MG TABLET)	T5	S PA QPD 1 per day
ICLUSIG 15 MG TABLET	T5	S PA QPD 2 per day
IDAMYCIN PFS	NC	S NPP Non-Pharmacy Product
<i>idarubicin hcl</i>	NC	S NPP Non-Pharmacy Product
IDHIFA	T5	AL At least 18 yrs old S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IFEX	NC	S NPP Non-Pharmacy Product
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial)</i>	NC	S NPP Non-Pharmacy Product
<i>imatinib mesylate 100 mg tab</i>	T3	PS PA QPD 8 per day
<i>imatinib mesylate 400 mg tab</i>	T3	PS PA QPD 2 per day
IMBRUVICA 140 MG CAPSULE	T5	S PA QPD 3.0 per day
IMBRUVICA 70 MG CAPSULE	T5	S PA QPD 8 per day
IMBRUVICA 70 MG/ML SUSPENSION	T5	S PA QPD 6.0 per day
IMBRUVICA 420 MG TABLET	T5	S PA QPD 1.47 per day
IMBRUVICA 560 MG TABLET	T5	S PA QPD 1 per day
IMFINZI	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INLYTA	T5	S PA QPD 4 per day
INQOVI	T5	S PA QPD 0.18 per day
INREBIC	T5	S PA QPD 4 per day
IRESSA	T5	S PA QPD 1 per day
<i>irinotecan hcl</i>	NC	S NPP Non-Pharmacy Product
ISTODAX	NC	S NPP Non-Pharmacy Product PA
IXEMPRA	NC	S NPP Non-Pharmacy Product PA
JAKAFI	T5	S PA QPD 2 per day
JAYPIRCA 100 MG TABLET	T5	S PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JAYPIRCA 50 MG TABLET	T5	S PA QPD 1.0 per day
JELMYTO	NC	S NPP Non-Pharmacy Product PA
JEMPERLI	NC	S NPP Non-Pharmacy Product PA QPD 0.5 per day
JEVTANA	NC	S NPP Non-Pharmacy Product PA QPD 0.15 per day
KADCYLA	NC	S NPP Non-Pharmacy Product PA
KANJINTI	NC	PS PA NPP BENEFIT SHIFT PROGRAM
KEYTRUDA	NC	S NPP Non-Pharmacy Product PA
KISQALI 200 MG DAILY DOSE	T5	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI 400 MG DAILY DOSE	T5	S PA QPD 2 per day
KISQALI 600 MG DAILY DOSE	T5	S PA QPD 3 per day
KISQALI FEMARA 200 MG CO-PACK	T5	S PA QPD 2 per day
KISQALI FEMARA 400 MG CO-PACK	T5	S PA QPD 2.5 per day
KISQALI FEMARA 600 MG CO-PACK	T5	S PA QPD 3.334 per day
KOSELUGO	T5	S PA QPD 4 per day
KRAZATI	T5	S PA QPD 6.0 per day
KYPROLIS	NC	S NPP Non-Pharmacy Product PA
<i>lapatinib</i>	T3	PS PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lenalidomide</i>	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; border-radius: 5px;">PS</div> <div style="background-color: #8b4513; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 1.0 per day
LENVIMA	T5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #dc143c; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 3 per day
<i>letrozole</i>	T0	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #333; color: white; padding: 10px 20px; border-radius: 10px; font-weight: bold; font-size: 24px;">C</div> <div style="background-color: #00b0f0; padding: 2px 10px; border-radius: 5px;">HCR</div> </div> HCR: Age edits (35 and older) and Gender edits (Females) apply.
LEUKERAN	T5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #dc143c; padding: 2px 10px; border-radius: 5px;">S</div> </div>
LONSURF 15 MG-6.14 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #dc143c; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 2.15 per day
LONSURF 20 MG-8.19 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #dc143c; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 3 per day
LORBRENA	T5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #dc143c; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 1 per day
LUMAKRAS 120 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #dc143c; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 8 per day
LUMAKRAS 320 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #dc143c; padding: 2px 10px; border-radius: 5px;">S</div> <div style="background-color: #8b4513; padding: 2px 10px; border-radius: 5px;">PA</div> <div style="background-color: #4169e1; padding: 2px 10px; border-radius: 5px;">QPD</div> </div> 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMOXITI	NC	S NPP Non-Pharmacy Product PA
LYNPARZA	T5	AL At least 18 yrs old S PA
LYSODREN	T5	S
LYTGOBI 12 MG DOSE (3X 4MG TB)	T5	S PA QPD 3.0 per day
LYTGOBI 16 MG DOSE (4X 4MG TB)	T5	S PA QPD 4.0 per day
LYTGOBI 20 MG DOSE (5X 4MG TB)	T5	S PA QPD 5.0 per day
MARGENZA	NC	S NPP Non-Pharmacy Product PA QPD 3.334 per day
MARQIBO	NC	S NPP Non-Pharmacy Product PA
MATULANE	T5	S
MEKINIST 0.05 MG/ML SOLUTION	T5	S PA QPD 30.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEKINIST 0.5 MG TABLET	T5	S PA QPD 4 per day
MEKINIST 2 MG TABLET	T5	S PA QPD 1 per day
MEKTOVI	T5	S PA
<i>melphalan</i>	T1	
<i>melphalan hcl</i>	NC	S NPP Non-Pharmacy Product PA
<i>mercaptopurine</i>	T1	
<i>methotrexate 2.5 mg tablet</i>	T1	
<i>methotrexate (1 gm vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>methotrexate sodium</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	NC	S NPP Non-Pharmacy Product PA
<i>mitoxantrone hcl</i>	NC	S NPP Non-Pharmacy Product
MONJUVI	NC	S NPP Non-Pharmacy Product PA QPD 1.25 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MUTAMYCIN	NC	S NPP Non-Pharmacy Product
MVASI	NC	PS PA NPP BENEFIT SHIFT PROGRAM
MYLERAN	T5	S
MYLOTARG	NC	S NPP Non-Pharmacy Product PA
<i>nelarabine</i>	NC	S NPP Non-Pharmacy Product PA
NERLYNX	T5	AL At least 18 yrs old S PA QPD 6 per day
NEXAVAR	T5	S PA QPD 4 per day
NILANDRON	T5	S
<i>nilutamide</i>	T3	PS
NINLARO	T5	AL At least 18 yrs old S PA QPD 0.124 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIPENT	NC	S NPP Non-Pharmacy Product
NUBEQA	T3	PS PA QPD 4 per day
ODOMZO	T5	S PA QPD 1 per day
OGIVRI	NC	S PA NPP BENEFIT SHIFT PROGRAM
ONCASPAR	NC	S NPP Non-Pharmacy Product PA
ONUREG	T5	S PA QPD 0.5 per day
OPDIVO	NC	S NPP Non-Pharmacy Product PA
ORSERDU 345 MG TABLET	T5	S PA QPD 1.0 per day
ORSERDU 86 MG TABLET	T5	S PA QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial)</i>	NC	S NPP Non-Pharmacy Product PA
<i>paclitaxel</i>	NC	S NPP Non-Pharmacy Product PA
<i>paclitaxel protein-bound</i>	NC	S NPP Non-Pharmacy Product PA
PADCEV	NC	S NPP Non-Pharmacy Product PA
PANRETIN	T5	S
PARAPLATIN	NC	S NPP Non-Pharmacy Product PA
<i>pazopanib hcl</i>	T5	S PA QPD 4.0 per day
PEMAZYRE	T5	S PA QPD 0.67 per day
PERJETA	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOTOFRIN	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a5568; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> Non-Pharmacy Product
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2.0 per day
PIQRAY 200 MG DAILY DOSE PACK	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 1 per day
POLIVY	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a5568; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Non-Pharmacy Product 1 per day
POMALYST	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 1 per day
PROLEUKIN	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a5568; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> Non-Pharmacy Product
PURIXAN	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
QINLOCK	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 3 per day
RASUVO	T4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #806040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETEVMO 40 MG CAPSULE	T5	S PA QPD 2 per day
RETEVMO 80 MG CAPSULE	T5	S PA QPD 4 per day
REVLIMID	T5	S PA QPD 1 per day
REZLIDHIA	T5	S PA QPD 2.0 per day
RITUXAN 100 MG/10 ML VIAL	NC	S PA QPD 4.3 per day NPP BENEFIT SHIFT PROGRAM
RITUXAN 500 MG/50 ML VIAL	NC	S PA QPD 14.3 per day NPP BENEFIT SHIFT PROGRAM
RITUXAN HYCELA 1,400 MG-23,400	NC	S PA QPD 1.7 per day NPP BENEFIT SHIFT PROGRAM
RITUXAN HYCELA 1,600 MG-26,800	NC	S PA QPD 0.5 per day NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)</i>	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>
ROZLYTREK 100 MG CAPSULE	T5	<p>S</p> <p>PA</p> <p>QPD 5 per day</p>
ROZLYTREK 200 MG CAPSULE	T5	<p>S</p> <p>PA</p> <p>QPD 3 per day</p>
RUBRACA	T5	<p>AL At least 18 yrs old</p> <p>S</p> <p>PA</p> <p>QPD 2 per day</p>
RUXIENCE 100 MG/10 ML VIAL	NC	<p>PS</p> <p>PA</p> <p>QPD 4.3 per day</p> <p>NPP BENEFIT SHIFT PROGRAM</p> <p>PS2 Preferred 2nd line</p>
RUXIENCE 500 MG/50 ML VIAL	NC	<p>PS</p> <p>PA</p> <p>QPD 14.3 per day</p> <p>NPP BENEFIT SHIFT PROGRAM</p> <p>PS2 Preferred 2nd line</p>
RYDAPT	T5	<p>AL At least 18 yrs old</p> <p>S</p> <p>PA</p> <p>QPD 2 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYLAZE	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a5568; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-left: 10px;"> <p>Non-Pharmacy Product</p> <p>1.29 per day</p> </div>
SCEMBLIX 20 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-left: 10px;"> <p>2.0 per day</p> </div>
SCEMBLIX 40 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-left: 10px;"> <p>10.0 per day</p> </div>
SIKLOS	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
<i>sorafenib</i>	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; color: white; padding: 2px 5px; border-radius: 3px;">PS</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-left: 10px;"> <p>4.0 per day</p> </div>
SPRYCEL (100 MG TABLET, 140 MG TABLET)	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-left: 10px;"> <p>1 per day</p> </div>
SPRYCEL (70 MG TABLET, 80 MG TABLET)	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-left: 10px;"> <p>2 per day</p> </div>
SPRYCEL 20 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-left: 10px;"> <p>9 per day</p> </div>
SPRYCEL 50 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div style="margin-left: 10px;"> <p>3 per day</p> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STIVARGA	T5	S PA QPD 4 per day
<i>sunitinib malate</i>	T3	PS PA QPD 1.0 per day
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE)	T5	S PA QPD 1.0 per day
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	T5	S PA QPD 1 per day
SYLVANT	NC	S NPP Non-Pharmacy Product PA
SYNRIBO	T5	S PA
TABLOID	T5	S
TABRECTA	T5	S PA QPD 4 per day
TAFINLAR 50 MG CAPSULE	T5	S PA QPD 6 per day
TAFINLAR 75 MG CAPSULE	T5	S PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAFINLAR 10 MG TABLET FOR SUSP	T5	S PA QPD 21.0 per day
TAGRISSO	T5	AL At least 18 yrs old S PA QPD 1 per day
TALZENNA	T5	S PA QPD 1.0 per day
TARCEVA (100 MG TABLET, 150 MG TABLET)	T5	S PA QPD 1 per day
TARCEVA 25 MG TABLET	T5	S PA QPD 6 per day
TARGRETIN (1% GEL, 75 MG CAPSULE)	T5	S PA
TASIGNA (150 MG CAPSULE, 200 MG CAPSULE)	T5	S PA QPD 4 per day
TASIGNA 50 MG CAPSULE	T5	S PA QPD 6 per day
TAZVERIK	T5	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TECENTRIQ	NC	S NPP Non-Pharmacy Product PA
TEMODAR (100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	T5	S PA
TEMODAR 100 MG VIAL	NC	S NPP Non-Pharmacy Product PA
<i>temozolomide</i>	T3	PS PA
<i>temsirolimus</i>	NC	S NPP Non-Pharmacy Product PA QPD 0.29 per day
<i>teniposide</i>	NC	S NPP Non-Pharmacy Product
TEPMETKO	T5	S PA QPD 2 per day
TIBSOVO	T5	S PA
TIVDAK	NC	S NPP Non-Pharmacy Product PA QPD 0.24 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPOSAR	NC	S NPP Non-Pharmacy Product
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	NC	S NPP Non-Pharmacy Product PA
TORISEL	NC	S NPP Non-Pharmacy Product PA QPD 0.29 per day
TRAZIMERA	NC	PS PA NPP BENEFIT SHIFT PROGRAM
TREANDA	NC	S NPP Non-Pharmacy Product PA
<i>tretinoin 10 mg capsule</i>	T3	PS
TREXALL	T4	
TRISENOX	NC	S NPP Non-Pharmacy Product
TRODELVY	NC	S NPP Non-Pharmacy Product PA QPD 0.58 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	T5	S PA QPD 1.5 per day
TRUSELTIQ 100 MG DAILY DOSE PK	T5	S PA QPD 0.75 per day
TRUSELTIQ 75 MG DAILY DOSE PK	T5	S PA QPD 2.5 per day
TUKYSA	T5	S PA QPD 4 per day
TURALIO 125 MG CAPSULE	T5	S PA QPD 4.0 per day
TURALIO 200 MG CAPSULE	T5	S PA QPD 4 per day
TYKERB	T5	S PA QPD 6 per day
UKONIQ	T5	S PA QPD 4 per day
UNITUXIN	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALCHLOR	T5	S PA QPD 3 per day
<i>valrubicin</i>	NC	S NPP Non-Pharmacy Product
VALSTAR	NC	S NPP Non-Pharmacy Product
VANFLYTA	T5	S PA QPD 2.0 per day
VECTIBIX	NC	S NPP Non-Pharmacy Product PA
VELCADE	NC	S NPP Non-Pharmacy Product PA
VENCLEXTA	T5	S PA QPD 4 per day
VENCLEXTA STARTING PACK	T5	S PA QPD 1.5 per day
VERZENIO	T5	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIDAZA	NC	S NPP PA Non-Pharmacy Product
<i>vinblastine sulfate</i>	NC	S NPP Non-Pharmacy Product
VINCASAR PFS	NC	S NPP Non-Pharmacy Product
<i>vincristine sulfate</i>	NC	S NPP PA Non-Pharmacy Product
<i>vinorelbine tartrate</i>	NC	S NPP Non-Pharmacy Product
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	T5	S PA QPD 2 per day
VIZIMPRO	T5	S PA
VONJO	T5	S PA QPD 4.0 per day
VOTRIENT	T5	S PA QPD 4 per day
WELIREG	T5	S PA QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	T5	S PA QPD 2 per day
XATMEP	T4	AL Up to 18 yrs old PA QPD 4 per day
XELODA	T5	S PA QPD 4 per day
XOSPATA	T5	S PA QPD 3 per day
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	T5	S PA QPD 0.286 per day
XPOVIO (40 MG, 60 MG)	T5	S PA QPD 0.143 per day
XPOVIO 60 MG TWICE WEEKLY DOSE	T5	S PA QPD 0.86 per day
XPOVIO 80 MG TWICE WEEKLY DOSE	T5	S PA QPD 1.25 per day
XTANDI (40 MG CAPSULE, 40 MG TABLET)	T5	S PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI 80 MG TABLET	T5	S PA QPD 2 per day
YERVOY	NC	S NPP Non-Pharmacy Product PA
YONSA	T5	S PA QPD 4 per day
ZALTRAP	NC	S NPP Non-Pharmacy Product PA
ZANOSAR	NC	S NPP Non-Pharmacy Product
ZEJULA 100 MG CAPSULE	T5	AL At least 18 yrs old S PA QPD 3 per day
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	T5	AL At least 18 yrs old S PA QPD 1.0 per day
ZELBORAF	T5	S PA QPD 8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPZELCA	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p> <p>QPD 0.1 per day</p>
ZEVALIN	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>
ZIRABEV	NC	<p>PS</p> <p>PA</p> <p>NPP BENEFIT SHIFT PROGRAM</p>
ZOLINZA	T5	<p>S</p> <p>PA</p> <p>QPD 4 per day</p>
ZTALMY	T5	<p>S</p> <p>PA</p> <p>QPD 36.0 per day</p>
ZYDELIG	T5	<p>S</p> <p>PA</p> <p>QPD 2 per day</p>
ZYKADIA	T5	<p>AL At least 18 yrs old</p> <p>S</p> <p>PA</p> <p>QPD 8 per day</p>
ZYNLONTA	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p> <p>QPD 0.1 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYTIGA 250 MG TABLET	T5	S PA QPD 4 per day
ZYTIGA 500 MG TABLET	T5	S PA QPD 2 per day
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	T1	
OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET)	T5	S PA QPD 1 per day
OSMOLEX ER 322 MG DAILY DOSE	T5	S PA QPD 2 per day
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	T1	
<i>benztropine mesylate (2 mg/2 ml ampule, 2 mg/2 ml vial)</i>	NC	NPP Non-Pharmacy Product
COGENTIN	NC	NPP Non-Pharmacy Product
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	T1	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
COMTAN	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>entacapone</i>	T1	HCG
ONGENTYS	T4	
TASMAR	T4	
<i>tolcapone</i>	T1	
DOPAMINE PRECURSORS		
<i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	T1	
<i>carbidopa-levodopa er</i>	T1	
<i>carbidopa-levodopa-entacapone</i>	T1	
DUOPA	T5	S PA QPD 1 per day
INBRIJA	T5	S PA QPD 10.0 per day
RYTARY	T4	
SINEMET 10-100	T4	
SINEMET 25-100	T4	
STALEVO 100	T4	
STALEVO 125	T4	
STALEVO 150	T4	
STALEVO 200	T4	
STALEVO 50	T4	
STALEVO 75	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE B INHIBITORS		
AZILECT	T4	
EMSAM	T4	ST QPD 1 per day
<i>rasagiline mesylate</i>	T1	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	T1	
XADAGO	T4	AL At least 18 yrs old PA QPD 1 per day
ZELAPAR	T4	
ANTIPROTOZOALS		
AMEBICIDES		
HUMATIN	T4	
<i>paromomycin sulfate</i>	T1	
ANTIMALARIALS		
ARAKODA	T4	PA
<i>atovaquone-proguanil hcl</i>	T1	PA
<i>chloroquine phosphate</i>	T1	
COARTEM	T4	
<i>hydroxychloroquine sulfate</i>	T1	
KRINTAFEL	T4	
MALARONE	T4	PA
<i>mefloquine hcl</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>primaquine</i>	T1	
QUALAQUIN	T4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">42 / 365 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; margin-top: 2px;">PA</div>
<i>quinine sulfate</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">42 / 365 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; margin-top: 2px;">PA</div>
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	T4	<div style="background-color: #8b572d; color: white; padding: 2px 5px; display: inline-block;">PA</div>
<i>atovaquone</i>	T1	<div style="background-color: #8b572d; color: white; padding: 2px 5px; display: inline-block;">PA</div>
<i>benznidazole</i>	T4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">max 60 days</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; margin-right: 5px;">AL</div> <div>2 to 12 yrs old</div> </div>
FLAGYL	T4	
IMPAVIDO	T5	<div style="background-color: #e74c3c; color: white; padding: 2px 5px; display: inline-block;">S</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; display: inline-block; margin-top: 2px;">PA</div>
LAMPIT 120 MG TABLET	T4	<div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; margin-right: 5px;">AL</div> <div style="margin-right: 5px;">Up to 17 yrs old</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; margin-top: 2px;">PA</div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div>7.5 per day</div> </div>
LAMPIT 30 MG TABLET	T4	<div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; margin-right: 5px;">AL</div> <div style="margin-right: 5px;">Up to 17 yrs old</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; margin-top: 2px;">PA</div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div>12 per day</div> </div>
MEPRON	T4	<div style="background-color: #8b572d; color: white; padding: 2px 5px; display: inline-block;">PA</div>
METRO IV	NC	<div style="background-color: #2980b9; color: white; padding: 2px 5px; display: inline-block;">NPP</div> <div style="margin-left: 5px;">Non-Pharmacy Product</div>
<i>metronidazole 500 mg/100 ml</i>	NC	<div style="background-color: #2980b9; color: white; padding: 2px 5px; display: inline-block;">NPP</div> <div style="margin-left: 5px;">Non-Pharmacy Product</div>
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEBUPENT	T4	
<i>nitazoxanide</i>	T1	PA
PENTAM 300	NC	NPP Non-Pharmacy Product
<i>pentamidine 300 mg inject vial</i>	NC	NPP Non-Pharmacy Product
<i>pentamidine 300 mg inhal powdr</i>	T1	
SOLOSEC	T4	QL 1/ fill GL Female
<i>tinidazole</i>	T1	
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE	T4	AL At least 18 yrs old
<i>loxapine</i>	T1	AL At least 18 yrs old
<i>molindone hcl</i>	T1	
<i>pimozide</i>	T1	
ATYPICAL ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4ML	T4	AL At least 18 yrs old PA QPD 0.04 per day
ABILIFY ASIMTUFII 960 MG/3.2ML	T4	AL At least 18 yrs old PA QPD 0.053 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.04 per day</p>
ABILIFY MYCITE (2 MG KIT, 2 MG MAINT KIT, 5 MG KIT, 5 MG MAINT KIT, 10 MG KIT, 10 MG MAINT KIT, 15 MG KIT, 15 MG MAINT KIT, 20 MG KIT, 20 MG MAINT KIT, 30 MG KIT, 30 MG MAINT KIT)	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 1 per day</p>
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 1 per day</p>
<i>aripiprazole 1 mg/ml solution</i>	T1	<p>AL At least 6 yrs old</p> <p>QPD 30 per day</p>
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	T1	<p>AL At least 6 yrs old</p> <p>QPD 1 per day</p>
<i>aripiprazole odt</i>	T1	<p>AL At least 6 yrs old</p> <p>QPD 1 per day</p>
ARISTADA ER 1064 MG/3.9 ML SYR	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.15 per day</p>
ARISTADA ER 441 MG/1.6 ML SYRN	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.07 per day</p>
ARISTADA ER 662 MG/2.4 ML SYRN	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.08 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARISTADA ER 882 MG/3.2 ML SYRN	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.12 per day</p>
ARISTADA INITIO	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.08 per day</p>
<i>asenapine maleate</i>	T1	<p>AL At least 10 yrs old</p> <p>QPD 2 per day</p>
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 1.0 per day</p>
CAPLYTA 42 MG CAPSULE	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 1 per day</p>
<i>clozapine 100 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 9 per day</p>
<i>clozapine 200 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 4 per day</p>
<i>clozapine 25 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 18 per day</p>
<i>clozapine 50 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 3 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 3 per day</p>
<i>clozapine odt 100 mg tablet</i>	T1	<p>AL At least 18 yrs old</p> <p>QPD 9 per day</p>
CLOZARIL 100 MG TABLET	T4	<p>ST</p> <p>AL At least 18 yrs old</p> <p>QPD 9 per day</p>
CLOZARIL 200 MG TABLET	T4	<p>ST</p> <p>AL At least 18 yrs old</p> <p>QPD 4 per day</p>
CLOZARIL 25 MG TABLET	T4	<p>ST</p> <p>AL At least 18 yrs old</p> <p>QPD 18 per day</p>
CLOZARIL 50 MG TABLET	T4	<p>ST</p> <p>AL At least 18 yrs old</p> <p>QPD 3 per day</p>
FANAPT TITRATION PACK	T4	<p>QL 8 / rx</p> <p>ST</p> <p>AL At least 18 yrs old</p>
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	T4	<p>ST</p> <p>AL At least 18 yrs old</p> <p>QPD 2 per day</p>
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	T4	<p>ST</p> <p>AL At least 18 yrs old</p> <p>QPD 2 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GEODON 20 MG/ML VIAL	T4	ST
INVEGA ER 1.5 MG TABLET	T4	ST
		AL At least 12 yrs old QPD 8 per day
INVEGA ER 3 MG TABLET	T4	ST
		AL At least 12 yrs old QPD 4 per day
INVEGA ER 6 MG TABLET	T4	ST
		AL At least 12 yrs old QPD 2 per day
INVEGA ER 9 MG TABLET	T4	ST
		AL At least 12 yrs old QPD 1 per day
INVEGA HAFYERA 1,092 MG/3.5 ML	T4	AL At least 18 yrs old PA QPD 0.04 per day
		AL At least 18 yrs old PA QPD 0.06 per day
INVEGA HAFYERA 1,560 MG/5 ML	T4	AL At least 18 yrs old PA QPD 0.034 per day
		AL At least 18 yrs old PA QPD 0.04 per day
INVEGA SUSTENNA 117 MG/0.75 ML	T4	AL At least 18 yrs old PA QPD 0.034 per day
		AL At least 18 yrs old PA QPD 0.04 per day
INVEGA SUSTENNA 156 MG/ML SYRG	T4	AL At least 18 yrs old PA QPD 0.04 per day
		AL At least 18 yrs old PA QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA 234 MG/1.5 ML	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.057 per day</p>
INVEGA SUSTENNA 39 MG/0.25 ML	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.012 per day</p>
INVEGA SUSTENNA 78 MG/0.5 ML	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.02 per day</p>
INVEGA TRINZA 273 MG/0.88 ML	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.034 per day</p>
INVEGA TRINZA 410 MG/1.32 ML	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.057 per day</p>
INVEGA TRINZA 546 MG/1.75 ML	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.067 per day</p>
INVEGA TRINZA 819 MG/2.63 ML	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.1 per day</p>
LATUDA	T4	<p>AL At least 10 yrs old</p> <p>QPD 1 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lurasidone hcl</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">1.0 per day</div> </div> </div>
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	T5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">1 per day</div> </div> </div>
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">6 per day</div> </div>
<i>olanzapine 10 mg tablet</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">3 per day</div> </div>
<i>olanzapine 15 mg tablet</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2 per day</div> </div>
<i>olanzapine 20 mg tablet</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">1 per day</div> </div>
<i>olanzapine 7.5 mg tablet</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">4 per day</div> </div>
<i>olanzapine 10 mg vial</i>	T1	
<i>olanzapine odt 10 mg tablet</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">3 per day</div> </div>
<i>olanzapine odt 15 mg tablet</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2 per day</div> </div>
<i>olanzapine odt 20 mg tablet</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">1 per day</div> </div>
<i>olanzapine odt 5 mg tablet</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">6 per day</div> </div>
<i>paliperidone er 1.5 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 12 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">8 per day</div> </div> </div>
<i>paliperidone er 3 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 12 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">4 per day</div> </div> </div>
<i>paliperidone er 6 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 12 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2 per day</div> </div> </div>
<i>paliperidone er 9 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 12 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">1 per day</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERSERIS	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #654321; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">0.034 per day</div> </div> </div>
<i>quetiapine 150 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2.0 per day</div> </div> </div>
<i>quetiapine fumarate (25 mg tab, 50 mg tab)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">6 per day</div> </div> </div>
<i>quetiapine fumarate 100 mg tab</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">3 per day</div> </div> </div>
<i>quetiapine fumarate 200 mg tab</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">1.5 per day</div> </div> </div>
<i>quetiapine fumarate 300 mg tab</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">1 per day</div> </div> </div>
<i>quetiapine fumarate 400 mg tab</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">2 per day</div> </div> </div>
<i>quetiapine er 150 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">5 per day</div> </div> </div>
<i>quetiapine er 200 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">4 per day</div> </div> </div>
<i>quetiapine er 50 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 10 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="margin-left: 5px;">6 per day</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)</i>	T1	<p>AL At least 10 yrs old</p> <p>QPD 2 per day</p>
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	T4	<p>AL At least 13 yrs old</p> <p>QPD 1 per day</p>
RISPERDAL CONSTA	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.1 per day</p>
<i>risperidone 1 mg/ml solution</i>	T1	<p>AL At least 5 yrs old</p> <p>QPD 16 per day</p>
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	T1	<p>AL At least 5 yrs old</p> <p>QPD 8 per day</p>
<i>risperidone 3 mg tablet</i>	T1	<p>AL At least 5 yrs old</p> <p>QPD 5 per day</p>
<i>risperidone 4 mg tablet</i>	T1	<p>AL At least 5 yrs old</p> <p>QPD 4 per day</p>
<i>risperidone 3 mg odt</i>	T1	<p>AL At least 5 yrs old</p> <p>QPD 5 per day</p>
<i>risperidone 4 mg odt</i>	T1	<p>AL At least 5 yrs old</p> <p>QPD 4 per day</p>
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt)</i>	T1	<p>AL At least 5 yrs old</p> <p>QPD 8 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYKINDO	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.067 per day</p>
SEROQUEL XR SAMPLE KIT	T4	<p>AL At least 10 yrs old</p>
UZEDY (ER 100 MG/0.28 ML SYRING, ER 200 MG/0.56 ML SYRING)	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.009 per day</p>
UZEDY (ER 125 MG/0.35 ML SYRING, ER 250 MG/0.7 ML SYRINGE)	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.012 per day</p>
UZEDY (ER 75 MG/0.21 ML SYRINGE, ER 150 MG/0.42 ML SYRING)	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.007 per day</p>
UZEDY ER 50 MG/0.14 ML SYRINGE	T4	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.005 per day</p>
VERSACLOZ	T4	<p>AL At least 18 yrs old</p> <p>QPD 20 per day</p>
VRAYLAR 1.5 MG-3 MG PACK	T4	<p>AL At least 18 yrs old</p> <p>QPD 1 per day</p>
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	T4	<p>AL At least 18 yrs old</p> <p>QPD 1 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ziprasidone hcl</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old 2 per day
<i>ziprasidone mesylate</i>	T1	
ZYPREXA RELPREVV	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old 0.08 per day
ZYPREXA ZYDIS 10 MG TABLET	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 13 yrs old 3 per day
ZYPREXA ZYDIS 15 MG TABLET	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 13 yrs old 2 per day
ZYPREXA ZYDIS 20 MG TABLET	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 13 yrs old 1 per day
ZYPREXA ZYDIS 5 MG TABLET	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 13 yrs old 6 per day
BUTYROPHENONES		
HALDOL DECANOATE 100	T4	
HALDOL DECANOATE 50	T4	
<i>haloperidol (0.5 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	T1	<div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> At least 3 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol 1 mg tablet</i>	T1	AL At least 3 yrs old
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)</i>	T1	
<i>haloperidol decanoate 100</i>	T1	
<i>haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)</i>	T1	AL At least 3 yrs old
<i>haloperidol lac 5 mg/ml syring</i>	T1	
<i>haloperidol lactate (5 mg/ml ampul, 5 mg/ml vial, 50 mg/10 ml vl)</i>	NC	NPP Non-Pharmacy Product
PHENOTHIAZINES		
<i>chlorpromazine hcl (25 mg/ml amp, 25 mg/ml ampule, 50 mg/2 ml amp)</i>	NC	NPP Non-Pharmacy Product
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	T1	
<i>fluphenazine decanoate</i>	NC	AL At least 12 yrs old NPP BENEFIT SHIFT PROGRAM
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 5 mg tablet, 10 mg tablet)</i>	T1	
<i>fluphenazine 5 mg/ml conc</i>	T1	
<i>fluphenazine 2.5 mg/ml vial</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>perphenazine</i>	T1	AL At least 12 yrs old
<i>thioridazine hcl</i>	T1	
<i>trifluoperazine hcl</i>	T1	AL At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIOXANTHENES		
<i>thiothixene</i>	T1	AL At least 12 yrs old
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	T5	S QPD 2 per day
<i>maraviroc</i>	T3	PS
RUKOBIA	T5	S
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	T5	S
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
DOVATO	T5	S QPD 1 per day
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	T5	S
ISENTRESS HD	T5	S
JULUCA	T5	S QPD 1 per day
TIVICAY	T5	S
TIVICAY PD	T5	S
VOCABRIA	T5	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.		
DELSTRIGO	T5	S
EDURANT	T5	S
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	T3	PS
<i>efavirenz-lamivu-tenofovir disop</i>	T3	PS
<i>etravirine</i>	T3	PS
INTELENCE	T5	S
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	T3	PS
<i>nevirapine er</i>	T3	PS
PIFELTRO	T5	S
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	T5	S
SYMFI	T5	S
SYMFI LO	T5	S
VIRAMUNE XR	T5	S
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	T3	PS
<i>abacavir-lamivudine</i>	T3	PS
ATRIPLA	T5	ST S
BIKTARVY	T5	S
CIMDUO	T5	ST S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMBIVIR	T5	S
COMPLERA	T5	ST S
DESCOVY 120-15 MG TABLET	T5	S
DESCOVY 200-25 MG TABLET	T0	C S HCR QPD 1 per day HCR: Preventive use only. Quantity Limits may apply. Must try generic Truvada first.
<i>didanosine</i>	T3	PS
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	T3	ST PS
<i>emtricitabine</i>	T5	S
<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i>	T3	PS
<i>emtricitabine-tenofovir 200-300mg</i>	T0	C HCR PS HCR: Preventive use only. Quantity Limits may apply.
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	T5	S
EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)	T5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPIVIR HBV (25 MG/5 ML SOLN, 100 MG TABLET)	T5	S
EPZICOM	T5	S
GENVOYA	T5	S
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	T3	PS
<i>lamivudine hbv</i>	T3	PS
<i>lamivudine-zidovudine</i>	T3	PS
ODEFSEY	T5	S
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)	T5	S
		S
RETROVIR 200 MG/20 ML VIAL	NC	NPP Non-Pharmacy Product PA
<i>stavudine</i>	T3	PS
STRIBILD	T5	S
TEMIXYS	T5	S QPD 1 per day
<i>tenofovir disoproxil fumarate</i>	T3	PS
TRIUMEQ	T5	S
TRIUMEQ PD	T5	S
TRIZIVIR	T5	S
TRUVADA	T5	S
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	T5	S
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	T5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	T3	PS
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS	T5	S
<i>atazanavir sulfate</i>	T3	PS
<i>darunavir</i>	T3	PS
EVOTAZ	T5	S
<i>fosamprenavir calcium</i>	T3	PS
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	T5	S
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	T5	S
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	T3	PS
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET, 100 MG TABLET)	T5	S
PREZCOBIX	T5	S
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	T5	S
REYATAZ (50 MG POWDER PACKET, 150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	T5	S
<i>ritonavir</i>	T3	PS
SYMTUZA	T5	S
VIRACEPT	T5	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITHROMBOTIC AGENTS		
ANTICOAGULANTS		
TRICITRASOL	NC	NPP Non-Pharmacy Product
ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
CABLIVI (11 MG KIT, 11 MG VIAL)	T5	S
PLATELET-AGGREGATION INHIBITORS		
AGGRASTAT (3.75 MG/15 ML VIAL, 5 MG/100 ML IV SOLN, 5 MG/100 ML VIAL, 12.5 MG/250 ML)	NC	NPP Non-Pharmacy Product
BRILINTA	T2	QPD 2 per day
<i>cilostazol</i>	T1	QPD 2 per day
<i>clopidogrel 300 mg tablet</i>	T1	QPD 1 per day
<i>clopidogrel 75 mg tablet</i>	T1	QPD 1 per day
EFFIENT	T4	QPD 1 per day
<i>eptifibatide (20 mg/10 ml vial, 75 mg/100 ml bag, 75 mg/100 ml vial, 200 mg/100 ml vl)</i>	NC	NPP Non-Pharmacy Product
KENGREAL	NC	NPP Non-Pharmacy Product
<i>prasugrel hcl</i>	T1	QPD 1 per day
<i>tirofiban hcl</i>	NC	NPP Non-Pharmacy Product
ZONTIVITY	T4	PA QPD 1.0 per day
PLATELET-REDUCING AGENTS		
AGRYLIN	T4	QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>anagrelide hcl</i>	T1	QPD 4 per day
THROMBOLYTIC AGENTS		
ACTIVASE	NC	S NPP Non-Pharmacy Product
CATHFLO ACTIVASE	NC	S NPP Non-Pharmacy Product
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
ANTITOXINS AND IMMUNE GLOBULINS		
ANASCORP	NC	NPP Non-Pharmacy Product
<i>antivenin Iatrodectus mactans</i>	NC	NPP Non-Pharmacy Product
<i>antivenin micrurus fulvius</i>	NC	NPP Non-Pharmacy Product
ASCENIV	NC	S PA NPP BENEFIT SHIFT PROGRAM
BIVIGAM	NC	S PA NPP BENEFIT SHIFT PROGRAM
CROFAB	NC	NPP Non-Pharmacy Product
CUTAQUIG	T3	PS PA
CUVITRU	T5	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYTOGAM	NC	S NPP Non-Pharmacy Product
DIGIFAB	NC	NPP Non-Pharmacy Product
FLEBOGAMMA DIF	NC	S PA NPP BENEFIT SHIFT PROGRAM
GAMASTAN	NC	S NPP Non-Pharmacy Product
GAMASTAN S-D	NC	S NPP Non-Pharmacy Product
GAMMAGARD LIQUID	NC	S PA NPP BENEFIT SHIFT PROGRAM
GAMMAGARD S-D	NC	S PA NPP BENEFIT SHIFT PROGRAM
GAMMAKED	NC	S PA NPP BENEFIT SHIFT PROGRAM
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	NC	S PA NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAMUNEX-C	NC	S PA NPP BENEFIT SHIFT PROGRAM
HEPAGAM B	NC	S NPP Non-Pharmacy Product
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	T5	S PA
HYPERHEP B (NEONATAL SYRINGE, SYRINGE, VIAL)	NC	S NPP Non-Pharmacy Product
HYPERRAB	NC	S NPP Non-Pharmacy Product
HYPERRAB S-D	NC	S NPP Non-Pharmacy Product
HYPERRHO S-D	NC	S NPP Non-Pharmacy Product
HYPERTET	NC	S NPP Non-Pharmacy Product
HYQVIA	T5	S PA
HYQVIA IG COMPONENT	T5	S PA
IMOGAM RABIES-HT	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KEDRAB	NC	S NPP Non-Pharmacy Product
MICRHOGAM ULTRA-FILTERED PLUS	NC	S NPP Non-Pharmacy Product
NABI-HB	NC	S NPP Non-Pharmacy Product
OCTAGAM	NC	PS PA NPP BENEFIT SHIFT PROGRAM
PANZYGA	NC	S PA NPP BENEFIT SHIFT PROGRAM
PRIVIGEN	NC	S PA NPP BENEFIT SHIFT PROGRAM
RHOGAM ULTRA-FILTERED PLUS	NC	S NPP Non-Pharmacy Product
RHOPHYLAC	NC	S NPP Non-Pharmacy Product
VARIZIG	NC	S NPP Non-Pharmacy Product
WINRHO SDF	NC	S NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XEMBIFY	T5	S PA
TOXOIDS		
ADACEL TDAP (SYRINGE, VIAL)	T0	HCR
BOOSTRIX TDAP (SYRINGE, VIAL)	T0	HCR
DAPTACEL DTAP	T0	HCR
<i>diphtheria-tetanus toxoids-ped</i>	T0	HCR
INFANRIX DTAP	T0	HCR
<i>tdvax</i>	T0	HCR
TENIVAC (SYRINGE, VIAL)	T0	HCR
VAXELIS (SYRINGE, VIAL)	T0	HCR
VACCINES		
ABRYSVO	T0	HCR
ACTHIB	T0	HCR
AFLURIA QUAD 2022-2023	T0	C HCR: Age edits may apply. One fill per year. HCR
AFLURIA QUAD 2022-23 (3YR UP)	T0	AL C HCR: Age edits may apply. One fill per year. HCR
AFLURIA QUAD 2023-2024	T0	C HCR: Age edits may apply. One fill per year. HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFLURIA QUAD 2023-24 (3YR UP)	T0	<p>AL At least 3 yrs old</p> <p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>
AREXVY	T0	HCR
AREXVY ADJUVANT COMPONENT	T0	HCR
AREXVY ANTIGEN COMPONENT	T0	HCR
<i>bcg vaccine (tice strain)</i>	NC	NPP Non-Pharmacy Product
BEXSERO	T0	HCR
BIOTHRAX	T2	
COMIRNATY 2023-2024 (2023-24(12Y SYRG, 2023-24(12Y VIAL)	T0	HCR
DENGVAXIA	T2	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	T0	HCR
ENGERIX-B PEDIATRIC-ADOLESCENT	T0	HCR
FLUAD QUAD 2022-2023	T0	<p>AL At least 65 yrs old</p> <p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>
FLUAD QUAD 2023-2024	T0	<p>AL At least 65 yrs old</p> <p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUARIX QUAD 2022-2023	T0	C HCR HCR: Age edits may apply. One fill per year.
FLUARIX QUAD 2023-2024	T0	C HCR HCR: Age edits may apply. One fill per year.
FLUBLOK QUAD 2022-2023	T0	AL C HCR: Age edits may apply. One fill per year. At least 18 yrs old
FLUBLOK QUAD 2023-2024	T0	AL C HCR: Age edits may apply. One fill per year. At least 18 yrs old
FLUCELVAX QUAD 2022-2023 (2022-2023 SYR, 2022-2023 VIAL)	T0	C HCR HCR: Age edits may apply. One fill per year.
FLUCELVAX QUAD 2023-2024 (2023-2024 SYR, 2023-2024 VIAL)	T0	C HCR HCR: Age edits may apply. One fill per year.
FLULAVAL QUAD 2022-2023	T0	C HCR HCR: Age edits may apply. One fill per year.
FLULAVAL QUAD 2023-2024	T0	C HCR HCR: Age edits may apply. One fill per year.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUMIST QUAD 2022-2023	T0	<p>AL 2 to 49 yrs old</p> <p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>
FLUMIST QUAD 2023-2024	T0	<p>AL 2 to 49 yrs old</p> <p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>
FLUZONE HIGH-DOSE QUAD 2022-23	T0	<p>AL At least 65 yrs old</p> <p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>
FLUZONE HIGH-DOSE QUAD 2023-24	T0	<p>AL At least 65 yrs old</p> <p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>
FLUZONE QUAD 2022-2023 (2022-2023 SYRINGE, 2022-2023 VIAL)	T0	<p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>
FLUZONE QUAD 2023-2024 (2023-2024 SYRINGE, 2023-2024 VIAL)	T0	<p>C HCR: Age edits may apply. One fill per year.</p> <p>HCR</p>
GARDASIL 9 (9 SYRINGE, 9 VIAL)	T0	HCR
HAVRIX	T0	HCR
HEPLISAV-B	T0	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIBERIX	T0	HCR
IMOVAX RABIES VACCINE	T2	
IPOLE (SINGLE DOSE SYRINGE, VIAL)	T0	HCR
IXIARO	T2	
KINRIX	T0	HCR
M-M-R II VACCINE	T0	HCR
MENACTRA	T0	HCR
MENQUADFI	T0	HCR
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	T0	C HCR: Age edits apply. HCR
MENVEO MENA COMPONENT	T0	C HCR: Age edits apply. HCR
MENVEO MENCYW-135 COMPONENT	T0	C HCR: Age edits apply. HCR
MODERNA COVID 23-24(6M-11Y)EUA	T0	HCR
NOVAVAX COVID 2023-2024 (EUA)	T0	HCR
PEDIARIX	T0	HCR
PEDVAXHIB	T0	HCR
PENTACEL	T0	HCR
PENTACEL ACTHIB COMPONENT	T0	HCR
PENTACEL DTAP-IPV COMPONENT	T0	HCR
PFIZER COVID 2023-24(5-11Y)EUA	T0	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PFIZER COVID 2023-24(6M-4Y)EUA	T0	HCR
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	T0	HCR
PREHEVBRIO	T0	HCR
PREVNAR 13	T0	HCR
PREVNAR 20	T0	HCR
PRIORIX	T0	HCR
PROQUAD	T0	HCR
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	T0	HCR
RABAVERT	T2	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	T0	HCR
ROTARIX (ORAL SYRINGE, SUSPENSION)	T0	HCR
ROTATEQ	T0	HCR
SHINGRIX	T0	<p>AL At least 18 yrs old</p> <p>C HCR: Age edits apply.</p> <p>HCR</p>
SHINGRIX GE ANTIGEN COMPONENT	T0	<p>AL At least 18 yrs old</p> <p>C HCR: Age edits apply.</p> <p>HCR</p>
SPIKEVAX 2023-2024 (2023-24 SYRG, 2023-24 VIAL)	T0	HCR
STAMARIL	T2	
TICOVAC	T2	
TRUMENBA	T0	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TWINRIX	T0	HCR
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	T2	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	T0	HCR
VARIVAX VACCINE	T0	HCR
VAXCHORA VACCINE	NC	NPP Non-Pharmacy Product
VAXNEUVANCE	T0	HCR
VIVOTIF	T2	
YF-VAX	T2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC		
TALICIA	T4	QPD 12 per day
HISTAMINE H2-ANTAGONISTS		
ACID CONTROLLER	T5	
ACID CONTROLLER COMPLETE	T5	
ACID REDUCER (10 MG TABLET, 20 MG TABLET, EQ 20 MG TABLET, EQ 200 MG TABLET, FT 10 MG TABLET, FT 20 MG TABLET, GNP 10 MG TABLET, GNP 20 MG TABLET, GS 10 MG TABLET, GS 20 MG TABLET, PUB 10 MG TABLET, RA 10 MG TABLET, RA 20 MG TABLET, SM 10 MG TABLET, SM 20 MG TABLET, SM 200 MG TABLET)	T5	
ACID REDUCER COMPLETE	T5	
ACID REDUCER-ANTACID	T5	
ACID-PEP	T5	
<i>cimetidine (300 mg/5 ml soln, 400 mg/6.67 ml soln)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cimetidine (200 mg tablet, gnp 200 mg tablet)</i>	T5	
<i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	T1	
COMPLETE	T5	
DUAL ACTION	T5	
DUAL ACTION COMPLETE	T5	
<i>famotidine (20 mg piggyback, 20 mg/2 ml vial, 40 mg/4 ml vial, 200 mg/20 ml vial, 500 mg/50 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>famotidine 40 mg/5 ml susp</i>	T1	HCG
<i>famotidine (10 mg tablet, eq 10 mg tablet, hm 10 mg tablet, 20 mg tablet, eq 20 mg tablet, hm 20 mg tablet, pub 20 mg tablet)</i>	T5	
<i>famotidine 40 mg tablet</i>	T1	
HEARTBURN PREVENTION	T5	
HEARTBURN RELIEF (10 MG TABLET, 20 MG TABLET, 200 MG TABLET, CVS 200 MG TB)	T5	
<i>nizatidine 150 mg capsule</i>	T1	QPD 2 per day
<i>nizatidine 300 mg capsule</i>	T1	
<i>nizatidine 15 mg/ml solution</i>	T1	HCG
PEPCID 40 MG TABLET	NC	MVB Minimal Value Brand
PEPCID AC	T5	
PEPCID COMPLETE	T5	
TAGAMET HB	T5	
TUMS DUAL ACTION	T5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM-COMPETITIVE ACID BLOCKERS		
VOQUEZNA DUAL PAK	T4	PA QPD 8.0 per day
VOQUEZNA TRIPLE PAK	T4	PA QPD 8.0 per day
PROSTAGLANDINS		
CYTOTEC	T4	
<i>misoprostol</i>	T1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	T4	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	T1	
PROTON-PUMP INHIBITORS		
FT ACID REDUCER DR 15 MG CAP	T5	QPD 1.0 per day
ACIPHEX SPRINKLE	T4	ST QPD 1 per day
<i>dexlansoprazole dr</i>	T1	ST QPD 1.0 per day
<i>esomeprazole mag dr 20 mg cap</i>	T5	QPD 1 per day
<i>esomeprazole magnesium (dr 10 mg packet, dr 40 mg packet)</i>	T1	QPD 1 per day HCG
<i>esomeprazole mag dr 20 mg tab</i>	T5	QPD 1.0 per day
<i>esomeprazole sodium</i>	NC	NPP Non-Pharmacy Product
<i>esomeprazole strontium</i>	NC	ST QPD 1 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lansoprazol-amoxicil-clarithro</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">112 / 365 days</div> </div> <div style="background-color: #f1c40f; padding: 2px 5px; margin-top: 2px;">HCG</div>
<i>lansoprazole (dr 15 mg capsule, eql dr 15 mg cap, gnp dr 15 mg cap, gs dr 15 mg cap, hm dr 15 mg cap, sm dr 15 mg cap)</i>	T5	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 1 per day
<i>lansoprazole (dr 30 mg capsule, dr 30 mg odt)</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 1 per day
<i>lansoprazole (cvs dr 15 mg odt, dr 15 mg odt, gs dr 15 mg odt)</i>	T5	
NEXIUM (DR 10 MG PACKET, DR 40 MG PACKET)	T4	<div style="background-color: #8e6c3e; color: white; padding: 2px 5px; display: inline-block;">ST</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 1 per day
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	T4	<div style="background-color: #8e6c3e; color: white; padding: 2px 5px; display: inline-block;">ST</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 1 per day
NEXIUM 24HR 20 MG TABLET	T5	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 1 per day
NEXIUM I.V.	NC	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">NPP</div> Non-Pharmacy Product
OMECLAMOX-PAK	T4	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; display: inline-block;">QL</div> 80 / 365 days
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 1 per day
<i>omeprazole (cvs dr 20 mg odt, dr 20 mg odt, eq dr 20 mg odt, eql dr 20 mg odt, gs dr 20 mg odt)</i>	T5	
<i>pantoprazole dr 40 mg susp pkt</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 1 per day
<i>pantoprazole sod dr 20 mg tab</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 1 per day
<i>pantoprazole sod dr 40 mg tab</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 2 per day
<i>pantoprazole sodium 40 mg vial</i>	NC	<div style="background-color: #3498db; color: white; padding: 2px 5px; display: inline-block;">NPP</div> Non-Pharmacy Product
PREVACID 24HR	T5	
PRILOSEC	T4	<div style="background-color: #8e6c3e; color: white; padding: 2px 5px; display: inline-block;">ST</div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTONIX 40 MG SUSPENSION	T4	ST QPD 1 per day
PROTONIX IV	NC	NPP Non-Pharmacy Product
<i>rabeprazole sod dr 20 mg tab</i>	T1	QPD 2 per day
ANTIVIRALS (SYSTEMIC)		
ADAMANTANE ANTIVIRALS		
FLUMADINE	NC	MVB Minimal Value Brand
<i>rimantadine hcl</i>	T1	
ANTIRETROVIRALS		
SUNLENCA 4- 300 MG TABLET	T5	QL 4 / fill S PA
SUNLENCA 5- 300 MG TABLET	T5	QL 5 / fill S PA
ANTIVIRALS, MISCELLANEOUS		
<i>foscarnet sodium (mg/250 ml bag, mg/250 ml btll)</i>	NC	NPP Non-Pharmacy Product
FOSCAVIR (MG/250 ML BAG, MG/250 ML BTTL)	NC	NPP Non-Pharmacy Product
LIVTENCITY	T5	S PA QPD 4.0 per day
PAXLOVID 150-100 MG DOSE PACK	T4	QL 21 / fill AL At least 12 yrs old QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PAXLOVID 300-100 MG DOSE PACK	T4	<ul style="list-style-type: none"> QL 30 / fill AL At least 12 yrs old QPD 6.0 per day
PAXLOVID 150-100 MG PACK (EUA)	T4	<ul style="list-style-type: none"> QL 21 / fill AL At least 12 yrs old QPD 4.0 per day
PAXLOVID 300-100 MG PACK (EUA)	T4	<ul style="list-style-type: none"> QL 30 / fill AL At least 12 yrs old QPD 6.0 per day
PREVYMIS (240 MG TABLET, 480 MG TABLET)	T5	<ul style="list-style-type: none"> AL At least 18 yrs old S PA
PREVYMIS (240 MG/12 ML VIAL, 480 MG/24 ML VIAL)	NC	<ul style="list-style-type: none"> AL At least 18 yrs old S NPP Non-Pharmacy Product PA
XOFLUZA (20 MG TAB (40 MG, 40 MG TAB (80 MG)	T4	<ul style="list-style-type: none"> QL 2 / fill
XOFLUZA (40 MG TABLET, 80 MG TABLET)	T4	<ul style="list-style-type: none"> QL 1/ fill
INTERFERON ANTIVIRALS		
ALFERON N	NC	<ul style="list-style-type: none"> S NPP Non-Pharmacy Product PA
INTRON A	T5	<ul style="list-style-type: none"> S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	T5	S PA
MONOCLONAL ANTIBODY ANTIVIRALS		
SYNAGIS	T5	S PA
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	T1	QL 20 / 365 days
<i>oseltamivir 6 mg/ml suspension</i>	T1	QL 180 / 30 days
RELENZA	T4	QL 40 / 365 days
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	T1	
<i>acyclovir sodium (sodium 1 gm vial, 500 mg/10 ml vial, sodium 500 mg vial, 1,000 mg/20 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>acyclovir sodium-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>adefovir dipivoxil</i>	T3	PS
BARACLUDE 0.05 MG/ML SOLUTION	T5	S PA QPD 20 per day
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	T5	S PA QPD 1 per day
<i>cidofovir</i>	NC	S NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>entecavir</i>	T3	PS QPD 1 per day
<i>famciclovir</i>	T1	
<i>ganciclovir</i>	NC	S NPP Non-Pharmacy Product
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	NC	S NPP Non-Pharmacy Product
HEPSERA	T5	S PA QPD 1 per day
LAGEVRIO (EUA)	T4	QL 40 / fill AL At least 18 yrs old QPD 8.0 per day
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	T3	PS PA QPD 6 per day
<i>ribavirin 6 gm inhalation vial</i>	NC	NPP Non-Pharmacy Product
SITAVIG	NC	QL 2 / fill AL At least 18 yrs old PA MVB MINIMAL VALUE BRAND
<i>valacyclovir</i>	T1	
VALCYTE 50 MG/ML SOLUTION	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALCYTE 450 MG TABLET	T4	QPD 4 per day
<i>valganciclovir hcl 50 mg/ml</i>	T1	
<i>valganciclovir 450 mg tablet</i>	T1	QPD 4 per day
VEMLIDY	T5	AL At least 18 yrs old S PA QPD 1 per day
VIRAZOLE	NC	NPP Non-Pharmacy Product
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
<i>bupirone hcl</i>	T1	
<i>dexmedetomidine 200 mcg/2 ml</i>	NC	NPP Non-Pharmacy Product
<i>droperidol</i>	NC	NPP Non-Pharmacy Product
EDLUAR	NC	ST QPD 1 per day MVB Minimal Value Brand
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	T1	QPD 1 per day
<i>eszopiclone 3 mg tablet</i>	T1	AL Up to 65 yrs old QPD 1 per day
HETLIOZ	T5	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HETLIOZ LQ	T5	S PA QPD 5 per day
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet)</i>	T1	AL At least 2 yrs old
<i>hydroxyzine hcl (25 mg/ml vial, 50 mg/ml vial, 100 mg/2 ml vial, 500 mg/10 ml vial)</i>	NC	AL At least 2 yrs old NPP Non-Pharmacy Product
<i>hydroxyzine pam 100 mg cap</i>	T1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	T1	AL At least 2 yrs old
<i>meprobamate</i>	T1	
PRECEDEX (80 MCG/20 ML VIAL, 200 MCG/2 ML VIAL, 200 MCG/50 ML BOTTLE, 400 MCG/100 ML BOTTLE, 1,000 MCG/250 ML BTL)	NC	NPP Non-Pharmacy Product
<i>ramelteon</i>	T1	QPD 1 per day
ROZEREM	T4	ST QPD 1 per day
<i>tasimelteon</i>	T3	PS PA QPD 1.0 per day
VISTARIL	NC	AL At least 2 yrs old MVB Minimal Value Brand
<i>zaleplon</i>	T1	QPD 1 per day
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	T1	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate (1.75 mg tab, 3.5 mg tablet)</i>	T1	QPD 1 per day HCG
<i>zolpidem tartrate er</i>	T1	QPD 1 per day
ZOLPIMIST	NC	QPD 0.257 per day MVB Minimal Value Brand
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
NEMBUTAL SODIUM	NC	NPP Non-Pharmacy Product
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	T1	
<i>phenobarbital sodium</i>	NC	NPP Non-Pharmacy Product
SECONAL SODIUM	T4	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	T1	QPD 4 per day
<i>alprazolam 2 mg tablet</i>	T1	QPD 5 per day
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>	T1	QPD 1 per day
<i>alprazolam er 2 mg tablet</i>	T1	QPD 5 per day
<i>alprazolam er 3 mg tablet</i>	T1	QPD 3 per day
ALPRAZOLAM INTENSOL	T4	QPD 10 per day
<i>alprazolam odt (odt 0.25 mg tab, odt 0.5 mg tab, odt 1 mg tab)</i>	T1	QPD 4 per day
<i>alprazolam odt 2 mg tab</i>	T1	QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	T1	QPD 1 per day
<i>alprazolam xr 2 mg tablet</i>	T1	QPD 5 per day
<i>alprazolam xr 3 mg tablet</i>	T1	QPD 3 per day
ATIVAN (4 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL)	NC	NPP Non-Pharmacy Product
ATIVAN 2 MG/ML VIAL	NC	NPP Non-Pharmacy Product
BYFAVO	NC	NPP Non-Pharmacy Product
<i>chlordiazepoxide 10 mg capsule</i>	T1	QPD 30 per day
<i>chlordiazepoxide 25 mg capsule</i>	T1	QPD 12 per day
<i>chlordiazepoxide 5 mg capsule</i>	T1	QPD 4 per day
<i>clorazepate 15 mg tablet</i>	T1	QPD 6 per day
<i>clorazepate 3.75 mg tablet</i>	T1	QPD 24 per day
<i>clorazepate 7.5 mg tablet</i>	T1	QPD 12 per day
DIASTAT	T4	QPD 0.07 per day
DIASTAT ACUDIAL	T4	QPD 0.07 per day
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	T1	QPD 0.07 per day
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet, 25 mg/5 ml oral conc)</i>	T1	
<i>diazepam (10 mg/2 ml carpject, 10 mg/2 ml syringe, 50 mg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
DORAL	NC	QPD 1 per day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estazolam</i>	T1	QPD 1 per day
<i>flurazepam hcl</i>	T1	QPD 1 per day
HALCION	T4	QPD 2 per day
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	T1	QPD 5 per day
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	T1	QPD 3 per day
<i>lorazepam (2 mg/ml carpupject, 2 mg/ml syringe, 4 mg/ml vial, 40 mg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>lorazepam (2 mg/ml vial, 20 mg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
LORAZEPAM INTENSOL	T1	QPD 5 per day
<i>midazolam hcl (2 mg/ml syrup, 5 mg/2.5 ml cup, 10 mg/5 ml cup)</i>	T1	
<i>midazolam hcl (hcl 1 mg/ml vial, 2 mg/2 ml isecure, 2 mg/2 ml syringe, hcl 2 mg/2 ml vial, 5 mg/ml isecure syr, 5 mg/ml syringe, hcl 5 mg/5 ml vial, hcl 5 mg/ml vial, 10 mg/2 ml syringe, hcl 10 mg/10 ml vial, hcl 10 mg/2 ml vial, hcl 25 mg/5 ml vial, hcl 50 mg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>midazolam-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>oxazepam</i>	T1	QPD 4 per day
<i>quazepam</i>	T1	QPD 1 per day
<i>temazepam</i>	T1	QPD 1 per day
TRANXENE T-TAB	T4	QPD 12 per day
<i>triazolam 0.125 mg tablet</i>	T1	QPD 1 per day
<i>triazolam 0.25 mg tablet</i>	T1	QPD 2 per day
VALTOCO	T4	QL 10 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	T4	ST
DAYVIGO	T4	ST QPD 1 per day
AUTONOMIC DRUGS		
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX STARTING MONTH BOX	T4	
CHANTIX (1 MG CONT MONTH BOX, 1 MG TABLET)	T4	QPD 2 per day
NICODERM CQ	T0	HCR QPD 1 per day
NICORETTE (2 MG CHEWING GUM, 2 MG LOZENGE, 2 MG MINI LOZENGE, 4 MG CHEWING GUM, 4 MG LOZENGE, 4 MG MINI LOZENGE)	T0	HCR QPD 24 per day
<i>nicotine gum</i>	T0	C HCR QPD 24 per day HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p><i>nicotine lozenge (2 mg lozenge, 2 mg mini lozenge, cvs 2 mg lozenge, cvs 2 mg mini lozenge, eq 2 mg lozenge, gnp 2 mg lozenge, gnp 2 mg mini lozenge, gs 2 mg lozenge, gs 2 mg mini lozenge, 4 mg lozenge, 4 mg mini lozenge, cvs 4 mg lozenge, cvs 4 mg mini lozenge, eq 2 mg mini lozenge, eq 4 mg lozenge, gnp 4 mg lozenge, gnp 4 mg mini lozenge, gs 4 mg lozenge, gs 4 mg mini lozenge, hm 2 mg lozenge, hm 2 mg mini lozenge, hm 4 mg lozenge, hm 4 mg mini lozenge, kro 2 mg lozenge, kro 2 mg mini lozenge, kro 4 mg lozenge, kro 4 mg mini lozenge, ra 2 mg lozenge, ra 2 mg mini lozenge, ra 4 mg lozenge, ra 4 mg mini lozenge, sm 2 mg lozenge, sm 4 mg lozenge, sw 2 mg lozenge, sw 4 mg lozenge)</i></p>	<p>T0</p>	<p>C</p> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <p>HCR</p> <p>QPD 24 per day</p>
<p><i>nicotine patch (7 mg/24hr patch, 21 mg/24hr patch)</i></p>	<p>T0</p>	<p>C</p> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <p>HCR</p> <p>QPD 1.0 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p><i>nicotine patch (7 mg/24hr patch, cvs 7 mg/24hr patch, eq 7 mg/24hr patch, hm 7 mg/24hr patch, 14 mg/24hr patch, cvs 14 mg/24hr patch, gnp 7 mg/24hr patch, hm 14 mg/24hr patch, qc 14 mg/24hr patch, ra 7 mg/24hr patch, ra 14 mg/24hr patch, sm 7 mg/24hr patch, 21 mg/24hr patch, cvs 21 mg/24hr patch, eq 14 mg/24hr patch, eq 21 mg/24hr patch, gnp 14 mg/24hr patch, gnp 21 mg/24hr patch, hm 21 mg/24hr patch, kro 14 mg/24hr patch, qc 21 mg/24hr patch, ra 21 mg/24hr patch, sm 14 mg/24hr patch, sm 21 mg/24hr patch, transdermal system)</i></p>	<p>T0</p>	<p>C</p> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <p>HCR</p> <p>QPD 1 per day</p>
<p>NICOTROL</p>	<p>T0</p>	<p>C</p> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <p>HCR</p> <p>QPD 16 per day</p>
<p>NICOTROL NS</p>	<p>T0</p>	<p>C</p> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <p>HCR</p> <p>QPD 20 per day</p>
<p>QUIT 2 (2 MG CHEWING GUM, 2 MG LOZENGE)</p>	<p>T0</p>	<p>C</p> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <p>HCR</p> <p>QPD 24 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUIT 4 (4 MG CHEWING GUM, 4 MG LOZENGE)	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <div style="background-color: #00AEEF; color: white; padding: 2px 5px; display: inline-block; margin-bottom: 2px;">HCR</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; display: inline-block;">QPD 24 per day</div>
STOP SMOKING AID	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <div style="background-color: #00AEEF; color: white; padding: 2px 5px; display: inline-block; margin-bottom: 2px;">HCR</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; display: inline-block;">QPD 24 per day</div>
TYRVAYA	T4	<div style="background-color: #800040; color: white; padding: 2px 5px; display: inline-block; margin-bottom: 2px;">AL</div> <div style="background-color: #654321; color: white; padding: 2px 5px; display: inline-block; margin-bottom: 2px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; display: inline-block;">QPD 0.28 per day</div> <p>At least 18 yrs old</p>
<i>varenicline starting month box</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <div style="background-color: #00AEEF; color: white; padding: 2px 5px; display: inline-block; margin-bottom: 2px;">HCR</div>
<i>varenicline tartrate (0.5 mg tablet, 1 mg cont month bx, 1 mg tablet)</i>	T0	<div style="background-color: #333; color: white; padding: 5px; text-align: center; font-weight: bold;">C</div> <p>HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.</p> <div style="background-color: #00AEEF; color: white; padding: 2px 5px; display: inline-block; margin-bottom: 2px;">HCR</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; display: inline-block;">QPD 2.0 per day</div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ARICEPT	T4	AL At least 40 yrs old
<i>bethanechol chloride</i>	T1	
BLOXIVERZ	NC	NPP Non-Pharmacy Product
<i>cevimeline hcl</i>	T1	
<i>donepezil hcl</i>	T1	AL At least 40 yrs old
<i>donepezil hcl odt</i>	T1	AL At least 40 yrs old
EVOXAC	T4	
EXELON	T4	AL At least 40 yrs old
<i>galantamine er</i>	T1	AL At least 40 yrs old
<i>galantamine hbr</i>	T1	AL At least 40 yrs old
<i>galantamine hydrobromide</i>	T1	AL At least 40 yrs old
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	T4	
<i>neostigmine methylsulfate (2 mg/2 ml syringe, 3 mg/3 ml vial, 5 mg/10 ml vial, 5 mg/5 ml syringe, 10 mg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	T1	
<i>pyridostigmine br 30 mg tablet</i>	T1	HCG
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pyridostigmine bromide er</i>	T1	HCG
RAZADYNE ER	T4	AL At least 40 yrs old
REGONOL	NC	NPP Non-Pharmacy Product
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	T1	AL At least 40 yrs old
SALAGEN	T4	
BETA-3-ADRENERGIC AGONISTS		
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	T2	QPD 1 per day
BETA-ADRENERGIC AGONISTS		
NON-SELECTIVE BETA-ADRENERGIC AGONISTS		
ISUPREL	NC	NPP Non-Pharmacy Product
SELECTIVE BETA-1-ADRENERGIC AGONISTS		
<i>dobutamine hcl</i>	NC	NPP Non-Pharmacy Product
<i>dobutamine hcl-d5w</i>	NC	NPP Non-Pharmacy Product
<i>dopamine hcl</i>	NC	NPP Non-Pharmacy Product
<i>dopamine hcl in 5% dextrose</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate (2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	T1	QPD 18 per day
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate er 4 mg tab, sulfate er 8 mg tab)</i>	T1	
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	T1	
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	T1	QPD 18 per day
<i>albuterol sulfate hfa</i>	T1	QPD 0.8 per day
<i>arformoterol tartrate</i>	T1	QPD 4 per day
<i>formoterol fumarate</i>	T1	QL 120 / 30 days
<i>levalbuterol concentrate</i>	T1	
<i>levalbuterol hcl</i>	T1	
PERFOROMIST	T4	QL 120 / 30 days
SEREVENT DISKUS	T2	QPD 2 per day
STRIVERDI RESPIMAT	T2	QPD 0.144 per day
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	T1	HCG
<i>terbutaline sulf 1 mg/ml vial</i>	T1	
XOPENEX	T4	
XOPENEX CONCENTRATE	T4	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
ADAKVEO	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXBRYTA 300 MG TABLET	T5	S PA QPD 3.0 per day
OXBRYTA 500 MG TABLET	T5	S PA QPD 3 per day
OXBRYTA 300 MG TABLET FOR SUSP	T5	S PA QPD 5.0 per day
PYRUKYND (5 MG PACK, 20 MG PACK, 20-5 MG PACK, 50 MG PACK, 50-20 MG PACK)	T5	S PA QPD 1.0 per day
PYRUKYND (5 MG TABLET, 20 MG TABLET, 50 MG TABLET)	T5	S PA QPD 2.0 per day
TAVALISSE	T5	S PA
HEMATOPOIETIC AGENTS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	T3	PS PA
DOPTELET	T5	S PA
EPOGEN	T5	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FULPHILA	T5	S PA
FYLNETRA	T5	S PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	T5	S PA
LEUKINE	T5	S PA
MIRCERA	T5	S PA
MOZOBIL	T5	S PA
MULPLETA	T5	S PA QPD 1 per day
NEULASTA	T3	PS PA
NEULASTA ONPRO	T3	PS PA
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	T3	PS PA
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	T3	PS PA
NPLATE	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NYVEPRIA	T3	PS PA
<i>plerixafor</i>	T3	PS PA
PROCRIT	T5	S PA
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	T5	S PA
REBLOZYL	NC	S NPP PA
RELEUKO (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	T5	S PA
RETACRIT	T3	PS PA
ROLVEDON	T5	S PA
STIMUFEND	T5	S PA
UDENYCA	T5	S PA
UDENYCA AUTOINJECTOR	T5	S PA
ZARXIO	T5	S PA

Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZIEXTENZO	T5	S PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	T1	
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CALAN SR	T4	QPD 1 per day
CARDIZEM	T4	QPD 4 per day
CARDIZEM CD (300 MG CAPSULE, 360 MG CAPSULE)	T4	QPD 1 per day
CARDIZEM CD 120 MG CAPSULE	T4	QPD 4 per day
CARDIZEM CD 180 MG CAPSULE	T4	QPD 3 per day
CARDIZEM CD 240 MG CAPSULE	T4	QPD 2 per day
CARTIA XT 120 MG CAPSULE	T1	QPD 4 per day
CARTIA XT 180 MG CAPSULE	T1	QPD 3 per day
CARTIA XT 240 MG CAPSULE	T1	QPD 2 per day
CARTIA XT 300 MG CAPSULE	T1	QPD 1 per day
DILT XR 120 MG CAPSULE	T4	QPD 4 per day
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	T1	
<i>diltiazem 12hr er</i>	T1	
<i>diltiazem 24hr er (24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)</i>	T1	
<i>diltiazem 24hr er 120 mg cap</i>	T1	QPD 4 per day
<i>diltiazem 24hr er 180 mg cap</i>	T1	QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem 24h er(cd) 120 mg cp</i>	T1	QPD 4 per day
<i>diltiazem 24h er(cd) 180 mg cp</i>	T1	QPD 3 per day
<i>diltiazem 24h er(cd) 240 mg cp</i>	T1	QPD 2 per day
<i>diltiazem 24hr er (cd) (24h 300 mg cp, 24h 360 mg cp)</i>	T1	QPD 1 per day
<i>diltiazem 24h er(la) 120 mg tb</i>	T1	QPD 4.0 per day
<i>diltiazem 24h er(la) 180 mg tb</i>	T1	QPD 3 per day
<i>diltiazem 24h er(la) 240 mg tb</i>	T1	QPD 2 per day
<i>diltiazem 24hr er (la) (24h 300 mg tb, 24h 360 mg tb, 24h 420 mg tb)</i>	T1	QPD 1 per day
<i>diltiazem 24h er(xr) 120 mg cp</i>	T1	QPD 4 per day
<i>diltiazem 24h er(xr) 180 mg cp</i>	T1	QPD 3 per day
<i>diltiazem 24h er(xr) 240 mg cp</i>	T1	
<i>diltiazem 90 mg tablet</i>	T1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)</i>	T1	QPD 4 per day
<i>diltiazem hcl (25 mg/5 ml vial, 50 mg/10 ml vial, 100 mg add-van vial, 125 mg/25 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>diltiazem hcl-0.7% nacl</i>	NC	NPP Non-Pharmacy Product
<i>diltiazem hcl-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>diltiazem-d5w</i>	NC	NPP Non-Pharmacy Product
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	T1	QPD 1 per day
MATZIM LA 180 MG TABLET	T1	QPD 3 per day
MATZIM LA 240 MG TABLET	T1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	T1	
TAZTIA XT 120 MG CAPSULE	T1	QPD 4 per day
TAZTIA XT 180 MG CAPSULE	T1	QPD 3 per day
TIADYLT ER (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	T1	
TIADYLT ER 120 MG CAPSULE	T1	QPD 4 per day
TIADYLT ER 180 MG CAPSULE	T1	QPD 3 per day
TIAZAC (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	T4	
TIAZAC ER 120 MG CAPSULE	T4	QPD 4 per day
TIAZAC ER 180 MG CAPSULE	T4	QPD 3 per day
<i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)</i>	T1	QPD 1 per day
<i>verapamil er pm</i>	T1	QPD 1 per day
<i>verapamil 40 mg tablet</i>	T1	
<i>verapamil hcl (80 mg tablet, 120 mg tablet)</i>	T1	QPD 3 per day
<i>verapamil hcl (5 mg/2 ml ampul, 5 mg/2 ml vial, 10 mg/4 ml syringe, 10 mg/4 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>	T1	QPD 1 per day
<i>verapamil sr 360 mg capsule</i>	T1	QPD 1 per day HCG
VERELAN (120 MG CAP PELLETT, 180 MG CAP PELLETT, 360 MG CAP PELLETT)	NC	QPD 1 per day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERELAN 240 MG CAP PELLETT	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">MVB</div> <div>Minimal Value Brand</div> </div>
VERELAN PM	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">MVB</div> <div>Minimal Value Brand</div> </div>
DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div>
<i>amlodipine besylate-benazepril</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div>
<i>amlodipine-olmesartan</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div>
<i>amlodipine-valsartan (5-320 mg, 10-160 mg, 10-320 mg)</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div>
<i>amlodipine-valsartan 5-160 mg</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2 per day</div> </div>
<i>amlodipine-valsartan-hctz</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div>
CARDENE I.V. (CARDENE I.V. 25 MG/10 ML AMPUL, CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NPP</div> <div>Non-Pharmacy Product</div> </div>
CLEVIPREX	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NPP</div> <div>Non-Pharmacy Product</div> </div>
<i>felodipine er</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">1 per day</div> </div>
<i>isradipine 2.5 mg capsule</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2.0 per day</div> </div>
<i>isradipine 5 mg capsule</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">4.0 per day</div> </div>
<i>nicardipine 20 mg capsule</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #ffc107; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">HCG</div> </div>
<i>nicardipine 30 mg capsule</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #ffc107; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">HCG</div> </div>
<i>nicardipine 2.5 mg/ml syringe</i>	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NPP</div> <div>Non-Pharmacy Product</div> </div>
<i>nicardipine hcl (25 mg/10 ml ampule, 25 mg/10 ml vial)</i>	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NPP</div> <div>Non-Pharmacy Product</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicardipine hcl-0.9% nacl (nicardipin 20mg/200ml-0.9%nacl, nicardipin 40mg/200ml-0.9%nacl, nicardipine 1 mg/10 ml-ns syrg)</i>	NC	NPP Non-Pharmacy Product
<i>nifedipine</i>	T1	QPD 4 per day
<i>nifedipine er (er 30 mg tablet, er 90 mg tablet)</i>	T1	QPD 1 per day
<i>nifedipine er 60 mg tablet</i>	T1	QPD 2 per day
<i>nimodipine</i>	T1	
<i>nisoldipine</i>	T1	QPD 1 per day HCG
NYMALIZE 60 MG/10 ML SOLUTION	T4	QPD 120 per day
NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN)	T4	QPD 60 per day
PROCARDIA XL (30 MG TABLET, 90 MG TABLET)	T4	QPD 1 per day
PROCARDIA XL 60 MG TABLET	T4	QPD 2 per day
SULAR	T4	QPD 1 per day
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
CAMZYOS	T5	S PA QPD 1.0 per day
CORLANOR 5 MG/5 ML ORAL SOLN	T4	PA QPD 15 per day
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	T4	PA QPD 2 per day
<i>ranolazine er</i>	T1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOTONIC AGENTS		
DIGITEK	T1	
DIGOX	T1	
<i>digoxin 0.05 mg/ml solution</i>	T1	HCG
<i>digoxin (0.25 mg/ml syringe, 500 mcg/2 ml ampule)</i>	NC	NPP Non-Pharmacy Product
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	T1	
<i>digoxin 62.5 mcg tablet</i>	T1	
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	T4	
<i>milrinone in 5% dextrose</i>	NC	NPP Non-Pharmacy Product
<i>milrinone lactate</i>	NC	NPP Non-Pharmacy Product
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	NC	MVB Minimal Value Brand
CARDURA XL	T4	ST QPD 1 per day
<i>doxazosin mesylate</i>	T1	
MINIPRESS	NC	MVB Minimal Value Brand
<i>prazosin hcl</i>	T1	
<i>terazosin hcl</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	T1	
<i>atenolol (25 mg tablet, 50 mg tablet)</i>	T1	
<i>atenolol 100 mg tablet</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
BETAPACE	T4	
BETAPACE AF	T4	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	T1	
<i>bisoprolol fumarate</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
BREVIBLOC (100 MG/10 ML VIAL, 2,000 MG/100 ML BAG, 2,500 MG/250 ML BAG)	NC	NPP Non-Pharmacy Product
<i>carvedilol</i>	T1	
<i>carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule)</i>	T1	QPD 2 per day HCG
<i>carvedilol er 80 mg capsule</i>	T1	QPD 1 per day HCG
CORGARD	T4	
<i>esmolol hcl 100 mg/10 ml vial</i>	NC	NPP Non-Pharmacy Product
<i>esmolol hcl-sodium chloride</i>	NC	NPP Non-Pharmacy Product
HEMANGEOL	T5	S
<i>labetalol hcl 25 mg/5 ml syr</i>	NC	NPP Non-Pharmacy Product
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>labetalol hcl (20 mg/4 ml crpjt, 20 mg/4 ml syrng, 20 mg/4 ml vial, 100 mg/20 ml vl, 200 mg/40 ml vl)</i>	NC	NPP Non-Pharmacy Product
<i>labetalol hcl-dextrose</i>	NC	NPP Non-Pharmacy Product
<i>labetalol hcl-nacl</i>	NC	NPP Non-Pharmacy Product
LOPRESSOR	T4	
<i>metoprolol succinate</i>	T1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab)</i>	T1	
<i>metoprolol tartrate (37.5 mg tb, 75 mg tab, 100 mg tab)</i>	T1	
<i>metoprolol tart 5 mg/5 ml vial</i>	NC	NPP Non-Pharmacy Product
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>nadolol</i>	T1	
<i>nebivolol 2.5 mg tablet</i>	T1	QPD 1.0 per day
<i>nebivolol 20 mg tablet</i>	T1	QPD 2.0 per day
<i>nebivolol hcl (5 mg tablet, 10 mg tablet)</i>	T1	QPD 3.0 per day
<i>pindolol</i>	T1	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	T1	
<i>propranolol 1 mg/ml vial</i>	NC	NPP Non-Pharmacy Product
<i>propranolol hcl er</i>	T1	
<i>propranolol-hydrochlorothiazid</i>	T1	
SORINE	T1	
<i>sotalol</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOTALOL AF	T1	
<i>sotalol hcl</i>	NC	NPP Non-Pharmacy Product
SOTYLIZE	T4	
TENORETIC 100	T4	
TENORETIC 50	NC	MVB Minimal Value Brand
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	T1	
ZIAC	NC	MVB Minimal Value Brand
SCLEROSING AGENTS		
ETHAMOLIN	NC	NPP Non-Pharmacy Product
SCLEROSOL	NC	NPP Non-Pharmacy Product
<i>sodium tetradecyl sulfate</i>	NC	NPP Non-Pharmacy Product
SOTRADECOL	NC	NPP Non-Pharmacy Product
<i>sterile talc</i>	NC	NPP Non-Pharmacy Product
CELLULAR AND GENE THERAPY		
CELLULAR THERAPY		
PROVENGE	NC	S NPP Non-Pharmacy Product PA QPD 18 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium citrate</i>	T1	
LITHOBID	T4	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	T1	
ADDYI	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> Female </div> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> 18 to 60 yrs old </div> <div style="display: flex; align-items: center;"> <div style="background-color: #654321; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1 per day </div> </div>
<i>atomoxetine hcl</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2 per day </div>
<i>carbidopa</i>	T1	
DAYBUE	T5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #654321; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 120.0 per day </div> </div>
<i>flumazenil</i>	NC	<div style="display: flex; align-items: center;"> <div style="background-color: #333399; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product </div>
<i>guanfacine hcl er</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1 per day </div>
LODOSYN	T4	
LUMRYZ	T5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #654321; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 1.0 per day </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>memantine hcl 2 mg/ml solution</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; gap: 5px;"> 360 / 30 days </div> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> </div>
<i>memantine 5-10 mg titration pk</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> </div>
<i>memantine hcl 10 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; gap: 5px;"> 2 per day </div> </div>
<i>memantine hcl 5 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; gap: 5px;"> 3 per day </div> </div>
<i>memantine hcl er</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> </div>
NAMENDA (5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> </div>
NAMENDA XR TITRATION PACK	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> </div>
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> </div>
NAMZARIC TITRATION PACK	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #555; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> </div>
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #555; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #8a2b5c; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="display: flex; gap: 5px;"> At least 40 yrs old </div> </div>
NOURIANZ	T5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #6c5e46; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; gap: 5px;"> 1 per day </div> </div>
NUEDEXTA	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6c5e46; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
RADICAVA ORS 105 MG/5 ML SUSP	T5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #6c5e46; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; gap: 5px;"> 1.8 per day </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RADICAVA ORS STARTER KIT SUSP	T5	S PA QPD 2.5 per day
<i>riluzole</i>	T1	
<i>sodium oxybate</i>	T5	S PA QPD 18.0 per day
TIGLUTIK	T4	PA
VEOZAH	T4	PA QPD 1.0 per day
XYREM	T5	S PA QPD 18 per day
XYWAV	T5	S PA QPD 18 per day
FIBROMYALGIA AGENTS		
SAVELLA TITRATION PACK	T4	ST QPD 2 per day
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	T4	ST QPD 2 per day
OPIATE ANTAGONISTS		
KLOXXADO	T2	QL 2 / 30 days
<i>naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	T1	
<i>naltrexone hcl</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPVEE	T4	<ul style="list-style-type: none"> QL 2 / 30 days AL At least 12 yrs old
VIVITROL	NC	<ul style="list-style-type: none"> S PA NPP BENEFIT SHIFT PROGRAM
ZIMHI	T4	<ul style="list-style-type: none"> QL 1 / rx
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO	T5	<ul style="list-style-type: none"> AL At least 18 yrs old S PA QPD 4 per day
AUSTEDO XR (6 MG TABLET, 24 MG TABLET)	T5	<ul style="list-style-type: none"> AL At least 18 yrs old S PA QPD 2.0 per day
AUSTEDO XR 12 MG TABLET	T5	<ul style="list-style-type: none"> AL At least 18 yrs old S PA QPD 1.0 per day
AUSTEDO XR TITRATION KT(WK1-4)	T5	<ul style="list-style-type: none"> AL At least 18 yrs old S PA QPD 1.5 per day
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	T5	<ul style="list-style-type: none"> AL At least 18 yrs old S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA 40 MG CAPSULE	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #800040; color: white; padding: 2px 5px; margin-bottom: 2px;">AL</div> <div style="background-color: #800000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0000FF; color: white; padding: 2px 5px;">QPD</div> </div> At least 18 yrs old 2 per day
INGREZZA INITIATION PACK	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #800040; color: white; padding: 2px 5px; margin-bottom: 2px;">AL</div> <div style="background-color: #800000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #654321; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0000FF; color: white; padding: 2px 5px;">QPD</div> </div> At least 18 yrs old 1 per day
<i>tetrabenazine</i>	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #FF69B4; color: white; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #654321; color: white; padding: 2px 5px;">PA</div> </div>
XENAZINE	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #800000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #654321; color: white; padding: 2px 5px;">PA</div> </div>
CEPHALOSPORIN ANTIBIOTICS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	T1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	NC	<div style="background-color: #000080; color: white; padding: 2px 5px; display: inline-block;">NPP</div> Non-Pharmacy Product
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 750 mg capsule)</i>	T1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefactor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)</i>	T1	
<i>cefactor er</i>	T1	<div style="background-color: #4B0082; color: white; padding: 2px 5px; display: inline-block;">QL</div> 20 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	T1	
<i>cefuroxime</i>	T1	
<i>cefuroxime sodium</i>	NC	NPP Non-Pharmacy Product
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
AVYCAZ	NC	NPP Non-Pharmacy Product
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	T1	
<i>cefixime 400 mg capsule</i>	T1	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp)</i>	T1	QL 1200 / 90 days
<i>cefotaxime sodium 1 gm vial</i>	NC	NPP Non-Pharmacy Product
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	T1	
<i>ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	NC	NPP Non-Pharmacy Product
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	NC	NPP BENEFIT SHIFT PROGRAM
CLAFORAN (1 GM ADD-VANTAGE VL, 1 GM VIAL, 2 GM ADD-VANTAGE VL, 2 GM VIAL, 10 GM VIAL)	NC	NPP Non-Pharmacy Product
FORTAZ	NC	NPP Non-Pharmacy Product
SUPRAX	T4	QL 1200 / 90 days
TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 2 GM ADD-VANTAGE VIAL, 2 GRAM VIAL, 6 GRAM VIAL)	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefepime</i>	NC	NPP Non-Pharmacy Product
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	NC	NPP Non-Pharmacy Product
<i>cefepime-dextrose</i>	NC	NPP Non-Pharmacy Product
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS		
TEFLARO	NC	NPP Non-Pharmacy Product PA
SIDEROPHORE CEPHALOSPORINS		
FETROJA	NC	NPP Non-Pharmacy Product
CORTICOSTEROIDS (RESPIRATORY TRACT) ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS	T2	QPD 2 per day
ADVAIR HFA	T2	QPD 0.4 per day
ARNUITY ELLIPTA 100 MCG INH	T2	QPD 2 per day
ARNUITY ELLIPTA 200 MCG INH	T2	QPD 1 per day
ARNUITY ELLIPTA 50 MCG INH	T2	QPD 4 per day
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	T2	QPD 2 per day
BREO ELLIPTA 50-25 MCG INHALER	T2	QPD 2.0 per day
BREZTRI AEROSPHERE	T2	QPD 0.36 per day
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp)</i>	T1	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide 1 mg/2 ml inh susp</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">120 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ffc107; padding: 2px 5px; margin-right: 5px;">HCG</div> </div>
FLOVENT 250 MCG DISKUS	T2	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">8 per day</div> </div>
FLOVENT DISKUS (50 MCG, 100 MCG)	T2	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">4 per day</div> </div>
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	T2	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.8 per day</div> </div>
FLOVENT HFA 44 MCG INHALER	T2	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.767 per day</div> </div>
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2 per day</div> </div>
PULMICORT FLEXHALER	T2	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.07 per day</div> </div>
SYMBICORT	T2	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">0.4 per day</div> </div>
TRELEGY ELLIPTA	T2	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2 per day</div> </div>
WIXELA INHUB	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2 per day</div> </div>
CYSTIC FIBROSIS (CFTR) MODULATORS CYSTIC FIBROSIS (CFTR) CORRECTORS		
SYMDEKO	T5	<div style="display: flex; align-items: center;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; margin-right: 5px;">S</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #6c5e46; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2 per day</div> </div>
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	T5	<div style="display: flex; align-items: center;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; margin-right: 5px;">S</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #6c5e46; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">2.0 per day</div> </div>
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	T5	<div style="display: flex; align-items: center;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; margin-right: 5px;">S</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #6c5e46; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; margin-right: 5px;">QPD</div> <div style="margin-right: 5px;">3 per day</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	T5	S PA QPD 2 per day
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT)	T5	S PA QPD 2.0 per day
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	T5	S PA QPD 2 per day
ORKAMBI 75-94 MG GRANULE PKT	T5	S PA QPD 2.0 per day
ORKAMBI (100 MG TABLET, 200 MG TABLET)	T5	S PA QPD 4 per day
DENTAL AGENTS		
ORAQIX	NC	NPP Non-Pharmacy Product
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS		
<i>methoxsalen</i>	T1	
UVADEX	NC	S NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEVICES		
<i>1st tier unifine pentips</i>	T2	
<i>1st tier unifine pentips plus</i>	T2	
<i>1st tier unilet comfortouch</i>	T2	
2-in-1 lancet device	T2	
<i>abouttime pen needle</i>	T2	
<i>accu-chek multiclix lancet kit</i>	T2	
<i>accu-chek fastclix lancet drum</i>	T2	
<i>accu-chek fastclix lancing dev</i>	T2	
<i>accu-chek safe-t-pro</i>	T2	
<i>accu-chek safe-t-pro plus</i>	T2	
<i>accu-chek softclix (lancet kit, lancets)</i>	T2	
<i>acti-lance</i>	T2	
<i>adjustable lancing device</i>	T2	
<i>advanced lancing device</i>	T2	
<i>advanced travel lancets</i>	T2	
<i>advin covid-19 ag home test</i>	T2	QL 8 / 30 days
<i>airs pediatric disposable mask</i>	T4	
<i>alternate site lancets</i>	T2	
AMVISC 12 MG/ML SYRINGE	NC	NPP Non-Pharmacy Product
AMVISC PLUS 16 MG/ML SYRINGE	NC	NPP Non-Pharmacy Product
APLIGRAF	T4	
<i>aqinject pen needle</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AQUORAL	T4	
<i>assure haemolance plus (18g, 21g, 25g, 28g, blade)</i>	T2	
<i>assure id duo-shield</i>	T2	
<i>assure id insulin safety (syr 0.5ml 31gx15/64", syr 1 ml 31gx15/64")</i>	T2	
<i>assure id pen needle</i>	T2	
<i>assure id pro pen needle</i>	T2	
<i>assure lance</i>	T2	
<i>assure lance plus</i>	T2	
ATOPICLAIR	T4	
ATRAPRO DERMAL SPRAY	T4	
<i>auto-lancet mini</i>	T2	
<i>autolet impression</i>	T2	
<i>autolet lancing device</i>	T2	
<i>autolet plus</i>	T2	
<i>autoshield duo pen needle</i>	T2	
<i>bd microtainer lancets</i>	T2	
<i>bd veritor at-home covid19 tst</i>	T2	QL 8 / 30 days
<i>binaxnow covid-19 ag self test</i>	T2	QL 8 / 30 days
BIONECT (FOAM, GEL)	T4	
<i>butterfly touch lancet</i>	T2	
CAPHOSOL	T4	
<i>carefine pen needle</i>	T2	
<i>carelance ult lancing device</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>careone (lancing device, thin lancet, ultra thin lancet)</i>	T2	
<i>caresens ultra thin 30g lancet</i>	T2	
<i>caresens prem lancing device</i>	T2	
<i>caresoft lancing device</i>	T2	
<i>carestart covid-19 ag home tst</i>	T2	QL 8 / 30 days
<i>caretouch hypodermic 22g 1"</i>	T2	
<i>caretouch insulin syringe (syr 0.3 ml 31gx5/16", syr 0.5 ml 30gx5/16", syr 0.5 ml 31gx5/16", syr 1 ml 28gx5/16", syr 1 ml 29gx5/16", syr 1 ml 30gx5/16", syr 1 ml 31gx5/16")</i>	T2	
<i>caretouch ketone test strip</i>	T4	
<i>caretouch lancing device</i>	T2	
<i>caretouch pen needle</i>	T2	
<i>caretouch safety lancets</i>	T2	
<i>caretouch twist lancet</i>	T2	
<i>celltrion diatrust cov-19 home</i>	T2	QL 8 / 30 days
<i>clickfine</i>	T2	
<i>clinitest covid-19 home test</i>	T2	QL 8 / 30 days
<i>coaguheck lancets</i>	T2	
<i>coaguheck pt test strips</i>	T4	QPD 0.434 per day
<i>coaguheck xs system</i>	T4	
<i>coaguheck xs pt test strips</i>	T4	QPD 0.434 per day
<i>color lancets</i>	T2	
<i>comfort ez insulin syringe (ins 0.5ml 31gx5/16", ins 1 ml 31gx5/16")</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>comfort ez pen needle (pen 4mm 32g, pen 5mm 31g, pen 5mm 33g, pen 6mm 31g, pen 6mm 33g, pen 8mm 31g, pen 8mm 33g)</i>	T2	
<i>comfort ez pro safety pen ndl</i>	T2	
<i>comfort lancets</i>	T2	
<i>comfort touch pen needle</i>	T2	
<i>comfort touch plus safety lanc</i>	T2	
<i>comfort touch ult thin lancet</i>	T2	
<i>conception</i>	T1	
<i>contour solution</i>	T2	
<i>contour (, system)</i>	T2	
<i>contour next</i>	T2	
<i>contour next control solution (1 sol, 2 sol)</i>	T2	
<i>contour next ez</i>	T2	
<i>contour next gen meter</i>	T2	
<i>contour next gen meter kit</i>	T4	
<i>contour next glucose meter</i>	T2	
<i>contour next link</i>	T2	
<i>contour next link 2.4</i>	T4	
<i>contour next one</i>	T2	
<i>cordx covid-19 ag home test</i>	T2	QL 8 / 30 days
<i>covid-19 at-home test (eua)</i>	T2	QL 8 / 30 days
CRYODOSE TA MEDIUM STREAM SPR	T4	
CRYODOSE TA MIST SPRAY	T4	
DERMAGRAFT	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexcom g4 receiver</i>	T2	AL At least 2 yrs old
<i>dexcom g4 transmitter</i>	T2	AL At least 2 yrs old
<i>dexcom g5 receiver</i>	T2	AL At least 2 yrs old
<i>dexcom g5 transmitter</i>	T2	AL At least 2 yrs old
<i>dexcom g5-g4 sensor</i>	T2	AL At least 2 yrs old
<i>dexcom g6 receiver</i>	T2	AL At least 2 yrs old
<i>dexcom g6 sensor</i>	T2	AL At least 2 yrs old
<i>dexcom g6 transmitter</i>	T2	AL At least 2 yrs old
<i>dexcom g7 receiver</i>	T2	AL At least 2 yrs old
<i>dexcom g7 sensor</i>	T2	AL At least 2 yrs old
<i>dexcom receiver</i>	T2	AL At least 2 yrs old
DISCOVISC	NC	NPP Non-Pharmacy Product
<i>droplet genteel lancing device</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>droplet insulin syringe (ins 0.3 ml 29gx12.5mm, ins 0.3ml 30gx12.5mm, 0.5 ml 29gx12.5mm(1/2), 0.5 ml 30gx12.5mm(1/2), ins 0.5ml 30gx6mm(1/2), ins 0.5ml 30gx8mm(1/2), ins 0.5ml 31gx6mm(1/2), ins 0.5ml 31gx8mm(1/2), ins syr 0.3 ml 30gx6mm, ins syr 0.3 ml 30gx8mm, ins syr 0.3 ml 31gx6mm, ins syr 0.3 ml 31gx8mm, ins syr 1 ml 30gx6mm, ins syr 1 ml 30gx8mm, ins syr 1 ml 31gx6mm, ins syr 1 ml 31gx8mm, ins syr 1ml 29gx12.5mm, ins syr 1ml 30gx12.5mm)</i>	T2	
<i>droplet lancets</i>	T2	
<i>droplet lancing device</i>	T2	
<i>droplet micron pen needle</i>	T2	
<i>droplet pen needle</i>	T2	
<i>dropsafe insulin syringe (ins syr 0.3ml 31g 6mm, ins syr 0.3ml 31g 8mm, ins syr 0.5ml 31g 6mm, ins syr 0.5ml 31g 8mm, insul syr 1ml 31g 6mm, insul syr 1ml 31g 8mm, insulin 1ml 29g 12.5mm)</i>	T2	
<i>dropsafe pen needle</i>	T2	
DUOVISC	NC	NPP Non-Pharmacy Product
e-z ject lancets	T2	
e-zject lancets	T2	
<i>easy comfort insulin syringe (0.3 ml 31g 1/2", 0.3 ml 31g 5/16", 0.5 ml 32gx5/16", 1 ml 32gx5/16")</i>	T2	
<i>easy comfort pen needle (pen ndl 5mm, pen ndl 6mm)</i>	T2	
<i>easy touch (syr 0.3 ml, syr 0.5 ml, syr 1 ml)</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch (pull-top 26g lancet, pull-top 28g lancet, pull-top 30g lancet, pull-top 32g lancet, safety 21g lancets, safety 23g lancets, safety 26g lancets, safety 28g lancets, safety 30g lancets, safety 32g lancets, twist 26g lancets, twist 28g lancets, twist 30g lancets, twist 32g lancets, twist 33g lancets)</i>	T2	
<i>easy touch fliplock insulin</i>	T2	
<i>easy touch insulin safety (0.5 ml syr 29gx1/2", 0.5 ml syr 30gx5/16, 1 ml syr 29gx1/2", 1 ml syr 30gx1/2")</i>	T2	
<i>easy touch insulin syringe (0.3 ml syr 30gx1/2", 0.5 ml syr 27gx1/2", 0.5 ml syr 30gx1/2", syr 0.5ml 27g12.7mm, syr 0.5ml 28g12.7mm, syr 0.5ml 29g12.7mm, 1 ml syr 27gx1/2", syr 1 ml 27g 12.7mm, syr 1 ml 27g 16mm, syr 1 ml 28g 12.7mm, syr 1 ml 29g 12.7mm)</i>	T2	
<i>easy touch lancing device</i>	T2	
<i>easy touch luer lock insulin</i>	T2	
<i>easy touch pen needle</i>	T2	
<i>easy touch safety pen needle</i>	T2	
<i>easy touch sheathlock insulin</i>	T2	
<i>easy touch uni-slip syr 1 ml</i>	T2	
<i>easy-touch insulin syringe</i>	T2	
<i>bd eclipse 30gx1/2" syringe</i>	T2	
ELETONE	T4	
<i>ellume covid-19 home test</i>	T2	QL 8 / 30 days
<i>embrace 30g lancets</i>	T2	
<i>embrace lancing device</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>embrace pen needle (pen needle 29g 12mm, pen needle 30g 5mm, pen needle 30g 8mm, pen needle 31g 6mm, pen needle 31g 8mm, pen needle 32g 4mm)</i>	T2	
<i>embrace pen needle 31g 5mm</i>	T2	
<i>embrace safety lancet</i>	T2	
EPISIL	T4	
<i>ez smart lancets</i>	T2	
<i>ez-lets</i>	T2	
<i>fastep covid-19 ag home test</i>	T2	QL 8 / 30 days
<i>fifty50 safety seal lancets</i>	T2	
<i>fine 30 universal lancets</i>	T2	
<i>fingerstix</i>	T2	
<i>flowflex covid-19 ag home test</i>	T2	QL 8 / 30 days
<i>fora 6 connect ketone strip</i>	T4	
<i>fora gtel ketone test strip</i>	T4	
<i>fora lancets</i>	T2	
<i>fora lancing device</i>	T2	
<i>fora tn'g adv voice keto strip</i>	T4	
<i>foracare lancets</i>	T2	
<i>freestyle lancets</i>	T2	
<i>freestyle precision (0.5 ml 30gx5/16, 0.5 ml 31gx5/16, 1 ml 30gx5/16", 1 ml 31gx5/16")</i>	T2	
<i>freestyle unistik 2</i>	T2	
GELFOAM JMI SPONGE KIT	T4	
<i>genabio covid-19 rapid at-home</i>	T2	QL 8 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>genteel vacuum lancing device</i>	T2	
<i>glucocom</i>	T2	
<i>glucocom lancets</i>	T2	
<i>gojji blood ketone test strip</i>	T4	
<i>gojji lancets</i>	T2	
<i>gojji lancing device</i>	T2	
<i>healthwise insulin syringe (ins 0.3ml 30gx5/16", ins 0.3ml 31gx5/16", ins 0.5ml 30gx5/16", ins 0.5ml 31gx5/16", ins 1 ml 30gx5/16", ins 1 ml 31gx5/16")</i>	T2	
<i>healthwise pen needle</i>	T2	
<i>healthy accents autolet</i>	T2	
<i>healthy accents unifine pentip (pentip 4mm 32g, pentip 5mm 31g, pentip 6mm 31g, pentip 8mm 31g, pentip 12mm 29g)</i>	T2	
<i>healthy accents unilet lancet</i>	T2	
HYLATOPICPLUS (CREAM, LOTION)	T4	
<i>hypolance</i>	T2	
<i>ihealth covid-19 ag home test</i>	T2	QL 8 / 30 days
<i>incontrol lancing device</i>	T2	
<i>incontrol pen needle</i>	T2	
<i>incontrol super thin lancets</i>	T2	
<i>incontrol ultra thin lancets</i>	T2	
<i>indicaid covid-19 ag home test</i>	T2	QL 8 / 30 days
<i>insulin pen needle</i>	T2	

PRODUCT DESCRIPTION

TIER

LIMITS & RESTRICTIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>insulin syringe u-500</i>	T2	
<i>insupen pen needle</i>	T2	
<i>inteliswab covid-19 home test</i>	T2	QL 8 / 30 days
<i>invacare lancets</i>	T2	
<i>kendall 0.9% nacl with cap</i>	NC	NPP Non-Pharmacy Product
<i>lancets (26g, 26g x 1.8mm, cvs thin 26g, 28g, 28g x 1.8mm, assure comfort 28g, 30g, assure comfort 30g, dario 100 sterile, e-zject thin, kroger, meijer, preferred plus, preferred plus thin, pub 28g, relion thin 26g, sm 21g, ultra fine 28g)</i>	T2	
<i>lancets thin</i>	T2	
<i>lancets ultra thin</i>	T2	
<i>lancing device (autolet impression dev, cvs device, device, fifty50 device, ge device, gs device and lancets, invacare device, kro device, kroger device, live better advanced, meijer device, qc autolet device, ra health care device, relion device, value plus device)</i>	T2	
<i>lancing system</i>	T2	
<i>lanzo</i>	T2	
<i>latex gloves</i>	T1	
LIDOTREX 2% WOUND GEL	T4	
<i>lite touch (insulin 0.5 ml syr, insulin 1 ml syr, insulin syr 0.3 ml, insulin syr 0.5 ml, insulin syr 1 ml, pen needle 29g, 31gx1/4" pen needle, pen needle 31g)</i>	T2	
<i>lite touch (28g lancets, 30g lancets, 33g lancets, lancing pen)</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>litetouch insulin syringe (ins 0.3 ml 29gx1/2", ins 0.3 ml 30gx5/16", ins 0.3 ml 31gx5/16", ins 0.5 ml 31gx5/16", syr 0.5 ml 28gx1/2", syr 0.5 ml 29gx1/2", syr 0.5 ml 30gx5/16", syrin 1 ml 28gx1/2", syrin 1 ml 29gx1/2", syrin 1 ml 30gx5/16")</i>	T2	
<i>bd luer-lok syringe 1 ml</i>	T2	
<i>magellan insulin safety syrng (syr 0.3 ml, syr 0.5 ml, syringe 1 ml)</i>	T2	
<i>magellan insulin syringe (syringe 0.3 ml, syringe 0.5 ml)</i>	T2	
<i>maxi-comfort (ins 0.5 ml 28g, ins 1 ml 28gx1/2")</i>	T2	
<i>maxicomfort ii pen needle</i>	T2	
<i>maxicomfort insulin syringe (ins 0.5ml 27gx1/2", ins 1 ml 27gx1/2")</i>	T2	
<i>maxicomfort safety pen needle</i>	T2	
<i>medisense thin lancets</i>	T2	
<i>medlance plus</i>	T2	
<i>medlance plus special blade</i>	T2	
<i>micro thin lancet</i>	T2	
<i>micro thin lancets</i>	T2	
MICROCYN	T4	
MICROCYN HYDROGEL	T4	
<i>microdot insulin pen needle</i>	T2	
<i>microlet</i>	T2	
<i>microlet 2</i>	T2	
<i>microlet next lancing device</i>	T2	
<i>microtainer lancets</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mini lancing device</i>	T2	
<i>mini pen needle</i>	T2	
<i>mini ultra-thin ii</i>	T2	
<i>mobile lancets</i>	T2	
<i>monoject 0.5 ml syrn 28gx1/2"</i>	T2	
<i>monoject insulin safety syrng</i>	T2	
<i>monoject insulin syringe (1 ml syrn 27x1/2", insul syr u100, insul syr u100 0.5 ml, insul syr u100 1 ml, insulin syr 0.3 ml, insulin syr 0.5 ml, insulin syr u-100, insulin syrn 3/10 ml, syringe 0.3 ml, syringe 0.5 ml, syringe 1 ml)</i>	T2	
<i>monolet lancets</i>	T2	
<i>monolet thin lancets</i>	T2	
MUCOSITISRX	T4	
<i>multi-lancet</i>	T2	
<i>myglucohealth lancets</i>	T2	
<i>nano 2nd gen pen needle</i>	T2	
NEOSALUS (CREAM, FOAM, LOTION)	T4	
<i>nova safety lancets</i>	T2	
<i>nova sureflex</i>	T2	
<i>novamax plus</i>	T4	
<i>novofine 32</i>	T2	
<i>novofine autocover</i>	T2	
<i>novofine plus</i>	T2	
<i>novotwist</i>	T2	
NUMOISYN (LIQUID, LOZENGE)	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUVAIL	T4	
<i>ohc covid-19 antigen home test</i>	T2	QL 8 / 30 days
<i>omnipod 5 g6 intro kit (gen 5)</i>	T2	QL max 1 per 365 days
<i>omnipod 5 g6 pods (gen 5)</i>	T2	QPD 1.0 per day
<i>omnipod dash pods (gen 4)</i>	T2	QPD 1.0 per day
<i>on call lancet</i>	T2	
<i>on call lancing device</i>	T2	
<i>on call plus lancet</i>	T2	
<i>on call plus lancing device</i>	T2	
<i>on-go covid-19 ag at home test</i>	T2	QL 8 / 30 days
<i>on-the-go</i>	T2	
<i>onetouch delica plus lanc dev</i>	T2	
<i>onetouch delica plus lancet</i>	T2	
<i>onetouch delica safety lancet</i>	T2	
<i>onetouch lancets</i>	T2	
<i>onetouch suresoft</i>	T2	
<i>onetouch ultrasoft 2 lancet</i>	T2	
PAIN EASE MEDIUM STREAM SPRAY	T4	
PAIN EASE MIST SPRAY	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pen needle (fifty50 pen 31g x 3/16" needle, fifty50 pen 31g x 5/16" needle, fifty50 pen needle 32g x 1/4", fifty50 pen needle 32g x 5/32", gs pen needle 31g x 1/4", gs pen needle 31g x 5/16", gs pen needle 31g x 5mm, gs pen needle 31g x 6mm, gs pen needle 31g x 8mm, gs pen needle 32g x 4mm, gs pen needle 32g x 6mm, kro pen needle 4mm x 32g, kro pen needle 4mm x 33g, kro pen needle 5mm x 31g, kro pen needle 6mm x 31g, kro pen needle 8mm x 31g, ms pen needle 6mm 31g, pen needle 4mm 32g, pen needle 5mm 31g, pen needle 6mm 31g, pen needle 12mm 29g, pen needle 29g 12mm, pen needle 30g 5mm, pen needle 30g 8mm, pen needle 31g 5mm, pen needle 31g 6mm, pen needle 31g 8mm, pen needle 31g x 1/4", pen needle 31g x 3/16", pen needle 31g x 5/16", pen needle 32g 4mm, pen needle 32g x 5/32", pen needle 33g 4mm, pub pen 12mm 29g needles, pub pen needle 6mm 31g, relion mini pen 31g x 1/4" ndl, relion pen 29g needle, relion pen needle 29gx1/2", relion pen needle 31g 6mm, relion pen needle 31gx1/4", relion pen needle 31gx5/16", relion pen needle 32gx5/32", today's hlth pn needle 6mm 31g)</i>	T2	
<i>pen needles (pen 6mm 31g, pen 12mm 29g)</i>	T2	
<i>pentips</i>	T2	
<i>pillow mask adult</i>	T1	
<i>pilot covid-19 at-home test</i>	T2	QL 8 / 30 days
<i>pip lancet</i>	T2	
<i>pip pen needle</i>	T2	
<i>precision xtr b-ketone strip</i>	T4	
PRESERA	T4	
<i>pressure activated lancets</i>	T2	
<i>prevent dropsafe pen needle</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prodigy insulin syringe (ins syr 1ml 28gx1/2", syrng 0.5 ml 31gx5/16", syringe 0.3ml 31gx5/16")</i>	T2	
<i>prodigy lancets</i>	T2	
<i>prodigy lancing device</i>	T2	
<i>prodigy twist top lancet</i>	T2	
PROMISEB	T4	
PROVISC	NC	NPP Non-Pharmacy Product
<i>pure comfort safety pen needle</i>	T2	
<i>push button safety lancets</i>	T2	
<i>quickvue at-home covid-19 test</i>	T2	QL 8 / 30 days
<i>rapid sars-cov-2 ag home test</i>	T2	QL 8 / 30 days
<i>raya sure pen needle</i>	T2	
<i>readylance safety lancets</i>	T2	
<i>reliamed</i>	T2	
<i>reliamed mini lancing device</i>	T2	
<i>reliamed safety seal lancets</i>	T2	
<i>rightest gd500</i>	T2	
<i>rightest gl300 lancets</i>	T2	
<i>safesnap insulin syringe (insul syringe 0.3 ml, insul syringe 0.5 ml, insulin syringe 1 ml)</i>	T2	
<i>safety lancets (21g, 28g)</i>	T2	
<i>safety pen needle</i>	T2	
<i>safety syringe</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>safetyglide insulin syringe (safetgld ins 0.3ml 29g 13mm, safetgld ins 0.5ml 13mmx29g, safetygld ins 0.3ml 31g 8mm, safetygld ins 0.5ml 30g 8mm, safetygld ins 1 ml 29g 13mm, safetyglid ins 1 ml 6mmx31g, saftygld ins 0.3 ml 6mmx31g, saftygld ins 0.5 ml 6mmx31g, saftygld ins 0.5ml 29g 13mm)</i>	T2	
<i>bd safetyglide syringe 27gx5/8</i>	T2	
SALIVAMAX	T4	
<i>securesafe insulin syringe (syr 0.5 ml 1/2", syrng 1 ml 1/2")</i>	T2	
<i>securesafe pen needle</i>	T2	
SILVRSTAT	T4	
<i>single-let</i>	T2	
<i>sky safety pen needle</i>	T2	
<i>smart sense</i>	T2	
<i>smart sense lancets</i>	T2	
<i>smartdiabetes vantage</i>	T2	
<i>smartest lancet</i>	T2	
<i>soft touch</i>	T2	
<i>solus v2 28g lancets</i>	T2	
<i>solus v2 lancets</i>	T2	
<i>solus v2 lancing device</i>	T2	
<i>speedyswab covid-19 home test</i>	T2	QL 8 / 30 days
SPRAY AND STRETCH	T4	
<i>sterilance tl</i>	T2	
<i>sterile lancets</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>super thin lancet</i>	T2	
<i>super thin lancets</i>	T2	
<i>sure comfort (0.3 ml syringe, 0.5 ml syringe, 1 ml syringe, 3/10 ml syringe, pen ndl 29gx1/2", 30g pen needle)</i>	T2	
<i>sure comfort insulin syringe (ins 0.3ml 31gx1/4, ins 0.5ml 31gx1/4, ins 1 ml 31gx1/4")</i>	T2	
<i>sure comfort lancets</i>	T2	
<i>sure comfort lancing pen</i>	T2	
<i>sure comfort pen needle</i>	T2	
<i>sure comfort safety pen needle</i>	T2	
<i>sure-fine pen needles</i>	T2	
<i>sure-ject insulin syringe (insu syr u100 0.3 ml, insu syr u100 0.5 ml, insu syr u100 1 ml, insul syr u100 1 ml, insulin syringe 1 ml)</i>	T2	
<i>sure-lance</i>	T2	
<i>sure-pen</i>	T2	
<i>sure-touch</i>	T2	
<i>sureflex</i>	T2	
SWABFLUSH	NC	NPP Non-Pharmacy Product
<i>techlite insulin syringe (0.3 ml 29gx12mm (1/2), 0.3 ml 30gx8mm (1/2), 0.3 ml 31gx6mm (1/2), 0.3 ml 31gx8mm (1/2), 0.5 ml 30gx12mm (1/2), 0.5 ml 30gx8mm (1/2), 0.5 ml 31gx6mm (1/2), 0.5 ml 31gx8mm (1/2), ins syr 1 ml 29gx12mm, ins syr 1 ml 30gx12mm, ins syr 1 ml 31gx6mm, ins syr 1 ml 31gx8mm)</i>	T2	
<i>techlite lancets</i>	T2	
<i>techlite pen needle</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>telcare ultra thin 30g lancets</i>	T2	
<i>terumo insulin syringe (ins syringe u100-1 ml, ins syringe u100-1/2 ml, ins syringe u100-1/3 ml, ins syrng u100-1/2 ml)</i>	T2	
<i>thin lancet</i>	T2	
<i>thin lancets</i>	T2	
<i>thinpro insulin syringe (ins syrin u100-0.3 ml, ins syrin u100-0.5 ml, ins syrin u100-1 ml)</i>	T2	
THROMBI-GEL	T4	
THROMBI-PAD	T4	
<i>topcare clickfine</i>	T2	
<i>topcare ultra comfort</i>	T2	
<i>topcare universal1 lancet</i>	T2	
<i>topcare universal1 thin lancet</i>	T2	
<i>true comfort pen needle</i>	T2	
<i>true comfort pro ins syringe (cmfrt 0.5ml 30g 5/16", cmfrt 0.5ml 31g 5/16", cmfrt 0.5ml 32g 5/16", comfort 1 ml 30g 1/2", comfort 1ml 30g 5/16", comfort 1ml 31g 5/16", comfort 1ml 32g 5/16", comfrt 0.5ml 30g 1/2")</i>	T2	
<i>true comfort pro pen needle</i>	T2	
<i>true comfort safety pen needle</i>	T2	
<i>truedraw</i>	T2	
<i>trueplus insulin syringe (syr 0.3ml 29gx1/2", syr 0.3ml 30gx5/16", syr 0.3ml 31gx5/16", syr 0.5ml 28gx1/2", syr 0.5ml 29gx1/2", syr 0.5ml 30gx5/16", syr 0.5ml 31gx5/16", syr 1ml 28gx1/2", syr 1ml 29gx1/2", syr 1ml 30gx5/16", syr 1ml 31gx5/16")</i>	T2	
<i>trueplus lancet</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trueplus lancets</i>	T2	
<i>trueplus pen needle</i>	T2	
<i>twist lancets</i>	T2	
<i>swi twist top 30g lancet</i>	T2	
<i>ulti-lance (auto-ad, automatic)</i>	T2	
<i>ulticare (ins 0.3 ml 30gx1/2", ins 0.5 ml 30gx1/2", ins syr 1 ml 30gx1/2", syr 0.3 ml 30gx1/2", syr 0.5 ml 30gx1/2", syr 1 ml 31gx5/16", syringe 1 ml 30gx1/2")</i>	T2	
<i>ulticare insulin syringe (ulticar ins 0.3ml 31gx1/4(1/2), ulticare ins 0.3 ml 31gx1/4", ulticare ins 0.5 ml 31gx1/4", ulticare ins 1 ml 31gx1/4")</i>	T2	
<i>ulticare pen needle</i>	T2	
<i>ulticare safety pen needle</i>	T2	
<i>ultiguard safepack-insulin syr (safe0.3ml 30g 12.7mm, safe0.5ml 30g 12.7mm, safe 1ml 30g 12.7mm, safepack 1ml 31g 8mm, safepk 0.3ml 31g 8mm, safepk 0.5ml 31g 8mm)</i>	T2	
<i>ultiguard safepack-pen needle</i>	T2	
<i>ultilet basic</i>	T2	
<i>ultilet classic</i>	T2	
<i>ultilet insulin syringe (syringe 0.5 ml, ultilet syringe 0.3 ml, ultilet syringe 0.5 ml, ultilet syringe 1 ml)</i>	T2	
<i>ultilet lancets</i>	T2	
<i>ultilet pen needle</i>	T2	
<i>ultilet safety</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultra comfort (drug mart ultra comfort syr, gnp ult c 0.3ml 29gx1/2" (1/2), gnp ult cmfirt 0.5 ml 29gx1/2", gnp ultr cmfirt 0.5 ml 28gx1/2", gnp ultr comfort 1 ml 29gx1/2", gnp ultra comfort 0.5 ml syr, gnp ultra comfort 1 ml syringe, gnp ultra comfort 3/10 ml syr, gnp ultra comfort 1 ml 28gx1/2", ult cft 0.3 ml 29gx1/2" (1/2), ult cft 0.3 ml 31gx5/16" (1/2), ultra comfort 0.3 ml 29gx1/2", ultra comfort 0.3 ml syringe, ultra comfort 0.5 ml 28gx1/2", ultra comfort 0.5 ml 29gx1/2", ultra comfort 0.5 ml 31gx5/16", ultra comfort 0.5 ml syringe, ultra comfort 1 ml 28gx1/2", ultra comfort 1 ml 29gx1/2", ultra comfort 1 ml 30gx5/16", ultra comfort 1 ml 31gx5/16", ultra comfort 1 ml syringe)</i>	T2	
<i>ultra fine lancets</i>	T2	
<i>ultra flo insulin syringe (0.3ml 30g 1/2" (1/2), 0.3ml 30g 5/16"(1/2), 0.3ml 31g 5/16"(1/2), syr 0.3 ml 29gx1/2", syr 0.3 ml 30g 5/16", syr 0.3 ml 31g 5/16", syr 0.5 ml 29g 1/2")</i>	T2	
<i>ultra flo pen needle</i>	T2	
<i>ultra thin</i>	T2	
<i>ultra thin lancet</i>	T2	
<i>ultra thin lancets (28g lancets, 30g lancets, cvs 30g lancets, 33g lancets, live better lancet, relion 30g lancets, walgreens lancets)</i>	T2	
<i>ultra thin plus lancets</i>	T2	
<i>ultra-care lancets</i>	T2	
<i>ultra-fine micro pen needle</i>	T2	
<i>ultra-fine mini pen needle</i>	T2	
<i>ultra-fine nano pen needle</i>	T2	
<i>ultra-fine original pen needle</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultra-fine short pen needle</i>	T2	
<i>ultra-thin ii (ins 0.3 ml 30g, ins 0.3 ml 31g, ins 0.5 ml 29g, ins 0.5 ml 30g, ins 0.5 ml 31g, 1 ml 31gx5/16", ins syr 1 ml 29g, ins syr 1 ml 30g, pen ndl 29gx1/2", pen ndl 31gx5/16)</i>	T2	
<i>ultra-thin ii (28g, 30g)</i>	T2	
<i>ultracare insulin syringe (ins 0.3 ml 30gx5/16", ins 0.3 ml 31gx5/16", ins 0.5 ml 30gx1/2", ins 0.5 ml 30gx5/16", ins 0.5 ml 31gx5/16", ins 1 ml 30g x 5/16", ins 1 ml 30gx1/2", ins 1 ml 31g x 5/16")</i>	T2	
<i>ultracare pen needle</i>	T2	
<i>ultralance</i>	T2	
<i>ultratlancets</i>	T2	
<i>unifine pen needle</i>	T2	
<i>unifine pentips</i>	T2	
<i>unifine pentips maxflow</i>	T2	
<i>unifine pentips plus</i>	T2	
<i>unifine pentips plus maxflow</i>	T2	
<i>unifine safecontrol</i>	T2	
<i>unifine ultra pen needle</i>	T2	
<i>unilet comfortouch</i>	T2	
<i>unilet excelite</i>	T2	
<i>unilet excelite ii</i>	T2	
<i>unilet gp lancet</i>	T2	
<i>unilet lancet</i>	T2	
<i>unilet lancets</i>	T2	
<i>unistik 2</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unistik 2 comfort</i>	T2	
<i>unistik 2 extra</i>	T2	
<i>unistik 2 normal</i>	T2	
<i>unistik 3</i>	T2	
<i>unistik 3 comfort</i>	T2	
<i>unistik 3 dual</i>	T2	
<i>unistik 3 extra</i>	T2	
<i>unistik 3 normal</i>	T2	
<i>unistik comfort</i>	T2	
<i>unistik czt</i>	T2	
<i>unistik extra</i>	T2	
<i>unistik normal</i>	T2	
<i>unistik pro</i>	T2	
<i>unistik safety</i>	T2	
<i>unistik touch</i>	T2	
<i>universal 1</i>	T2	
<i>vanishpoint (0.5 ml 30gx1/2" sy, u-100 29x1/2 syr)</i>	T2	
<i>vanishpoint insulin syringe</i>	T2	
<i>veo insulin syringe (ins 0.3ml (1/2), ins syring 1 ml, ins syrn 0.3 ml, ins syrn 0.5 ml)</i>	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verifine insulin syringe (in syr 0.5ml 29g 12mm, ins syr 0.3ml 31g 8mm, ins syr 0.5ml 31g 8mm, ins syr 1 ml 29g 1/2", ins syr 1 ml 29g 12mm, ins syr 1 ml 31g 8mm, syring 0.5ml 29g 1/2", syring 1 ml 31g 5/16", syrng 0.3ml 31g 5/16", syrng 0.5ml 31g 5/16")</i>	T2	
<i>verifine pen needle</i>	T2	
<i>verifine plus pen needle</i>	T2	
<i>verifine safety lancet mini</i>	T2	
<i>verifine universal lancet</i>	T2	
VISCOAT	NC	NPP Non-Pharmacy Product
<i>vivaguard lancet</i>	T2	
<i>vivaguard lancing device</i>	T2	
XCLAIR	T4	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR	T5	S PA
CORTROPHIN	T5	S PA QPD 0.75 per day
CORTROSYN	NC	NPP Non-Pharmacy Product
<i>cosyntropin</i>	NC	NPP Non-Pharmacy Product
CARDIAC FUNCTION		
LEXISCAN	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIABETES MELLITUS		
<i>contour next test strip (ndc: 00193731025, 00193731150, 00193731221)</i>	T0	QPD 10 per day
<i>contour next test strip (ndc: 00193731310, 00193727735, 00193730850, 01937027870, 01937031310, 00193727870)</i>	T4	QPD 10 per day
<i>contour test strip</i>	T0	QPD 10 per day
DEFINITY	NC	NPP Non-Pharmacy Product
DEFINITY RT	NC	NPP Non-Pharmacy Product
OPTISON	NC	NPP Non-Pharmacy Product
<i>positive skin test ctrl-histmn</i>	NC	NPP Non-Pharmacy Product
TOXICOLOGY SALIVA COLLECTION	T4	
DRUG HYPERSENSITIVITY		
PRE-PEN	NC	NPP Non-Pharmacy Product
GALLBLADDER FUNCTION		
KINEVAC	NC	NPP Non-Pharmacy Product
<i>sincalide</i>	NC	NPP Non-Pharmacy Product
LIVER FUNCTION		
EOVIST	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OCULAR DISORDERS		
AK-FLUOR	NC	NPP Non-Pharmacy Product
FLUORESCITE	NC	NPP Non-Pharmacy Product
MEMBRANEBLUE	NC	NPP Non-Pharmacy Product
TISSUEBLUE	NC	NPP Non-Pharmacy Product
VISIONBLUE	NC	NPP Non-Pharmacy Product
PANCREATIC FUNCTION		
CHIRHOSTIM	NC	NPP Non-Pharmacy Product
PITUITARY FUNCTION		
MACRILEN	T5	S PA
METOPIRONE	T4	
R-GENE 10	NC	NPP Non-Pharmacy Product
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
CLARISCAN (2.5 MMOL/5 ML VIAL, 5 MMOL/10 ML VIAL, 7.5 MMOL/15 ML VIAL, 10 MMOL/20 ML VIAL, 50 MMOL/100 ML VIAL)	NC	NPP Non-Pharmacy Product
DOTAREM (2.5 MMOL/5 ML VIAL, 5 MMOL/10 ML SYRINGE, 5 MMOL/10 ML VIAL, 7.5 MMOL/15 ML SYRINGE, 7.5 MMOL/15 ML VIAL, 10 MMOL/20 ML SYRINGE, 10 MMOL/20 ML VIAL, 50 MMOL/100 ML VIAL)	NC	NPP Non-Pharmacy Product
<i>gadoterate meglumine</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAGNEVIST (BULK VIAL, SYRINGE, VIAL)	NC	NPP Non-Pharmacy Product
MULTIHANCE	NC	NPP Non-Pharmacy Product
MULTIHANCE MULTIPACK	NC	NPP Non-Pharmacy Product
OMNISCAN (287 MG/ML SYRINGE, 287 MG/ML VIAL)	NC	NPP Non-Pharmacy Product
PROHANCE (279.3 MG/ML SYRINGE, 279.3 MG/ML VIAL)	NC	NPP Non-Pharmacy Product
PROHANCE MULTIPACK	NC	NPP Non-Pharmacy Product
THYROID FUNCTION		
THYROGEN	NC	S PA NPP BENEFIT SHIFT PROGRAM
URINE AND FECES CONTENTS		
<i>azo</i>	T4	
<i>chek-stix</i>	T4	QPD 6.66 per day
<i>chemstrip 10 md</i>	T4	
<i>chemstrip 10 with sg</i>	T4	
<i>chemstrip 2 gp</i>	T4	
<i>chemstrip 50b</i>	T4	
<i>chemstrip 7</i>	T4	
<i>chemstrip 9</i>	T4	
<i>combistix reagent</i>	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hema-combistix</i>	T4	
<i>ictotest</i>	T4	
<i>keto-diastix reagent</i>	T4	
<i>labstix reagent</i>	T4	
<i>multistix</i>	T4	
<i>multistix 10 sg</i>	T4	
<i>multistix 5</i>	T4	
<i>multistix 7</i>	T4	
<i>multistix 8 sg</i>	T4	
<i>multistix 9</i>	T4	
<i>multistix 9 sg</i>	T4	
<i>uristix 4</i>	T4	
<i>uristix reagent</i>	T4	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE)		
<i>glutaraldehyde</i>	T1	
DIURETICS		
LOOP DIURETICS		
<i>bumetanide (1 mg tablet, 2 mg tablet)</i>	T1	HCG
<i>bumetanide 0.5 mg tablet</i>	T1	
<i>bumetanide (0.25 mg/ml vial, 1 mg/4 ml vial, 2.5 mg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
EDECRIN	NC	MVB MINIMAL VALUE BRAND
<i>ethacrynate sodium</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethacrynic acid</i>	NC	HCG MVG MINIMAL VALUE GENERIC
FUROSCIX	T5	QL 2 / fill S PA
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial, 100 mg/10 ml syring, 100 mg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)</i>	T1	
<i>furosemide-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
SODIUM EDECRIN	NC	NPP Non-Pharmacy Product
<i>torseamide</i>	T1	
OSMOTIC DIURETICS		
<i>mannitol (5% (50 gm/1,000, 10% (100 gm/1,000, 20% (100 gm/500, 20% (50 gm/250, 25% (12.5 gm/50)</i>	NC	NPP Non-Pharmacy Product
OSMITROL	NC	NPP Non-Pharmacy Product
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
DYRENIUM	NC	PA MVB Minimal Value Brand
MAXZIDE	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAXZIDE-25 MG	T4	
<i>triamterene</i>	T1	PA
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	T1	
THIAZIDE DIURETICS		
<i>chlorothiazide sodium</i>	NC	NPP Non-Pharmacy Product
DIURIL	T4	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 50 mg tab)</i>	T1	
<i>hydrochlorothiazide 25 mg tab</i>	T1	
SODIUM DIURIL	NC	NPP Non-Pharmacy Product
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	T1	
<i>indapamide</i>	T1	
<i>metolazone</i>	T1	
THALITONE	T4	
VASOPRESSIN ANTAGONISTS		
JYNARQUE 15 MG TABLET	T5	S PA QPD 1 per day
JYNARQUE (15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	T5	S PA QPD 2 per day
SAMSCA 15 MG TABLET	T5	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAMSCA 30 MG TABLET	T5	S PA QPD 2 per day
<i>tolvaptan 15 mg tablet</i>	T5	S PA QPD 1 per day
<i>tolvaptan 30 mg tablet</i>	T5	S PA QPD 2 per day
VAPRISOL-5% DEXTROSE	NC	NPP Non-Pharmacy Product
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	T1	HCG
<i>cabergoline</i>	T1	
CYCLOSET	T4	PA QPD 6 per day
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	T4	
NONERGOT-DERIV. DOPAMINE RECEPTOR AGONIST		
APOKYN	T5	S PA QPD 2 per day
<i>apomorphine hcl</i>	T3	PS PA QPD 2.0 per day
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	T5	S PA QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KYNMOBI TITRATION KIT	T5	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">10 / 30 days</div> </div> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-top: 2px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-top: 2px;">PA</div>
MIRAPEX	T4	
MIRAPEX ER	T4	
NEUPRO	T4	<div style="background-color: #8b4513; color: white; padding: 2px 5px; display: inline-block;">PA</div>
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole er</i>	T1	
<i>ropinirole er</i>	T1	
<i>ropinirole hcl</i>	T1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS ORIGINAL	T4	
ALKALINIZING AGENTS		
<i>potassium citrate er</i>	T1	
<i>sodium bicarb 50 meq/50 ml syr</i>	NC	<div style="background-color: #a6b8d9; padding: 2px 5px; display: inline-block;">NPP</div> BENEFIT SHIFT PROGRAM
<i>sodium bicarbonate (bicarb 8.4% abboject, bicarb 8.4% syringe, bicarbonate 8.4% vial, bicarbonate 8.4%-water)</i>	NC	<div style="background-color: #a6b8d9; padding: 2px 5px; display: inline-block;">NPP</div> BENEFIT SHIFT PROGRAM
<i>sodium bicarb 8.4%-water vial</i>	NC	<div style="background-color: #a6b8d9; padding: 2px 5px; display: inline-block;">NPP</div> BENEFIT SHIFT PROGRAM
THAM	NC	<div style="background-color: #333399; color: white; padding: 2px 5px; display: inline-block;">NPP</div> Non-Pharmacy Product
UROCIT-K (SR 5 TABLET, SR 10 TABLET)	T4	
UROCIT-K ER 15 MEQ TABLET	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMMONIA DETOXICANTS		
AMMONUL	NC	NPP Non-Pharmacy Product
BUPHENYL (500 MG TABLET, POWDER)	T5	S
CARBAGLU	T5	S
<i>carglumic acid</i>	T3	PS
CONSTULOSE	T1	
ENULOSE	T1	
GENERLAC	T1	
KRISTALOSE	T1	
<i>lactulose 10 gm packet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	T1	
LITHOSTAT	T4	
OLPRUVA	T5	S
PHEBURANE	T5	S
RAVICTI	T5	S PA QPD 20 per day
RELYVRIO	T5	S PA QPD 2.0 per day
<i>sodium phenylacet-sod benzoate</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium phenylbutyrate (500mg tb, powder)</i>	T3	PS
CALORIC AGENTS		
ACD SOLUTION A	NC	NPP Non-Pharmacy Product
ACD-A 30 ML VIAL	NC	NPP Non-Pharmacy Product
AMINOSYN (8.5% IV SOLUTION, 10% IV SOLUTION)	NC	NPP Non-Pharmacy Product
AMINOSYN II (7% IV SOLUTION, 8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	NC	NPP Non-Pharmacy Product
AMINOSYN II WITH ELECTROLYTES	NC	NPP Non-Pharmacy Product
AMINOSYN M	NC	NPP Non-Pharmacy Product
AMINOSYN WITH ELECTROLYTES (7%-ELECTROLYTE SOL, 8.5%-ELECTROLYTES SOL)	NC	NPP Non-Pharmacy Product
AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION)	NC	NPP Non-Pharmacy Product
AMINOSYN-RF	NC	NPP Non-Pharmacy Product
CLINIMIX (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	NC	NPP Non-Pharmacy Product
CLINIMIX E (2.75%-5% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	NC	NPP Non-Pharmacy Product
CLINISOL	NC	NPP Non-Pharmacy Product
CLINOLIPID	NC	NPP Non-Pharmacy Product
<i>dextrose 10%-0.2% nacl</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextrose 10%-0.45% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dextrose 2.5%-0.45% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dextrose 5%-0.2% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dextrose 5%-0.225% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dextrose 5%-0.3% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dextrose 5%-0.33% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dextrose 5%-0.45% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dextrose 5%-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>dextrose in water (5%-water iv soln, 5%-water vial, 10%-water iv solution, 20%-water iv soln, 25%-water syringe, 30%-water iv soln, 40%-water iv soln, 50%-water abboject, 50%-water iv soln, 50%-water syringe, 50%-water vial, 70%-water iv soln)</i>	NC	NPP Non-Pharmacy Product
DOJOLVI	T5	S PA
INTRALIPID	NC	NPP Non-Pharmacy Product
NUTRILIPID	NC	NPP Non-Pharmacy Product
OMEGAVEN	NC	NPP Non-Pharmacy Product
PLENAMINE	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMASOL	NC	NPP Non-Pharmacy Product
PROCALAMINE	NC	NPP Non-Pharmacy Product
PROSOL	NC	NPP Non-Pharmacy Product
SMOFLIPID	NC	NPP Non-Pharmacy Product
TRAVASOL	NC	NPP Non-Pharmacy Product
TROPHAMINE	NC	NPP Non-Pharmacy Product
IRRIGATING SOLUTIONS		
<i>acetic acid 0.25% irrig soln</i>	NC	NPP BENEFIT SHIFT PROGRAM
AMINOACETIC ACID	NC	NPP Non-Pharmacy Product
CURITY (SALINE 0.9% IRR, WATER,IRRIGATIO)	NC	NPP Non-Pharmacy Product
DELFLX WITH 1.5% DEXTROSE	NC	NPP Non-Pharmacy Product
DELFLX WITH 2.5% DEXTROSE	NC	NPP Non-Pharmacy Product
DELFLX WITH 4.25% DEXTROSE	NC	NPP Non-Pharmacy Product
DELFLX-2.5% DEXTROSE	NC	NPP Non-Pharmacy Product
DIANEAL PD-2 W-1.5% DEXTROSE	NC	NPP Non-Pharmacy Product
DIANEAL PD-2 W-2.5% DEXTROSE	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIANEAL PD-2 W-4.25% DEXTROSE	NC	NPP Non-Pharmacy Product
DIANEAL WITH 1.5% DEXTROSE	NC	NPP Non-Pharmacy Product
DIANEAL WITH 2.5% DEXTROSE	NC	NPP Non-Pharmacy Product
DIANEAL WITH 4.25% DEXTROSE	NC	NPP Non-Pharmacy Product
EXTRANEAL ICODEXTRIN DIALYSIS	NC	NPP Non-Pharmacy Product
<i>glycine 1.5% irrigation</i>	NC	NPP Non-Pharmacy Product
<i>lactated ringers irrigation</i>	NC	NPP Non-Pharmacy Product
PHYSIOLYTE	NC	NPP Non-Pharmacy Product
PHYSIOSOL	NC	NPP Non-Pharmacy Product
RIMSO-50	NC	NPP Non-Pharmacy Product
<i>ringers irrigation</i>	NC	NPP Non-Pharmacy Product
<i>sorbitol 3% urologic irrig</i>	NC	NPP Non-Pharmacy Product
<i>sorbitol-mannitol</i>	NC	NPP Non-Pharmacy Product
<i>sterile water for irrigation</i>	NC	NPP Non-Pharmacy Product
REPLACEMENT PREPARATIONS		
AQUASTAT	NC	NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AQUASTAT SFR	NC	NPP BENEFIT SHIFT PROGRAM
<i>calcium acetate 667 mg tablet</i>	T1	
<i>calcium chloride 1 gm/10ml syr</i>	NC	NPP Non-Pharmacy Product
<i>calcium gluconate (1,000 mg/10 ml v1, 5,000 mg/50 ml v1, 10,000 mg/100 ml)</i>	NC	NPP Non-Pharmacy Product
<i>calcium gluc 1 g/100-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>calcium glu 1,000mg/100ml-nacl</i>	NC	NPP Non-Pharmacy Product
<i>calcium gluconate-nacl (glu 2,000mg/100ml-nacl, gluc 1,000mg/50ml-nacl)</i>	NC	NPP Non-Pharmacy Product
<i>cardioplegic</i>	NC	NPP Non-Pharmacy Product
<i>chromium cl 40 mcg/10 ml vial</i>	NC	NPP Non-Pharmacy Product
<i>copper chloride</i>	NC	NPP Non-Pharmacy Product
<i>cupric chloride</i>	NC	NPP Non-Pharmacy Product
<i>dextrose 5%-electrolyte #48</i>	NC	NPP Non-Pharmacy Product
<i>dextrose in lactated ringers</i>	NC	NPP Non-Pharmacy Product
<i>dextrose in ringers injection</i>	NC	NPP Non-Pharmacy Product
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	T4	
EFFER-K 25 MEQ TABLET EFF	T1	
HYPER-SAL 7% VIAL	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IONOSOL B WITH DEXTROSE 5%	NC	NPP Non-Pharmacy Product
IONOSOL MB-DEXTROSE 5%	NC	NPP Non-Pharmacy Product
ISOLYTE P WITH DEXTROSE	NC	NPP Non-Pharmacy Product
ISOLYTE S (IV OLN PH7.4, IV OLUTION-EXCEL)	NC	NPP Non-Pharmacy Product
<i>kcl-d5w-0.2% nacl</i>	NC	NPP Non-Pharmacy Product
<i>kcl-d5w-0.225% nacl</i>	NC	NPP Non-Pharmacy Product
<i>kcl-d5w-0.3% nacl</i>	NC	NPP Non-Pharmacy Product
<i>kcl-d5w-0.45% nacl</i>	NC	NPP Non-Pharmacy Product
<i>kcl-d5w-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
KLOR-CON	T1	
KLOR-CON 10	T1	
KLOR-CON 8	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T4	
KLOR-CON M20	T1	
KLOR-CON-EF	T1	
<i>lactated ringers injection</i>	NC	NPP Non-Pharmacy Product
<i>manganese chloride</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT 0.9% SODIUM CHLORIDE	NC	NPP Non-Pharmacy Product
MONOJECT PREFILL ADVANCED	NC	NPP Non-Pharmacy Product
MONOJECT SODIUM CHLORIDE FLUSH	NC	NPP Non-Pharmacy Product
<i>multiple electrolytes t1 ph5.5</i>	NC	NPP Non-Pharmacy Product
<i>multiple electrolytes t1 ph7.4</i>	NC	NPP Non-Pharmacy Product
NEBUSAL 3% VIAL	T1	
NEBUSAL 6% VIAL	T4	
<i>normal saline flush</i>	NC	NPP BENEFIT SHIFT PROGRAM
NORMOSOL-M AND DEXTROSE	NC	NPP Non-Pharmacy Product
NORMOSOL-R	NC	NPP Non-Pharmacy Product
NORMOSOL-R AND DEXTROSE	NC	NPP Non-Pharmacy Product
NORMOSOL-R PH 7.4	NC	NPP Non-Pharmacy Product
PLASMA-LYTE 148	NC	NPP Non-Pharmacy Product
PLASMA-LYTE A PH 7.4	NC	NPP Non-Pharmacy Product
PLEGISOL	NC	NPP Non-Pharmacy Product
POKONZA	NC	MVB Minimal Value Brand
<i>potassium acetate</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>potassium cl 20 meq packet</i>	T1	HCG
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20% (40 meq/15ml), cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	T1	
<i>potassium chloride (2 meq/ml conc, 10 meq/100 ml sol, 10 meq/5 ml conc, 10 meq/50 ml sol, 20 meq/10 ml conc, 20 meq/100 ml sol, 20 meq/50 ml sol, 30 meq/100 ml sol, 40 meq/100 ml sol, 40 meq/20 ml conc, 60 meq/30 ml conc)</i>	NC	NPP Non-Pharmacy Product
<i>potassium chloride in d5lr</i>	NC	NPP Non-Pharmacy Product
<i>potassium chloride-0.45% nacl</i>	NC	NPP Non-Pharmacy Product
<i>potassium chloride-dextrose 5%</i>	NC	NPP Non-Pharmacy Product
<i>potassium cl-lidocaine-ns</i>	NC	NPP Non-Pharmacy Product
<i>potassium phosphate</i>	NC	NPP Non-Pharmacy Product
<i>potassium phosphates</i>	NC	NPP Non-Pharmacy Product
PRISMASOL (B22GK 2/0, BGK 4/2.5)	NC	NPP Non-Pharmacy Product
PRISMASOL (B22GK 4/0, BGK 0/2.5, BGK 2/0, BGK 2/3.5, BGK 4/0/1.2, BK 0/0/1.2)	NC	NPP Non-Pharmacy Product
PULMOSAL	T1	
<i>ringers injection</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium acetate (40 meq/20 ml vl, 100 meq/50 ml, 200 meq/100 ml)</i>	NC	NPP Non-Pharmacy Product
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% (pwr inj), sodium chloride 0.9% 10 ml syr, sodium chloride 0.9% ampule, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% syringe, sodium chloride 0.9% vial, sodium chloride 0.9% zr syr, sodium chloride 3% iv soln, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml, sodium chloride 200 meq/50 ml, sodium chloride 400 meq/100 ml, sodium chloride 800 meq/200 ml)</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>bacteriostatic saline vial</i>	NC	NPP Non-Pharmacy Product
<i>sodium chloride (chlor 0.325% 5 ml syrg, chloride 3% vial, chloride 7% vial, chloride 10% vial)</i>	T1	
<i>sodium phosphate</i>	NC	NPP Non-Pharmacy Product
TPN ELECTROLYTES	NC	NPP Non-Pharmacy Product
TPN ELECTROLYTES II	NC	NPP Non-Pharmacy Product
<i>zinc chloride</i>	NC	NPP Non-Pharmacy Product
SALT AND SUGAR SUBSTITUTES		
<i>sorbitol powder</i>	T1	
URICOSURIC AGENTS		
<i>probenecid</i>	T1	QPD 4 per day
<i>probenecid-colchicine</i>	T1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
GLYCINE SOYA PROTEIN	T1	
BASIC OILS AND OTHER SOLVENTS		
CERACADE	T4	
<i>muri-lube mineral oil</i>	T4	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate 12% cream</i>	T1	
<i>benzoin compound</i>	T1	
DEXERYL	T4	
LUXAMEND	T1	
TETRIX	T4	
UNSCENTED COLD CREAM	T1	
VASELINE WHITE PETROLEUM	T4	
ENZYMES		
ALDURAZYME	NC	S NPP Non-Pharmacy Product PA
AMPHADASE	NC	NPP Non-Pharmacy Product
CEREZYME	NC	S PA NPP BENEFIT SHIFT PROGRAM
ELAPRASE	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELELYSO	NC	PS PA NPP BENEFIT SHIFT PROGRAM
ELITEK	NC	S NPP Non-Pharmacy Product PA
FABRAZYME	NC	S NPP Non-Pharmacy Product PA
HYLENEX	NC	NPP Non-Pharmacy Product
HYQVIA HY COMPONENT	T5	S PA
LUMIZYME	NC	S NPP Non-Pharmacy Product PA
MEPSEVII	NC	S NPP Non-Pharmacy Product PA
NAGLAZYME	NC	S NPP Non-Pharmacy Product PA
NEXVIAZYME	NC	S NPP Non-Pharmacy Product PA QPD 1.65 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALYNZIQ (10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	T5	S PA QPD 2 per day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	T5	S PA QPD 8 per day
REVCOVI	NC	S NPP Non-Pharmacy Product PA
STRENSIQ	T3	PS PA
SUCRAID	T5	S PA
VIMIZIM	NC	S NPP Non-Pharmacy Product PA
VITRASE	NC	NPP Non-Pharmacy Product
VPRIV	NC	S PA NPP BENEFIT SHIFT PROGRAM
XIAFLEX	NC	S PA NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS		
EVISTA	T4	QPD 1 per day
FARESTON	T5	S
OSPHENA	T4	QPD 1.0 per day
<i>raloxifene hcl</i>	T0	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
SOLTAMOX	T4	
<i>tamoxifen citrate</i>	T0	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
<i>toremifene citrate</i>	T5	S
ESTROGENS		
ACTIVELLA	NC	GL Female QPD 1 per day MVB Minimal Value Brand
AMABELZ	T1	GL Female QPD 1 per day
ANGELIQ	T4	GL Female QPD 1 per day
BIJUVA 1 MG-100 MG CAPSULE	T4	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLIMARA PRO	T2	GL Female QPD 0.15 per day
COMBIPATCH	T4	GL Female QPD 0.29 per day
DEPO-ESTRADIOL	T4	GL Female
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	T4	GL Female QPD 1 per day
DIVIGEL 1.25 MG GEL PACKET	T4	GL Female QPD 1.25 per day
DOTTI	T1	GL Female QPD 0.29 per day
DUAVEE	T2	
ELESTRIN	T4	GL Female QPD 1.73 per day
<i>estradiol 0.01% cream</i>	T1	GL Female QPD 4 per day
<i>estradiol ((0.25mg) gel pk, (0.5mg) gel pkt, (0.75mg) gel pk, (1 mg) gel pkt)</i>	T1	GL Female QPD 1.0 per day
<i>estradiol 0.1% (1.25mg) gel pk</i>	T1	GL Female QPD 1.25 per day
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	T1	GL Female QPD 1 per day
<i>estradiol 10 mcg vaginal insrt</i>	T1	GL Female QPD 0.643 per day
<i>estradiol 2 mg tablet</i>	T1	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (once weekly)</i>	T1	GL Female QPD 0.15 per day
<i>estradiol (twice weekly)</i>	T1	GL Female QPD 0.29 per day
<i>estradiol valerate (100 mg/5 ml, 200 mg/5 ml)</i>	T1	HCG
<i>estradiol valerate 50 mg/5 ml</i>	T1	HCG
<i>estradiol-norethindrone acetat</i>	T1	GL Female QPD 1 per day
ESTRING	T4	QL 90 days GL Female
ESTROGEL	T4	GL Female QPD 1.667 per day
EVAMIST	T2	GL Female QPD 0.54 per day
FEMHRT	T4	GL Female QPD 1 per day
FEMRING	T4	ST GL Female QPD 0.02 per day
FYAVOLV	T1	GL Female QPD 1 per day
IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	T2	QPD 1 per day
JINTELI	T1	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYLLANA	NC	<ul style="list-style-type: none"> GL Female QPD 0.29 per day HCG MVG MINIMAL VALUE GENERIC
MENEST	T4	<ul style="list-style-type: none"> GL Female QPD 1 per day
MENOSTAR	T4	<ul style="list-style-type: none"> ST GL Female QPD 0.15 per day
MIMVEY	NC	<ul style="list-style-type: none"> GL Female QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
MINIVELLE	T4	<ul style="list-style-type: none"> ST GL Female QPD 0.29 per day
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	T1	<ul style="list-style-type: none"> QPD 1 per day
PREFEST	T4	<ul style="list-style-type: none"> GL Female QPD 1 per day
PREMARIN VAGINAL CREAM-APPL	T2	<ul style="list-style-type: none"> GL Female QPD 2 per day
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	T2	<ul style="list-style-type: none"> GL Female QPD 1 per day
PREMARIN 25 MG VIAL	T2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMPHASE	T2	GL Female QPD 1 per day
PREMPRO	T2	GL Female QPD 1 per day
YUVAFEM	T1	GL Female QPD 0.643 per day
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTIALLERGIC AGENTS		
ALOMIDE	NC	QL 10 / fill MVB MINIMAL VALUE BRAND
<i>azelastine hcl 0.05% drops</i>	T1	QPD 0.267 per day
<i>azelastine 0.1% (137 mcg) spry</i>	T1	QPD 2 per day
<i>azelastine-fluticasone</i>	T1	ST QPD 0.8 per day
<i>bepotastine besilate</i>	T1	QPD 0.334 per day
DYMISTA	T2	QPD 0.8 per day
<i>epinastine hcl</i>	T1	QPD 0.286 per day
<i>ketotifen fumarate</i>	T1	QPD 0.167 per day
<i>olopatadine 665 mcg nasal spry</i>	T1	QL 31 / 30 days
PATANASE	T4	QL 31 / 30 days
RYALTRIS	T4	QPD 1.0 per day
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine hcl</i>	T1	QPD 0.8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>balanced salt</i>	NC	NPP Non-Pharmacy Product
BSS	NC	NPP Non-Pharmacy Product
BSS PLUS	NC	NPP Non-Pharmacy Product
CELLUGEL	NC	NPP Non-Pharmacy Product
CYSTADROPS	T5	S PA QPD 0.72 per day
CYSTARAN	T5	S PA QPD 1 per day
DEBACTEROL SWABSTICK	T4	
GELFILM OPHTHALMIC 25X50MM	T4	
IOPIDINE	T4	QPD 0.8 per day
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	T1	QPD 2 per day
LACRISERT	T4	
MIEBO	T4	AL At least 18 yrs old PA QPD 0.2 per day
OCUCOAT	NC	NPP Non-Pharmacy Product
OXERVATE	T5	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEPEZZA	NC	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #333399; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #663300; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> Non-Pharmacy Product
VISUDYNE	NC	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #333399; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div style="background-color: #663300; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> Non-Pharmacy Product
LOCAL ANESTHETICS (EENT)		
AKTEN	T4	
ALCAINE	T4	
GLYDO	NC	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #ffff00; padding: 2px 5px; border-radius: 3px;">HCG</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">MVG</div> </div> MINIMAL VALUE GENERIC
<i>lidocaine hcl 2% jelly</i>	T1	
<i>lidocaine hcl (2% jel urojet ac, 2% jelly uro-jet, 4% solution)</i>	NC	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #ffff00; padding: 2px 5px; border-radius: 3px;">HCG</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">MVG</div> </div> MINIMAL VALUE GENERIC
<i>lidocaine hcl viscous</i>	T1	
NUMBRINO	NC	<div style="background-color: #333399; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>proparacaine hcl</i>	T1	
<i>tetracaine hcl (eye drop, steri-unit sol)</i>	T1	
MYDRIATICS		
<i>atropine sulfate (drops, ointment)</i>	T1	
CYCLOGYL	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYCLOMYDRIL	T4	
<i>cyclopentolate hcl</i>	T1	
MYDRIACYL	T4	
OMIDRIA	NC	NPP Non-Pharmacy Product
PAREMYD	T4	
<i>tropicamide</i>	T1	
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
		QL 1 / rx
		S
BEOVU (6 MG/0.05 ML SYRINGE, 6 MG/0.05 ML VIAL)	NC	NPP Non-Pharmacy Product
		PA
		S
EYLEA (2 MG/0.05 ML SYRINGE, 2 MG/0.05 ML VIAL)	NC	NPP Non-Pharmacy Product
		PA
		QPD 0.04 per day
		S
LUCENTIS (0.3 MG/0.05 ML SYRING, 0.3 MG/0.05 ML VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	NC	NPP Non-Pharmacy Product
		PA
		QPD 0.04 per day
		S
VABYSMO	NC	NPP Non-Pharmacy Product
		PA
		QPD 0.036 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOCONSTRICTORS		
ADRENALIN CHLORIDE	T4	PA
<i>phenylephrine hcl (2.5% drop, 10% drops)</i>	T1	
UPNEEQ	T4	AL At least 18 yrs old PA QPD 1 per day
FIRST GENERATION ANTIHISTAMINES		
ETHANOLAMINE DERIVATIVES		
<i>carbinoxamine 4 mg/5 ml liquid</i>	T1	AL At least 2 yrs old
<i>carbinoxamine maleate 4 mg tab</i>	T1	AL At least 6 yrs old
<i>carbinoxamine maleate 6 mg tab</i>	NC	AL At least 6 yrs old HCG MVG MINIMAL VALUE GENERIC
<i>clemastine fumarate (0.5 mg/5 ml syrup, fum 2.68 mg tab)</i>	T1	AL At least 6 yrs old
<i>diphenhydramine hcl (50 mg/ml syrng, 50 mg/ml vial)</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>diphenhydramine-0.9% nacl</i>	NC	NPP BENEFIT SHIFT PROGRAM
KARBINAL ER	T4	AL At least 2 yrs old
RYVENT	NC	ST HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)</i>	T1	AL At least 2 yrs old
PHENOTHIAZINE DERIVATIVES		
PHENERGAN (25 MG/ML AMPUL, 25 MG/ML VIAL, 50 MG/ML AMPUL, 50 MG/ML VIAL)	NC	AL At least 2 yrs old NPP Non-Pharmacy Product
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrup, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 50 mg suppository, 50 mg tablet)</i>	T1	AL At least 2 yrs old
<i>promethazine 25 mg tablet</i>	T1	AL At least 2 yrs old
<i>promethazine hcl (25 mg/ml ampul, 25 mg/ml vial, 50 mg/ml ampul, 50 mg/ml vial)</i>	NC	AL At least 2 yrs old NPP BENEFIT SHIFT PROGRAM
<i>promethazine hcl-0.9% nacl</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>promethazine vc</i>	T1	
<i>promethazine-phenylephrine</i>	T1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	T1	AL At least 2 yrs old
PROMETHEGAN 50 MG SUPPOSITORY	NC	AL At least 2 yrs old MVB Minimal Value Brand
PROPYLAMINE DERIVATIVES		
ABATUSS DMX	T1	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALLER-CHLOR	T1	
<i>dexchlorpheniramine maleate</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 2 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #FFD700; color: black; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">MVG</div> <div style="margin-left: 5px;">MINIMAL VALUE GENERIC</div> </div> </div>
RESPA A.R.	T4	
RYCLORA	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 2 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #008060; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> <div style="margin-left: 5px;">Minimal Value Brand</div> </div> </div>
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #006400; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> <div style="margin-left: 5px;">Female</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> </div>
APRISO	T2	
<i>balsalazide disodium</i>	T1	
COLAZAL	T4	
LOTRONEX	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #006400; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> <div style="margin-left: 5px;">Female</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #654321; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>mesalamine 4 gm/60 ml kit</i>	T1	<div style="display: flex; align-items: center;"> <div style="background-color: #FFD700; color: black; padding: 2px 5px; border-radius: 3px;">HCG</div> </div>
<i>mesalamine (4 gm/60 ml enema, 1,000 mg supp)</i>	T1	
<i>mesalamine 800 mg dr tablet</i>	T4	<div style="display: flex; align-items: center;"> <div style="background-color: #654321; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>mesalamine dr 1.2 gm tablet</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mesalamine dr</i>	T1	
<i>mesalamine er (er 0.375 gram cap, er 500 mg capsule)</i>	T1	
PENTASA 250 MG CAPSULE	T4	
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	T4	
SFROWASA	T4	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i>	T1	
LOMOTIL	T4	
<i>opium tincture</i>	T1	QPD 5 per day
XERMELO	T5	AL At least 18 yrs old S PA
CATHARTICS AND LAXATIVES		
CLENPIQ	T4	QL 354 / fill
GAVILYTE-C	T0	C HCR: Age edits (45 to 75) apply. Multi-source brands are not covered. HCR
GAVILYTE-G	T0	C HCR: Age edits (45 to 75) apply. Multi-source brands are not covered. HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAVILYTE-N	T0	<div style="background-color: #333; color: white; padding: 5px; display: inline-block;">C</div> <div style="background-color: #00aaff; color: white; padding: 2px 5px; display: inline-block;">HCR</div> HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
HYDROCIL INSTANT POWDER	T4	
<i>lubiprostone</i>	T4	<div style="background-color: #990066; color: white; padding: 2px 5px; display: inline-block;">AL</div> At least 18 yrs old <div style="background-color: #804020; color: white; padding: 2px 5px; display: inline-block;">PA</div> <div style="background-color: #00aaff; color: white; padding: 2px 5px; display: inline-block;">QPD</div> 2 per day
<i>peg 3350-electrolyte</i>	T0	<div style="background-color: #333; color: white; padding: 5px; display: inline-block;">C</div> <div style="background-color: #00aaff; color: white; padding: 2px 5px; display: inline-block;">HCR</div> HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
<i>peg-3350 and electrolytes</i>	T0	<div style="background-color: #333; color: white; padding: 5px; display: inline-block;">C</div> <div style="background-color: #00aaff; color: white; padding: 2px 5px; display: inline-block;">HCR</div> HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
PEG-PREP	T1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	T0	<div style="background-color: #333; color: white; padding: 5px; display: inline-block;">C</div> <div style="background-color: #00aaff; color: white; padding: 2px 5px; display: inline-block;">HCR</div> HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
<i>sod sulf-potass sulf-mag sulf</i>	T4	<div style="background-color: #660099; color: white; padding: 2px 5px; display: inline-block;">QL</div> 354 / fill <div style="background-color: #666633; color: white; padding: 2px 5px; display: inline-block;">ST</div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUPREP	T4	QL 354 / fill
SUTAB	T4	QPD 0.8 per day
CHOLELITHOLYTIC AGENTS		
CHENODAL	T5	S
URSO	NC	MVB Minimal Value Brand
URSO FORTE	T4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	T1	
DIGESTANTS		
CREON	T2	
ZENPEP	T2	
GI DRUGS, MISCELLANEOUS		
<i>alvimopan</i>	NC	NPP Non-Pharmacy Product PA
BYLVAY (200 MCG PELLETT, 400 MCG CAPSULE)	T5	S PA QPD 2.0 per day
BYLVAY 1,200 MCG CAPSULE	T5	S PA QPD 5.0 per day
BYLVAY 600 MCG PELLETT	T5	S PA QPD 10.0 per day
CHOLBAM 250 MG CAPSULE	T5	S PA QPD 7 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHOLBAM 50 MG CAPSULE	T5	S PA QPD 4 per day
ENDARI	T5	S PA QPD 6 per day
ENTEREG	NC	NPP Non-Pharmacy Product PA
GATTEX (5 MG ONE-VIAL KIT, 5 MG VIAL)	T5	S PA QPD 1 per day
GATTEX 5 MG 30-VIAL KIT	T5	S PA QPD 0.034 per day
HUMIRA(CF) PEDI CROHN 80-40 MG	T3	PS PA QPD 0.22 per day PS1 Preferred 1st line
LINZESS	T2	ST AL At least 18 yrs old QPD 1 per day
LIVMARLI	T5	S PA QPD 3.0 per day
OCALIVA	T5	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMPROIC	T2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #8e6c39; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old 1 per day
VIBERZI	T2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e6c39; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2 per day
IMMUNOMODULATORY AGENT		
ENTYVIO	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b347a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8e6c39; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> </div> 2/ 30 days BENEFIT SHIFT PROGRAM
PROKINETIC AGENTS		
GIMOTI	T5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8e6c39; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old 0.334 per day
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	T1	
<i>metoclopramide 10 mg/2 ml syr</i>	NC	<div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>metoclopramide 10 mg/2 ml vial</i>	NC	<div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>metoclopramide hcl odt</i>	T1	
MOTEGRITY	T4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #8e6c39; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> At least 18 yrs old 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REGLAN	T4	
ZELNORM	T4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> Up to 65 yrs old </div> <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 2 per day </div>
GENERAL ANESTHETICS		
BARBITURATES (GENERAL ANESTHETICS)		
BREVITAL SODIUM	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>methohexital-sterile water</i>	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
GENERAL ANESTHETICS, MISCELLANEOUS		
AMIDATE (20 MG/10 ML AMPUL, 20 MG/10 ML VIAL, 40 MG/20 ML VIAL)	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
DIPRIVAN	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>etomidate</i>	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
KETALAR	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>ketamine hcl (200 mg/20 ml vial, 500 mg/10 ml vial, 500 mg/5 ml vial, 1,000 mg/10 ml vial)</i>	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>ketamine hcl-water (50 mg/5 vial, 500 mg/5 vl)</i>	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>propofol</i>	NC	<div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
INHALATION ANESTHETICS		
FORANE	T4	
<i>isoflurane</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sevoflurane</i>	T1	
TERRELL	T1	
ULTANE	T4	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin er</i>	T1	QPD 1 per day
DETROL	T4	QPD 2 per day
DETROL LA	T4	QPD 1 per day
DITROPAN XL 10 MG TABLET	T4	QPD 2 per day
DITROPAN XL 5 MG TABLET	T4	QPD 1 per day
<i>fesoterodine fumarate er</i>	T1	QPD 1.0 per day
<i>flavoxate hcl</i>	T1	
GELNIQUE	T4	ST QPD 1 per day
<i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	T1	QPD 20 per day
<i>oxybutynin 2.5 mg tablet</i>	T1	QPD 3.0 per day
<i>oxybutynin 5 mg tablet</i>	T1	QPD 4 per day
<i>oxybutynin chloride er (er 10 mg tablet, er 15 mg tablet)</i>	T1	QPD 2 per day
<i>oxybutynin cl er 5 mg tablet</i>	T1	QPD 1 per day
<i>solifenacin succinate</i>	T1	QPD 1 per day
<i>tolterodine tartrate</i>	T1	QPD 2 per day
<i>tolterodine tartrate er</i>	T1	QPD 1 per day
<i>tropium chloride</i>	T1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trosipium chloride er</i>	T1	QPD 1 per day
GOLD COMPOUNDS		
RIDAURA	T5	S
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
FIRMAGON	NC	S NPP Non-Pharmacy Product PA
MYFEMBREE	T2	AL At least 18 yrs old PA QPD 1.0 per day
ORGOVYX	T3	PS PA
ORIAHNN	T2	AL At least 18 yrs old PA QPD 2 per day
ORLISSA 150 MG TABLET	T2	AL At least 18 yrs old PA QPD 1 per day
ORLISSA 200 MG TABLET	T2	AL At least 18 yrs old PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GONADOTROPINS		
ELIGARD	NC	S PA NPP BENEFIT SHIFT PROGRAM
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	NC	S PA NPP BENEFIT SHIFT PROGRAM
<i>leuprolide depot</i>	NC	S PA NPP BENEFIT SHIFT PROGRAM
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	NC	S PA NPP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 11.25 MG 3MO KIT	NC	S PA NPP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 3.75 MG KIT	NC	S PA NPP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	NC	S PA NPP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT, 45 MG 6MO KIT)	NC	S PA NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVAREL 5,000 UNIT VIAL	T5	S PA
SUPPRELIN LA	NC	S NPP Non-Pharmacy Product PA
SYNAREL	T5	S PA
TRELSTAR	NC	S NPP Non-Pharmacy Product PA
VANTAS	NC	S NPP Non-Pharmacy Product PA
ZOLADEX	NC	S PA NPP BENEFIT SHIFT PROGRAM
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA 150-37.5 MG PELLETT PKT	T3	PS PA QPD 1.0 per day
EPCLUSA 200-50 MG PELLETT PACK	T3	PS PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPCLUSA (200 MG-50 MG TABLET, 400 MG-100 MG TABLET)	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 1 per day
HARVONI (33.75-150 MG PELLETT PK, 45-200 MG TABLET, 90-400 MG TABLET)	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 1 per day
HARVONI 45-200 MG PELLETT PACKET	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 2 per day
<i>ledipasvir-sofosbuvir</i>	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 1 per day
<i>sofosbuvir-velpatasvir</i>	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 1 per day
SOVALDI 200 MG PELLETT PACKET	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 2 per day
SOVALDI (150 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET)	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 1 per day
VOSEVI	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 1 per day
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET 50-20 MG PELLETT PACKET	T3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #f08080; padding: 2px 10px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 10px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px 10px;">QPD</div> </div> 5.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 100-40 MG TABLET	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 3 per day
HCV REPLICATION COMPLEX INHIBITORS		
VIEKIRA PAK	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 4 per day
ZEPATIER	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 1 per day
HEAVY METAL ANTAGONISTS		
BAL IN OIL	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4169e1; color: white; padding: 2px; margin-bottom: 2px;">NPP</div> </div> Non-Pharmacy Product
<i>calcium disodium versenate</i>	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4169e1; color: white; padding: 2px; margin-bottom: 2px;">NPP</div> </div> Non-Pharmacy Product
CHEMET	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> </div>
CUPRIMINE	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> </div>
CUVRIOR	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 10.0 per day
D-PENAMINE	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> </div>
<i>deferasirox (90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferiprone</i>	T3	PS PA
<i>deferiprone (3 times a day)</i>	T3	PS PA
<i>deferoxamine mesylate</i>	NC	NPP Non-Pharmacy Product
DEPEN	T5	S PA
DESFERAL MESYLATE	NC	NPP Non-Pharmacy Product
<i>edetate calc disod 1000 mg/5ml</i>	NC	NPP Non-Pharmacy Product
EXJADE	T5	S PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	T5	S PA
FERRIPROX (2 TIMES A DAY)	T5	S PA
FERRIPROX (3 TIMES A DAY)	T5	S PA
GALZIN	T4	
JADENU	T5	S PA
JADENU SPRINKLE	T5	S PA
<i>penicillamine (250 mg capsule, 250 mg tablet)</i>	T5	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pentetate calcium trisodium</i>	NC	NPP Non-Pharmacy Product
<i>pentetate zinc trisodium</i>	NC	NPP Non-Pharmacy Product
<i>trientine hcl 250 mg capsule</i>	T3	PS PA
WILZIN	T4	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>betamethasone sod phos-acetate</i>	NC	NPP Non-Pharmacy Product
<i>budesonide 2 mg rectal foam</i>	T1	
<i>budesonide dr</i>	T1	HCG
<i>budesonide ec</i>	T1	HCG
<i>budesonide er</i>	T1	PA
CELESTONE	NC	NPP Non-Pharmacy Product
DEPO-MEDROL	NC	NPP BENEFIT SHIFT PROGRAM
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	T1	
DEXAMETHASONE INTENSOL	T4	
<i>dexamethasone 20 mg/2 ml-water</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syringe, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	NC	NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone-0.9% nacl</i>	NC	NPP BENEFIT SHIFT PROGRAM
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	T5	AL At least 2 yrs old S PA
ENTOCORT EC	T4	
<i>fludrocortisone acetate</i>	T1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	T1	
INTRAROSA	T4	AL At least 18 yrs old QPD 1 per day
KENALOG-10	NC	NPP BENEFIT SHIFT PROGRAM
KENALOG-80	NC	NPP Non-Pharmacy Product
MEDROL (2 MG TABLET, 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	T4	
<i>methylprednisolone (4 mg dosepak, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)</i>	T1	
<i>methylprednisolone acetate (40 mg/ml vl, 80 mg/ml vl, 200 mg/5 ml, 400 mg/10ml, 400 mg/5 ml, 800 mg/10ml)</i>	NC	NPP Non-Pharmacy Product
<i>methylprednisolone sodium succ</i>	NC	NPP Non-Pharmacy Product
MILLIPRED	NC	MVB Minimal Value Brand
MILLIPRED DP	NC	MVB Minimal Value Brand
ORAPRED ODT	T4	
PEDIAPRED	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisolone (5 mg tablet, 15 mg/5 ml soln)</i>	T1	
<i>prednisolone sodium phos odt</i>	T1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15mg/5ml soln cup, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	T1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	T1	
PREDNISON INTENSOL	T4	
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL, 1,000 MG ACT-O-VL)	NC	NPP BENEFIT SHIFT PROGRAM
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	NC	NPP Non-Pharmacy Product
TARPEYO	T5	S PA QPD 4.0 per day
<i>triamcinolone acetonide (40 mg/ml vl, 40mg/ml vl, 50mg/5ml vl, 200 mg/5 ml, 400 mg/10ml)</i>	NC	NPP BENEFIT SHIFT PROGRAM
UCERIS 2 MG RECTAL FOAM	T4	
VERIPRED 20	T4	
ANDROGENS		
ANDRODERM 2 MG/24HR PATCH	T2	GL Male PA QPD 1 per day
ANDRODERM 4 MG/24HR PATCH	T2	GL Male PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>danazol</i>	T1	
<i>estrogen-methyltestosterone</i>	T1	GL Female
METHITEST	NC	GL Male PA MVB Minimal Value Brand
<i>methyltestosterone</i>	NC	GL Male HCG MVG MINIMAL VALUE GENERIC
<i>testosterone 50 mg/5 gram gel</i>	T1	QL 300 / 30 days GL Male
<i>testosterone (1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 50 mg/5 gram pkt)</i>	T1	GL Male QPD 5 per day
<i>testosterone 12.5 mg/1.25 gram</i>	T1	GL Male QPD 10 per day
<i>testosterone 1% (25mg/2.5g) pk</i>	T1	GL Male QPD 2.5 per day
<i>testosterone cypionate</i>	T1	GL Male
<i>testosterone enanthate</i>	T1	GL Male
XYOSTED	T4	PA
CONTRACEPTIVES		
AFIRMELLE	T0	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALTAVERA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ALYACEN	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
AMETHIA	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANNOVERA	T0	<p>QL max 1 per 365 days</p> <p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
APRI	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ARANELLE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUBRA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
AUBRA EQ	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
AUROVELA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUROVELA FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
AVIANE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
AYUNA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALCOLTRA	T4	GL Female
BALZIVA	T0	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
BLISOVI 24 FE	T0	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
BLISOVI FE	T0	GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMILA	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
CAMRESE	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
CAMRESE LO	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAZIAN	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
CHARLOTTE 24 FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
CHATEAL	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRYSELLE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
CYCLAFEM	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
CYRED	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DASETТА	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
DAYSEE	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
DEBLITANE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desogestrel-ethinyl estradiol</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
DOLISHALE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
<i>drosp-ee-levomef 3-0.02-0.451</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p> <p>HCG</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ELINEST	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ELLA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p> <p>QPD 1 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMOQUETTE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ENPRESSE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ENSKYCE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTARYLLA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
<i>ethynodiol-ethinyl estradiol</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
<i>etonogestrel-ethinyl estradiol</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FEMYNOR	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
FINZALA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
GEMMILY	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HAILEY 24 FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
HAILEY FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
HALOETTE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLEVIA	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
INCASSIA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ISIBLOOM	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JASMIEL	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
JENCYCLA	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
JOLESSA	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
JOYEAUX	T0	<p>GL Female</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JULEBER	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
JUNEL	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
JUNEL FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KAITLIB FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
KALLIGA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
KARIVA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KELNOR 1-50	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
KURVELO	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
KYLEENA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) may apply.</p> <p>HCR</p> <p>PS</p> <p>NPP BENEFIT SHIFT PROGRAM</p>
LARIN	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LARIN 24 FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LARIN FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LARISSIA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEENA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LESSINA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LEVONEST	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorg-eth estrad-fe bisglyc</i>	T0	<p>GL Female</p> <p>HCR</p>
<i>levonorgestrel-eth estradiol</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LEVORA-28	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LILETTA	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p>
LILLOW	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LO-ZUMANDIMINE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LOJAIMIESS	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LORYNA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUTERA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LYLEQ	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LYZA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MERZEE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
MIBELAS 24 FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p> <p>HCG</p>
MICROGESTIN	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MICROGESTIN FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
MILI	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
MIRENA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) may apply.</p> <p>HCR</p> <p>PS</p> <p>NPP BENEFIT SHIFT PROGRAM</p>
MONO-LINYAH	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATAZIA	T4	<div style="background-color: #006633; color: white; padding: 2px; display: inline-block;">GL</div> Female
NECON	T0	<div style="background-color: #006633; color: white; padding: 2px; display: inline-block;">GL</div> Female <div style="background-color: #333; color: white; padding: 2px; display: inline-block; width: 40px; text-align: center;">C</div> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. <div style="background-color: #0099cc; color: white; padding: 2px; display: inline-block;">HCR</div>
NEXPLANON	T0	<div style="background-color: #333; color: white; padding: 2px; display: inline-block; width: 40px; text-align: center;">C</div> HCR: Gender Edits (Females) may apply. <div style="background-color: #cc0000; color: white; padding: 2px; display: inline-block; width: 40px; text-align: center;">S</div> <div style="background-color: #0099cc; color: white; padding: 2px; display: inline-block;">HCR</div> <div style="background-color: #ccc; padding: 2px; display: inline-block;">NPP</div> BENEFIT SHIFT PROGRAM
NIKKI	T0	<div style="background-color: #006633; color: white; padding: 2px; display: inline-block;">GL</div> Female <div style="background-color: #333; color: white; padding: 2px; display: inline-block; width: 40px; text-align: center;">C</div> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. <div style="background-color: #0099cc; color: white; padding: 2px; display: inline-block;">HCR</div>
NORA-BE	T0	<div style="background-color: #006633; color: white; padding: 2px; display: inline-block;">GL</div> Female <div style="background-color: #333; color: white; padding: 2px; display: inline-block; width: 40px; text-align: center;">C</div> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. <div style="background-color: #0099cc; color: white; padding: 2px; display: inline-block;">HCR</div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethin-eth estra-ferrous fum</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
<i>norethindrone</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>noreth-ee-fe 1-0.02(24)-75 chw</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p> <p>HCG</p> <p>MVG MINIMAL VALUE GENERIC</p>
<i>noreth-ee-fe 1 mg/20-30-35 mcg</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
<i>norgestimate-ethinyl estradiol</i>	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NORLYDA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
NORTREL	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
NYLIA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OCELLA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ORSYTHIA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
PARAGARD T 380-A	T0	<p>C HCR: Gender Edits (Females) may apply.</p> <p>S</p> <p>HCR</p> <p>NPP BENEFIT SHIFT PROGRAM</p>
PHILITH	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIMTREA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
PIRMELLA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
PORTIA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RECLIPSEN	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
RIVELSA	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p> <p>HCG</p> <p>MVG MINIMAL VALUE GENERIC</p>
SETLAKIN	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHAROBEL	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
SIMLIYA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
SIMPESSE	T0	<p>QL 91 days</p> <p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRINTEC	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
SRONYX	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
SYEDA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TARINA FE	TO	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TARINA FE 1-20 EQ	TO	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TAYSOFY	TO	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TAYTULLA	NC	<p>ST</p> <p>GL Female</p> <p>MVB Minimal Value Brand</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TILIA FE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TRI FEMYNOR	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TRI-ESTARYLLA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-LINYAH	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TRI-LO-ESTARYLLA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TRI-LO-MARZIA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-LO-SPRINTEC	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TRI-MILI	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TRI-NYMYO	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-SPRINTEC	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TRI-VYLIBRA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TRI-VYLIBRA LO	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TULANA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TYBLUME	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
TYDEMY	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VESTURA	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
VIENVA	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
VIORELE	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYFEMLA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
VYLIBRA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
WERA	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XULANE	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p> <p>QPD 0.12 per day</p>
ZAFEMY	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p> <p>QPD 0.124 per day</p>
ZARAH	T0	<p>GL Female</p> <p>C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOVIA 1-35	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ZOVIA 1-35E	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
ZUMANDIMINE	T0	<p>GL Female</p> <p>C</p> <p>HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>HCR</p>
LEPTINS		
MYALEPT	T5	<p>S</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE	T5	S PA QPD 0.3 per day
PITUITARY		
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	T4	
DDAVP (4 MCG/ML AMPUL, 40 MCG/10 ML VIAL)	NC	NPP Non-Pharmacy Product
<i>desmopressin acetate (0.01% solution, 10 mcg/0.1 ml spr)</i>	T1	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	T1	
<i>desmopressin acetate (ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 40 mcg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
NOCDURNA	T4	PA QPD 1 per day
NORDITROPIN FLEXPRO	T3	PS PA
SEROSTIM	T5	S PA QPD 1 per day
PROGESTINS		
AYGESTIN	T4	GL Female
CRINONE 4% GEL	T4	GL Female
CRINONE 8% GEL	T4	GL Female QPD 2.5 per day
DEPO-PROVERA 150 MG/ML SYRINGE	T4	QL 90 days GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEPO-PROVERA 150 MG/ML VIAL	T4	<ul style="list-style-type: none"> GL Female
DEPO-SUBQ PROVERA 104	T0	<ul style="list-style-type: none"> QL 90 days GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR PA
ENDOMETRIN	T4	<ul style="list-style-type: none"> GL Female QPD 3 per day
<i>medroxyprogesterone 150 mg/ml</i>	T0	<ul style="list-style-type: none"> QL 90 days GL Female C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR QPD 0.04 per day
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	T1	<ul style="list-style-type: none"> GL Female
<i>megestrol acetate (acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml, 625 mg/5 ml susp)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	T1	
<i>norethindrone acetate</i>	T1	GL Female
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	T1	GL Female
<i>progesterone 500 mg/10 ml vial</i>	T1	GL Female
PROVERA	T4	GL Female
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
<i>clonidine (0.2 mg/day patch, 0.3 mg/day patch)</i>	T1	QPD 0.4 per day HCG
<i>clonidine 0.1 mg/day patch</i>	T1	QPD 0.15 per day HCG
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	T1	
<i>clonidine hcl er 0.1 mg tablet</i>	T1	QPD 4 per day HCG
<i>clonidine hcl er 0.17 mg tab</i>	NC	QPD 3.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>guanfacine hcl</i>	T1	
KAPVAY	T4	ST QPD 4 per day
<i>methyldopa</i>	T1	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<i>methyldopate hcl</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXICLON XR	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">MVB</div> </div> 3.0 per day Minimal Value Brand
DIRECT VASODILATORS		
BIDIL	T4	<div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 6 per day
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	T1	
<i>hydralazine 20 mg/ml vial</i>	NC	<div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
<i>isosorbide dinit-hydralazine</i>	T1	<div style="background-color: #007bff; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> 6.0 per day
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	T1	
<i>sodium nitroprusside</i>	NC	<div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
HYPOTENSIVE AGENTS, MISCELLANEOUS		
CORLOPAM	NC	<div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> Non-Pharmacy Product
VECAMYL	T5	<div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
INSULINS		
INTERMEDIATE-ACTING INSULINS		
HUMULIN 70-30	T2	<div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 90 days
HUMULIN 70/30 KWIKPEN	T2	<div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 90 days
HUMULIN N	T2	<div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 90 days
HUMULIN N KWIKPEN	T2	<div style="background-color: #6f42c1; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 90 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LONG-ACTING INSULINS		
LANTUS	T2	QL 90 days
LANTUS SOLOSTAR	T2	QL 90 days
SOLIQUA 100-33	T2	PA QPD 0.6 per day
TOUJEO MAX SOLOSTAR	T2	QL 90 days
TOUJEO SOLOSTAR	T2	QL 90 days
XULTOPHY 100-3.6	T4	PA QPD 0.5 per day
RAPID-ACTING INSULINS		
AFREZZA	T4	QL 90 days PA
HUMALOG 100 UNIT/ML CARTRIDGE	T2	QL 90 days
HUMALOG 100 UNIT/ML VIAL	T2	QL 90 days
HUMALOG JUNIOR KWIKPEN	T2	QL 90 days
HUMALOG KWIKPEN U-100	T2	QL 90 days
HUMALOG KWIKPEN U-200	T2	QL 90 days
HUMALOG MIX 50-50	T2	QL 90 days
HUMALOG MIX 50-50 KWIKPEN	T2	QL 90 days
HUMALOG MIX 75-25	T2	QL 90 days
HUMALOG MIX 75-25 KWIKPEN	T2	QL 90 days
<i>insulin lispro</i>	T2	QL 90 days
LYUMJEV	T2	QL 90 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYUMJEV KWIKPEN U-100	T2	QL 90 days
LYUMJEV KWIKPEN U-200	T2	QL 90 days
SHORT-ACTING INSULINS		
HUMULIN R	T2	QL 90 days
HUMULIN R U-500	T2	QL 90 days
HUMULIN R U-500 KWIKPEN	T2	QL 90 days
MYXREDLIN	NC	QL 90 days NPP Non-Pharmacy Product
ION-REMOVING AGENTS		
OTHER ION-REMOVING AGENTS		
RADIOGARDASE	T4	
PHOSPHATE-REMOVING AGENTS		
<i>calcium acetate (667 mg capsule, 667 mg gelcap)</i>	T1	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	T4	
FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW)	T4	
FOSRENOL 1,000 MG TABLET CHEW	NC	MVB MINIMAL VALUE BRAND
<i>lanthanum carb 1,000 mg tb chw</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSLYRA	T4	
RENVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET, 800 MG TABLET)	T4	
<i>sevelamer 2.4 gm powder packet</i>	T1	HCG
<i>sevelamer carbonate (0.8 gm powder packet, carbonate 800 mg tab)</i>	T1	
<i>sevelamer hcl</i>	T1	
VELPHORO	T4	
POTASSIUM-REMOVING AGENTS		
LOKELMA	T4	QPD 1 per day
<i>sodium polystyrene sulfonate</i>	T1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	T1	
VELTASSA	T4	QPD 1 per day
KALLIKREIN-KININ SYSTEM INHIBITORS		
BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR	T5	S PA QPD 1.29 per day
<i>icatibant</i>	T3	PS PA QPD 1.29 per day
SAJAZIR	T3	PS PA QPD 1.29 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPLEMENT INHIBITORS		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	T5	S PA
CINRYZE	T5	S PA
HAEGARDA	T5	S PA QPD 1.25 per day
RUCONEST	T5	S PA QPD 0.87 per day
SOLIRIS	NC	S PA NPP BENEFIT SHIFT PROGRAM
ULTOMIRIS	NC	S NPP Non-Pharmacy Product PA
KALLIKREIN INHIBITORS		
KALBITOR	NC	S PA NPP BENEFIT SHIFT PROGRAM
ORLADEYO	T5	S PA QPD 1 per day
TAKHZYRO 150 MG/ML SYRINGE	T5	S PA QPD 0.072 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	T5	<div style="background-color: #c00000; color: white; padding: 2px; display: inline-block;">S</div> <div style="background-color: #804000; color: white; padding: 2px; display: inline-block;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block;">QPD</div> 0.144 per day
LOCAL ANESTHETICS (PARENTERAL)		
<i>buffered lidocaine</i>	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
<i>bupivacaine hcl-epinephrine</i>	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
<i>bupivacaine-dextrose</i>	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
CARBOCAINE (1% VIAL, 1.5% VIAL, 2% VIAL)	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
<i>chloroprocaine hcl</i>	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
EXPAREL	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
<i>lidocaine hcl (hcl 0.5% vial, hcl 1% 100 mg/10 ml, hcl 1% 20 mg/2 ml, hcl 1% 20 mg/2 ml vl, hcl 1% 300 mg/30 ml, hcl 1% 50 mg/5 ml, hcl 1% 50 mg/5 ml vl, hcl 1% ampul, hcl 1% vial, hcl 1.5% ampul, hcl 2% 100 mg/5 ml, hcl 2% 200 mg/10 ml, hcl 2% 40 mg/2 ml, hcl 2% 40 mg/2 ml vl, hcl 4% 200 mg/5 ml, hcl 4% ampul, hcl 10 mg/ml syringe, 50 mg/5 ml (1%) syrg, 200 mg/10 ml(2%) syr, hcl 200 mg/10 ml syr)</i>	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
<i>lidocaine hcl in 7.5% dextrose</i>	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
<i>lidocaine hcl-0.9% nacl</i>	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product
<i>lidocaine hcl-epinephrine (0.5%-epi 1:200,000, 1%-epi 1:100,000, 1.5%-epi 1:200,000, 2%-epi 1:100,000, 2%-epi 1:200,000)</i>	NC	<div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">NPP</div> Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine-epinephrine</i>	NC	NPP Non-Pharmacy Product
LIGNOSPAN STANDARD	NC	NPP Non-Pharmacy Product
MARCAINE (0.25% VIAL, 0.5% VIAL, 0.75% VIAL)	NC	NPP Non-Pharmacy Product
MARCAINE SPINAL	NC	NPP Non-Pharmacy Product
MARCAINE-EPINEPHRINE (0.25%-EPI, 0.5%-EPI VL)	NC	NPP Non-Pharmacy Product
<i>mepivacaine hcl</i>	NC	NPP Non-Pharmacy Product
NAROPIN (0.5% 1,000 MG/200 ML, 0.5% 100 MG/20 ML VIAL, 0.5% 150 MG/30 ML VIAL, 0.5% 500 MG/100 ML BTL, 0.75% 150 MG/20 ML AMP, 0.75% 150 MG/20 ML VL, 1% 100 MG/10 ML AMPULE, 1% 100 MG/10 ML VIAL, 1% 200 MG/20 ML VIAL)	NC	NPP Non-Pharmacy Product
NESACAINE	NC	NPP Non-Pharmacy Product
NESACAINE-MPF	NC	NPP Non-Pharmacy Product
POLOCAINE 2% VIAL	NC	NPP Non-Pharmacy Product
POLOCAINE-MPF	NC	NPP Non-Pharmacy Product
<i>ropivacaine hcl (0.2% 20 mg/10 ml, 0.2% 200 mg/100 ml, 0.2% 400 mg/200 ml, 0.5% 500 mg/100 ml)</i>	NC	NPP Non-Pharmacy Product
<i>ropivacaine hcl (0.2% 40 mg/20 ml, 0.5% 100 mg/20 ml, 0.5% 1000 mg/200ml, 0.5% 150 mg/30 ml, 0.75% 150 mg/20 ml, 1% 100 mg/10 ml vl, 1% 200 mg/20 ml vl)</i>	NC	NPP Non-Pharmacy Product
SENSORCAINE	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SENSORCAINE WITH DEXTROSE	NC	NPP Non-Pharmacy Product
SENSORCAINE-EPINEPHRINE	NC	NPP Non-Pharmacy Product
SENSORCAINE-MPF	NC	NPP Non-Pharmacy Product
SENSORCAINE-MPF EPINEPHRINE	NC	NPP Non-Pharmacy Product
VIVACAINE	NC	NPP Non-Pharmacy Product
XARACOLL	NC	NPP Non-Pharmacy Product
XYLOCAINE	NC	NPP Non-Pharmacy Product
XYLOCAINE DENTAL-EPINEPHRINE	NC	NPP Non-Pharmacy Product
XYLOCAINE WITH EPINEPHRINE (0.5%-EPI 1:200,000, 1%-EPI 1:100,000, 2%-EPI 1:100,000, 2%-EPI 1:200,000)	NC	NPP Non-Pharmacy Product
XYLOCAINE-MPF (0.5% VIAL, 1% AMPUL, 1% VIAL, 1.5% AMPUL, 2% 100 MG/5 ML, 2% 40 MG/2 ML, 2% 40 MG/2 ML VL, 2% AMPUL)	NC	NPP Non-Pharmacy Product
XYLOCAINE-MPF WITH EPINEPHRINE	NC	NPP Non-Pharmacy Product
ZYNRELEF	NC	NPP Non-Pharmacy Product
MACROLIDE ANTIBIOTICS		
ERYTHROMYCIN ANTIBIOTICS		
E.E.S. 200	T4	
E.E.S. 400	T4	
ERY-TAB	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERYPED 200	T4	
ERYPED 400	T4	
ERYTHROCIN LACTOBIONATE (1 GM ADDVANT VIAL, 500 MG ADDVAN VIAL, LACT 500 MG VIAL)	NC	NPP Non-Pharmacy Product
ERYTHROCIN STEARATE	T4	
<i>erythromycin (250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	T1	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)</i>	T1	
<i>erythromycin lactobionate</i>	NC	NPP Non-Pharmacy Product
OTHER MACROLIDE ANTIBIOTICS		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg tablet, 600 mg tablet)</i>	T1	
<i>azithromycin 250 mg tablet</i>	T1	QL 6 / 5 days
<i>azithromycin (500 mg add-van vl, i.v. 500 mg vial)</i>	NC	NPP Non-Pharmacy Product
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	T1	
<i>clarithromycin er</i>	T1	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	T4	PA
ZITHROMAX 100 MG/5 ML SUSP	T4	QL 30 / fill
ZITHROMAX 200 MG/5 ML SUSP	T4	QL 60 / fill
ZITHROMAX (1 GM POWDER PACKET, 250 MG Z-PAK TABLET)	T4	
ZITHROMAX 250 MG TABLET	T4	QL 6 / 5 days
ZITHROMAX 500 MG TABLET	T4	QL 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZITHROMAX I.V. 500 MG VIAL	NC	NPP Non-Pharmacy Product
ZITHROMAX TRI-PAK	T4	
MISC. BETA-LACTAM ANTIBIOTICS		
CARBAPENEM ANTIBIOTICS		
<i>imipenem-cilastatin sodium</i>	NC	NPP Non-Pharmacy Product
INVANZ	NC	NPP BENEFIT SHIFT PROGRAM
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	NC	NPP Non-Pharmacy Product
<i>meropenem-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
PRIMAXIN	NC	NPP Non-Pharmacy Product
RECARBRIO	NC	NPP Non-Pharmacy Product
CEPHAMYCIN ANTIBIOTICS		
CEFOTAN	NC	NPP Non-Pharmacy Product
<i>cefotetan</i>	NC	NPP Non-Pharmacy Product
<i>cefoxitin</i>	NC	NPP Non-Pharmacy Product
<i>cefoxitin sodium</i>	NC	NPP Non-Pharmacy Product
MONOBACTAM ANTIBIOTICS		
AZACTAM	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aztreonam</i>	NC	NPP Non-Pharmacy Product
CAYSTON	T5	S PA
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride</i>	T1	GL Male QPD 1 per day
<i>dutasteride-tamsulosin</i>	T1	GL Male QPD 1 per day
ENTADFI	T4	PA QPD 2.0 per day
<i>finasteride 5 mg tablet</i>	T1	GL Male QPD 1 per day
JALYN	T4	GL Male QPD 1 per day
PROSCAR	T4	GL Male QPD 1 per day
ALCOHOL DETERRENTS		
<i>disulfiram</i>	T1	
ANTIDOTES		
ACETADOTE	NC	NPP Non-Pharmacy Product
CYANOKIT	NC	NPP Non-Pharmacy Product
DUODOTE	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fomepizole</i>	NC	NPP Non-Pharmacy Product
FUSILEV	NC	S NPP Non-Pharmacy Product PA
KHAPZORY	NC	S NPP Non-Pharmacy Product PA
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	T1	
<i>leucovorin calcium (cal 100 mg/10 ml vl, cal 500 mg/50 ml vl, calcium 50 mg vial, calcium 100 mg vial, calcium 200 mg vial, calcium 350 mg vial, calcium 500 mg vial)</i>	NC	S NPP Non-Pharmacy Product
<i>levoleucovorin calcium (50 mg vial, 175 mg/17.5 ml, 250 mg/25 ml vl)</i>	NC	S NPP Non-Pharmacy Product PA
NITHIODOTE	NC	NPP Non-Pharmacy Product
<i>pralidoxime chloride</i>	T1	
PROTOPAM CHLORIDE	NC	NPP Non-Pharmacy Product
<i>sodium nitrite</i>	NC	NPP Non-Pharmacy Product
VISTOGARD	T5	S
VORAXAZE	NC	S NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	T1	QPD 3 per day
<i>allopurinol 300 mg tablet</i>	T1	QPD 2 per day
<i>allopurinol sodium</i>	NC	NPP Non-Pharmacy Product
ALOPRIM	NC	NPP Non-Pharmacy Product
<i>colchicine 0.6 mg tablet</i>	T1	QPD 4 per day
<i>febuxostat</i>	T1	ST QPD 1 per day
KRYSTEXXA	NC	S NPP Non-Pharmacy Product PA QPD 0.072 per day
ULORIC	T4	ST QPD 1 per day
ZYLOPRIM	NC	QPD 3 per day MVB Minimal Value Brand
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI	T5	S PA
BONE ANABOLIC AGENTS		
EVENITY	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVENITY (2 SYRINGES)	NC	S NPP Non-Pharmacy Product PA
BONE RESORPTION INHIBITORS		
ACTONEL 150 MG TABLET	T4	QPD 0.04 per day
ACTONEL 35 MG TABLET	T4	QPD 0.15 per day
<i>alendronate sod 70 mg/75 ml</i>	T1	QPD 12.5 per day
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	T1	QPD 0.15 per day
<i>alendronate sodium (5 mg tablet, 10 mg tab)</i>	T1	QPD 1 per day
ATELVIA	T4	ST QPD 0.15 per day
BINOSTO	T4	QPD 0.15 per day
BONIVA	T4	QPD 0.04 per day
FOSAMAX	T4	QPD 0.15 per day
FOSAMAX PLUS D	T4	QPD 0.15 per day
<i>ibandronate sodium 150 mg tab</i>	T1	QPD 0.04 per day
<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	NC	S NPP Non-Pharmacy Product PA
<i>pamidronate disodium (30 mg/10 ml vial, disod 30 mg vial, 60 mg/10 ml vial, 90 mg/10 ml vial, disod 90 mg vial)</i>	NC	S NPP Non-Pharmacy Product
PROLIA	NC	S PA QPD 0.13 per day NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RECLAST	NC	S NPP Non-Pharmacy Product PA
<i>risedronate sodium 150 mg tab</i>	T1	QPD 0.04 per day HCG
<i>risedronate sodium 30 mg tab</i>	T1	
<i>risedronate sodium 35 mg tab</i>	T1	QPD 0.15 per day
<i>risedronate sodium 5 mg tablet</i>	T1	QPD 1 per day
<i>risedronate sodium dr</i>	T1	HCG
XGEVA	NC	S PA QPD 0.07 per day NPP BENEFIT SHIFT PROGRAM
<i>zoledronic acid (4 mg vial, 4 mg/100 ml, 4 mg/5 ml vial, 5 mg/100 ml)</i>	NC	PS NPP BENEFIT SHIFT PROGRAM
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide</i>	T3	PS PA QPD 4.0 per day
KEVEYIS	T5	S PA QPD 4 per day
CARIOSTATIC AGENTS		
CLINPRO 5000	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
FLUORIDEX	T1	
JUST RIGHT 5000	T1	
PREVIDENT 1.1% GEL	T4	
PREVIDENT (0.2% RINSE, 5000 BOOSTER PLUS, DENTAL RINSE)	T4	
PREVIDENT 5000 DRY MOUTH	T4	
PREVIDENT 5000 ENAMEL PROTECT	T4	
PREVIDENT 5000 ORTHO DEFENSE	T4	
PREVIDENT 5000 PLUS	T4	
PREVIDENT 5000 SENSITIVE	T4	
SF	T1	
SF 5000 PLUS	T1	
<i>sodium fluoride (0.2% rinse, 1.1% cream, 5000 ppm cream, 5000 ppm paste)</i>	T1	
SODIUM FLUORIDE 5000 DRY MOUTH	T1	
<i>sodium fluoride enamel protect</i>	T1	
<i>sodium fluoride sensitive</i>	T1	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 2px;">PS</div> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">QPD 0.15 per day</div> <div>PS2 Preferred 2nd line</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA 400 MG/20 ML VIAL	NC	<ul style="list-style-type: none"> PS PA QPD 1.5 per day NPP BENEFIT SHIFT PROGRAM PS2 Preferred 2nd line
ACTEMRA 80 MG/4 ML VIAL	NC	<ul style="list-style-type: none"> PS PA QPD 0.15 per day NPP BENEFIT SHIFT PROGRAM PS2 Preferred 2nd line
ACTEMRA ACTPEN	T3	<ul style="list-style-type: none"> PS PA QPD 0.15 per day PS2 Preferred 2nd line
AMJEVITA(CF) 10MG/0.2ML SYRING	T3	<ul style="list-style-type: none"> PS PA QPD 0.043 per day PS1 Preferred 1st line
AMJEVITA(CF) 20MG/0.4ML SYRING	T3	<ul style="list-style-type: none"> PS PA QPD 0.09 per day PS1 Preferred 1st line
AMJEVITA(CF) 40MG/0.8ML SYRING	T3	<ul style="list-style-type: none"> PS PA QPD 0.18 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMJEVITA(CF) 40MG/0.8ML AUTOIN	T3	<ul style="list-style-type: none"> PS PA QPD 0.18 per day PS1 Preferred 1st line
ARAVA	NC	<ul style="list-style-type: none"> MVB Minimal Value Brand
AVSOLA	NC	<ul style="list-style-type: none"> QL 10 / 30 days PS PA NPP BENEFIT SHIFT PROGRAM PS1 Preferred 1st line
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	T4	
CIBINQO	T3	<ul style="list-style-type: none"> PS PA QPD 1.0 per day
CIMZIA (2X200 MG/ML SYRINGE KIT, 200 MG VIAL KIT)	T3	<ul style="list-style-type: none"> PS PA QPD 0.08 per day PS1 Preferred 1st line
CIMZIA 2X200 MG/ML(X3)START KT	T3	<ul style="list-style-type: none"> QL 3/ fill PS PA PS1 Preferred 1st line
CYLTEZO(CF)	T3	<ul style="list-style-type: none"> PS PA QPD 0.22 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYLTEZO(CF) PEN	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.22 per day Preferred 1st line
CYLTEZO(CF) PEN CROHN'S-UC-HS	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.22 per day Preferred 1st line
CYLTEZO(CF) PEN PSORIASIS-UV	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.22 per day Preferred 1st line
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.29 per day Preferred 1st line
ENBREL MINI	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.15 per day Preferred 1st line
ENBREL SURECLICK	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.15 per day Preferred 1st line
HUMIRA	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.22 per day Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA PEN	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; border-radius: 5px; padding: 2px 5px;">PS1</div> </div> 0.22 per day Preferred 1st line
HUMIRA PEN CROHN'S-UC-HS	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; border-radius: 5px; padding: 2px 5px;">PS1</div> </div> 0.22 per day Preferred 1st line
HUMIRA PEN PSOR-UEVITS-ADOL HS	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; border-radius: 5px; padding: 2px 5px;">PS1</div> </div> 0.22 per day Preferred 1st line
HUMIRA(CF)	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; border-radius: 5px; padding: 2px 5px;">PS1</div> </div> 0.22 per day Preferred 1st line
HUMIRA(CF) PEDI CROHN 80MG/0.8	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; border-radius: 5px; padding: 2px 5px;">PS1</div> </div> 0.22 per day Preferred 1st line
HUMIRA(CF) PEN	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; border-radius: 5px; padding: 2px 5px;">PS1</div> </div> 0.22 per day Preferred 1st line
HUMIRA(CF) PEN CROHN'S-UC-HS	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; border-radius: 5px; padding: 2px 5px;">PS1</div> </div> 0.22 per day Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA(CF) PEN PEDIATRIC UC	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.22 per day Preferred 1st line
HUMIRA(CF) PEN PSOR-UV-ADOL HS	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.22 per day Preferred 1st line
INFLECTRA	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #c0c0c0; padding: 2px; margin-bottom: 2px;">NPP</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.5 per day BENEFIT SHIFT PROGRAM Preferred 1st line
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px;">QPD</div> </div> 0.1 per day
KINERET	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px;">QPD</div> </div> 10 per day
<i>leflunomide</i>	T1	
OLUMIANT (1 MG TABLET, 2 MG TABLET)	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px;">QPD</div> </div> 1 per day
OLUMIANT 4 MG TABLET	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px;">QPD</div> </div> 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	T3	<ul style="list-style-type: none"> PS PA QPD 0.15 per day PS2 Preferred 2nd line
ORENCIA 250 MG VIAL	NC	<ul style="list-style-type: none"> PS PA QPD 0.15 per day NPP BENEFIT SHIFT PROGRAM PS2 Preferred 2nd line
ORENCIA CLICKJECT	T3	<ul style="list-style-type: none"> PS PA QPD 0.15 per day PS2 Preferred 2nd line
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	T3	<ul style="list-style-type: none"> PS PA QPD 2 per day PS1 Preferred 1st line
RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)	T3	<ul style="list-style-type: none"> PS PA QPD 1.0 per day PS1 Preferred 1st line
RINVOQ ER 15 MG TABLET	T3	<ul style="list-style-type: none"> PS PA QPD 1 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	T3	<ul style="list-style-type: none"> PS PA QPD 0.04 per day PS1 Preferred 1st line
SIMPONI ARIA	NC	<ul style="list-style-type: none"> PS PA QPD 1.5 per day NPP BENEFIT SHIFT PROGRAM PS1 Preferred 1st line
<i>sulfasalazine</i>	T1	
<i>sulfasalazine dr</i>	T1	
XELJANZ 1 MG/ML SOLUTION	T3	<ul style="list-style-type: none"> PS PA QPD 10 per day PS1 Preferred 1st line
XELJANZ (5 MG TABLET, 10 MG TABLET)	T3	<ul style="list-style-type: none"> PS PA QPD 2 per day PS1 Preferred 1st line
XELJANZ XR	T3	<ul style="list-style-type: none"> PS PA QPD 1 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	T5	S PA
AUBAGIO	T5	S PA QPD 1 per day
AVONEX PREFILLED SYR 30 MCG KT	T3	PS PA QPD 0.15 per day
AVONEX PEN 30 MCG/0.5 ML KIT	T3	PS PA QPD 0.15 per day
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	T3	PS PA QPD 0.5 per day
COPAXONE 20 MG/ML SYRINGE	T3	PS PA QPD 1 per day
COPAXONE 40 MG/ML SYRINGE	T3	PS PA QPD 0.434 per day
<i>dimethyl fumarate</i>	T3	PS PA QPD 2 per day
ENSPRYNG	T5	S PA QPD 0.11 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	T5	S PA QPD 0.5 per day
<i> fingolimod </i>	T3	PS PA QPD 1.0 per day
GILENYA 0.25 MG CAPSULE	T5	S PA QPD 2 per day
<i> glatiramer 20 mg/ml syringe </i>	T3	PS PA QPD 1 per day
<i> glatiramer 40 mg/ml syringe </i>	T3	PS PA QPD 0.434 per day
GLATOPA 20 MG/ML SYRINGE	T5	S PA QPD 1.0 per day
GLATOPA 40 MG/ML SYRINGE	T5	S PA QPD 0.434 per day
JOENJA	T5	S PA QPD 2.0 per day
KESIMPTA PEN	T3	PS PA QPD 0.057 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT 0.25MG START-1MG MAINT	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 1.75 per day
MAYZENT 0.25MG START-2MG MAINT	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 2.5 per day
MAYZENT 0.25 MG TABLET	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 4.0 per day
MAYZENT 1 MG TABLET	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 1.0 per day
MAYZENT 2 MG TABLET	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 1 per day
PLEGRIDY 125 MCG/0.5 ML SYRINGE	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 0.04 per day
PLEGRIDY SYRINGE STARTER PACK	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4b0082; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> </div> 1/ lifetime
PLEGRIDY 125 MCG/0.5 ML PEN	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #4169e1; color: white; padding: 2px;">QPD</div> </div> 0.04 per day
PLEGRIDY PEN INJ STARTER PACK	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4b0082; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> </div> 1/ lifetime

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PONVORY (14-DAY STARTER PACK, 20 MG TABLET)	T5	S PA QPD 1 per day
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	T5	S PA QPD 0.22 per day
REBIF TITRATION PACK	T5	QL 4.2 / 365 days S PA
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	T5	S PA QPD 0.22 per day
REBIF REBIDOSE TITRATION PACK	T5	QL 4.2 / 365 days S PA
TASCENSO ODT	T5	S PA QPD 1.0 per day
<i>teriflunomide</i>	T5	S PA QPD 1.0 per day
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	T5	S PA QPD 2 per day
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	T5	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYSABRI	NC	<p>S</p> <p>PA</p> <p>QPD 0.6 per day</p> <p>NPP BENEFIT SHIFT PROGRAM</p>
UPLIZNA	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p> <p>QPD 2 per day</p>
VUMERITY	T3	<p>PS</p> <p>PA</p> <p>QPD 4 per day</p>
VYVGART	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p> <p>PA</p> <p>QPD 8.6 per day</p>
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAPSULE	T5	<p>S</p> <p>PA</p> <p>QPD 15 per day</p>
ASTAGRAF XL 1 MG CAPSULE	T5	<p>S</p> <p>PA</p> <p>QPD 30 per day</p>
ASTAGRAF XL 5 MG CAPSULE	T5	<p>S</p> <p>PA</p> <p>QPD 6 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATGAM	NC	S NPP Non-Pharmacy Product
AZASAN 100 MG TABLET	T4	
AZASAN 75 MG TABLET	NC	HCG MVG MINIMAL VALUE GENERIC
<i>azathioprine</i>	T1	
<i>azathioprine sodium</i>	NC	NPP Non-Pharmacy Product
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	T5	S PA
BENLYSTA 120 MG VIAL	NC	S PA QPD 0.25 per day NPP BENEFIT SHIFT PROGRAM
BENLYSTA 400 MG VIAL	NC	S PA QPD 0.334 per day NPP BENEFIT SHIFT PROGRAM
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	T5	S
CELLCEPT 500 MG VIAL	NC	S NPP Non-Pharmacy Product
<i>cyclosporine 250 mg/5 ml ampul</i>	NC	S NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	T3	PS
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	T3	PS
ENVARUSUS XR	T5	S PA QPD 1 per day
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	T3	PS PA
<i>everolimus 1 mg tablet</i>	T5	S PA
GAMIFANT	NC	S NPP Non-Pharmacy Product PA
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	T3	PS
IMURAN	T4	
LUPKYNIS	T5	S PA QPD 6 per day
MAVENCLAD	T5	QL 20 / 30 days S PA
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	T3	PS
<i>mycophenolate 500 mg vial</i>	NC	S NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mycophenolic acid</i>	T3	PS
MYFORTIC	T5	S
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	T5	S
NULOJIX	NC	S
		NPP Non-Pharmacy Product
		PA
PROGRAF 5 MG/ML AMPULE	NC	S
		NPP Non-Pharmacy Product
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	T5	S
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	T5	S
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	T5	S
SANDIMMUNE 50 MG/ML AMPUL	NC	S
		NPP Non-Pharmacy Product
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	T5	S
SAPHNELO	NC	S
		NPP Non-Pharmacy Product
		PA
		QPD 0.072 per day
SIMULECT	NC	NPP Non-Pharmacy Product
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	T3	PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	T3	PS
THYMOGLOBULIN	NC	NPP Non-Pharmacy Product
ZORTRESS	T5	S PA
KALLIKREIN-KININ SYSTEM INHIBITORS		
EMPAVELI	T5	S PA QPD 6 per day
TAVNEOS	T5	S PA QPD 6.0 per day
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alcohol, dehydrated 98% vial</i>	NC	NPP Non-Pharmacy Product
AMPYRA	T5	S PA QPD 2 per day
ARCALYST	T5	S PA
<i>betaine anhydrous</i>	T3	PS
<i>bht powder</i>	T4	
CERDELGA	T5	S PA
<i>cinnamon oil</i>	T1	
<i>cryoserv</i>	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTADANE	T5	S
CYSTAGON 150 MG CAPSULE	T5	S PA QPD 13 per day
CYSTAGON 50 MG CAPSULE	T5	S PA QPD 40 per day
<i>dalfampridine er</i>	T5	S PA QPD 2 per day
DEMSER	T4	
EPIFIX AMNIOTIC MEMBRANE	T4	
EVRYSDI	T5	S PA QPD 6.67 per day
FILSPARI	T5	S PA QPD 1.0 per day
FIRDAPSE	T5	S PA
GALAFOLD	T5	S PA
<i>gelmix (packet, powder)</i>	T4	
GRAFIX CORE 5CM X 5CM MATRIX	T4	
GRAFIX PRIME 5CM X 5CM MATRIX	T4	
ILARIS	NC	S NPP Non-Pharmacy Product PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISTURISA 1 MG TABLET	T5	S PA QPD 8 per day
ISTURISA 10 MG TABLET	T5	S PA QPD 6 per day
ISTURISA 5 MG TABLET	T5	S PA QPD 2 per day
JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	T3	PS PA
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	T5	S PA
<i>levocarnitine 1 g/10 ml soln</i>	T1	
<i>levocarnitine sf</i>	T1	
<i>linseed oil</i>	T1	
LITFULO	T5	S PA QPD 1.0 per day
LODOCO	T4	PA QPD 1.0 per day
<i>melatonin-vit b6 3-10 mg tab</i>	T1	
<i>methylene blue powder</i>	T4	
<i>metyrosine</i>	T1	
MIDNITE FOR MENOPAUSE	T4	
MIDNITE MENOPAUSE	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIDNITE PM	T4	
<i>miglustat</i>	T5	S PA
<i>nitisinone</i>	T3	PS PA
NITYR	T5	S PA
NULIBRY	NC	S NPP Non-Pharmacy Product PA QPD 10 per day
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	T5	S PA
PROCYSBI DR 25 MG CAPSULE	T5	S PA QPD 4 per day
PROCYSBI DR 75 MG CAPSULE	T5	S PA QPD 72 per day
PROCYSBI (DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	T5	S PA
<i>purathick (powder, powder packet)</i>	T4	
RECORLEV	T5	S PA QPD 8.0 per day
REZUROCK	T5	S PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rosemary oil</i>	T1	
RUZURGI	T5	S PA QPD 1 per day
<i>sage leaf</i>	T1	
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	T3	PS PA
SKYCLARYS	T5	S PA QPD 3.0 per day
SOHONOS (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	T5	S PA QPD 1.0 per day
SOHONOS 1 MG CAPSULE	T5	S PA QPD 4.0 per day
SOHONOS 1.5 MG CAPSULE	T5	S PA QPD 2.0 per day
STRAVIX 3CM X 6CM MATRIX	T4	
<i>theracran hp for kids</i>	T4	
THIOLA	T5	S PA
THIOLA EC	T5	S PA
<i>tiopronin</i>	T3	PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYBOST	T5	S
VIJOICE (50 MG TABLET, 125 MG TABLET)	T5	S PA QPD 1.0 per day
VIJOICE 250 MG DAILY DOSE PACK	T5	S PA QPD 2.0 per day
VOWST	T5	S PA QPD 4.0 per day
VOXZOGO	T5	S PA QPD 1.0 per day
VYNDAMAX	T5	S PA QPD 1 per day
VYNDAQEL	T5	S PA QPD 4 per day
XURIDEN	T5	S
YARGESA	T5	S PA
ZAVESCA	T5	S PA
ZOKINVY 50 MG CAPSULE	T5	S PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOKINVY 75 MG CAPSULE	T5	S PA QPD 4 per day
PROTECTIVE AGENTS		
COSELA	NC	S NPP Non-Pharmacy Product PA QPD 0.5 per day
<i>dexrazoxane</i>	NC	S NPP Non-Pharmacy Product PA
ETHYOL	NC	S NPP Non-Pharmacy Product
<i>mesna</i>	NC	S NPP Non-Pharmacy Product
MESNEX 400 MG TABLET	T5	S
MESNEX 1 GRAM/10 ML VIAL	NC	S NPP Non-Pharmacy Product
NEUROMUSCULAR BLOCKING AGENTS		
BOTULINUM TOXINS		
BOTOX	NC	S PA NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DYSPO	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px 5px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #c0c0c0; padding: 2px 5px;">NPP</div> </div> BENEFIT SHIFT PROGRAM
MYOBLOC	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #4169e1; color: white; padding: 2px 5px; margin-bottom: 2px;">NPP</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px;">PA</div> </div> Non-Pharmacy Product
XEOMIN	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #dc143c; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #4169e1; color: white; padding: 2px 5px; margin-bottom: 2px;">NPP</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px;">PA</div> </div> Non-Pharmacy Product
NONHORMONAL CONTRACEPTIVES		
<i>femcap</i>	T0	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #333; color: white; padding: 5px 10px; margin-bottom: 2px;">C</div> <div style="background-color: #00b0f0; color: white; padding: 2px 5px;">HCR</div> </div> HCR: Gender Edits (Females) may apply.
<i>omniflex diaphragm</i>	T0	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #333; color: white; padding: 5px 10px; margin-bottom: 2px;">C</div> <div style="background-color: #00b0f0; color: white; padding: 2px 5px;">HCR</div> </div> HCR: Gender Edits (Females) and Quantity Limits may apply.
<i>wide seal diaphragm</i>	T0	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #333; color: white; padding: 5px 10px; margin-bottom: 2px;">C</div> <div style="background-color: #00b0f0; color: white; padding: 2px 5px;">HCR</div> </div> HCR: Gender Edits (Females) and Quantity Limits may apply.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib (50 mg capsule, 200 mg capsule)</i>	T1	QPD 2 per day
<i>celecoxib 100 mg capsule</i>	T1	QPD 3 per day
<i>celecoxib 400 mg capsule</i>	T1	QPD 1 per day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
ANAPROX DS	NC	MVB MINIMAL VALUE BRAND
CALDOLOR (800 MG/200 ML BAG, 800 MG/8 ML VIAL)	NC	NPP Non-Pharmacy Product
CATAFLAM	NC	HCG MVG MINIMAL VALUE GENERIC
DAYPRO	T4	
<i>diclofenac epolamine</i>	T1	QPD 2 per day HCG
<i>diclofenac pot 50 mg powdr pkt</i>	NC	PA QPD 1.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>diclofenac pot 50 mg tablet</i>	T1	
<i>diclofenac 1.5% topical soln</i>	NC	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diclofenac sod dr 25 mg tab</i>	T1	HCG
<i>diclofenac sodium (dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium-misoprostol</i>	T1	
<i>diflunisal</i>	T1	
EC-NAPROSYN	NC	MVB Minimal Value Brand
<i>ec-naproxen</i>	NC	MVB Minimal Value Brand
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	T1	
<i>etodolac er (er 400 mg tablet, er 600 mg tablet)</i>	T1	
<i>etodolac er 500 mg tablet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
FELDENE	T4	
<i>fenoprofen 400 mg capsule</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>fenoprofen 600 mg tablet</i>	T1	
FENORTHO	NC	MVB MINIMAL VALUE BRAND
<i>flurbiprofen</i>	T1	
IBU	T1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibuprofen lysine</i>	NC	NPP Non-Pharmacy Product
INDOCIN 25 MG/5 ML SUSPENSION	T4	PA QPD 40.0 per day
INDOCIN 50 MG SUPPOSITORY	T4	PA QPD 4 per day
<i>indomethacin 25 mg capsule</i>	T1	
<i>indomethacin 50 mg capsule</i>	T1	
<i>indomethacin 100 mg supp</i>	T1	QPD 2.0 per day
<i>indomethacin 50 mg suppos</i>	T1	PA QPD 4.0 per day
<i>indomethacin 1 mg vial</i>	NC	NPP Non-Pharmacy Product
<i>indomethacin er</i>	T1	
<i>ketoprofen er 200 mg capsule</i>	T1	HCG
<i>ketoprofen (25 mg capsule, 75 mg capsule)</i>	T1	
<i>ketoprofen 50 mg capsule</i>	T1	HCG
<i>ketorolac 30 mg/ml syringe</i>	NC	QL 20 / 23 days QPD 4.0 per day NPP BENEFIT SHIFT PROGRAM
<i>ketorolac 60 mg/2 ml syringe</i>	T1	QL 20 / 30 days QPD 2.0 per day
<i>ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial)</i>	NC	QL 40 / 23 days QPD 8.0 per day NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketorolac 10 mg tablet</i>	T1	QL 21 / fill
<i>ketorolac 30 mg/ml vial</i>	NC	QL 20 / 23 days QPD 4.0 per day NPP BENEFIT SHIFT PROGRAM
<i>ketorolac 300 mg/10 ml vial</i>	NC	QL 20 / 30 days NPP BENEFIT SHIFT PROGRAM
<i>ketorolac 60 mg/2 ml vial</i>	T1	QL 20 / 30 days QPD 2.0 per day
LODINE	T4	
<i>meclofenamate sodium</i>	T1	HCG
<i>mefenamic acid</i>	NC	QPD 5 per day HCG MVG MINIMAL VALUE GENERIC
<i>meloxicam (5 mg capsule, 10 mg capsule)</i>	NC	AL At least 18 yrs old QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>meloxicam 7.5 mg/5 ml susp</i>	NC	QPD 5.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	T1	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nabumetone</i>	T1	
NAPRELAN (CR 375 MG TABLET, CR 500 MG TABLET)	T4	
NAPRELAN CR 750 MG TABLET	T4	QPD 1 per day
NAPROSYN 125 MG/5 ML SUSPEN	NC	MVB MINIMAL VALUE BRAND
NAPROSYN 500 MG TABLET	NC	MVB Minimal Value Brand
		HCG
<i>naproxen 125 mg/5 ml suspen</i>	NC	MVG MINIMAL VALUE GENERIC
<i>naproxen (250 mg tablet, dr 375 mg tablet)</i>	T1	
<i>naproxen (375 mg tablet, 500 mg kit, 500 mg tablet)</i>	T1	
<i>naproxen dr 500 mg tablet</i>	T1	HCG
		HCG
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	NC	MVG MINIMAL VALUE GENERIC
		HCG
<i>naproxen sod cr 750 mg tablet</i>	NC	MVG MINIMAL VALUE GENERIC
		HCG
<i>naproxen sodium cr (cr 375 mg tablet, cr 500 mg tablet)</i>	NC	MVG MINIMAL VALUE GENERIC
		HCG
<i>naproxen sod er 375 mg tablet</i>	T1	MVG MINIMAL VALUE GENERIC
		HCG
<i>naproxen sod er 500 mg tablet</i>	NC	MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naproxen sod er 750 mg tablet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
NEOPROFEN	NC	NPP Non-Pharmacy Product
<i>oxaprozin</i>	T1	HCG
<i>piroxicam</i>	T1	
<i>sulindac</i>	T1	
<i>tolmetin sodium (200 mg tab, 400 mg cap, 600 mg tab)</i>	T1	
VIVLODEX	NC	AL At least 18 yrs old PA QPD 1 per day MVB Minimal Value Brand
SALICYLATES		
<i>butalbital-aspirin-caffeine (cp, tb)</i>	T1	QPD 6 per day
DURLAZA	NC	PA QPD 1 per day MVB MINIMAL VALUE BRAND
GOODY'S EXTRA STRENGTH	T4	
<i>salsalate</i>	T1	
OXYTOCICS		
<i>carboprost tromethamine (250 mcg/ml ampul, 250 mcg/ml vial)</i>	NC	NPP Non-Pharmacy Product
CERVIDIL	T4	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMABATE	NC	NPP Non-Pharmacy Product
<i>methylergonovine 0.2 mg tablet</i>	T1	QPD 6 per day
<i>methylergonovine maleate (0.2 mg/ml amp, 0.2 mg/ml v1)</i>	NC	NPP Non-Pharmacy Product
MIFEPREX	T4	
<i>mifepristone</i>	T1	
<i>oxytocin</i>	NC	NPP Non-Pharmacy Product
<i>oxytocin 10 unit/500 ml-ns</i>	NC	NPP Non-Pharmacy Product
<i>oxytocin 30 unit/500 ml-lr</i>	NC	NPP Non-Pharmacy Product
PITOCIN	NC	NPP Non-Pharmacy Product
PREPIDIL	T4	GL Female
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin-salmon 200 unit spr</i>	T1	QPD 0.13 per day
<i>calcitonin-salmon 400 unit/2ml</i>	T3	PS
<i>cinacalcet hcl</i>	T3	PS PA QPD 2 per day
MIACALCIN	T5	S
PARATHYROID AGENTS		
FORTEO	T5	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATPARA	T5	S PA
<i>teriparatide 620 mcg/2.48 ml</i>	T3	PS PA
TYMLOS	T5	AL At least 18 yrs old S PA QPD 1.6 per day
PENICILLIN ANTIBIOTICS		
AMINOPENICILLIN ANTIBIOTICS		
<i>amoxicillin (125 mg tab chew, 250 mg tab chew, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)</i>	T1	
<i>amoxicillin (125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 400 mg/5 ml susp, 875 mg tablet)</i>	T1	
<i>amoxicillin-clavulanate pot er</i>	T1	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	T1	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	NC	NPP Non-Pharmacy Product
<i>ampicillin trihydrate</i>	T1	
<i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)</i>	NC	NPP Non-Pharmacy Product
AUGMENTIN (125-31.25 MG/5 ML, 250-62.5 MG/5 ML, 500-125 TABLET)	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUGMENTIN ES-600	T4	
AUGMENTIN XR	T4	
MOXATAG	T4	
UNASYN	NC	NPP Non-Pharmacy Product
EXTENDED-SPECTRUM PENICILLINS		
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i>	NC	NPP Non-Pharmacy Product
ZOSYN	NC	NPP Non-Pharmacy Product
NATURAL PENICILLIN ANTIBIOTICS		
BICILLIN C-R	T4	
BICILLIN L-A	T4	
<i>penicillin g potassium</i>	NC	NPP Non-Pharmacy Product
<i>penicillin g procaine</i>	T1	
<i>penicillin g sodium</i>	NC	NPP Non-Pharmacy Product
<i>penicillin gk-iso-osm dextrose</i>	NC	NPP Non-Pharmacy Product
<i>penicillin v potassium (250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	T1	
<i>penicillin vk 125 mg/5 ml soln</i>	T1	HCG
PFIZERPEN	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
PENICILLINASE-RESISTANT PENICILLINS			
<i>dicloxacillin 250 mg capsule</i>	T1		
<i>dicloxacillin 500 mg capsule</i>	T1		
<i>nafcillin</i>	NC	NPP	Non-Pharmacy Product
<i>nafcillin sodium (1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial)</i>	NC	NPP	Non-Pharmacy Product
<i>oxacillin</i>	NC	NPP	Non-Pharmacy Product
<i>oxacillin sodium</i>	NC	NPP	Non-Pharmacy Product
PHARMACEUTICAL AIDS			
<i>alcohol, denatured</i>	T1		
BACTERIOSTATIC WATER-KANJINTI	NC	S	NPP Non-Pharmacy Product
BACTERIOSTATIC WATER-TRAZIMERA	NC	S	NPP Non-Pharmacy Product
<i>base, pcca syrup vehicle</i>	T4		
<i>bentonite</i>	T4		
<i>capsblend-h</i>	T4		
<i>capsblend-p</i>	T4		
<i>capsblend-s</i>	T4		
<i>dexrazoxane diluent-sodium lac</i>	NC	S	NPP Non-Pharmacy Product
<i>diluent for artesunate</i>	NC	NPP	Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diluent for carmustine</i>	NC	S NPP Non-Pharmacy Product
<i>diluent for decitabine</i>	NC	S NPP Non-Pharmacy Product
DILUENT FOR ELIGARD	NC	S NPP BENEFIT SHIFT PROGRAM
DILUENT FOR ELITEK	NC	S NPP Non-Pharmacy Product
<i>diluent for epoprostenol</i>	T5	S
DILUENT FOR ISTODAX	NC	S NPP Non-Pharmacy Product
DILUENT FOR JEVTANA	NC	S NPP Non-Pharmacy Product
DILUENT FOR LEFAMULIN(XENLETA)	NC	S NPP Non-Pharmacy Product
DILUENT FOR NOVOSEVEN RT	T5	S
<i>diluent for romidepsin</i>	NC	S NPP Non-Pharmacy Product
<i>diluent for temsirolimus</i>	NC	S NPP Non-Pharmacy Product
<i>diluent for treprostinil</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DILUENT FOR VIVITROL	NC	S NPP BENEFIT SHIFT PROGRAM
DILUENT FOR ZILRETTA	NC	S NPP Non-Pharmacy Product
ELLIOTTS B	NC	NPP Non-Pharmacy Product
<i>eucalyptol</i>	T1	
<i>gelatin powder</i>	T4	
<i>gelatin base</i>	T4	
<i>gelfilm</i>	T4	
<i>guar gum</i>	T4	
<i>hydroxypropylcellulose</i>	T4	
<i>hypromellose</i>	T4	
<i>hypromellose (methocel e 4 m)</i>	T4	
<i>isopropyl palmitate</i>	T1	
<i>lumoxiti iv soln stabilizer</i>	NC	S NPP Non-Pharmacy Product PA
<i>methanol</i>	T1	
<i>methocel e 4 m granules</i>	T1	
<i>methocel e 4 m premium powder</i>	T4	
<i>oleic acid</i>	T1	
<i>ora-blend</i>	T4	
<i>ora-blend sf</i>	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oral mix</i>	T4	
<i>oral mix sf</i>	T4	
<i>oral suspend</i>	T1	
<i>oral syrup</i>	T1	
<i>oral syrup sf</i>	T1	
<i>paraffin wax</i>	T1	
PH 12 DILUENT FOR FLOLAN	T5	S
<i>pine needle oil</i>	T1	
<i>raspberry syrup</i>	T1	
<i>rose oil</i>	T1	
<i>sassafras oil</i>	T1	
SHINGRIX ADJUVANT COMPONENT	T0	<p>AL At least 18 yrs old</p> <p>C HCR: Age edits apply.</p> <p>HCR</p>
<i>sodium succinate</i>	T1	
<i>spearmint oil</i>	T1	
<i>stearyl alcohol</i>	T1	
STERILE DILUENT FOR HUMALOG	NC	NPP Non-Pharmacy Product
<i>sterile water (grifols factor)</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>sterile water (shire)</i>	NC	NPP BENEFIT SHIFT PROGRAM
STERILE WATER DILUENT-CABLIVI	NC	<p>S</p> <p>NPP Non-Pharmacy Product</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sterile water for activase</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>sterile water for aralast np</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>sterile water for berinert</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>sterile water for gammagard</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>sterile water for humate-p</i>	NC	NPP BENEFIT SHIFT PROGRAM
STERILE WATER FOR IC-GREEN	NC	NPP Non-Pharmacy Product
STERILE WATER FOR KCENTRA	NC	NPP Non-Pharmacy Product
<i>sterile water for prolastin-c</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>sterile water for tnkase</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>sterile water for zemaira</i>	NC	NPP BENEFIT SHIFT PROGRAM
<i>sweet-sf</i>	T4	
<i>tragacanth</i>	T1	
<i>versa free</i>	T4	
<i>versa plus</i>	T4	
<i>water (bacteriostatic vial, sterile for injection)</i>	NC	NPP Non-Pharmacy Product
<i>water (for injection vial, sterile (for coagadex))</i>	NC	NPP BENEFIT SHIFT PROGRAM
RADIOACTIVE AGENTS		
HICON	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUADRAMET	NC	S NPP Non-Pharmacy Product PA
<i>sodium iodide i-123</i>	T1	
<i>sodium iodide i-131</i>	NC	S NPP Non-Pharmacy Product PA
XOFIGO	NC	S NPP Non-Pharmacy Product PA
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	T4	QPD 1 per day
ATACAND HCT 16-12.5 MG TAB	T4	QPD 2 per day
AVALIDE 150-12.5 MG TABLET	T4	QPD 2 per day
AVALIDE 300-12.5 MG TABLET	T4	QPD 1 per day
<i>candesartan cilexetil</i>	T1	QPD 1 per day
<i>candesartan-hctz 16-12.5 mg tb</i>	T1	QPD 2 per day
<i>candesartan-hydrochlorothiazid (32-12.5 mg tb, 32-25 mg tab)</i>	T1	QPD 1 per day
EDARBI	T4	ST QPD 1 per day
EDARBYCLOR	T4	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENTRESTO	T2	QPD 2 per day
<i>eprosartan mesylate</i>	T1	QPD 1 per day
<i>irbesartan</i>	T1	QPD 1 per day
<i>irbesartan-hctz 150-12.5 mg tb</i>	T1	QPD 2 per day
<i>irbesartan-hctz 300-12.5 mg tb</i>	T1	QPD 1 per day
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	T1	QPD 2.0 per day
<i>losartan potassium 100 mg tab</i>	T1	QPD 1.0 per day
<i>losartan-hctz 50-12.5 mg tab</i>	T1	QPD 2.0 per day
<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	T1	QPD 1.0 per day
<i>olmesartan medoxomil</i>	T1	QPD 3 per day
<i>olmesartan-amlodipine-hctz</i>	T1	QPD 1 per day
<i>olmesartan-hydrochlorothiazide</i>	T1	QPD 1 per day
<i>telmisartan</i>	T1	QPD 1 per day
<i>telmisartan-amlodipine</i>	T1	QPD 1 per day
<i>telmisartan-hctz 80-12.5 mg tb</i>	T1	QPD 2 per day
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	T1	QPD 1 per day
TWYNSTA	NC	QPD 1 per day MVB Minimal Value Brand
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	T1	QPD 2.0 per day
<i>valsartan 320 mg tablet</i>	T1	QPD 1.0 per day
<i>valsartan-hydrochlorothiazide (320-12.5 mg tab, 320-25 mg tab)</i>	T1	QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab)</i>	T1	QPD 2.0 per day
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	NC	QPD 2 per day MVB Minimal Value Brand
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	NC	QPD 2 per day MVB Minimal Value Brand
ACCURETIC 20-25 MG TABLET	NC	QPD 1 per day MVB Minimal Value Brand
<i>benazepril hcl (10 mg tablet, 40 mg tablet)</i>	T1	QPD 2 per day
<i>benazepril hcl 20 mg tablet</i>	T1	QPD 4 per day
<i>benazepril hcl 5 mg tablet</i>	T1	QPD 3 per day
<i>benazepril-hydrochlorothiazide</i>	T1	QPD 1 per day HCG
<i>captopril</i>	T1	QPD 4 per day HCG
<i>captopril-hydrochlorothiazide</i>	T1	QPD 2 per day
<i>enalapril 1 mg/ml oral soln</i>	T1	QPD 5 per day
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	T1	QPD 2 per day
<i>enalapril-hctz 10-25 mg tablet</i>	T1	QPD 2 per day
<i>enalapril-hctz 5-12.5 mg tab</i>	T1	
<i>enalaprilat</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPANED	T4	QPD 5 per day
<i>fosinopril sodium</i>	T1	QPD 2 per day
<i>fosinopril-hydrochlorothiazide</i>	T1	QPD 2 per day
<i>lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	T1	QPD 2.0 per day
<i>lisinopril (5 mg tablet, 30 mg tablet)</i>	T1	QPD 2.0 per day
<i>lisinopril 40 mg tablet</i>	T1	QPD 2 per day
<i>lisinopril-hctz 20-25 mg tab</i>	T1	QPD 2 per day
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	T1	QPD 2 per day
LOTENSIN (10 MG TABLET, 40 MG TABLET)	NC	QPD 2 per day MVB Minimal Value Brand
LOTENSIN 20 MG TABLET	NC	QPD 4 per day MVB Minimal Value Brand
LOTENSIN HCT	NC	QPD 1 per day MVB Minimal Value Brand
<i>moexipril hcl</i>	T1	QPD 1 per day
<i>perindopril erbumine</i>	T1	QPD 1 per day
PRESTALIA	T4	ST QPD 1 per day
QBRELIS	T4	QPD 40 per day
<i>quinapril hcl</i>	T1	QPD 2 per day
<i>quinapril-hctz 20-25 mg tab</i>	T1	QPD 1 per day
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	T1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ramipril</i>	T1	QPD 2 per day
<i>trandolapril</i>	T1	QPD 2 per day
<i>trandolapril-verapamil er</i>	T1	QPD 1.0 per day
VASERETIC	NC	QPD 2 per day MVB Minimal Value Brand
VASOTEC	T4	QPD 2 per day
ZESTORETIC	NC	QPD 2 per day MVB Minimal Value Brand
MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS		
ALDACTAZIDE 25-25 TABLET	NC	MVB Minimal Value Brand
ALDACTAZIDE 50-50 TABLET	NC	MVB Minimal Value Brand
ALDACTONE	T4	
CAROSPIR	NC	PA MVB MINIMAL VALUE BRAND
<i>epplerenone</i>	T1	HCG
INSPIRA 25 MG TABLET	T4	
INSPIRA 50 MG TABLET	NC	MVB Minimal Value Brand
KERENDIA	T4	AL At least 18 yrs old PA QPD 1.0 per day
<i>spironolactone 25 mg/5 ml susp</i>	T1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	T1	
<i>spironolactone-hctz</i>	T1	
RENIN INHIBITORS		
<i>aliskiren</i>	T1	QPD 1 per day
TEKTURNA	NC	QPD 1 per day MVB Minimal Value Brand
TEKTURNA HCT	NC	QPD 1 per day MVB Minimal Value Brand
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	T5	S PA QPD 9 per day
ESBRIET 801 MG TABLET	T5	S PA QPD 3 per day
OFEV	T5	S PA QPD 2 per day
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	T3	PS PA QPD 9.0 per day
<i>pirfenidone (534 mg tablet, 801 mg tablet)</i>	T3	PS PA QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITUSSIVES		
<i>benzonatate (100 mg capsule, perle 100 mg cap, 200 mg capsule)</i>	T1	AL At least 10 yrs old
<i>benzonatate 150 mg capsule</i>	T1	AL At least 10 yrs old HCG
<i>codeine-guaifenesin</i>	T1	AL At least 6 yrs old QPD 60 per day
CORICIDIN HBP COUGH AND COLD	T4	
<i>guaifenesin-codeine</i>	T1	AL At least 6 yrs old QPD 60 per day
HYCODAN (5 MG/5 ML CUP, 5 MG/5 ML SOLN)	NC	AL At least 18 yrs old QPD 30 per day MVB Minimal Value Brand
HYCODAN 5 MG-1.5 MG TABLET	NC	AL At least 18 yrs old QPD 6.0 per day MVB Minimal Value Brand
<i>hydrocodone-chlorpheniramine er</i>	T1	AL At least 6 yrs old QPD 10 per day
<i>hydrocodone-homatropine mbr (hydrocodone-homatrop 5 ml cup, hydrocodone-homatropine soln)</i>	T1	AL At least 2 yrs old QPD 30 per day
<i>hydrocodone-homatropine 5-1.5</i>	T1	AL At least 6 yrs old QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROMET	T1	<p>AL At least 18 yrs old</p> <p>QPD 30 per day</p>
NEOTUSS PLUS	T4	
OBREDON	NC	<p>AL At least 18 yrs old</p> <p>QPD 60 per day</p> <p>MVB Minimal Value Brand</p>
<i>promethazine vc-codeine</i>	T1	<p>AL At least 6 yrs old</p> <p>QPD 30.0 per day</p>
<i>promethazine-codeine</i>	T1	
<i>promethazine-dm</i>	T1	<p>AL At least 2 yrs old</p>
<i>promethazine-phenyleph-codeine</i>	T1	<p>AL At least 6 yrs old</p> <p>QPD 30 per day</p>
TUSNEL CAPLET	T4	
TUSSICAPS	NC	<p>AL At least 6 yrs old</p> <p>QPD 6 per day</p> <p>MVB MINIMAL VALUE BRAND</p>
TUXARIN ER	T4	<p>AL At least 18 yrs old</p> <p>QPD 2 per day</p>
TUZISTRA XR	NC	<p>AL At least 18 yrs old</p> <p>QPD 20 per day</p> <p>MVB Minimal Value Brand</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXPECTORANTS		
GILPHEX TR TABLET	T4	
GILTUSS TR	T4	
TUSSI-PRES PEDIATRIC LIQUID	T4	
TUSSLIN PEDIATRIC DROPS	T1	
MUCOLYTIC AGENTS		
<i>acetylcysteine (10% vial, 20% vial)</i>	T1	
PULMOZYME	T5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px;">QPD 5 per day</div> </div>
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP	T4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #804000; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px;">QPD 1 per day</div> </div>
<i>roflumilast</i>	T1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #804000; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px;">QPD 1.0 per day</div> </div>
PULMONARY SURFACTANTS		
CUROSURF	NC	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #004080; color: white; padding: 2px 5px; margin-bottom: 2px;">NPP</div> <div>Non-Pharmacy Product</div> </div>
INFASURF	NC	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #004080; color: white; padding: 2px 5px; margin-bottom: 2px;">NPP</div> <div>Non-Pharmacy Product</div> </div>
SURVANTA	NC	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #004080; color: white; padding: 2px 5px; margin-bottom: 2px;">NPP</div> <div>Non-Pharmacy Product</div> </div>
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP	NC	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; margin-bottom: 2px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #a0c0e0; color: black; padding: 2px 5px;">NPP</div> <div>BENEFIT SHIFT PROGRAM</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRONCHITOL	T5	S PA QPD 20 per day
GLASSIA	NC	S PA NPP BENEFIT SHIFT PROGRAM
PROLASTIN C	NC	S PA NPP BENEFIT SHIFT PROGRAM
TEZSPIRE 210 MG/1.91 ML PEN	T5	S PA QPD 0.07 per day
XOLAIR 150 MG/ML SYRINGE	T3	PS PA QPD 0.15 per day
XOLAIR 75 MG/0.5 ML SYRINGE	T3	PS PA QPD 0.04 per day
XOLAIR 150 MG/1.2 ML POWDER VL	NC	PS PA QPD 0.22 per day NPP BENEFIT SHIFT PROGRAM
ZEMAIRA 1,000 MG VIAL	NC	S PA NPP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	T5	S PA QPD 3 per day
<i>ambrisentan</i>	T5	S PA QPD 1 per day
<i>bosentan</i>	T5	S PA QPD 2 per day
<i>epoprostenol sodium</i>	T5	S PA
FLOLAN	T5	S PA
LETAIRIS	T5	S PA QPD 1 per day
OPSUMIT	T5	S PA QPD 1 per day
ORENITRAM ER	T5	S PA QPD 3 per day
ORENITRAM MONTH 1 TITRATION KT	T5	S PA QPD 6.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENITRAM MONTH 2 TITRATION KT	T5	S PA QPD 12.0 per day
ORENITRAM MONTH 3 TITRATION KT	T5	S PA QPD 9.0 per day
REMODULIN	T5	S PA
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	T5	S PA QPD 2 per day
<i>treprostinil</i>	T5	S PA
TYVASO	T5	S PA QPD 1 per day
TYVASO DPI (16 MCG CARTRIDGE, 32 MCG CARTRIDGE, 48 MCG CARTRIDGE, 64 MCG CARTRIDGE)	T5	S PA QPD 4.0 per day
TYVASO DPI 16-32 MCG TITR KIT	T5	S PA QPD 7.0 per day
TYVASO DPI 16-32-48 MCG TITRAT	T5	S PA QPD 9.0 per day
TYVASO DPI 32-48 MCG MAINT KIT	T5	S PA QPD 8.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO INSTITUTIONAL START KIT	T5	S PA QPD 1 per day
TYVASO REFILL KIT	T5	S PA QPD 3 per day
TYVASO STARTER KIT	T5	S PA QPD 3 per day
UPTRAVI 200-800 TITRATION PACK	T5	AL At least 18 yrs old S PA
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	T5	AL At least 18 yrs old S PA QPD 2 per day
UPTRAVI 1,800 MCG VIAL	T5	AL At least 18 yrs old S PA QPD 2.0 per day
VELETRI	T5	S PA
VENTAVIS	T5	S PA QPD 9 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>carisoprodol 250 mg tablet</i>	T1	HCG
<i>carisoprodol 350 mg tablet</i>	T1	
<i>carisoprodol-aspirin</i>	T1	
<i>carisoprodol-aspirin-codeine</i>	T1	OPD 21 per day
<i>chlorzoxazone (375 mg tablet, 500 mg tablet, 750 mg tablet)</i>	T1	
<i>chlorzoxazone 250 mg tablet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>cyclobenzaprine 10 mg tablet</i>	T1	
<i>cyclobenzaprine 5 mg tablet</i>	T1	
<i>cyclobenzaprine 7.5 mg tablet</i>	T1	HCG
<i>cyclobenzaprine hcl er</i>	T1	HCG
FEXMID	NC	MVB Minimal Value Brand
LORZONE	T1	
<i>metaxalone</i>	T1	HCG
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	T1	
<i>methocarbamol 1,000 mg tablet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>methocarbamol 1,000 mg/10 ml</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROBAXIN	NC	NPP Non-Pharmacy Product
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	T1	HCG
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	T1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
DANTRIUM (25 MG CAPSULE, 50 MG CAPSULE)	T4	
DANTRIUM 20 MG VIAL	NC	NPP Non-Pharmacy Product
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	T1	HCG
<i>dantrolene sodium 20 mg vial</i>	NC	NPP Non-Pharmacy Product
REVONTO	NC	NPP Non-Pharmacy Product
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	T1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
<i>orphenadrine citrate</i>	NC	NPP Non-Pharmacy Product
<i>orphenadrine citrate er</i>	T1	
<i>orphenadrine-aspirin-caffeine</i>	T1	HCG
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANASTIA	T4	
<i>ethyl chloride</i>	T1	
<i>lidocaine-hc 2.8-0.55% gel</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine-prilocaine</i>	T1	
<i>lidocaine-tetracaine</i>	NC	HCG MVB MINIMAL VALUE GENERIC
LIDOPRIL	T1	
LIDTOPIC MAX	T4	
NUMBONEX	T4	
<i>phenazopyridine hcl</i>	T1	
PLIAGLIS	NC	MVB Minimal Value Brand
<i>pramoxine hcl 1% foam</i>	T1	
PRUDOXIN	NC	QL 49 / fill PA MVB MINIMAL VALUE BRAND
PYRIDIDIUM 200 MG TABLET	T4	
SYNERA	NC	MVB Minimal Value Brand
WAL-DRYL 2%-0.1% CREAM	T1	
ZONALON	T4	QL 49 / fill PA
ASTRINGENTS		
XERAC AC	T4	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO	T4	PA QPD 1.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATRALIN	T4	PA QPD 1.5 per day
KEPIVANCE	NC	S NPP Non-Pharmacy Product PA
REGRANEX	T4	QPD 1 per day
RETIN-A MICRO PUMP 0.06% GEL	T2	QL 50 / 30 days AL Up to 25 yrs old
RETIN-A MICRO PUMP 0.08% GEL	T2	QL 50 / 30 days AL Up to 25 yrs old
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	T1	
<i>tretinoin 0.05% gel</i>	T1	QPD 1.5 per day
<i>tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)</i>	NC	PA QPD 1.667 per day HCG MVG MINIMAL VALUE GENERIC
<i>tretinoin gel micro 0.08% pump</i>	T1	QL 50 / 30 days AL Up to 25 yrs old
TWYNEO	T4	QPD 2.0 per day
DETERGENTS		
<i>iv sol stabilizer for blincyto</i>	NC	S NPP Non-Pharmacy Product
<i>polysorbate 60</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>polysorbate 80</i>	T1	
<i>triton x-100</i>	T4	
KERATOLYTIC AGENTS		
AVAR	T1	
BENZEPRO 5.2% EMOLLIENT FOAM	T4	
BP 10-1	NC	HCG MVG MINIMAL VALUE GENERIC
PLEXION (9.8-4.8% CLEANSER, 9.8-4.8% CREAM, 9.8-4.8% LOTION)	NC	MVB Minimal Value Brand
SALEX	NC	MVB Minimal Value Brand
<i>salicylic acid (foam, gel)</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>salicylic acid (26% liquid, 27.5% liquid)</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>salicylic acid (cream, lotion)</i>	T1	
<i>salicylic acid er</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>sod sulfacet-sulfur 10-5% clsr</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium sulfacetamide-sulfur (sod sulfac-sulfur 9.8-4.8% crm, sod sulfac-sulfur 9.8-4.8% lot, sod sulfac-sulf 9.8-4.8% clsr, sod sulfacet-sulfur 10-2% clsr, sod sulfacet-sulfur 10-4% pad, sulfacetamide-sulfur 9-4% clsr, sulfacetamide-sulfur 10-5% crm, sulfacetamide-sulfur 10-5% lot)</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>sodium sulfacetamide-sulfur (sod sulfac-sulfur 9-4.5% wash, sulfacetamide-sulfur 8-4% susp)</i>	T4	
SSS 10-5 CREAM	T1	
<i>urea (cream, nail gel)</i>	T1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
ACUTANE	T1	PA
<i>acitretin (17.5 mg capsule, 25 mg capsule)</i>	T1	QPD 2 per day
<i>acitretin 10 mg capsule</i>	T1	QPD 4 per day
<i>adapalene (gel, gel pump)</i>	T1	QPD 1.5 per day
<i>adapalene-bnzyl perox 0.1-2.5%</i>	T1	QPD 1.5 per day
<i>adapalene-bnzyl perox 0.3-2.5%</i>	T1	QPD 1.667 per day
ADBRY	T3	PS PA QPD 0.22 per day
AKLIEF	T4	PA QPD 1.5 per day
ALDARA	T4	AL At least 12 yrs old QPD 0.434 per day
AMNESTEEM	T1	PA
ARTISS	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azelaic acid</i>	T4	<div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> 50 / 30 days <div style="background-color: #8b572d; color: white; padding: 2px;">PA</div>
AZELEX	NC	<div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 1.667 per day <div style="background-color: #27ae60; color: white; padding: 2px;">MVB</div> Minimal Value Brand
<i>brimonidine 0.33% gel pump</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 1.0 per day
<i>calcipotriene (cream, ointment, solution)</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 2 per day
<i>calcipotriene-betameth dp oint</i>	T1	<div style="background-color: #8b572d; color: white; padding: 2px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 3 per day
<i>calcitriol 3 mcg/g ointment</i>	NC	<div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 3.334 per day <div style="background-color: #f1c40f; color: black; padding: 2px;">HCG</div> <div style="background-color: #2980b9; color: white; padding: 2px;">MVG</div> MINIMAL VALUE GENERIC
CLARAVIS	T1	<div style="background-color: #8b572d; color: white; padding: 2px;">PA</div>
CONDYLOX	NC	<div style="background-color: #27ae60; color: white; padding: 2px;">MVB</div> Minimal Value Brand
<i>dapsone 5% gel</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 3 per day <div style="background-color: #f1c40f; color: black; padding: 2px;">HCG</div> <div style="background-color: #2980b9; color: white; padding: 2px;">MVG</div> MINIMAL VALUE GENERIC
<i>dapsone 7.5% gel pump</i>	T1	<div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 3 per day
DOVONEX	NC	<div style="background-color: #8b572d; color: white; padding: 2px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 2 per day <div style="background-color: #27ae60; color: white; padding: 2px;">MVB</div> MINIMAL VALUE BRAND
DUPIXENT PEN	T3	<div style="background-color: #e91e63; color: white; padding: 2px;">PS</div> <div style="background-color: #8b572d; color: white; padding: 2px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px;">QPD</div> 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	T3	PS PA QPD 0.15 per day
EPIDUO FORTE	T4	QPD 1.667 per day
FINACEA 15% FOAM	T4	QL 50 / 30 days
FINACEA 15% GEL	T4	QL 50 / 30 days PA
HYFTOR	T5	S PA QPD 0.8 per day
<i>imiquimod 5% cream packet</i>	T1	AL At least 12 yrs old QPD 0.434 per day
<i>isotretinoin</i>	T1	PA
<i>ivermectin 1% cream</i>	T1	QPD 1.5 per day
KLISYRI	T4	QL 5 / fill PA
LEVULAN	T4	
MIRVASO	T4	QPD 1 per day
MYORISAN	T1	PA
<i>pimecrolimus</i>	T1	ST AL At least 2 yrs old QPD 2.5 per day
PODOCON-25	T4	
<i>podofilox 0.5% topical soln</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTOPIC 0.03% OINTMENT	T4	<ul style="list-style-type: none"> QL 100 / 30 days ST AL At least 2 yrs old QPD 2.5 per day
PROTOPIC 0.1% OINTMENT	T4	<ul style="list-style-type: none"> QL 100 / 30 days ST AL At least 16 yrs old QPD 2.5 per day
QUTENZA	NC	<ul style="list-style-type: none"> S NPP Non-Pharmacy Product PA
RECTIV	T4	
RHOFADE	T4	<ul style="list-style-type: none"> QPD 1.25 per day
SANTYL	T4	<ul style="list-style-type: none"> PA QPD 3.0 per day
SILIQ	T5	<ul style="list-style-type: none"> S PA QPD 0.22 per day
SKYRIZI 150 MG/ML SYRINGE	T3	<ul style="list-style-type: none"> PS PA QPD 0.012 per day PS1 Preferred 1st line
SKYRIZI 75 MG/0.83 ML SYRINGE	T3	<ul style="list-style-type: none"> PS PA QPD 0.02 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI (2 SYRINGES) KIT	T3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f08080; padding: 2px;">PS</div> <div style="background-color: #804020; padding: 2px;">PA</div> <div style="background-color: #0070c0; padding: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.012 per day Preferred 1st line
SKYRIZI PEN	T3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f08080; padding: 2px;">PS</div> <div style="background-color: #804020; padding: 2px;">PA</div> <div style="background-color: #0070c0; padding: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.012 per day Preferred 1st line
SOOLANTRA	T4	<div style="background-color: #0070c0; padding: 2px;">QPD</div> 1.5 per day
STELARA 90 MG/ML SYRINGE	T3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f08080; padding: 2px;">PS</div> <div style="background-color: #804020; padding: 2px;">PA</div> <div style="background-color: #0070c0; padding: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.018 per day Preferred 1st line
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	T3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f08080; padding: 2px;">PS</div> <div style="background-color: #804020; padding: 2px;">PA</div> <div style="background-color: #0070c0; padding: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.006 per day Preferred 1st line
STELARA 130 MG/26 ML VIAL	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f08080; padding: 2px;">PS</div> <div style="background-color: #804020; padding: 2px;">PA</div> <div style="background-color: #0070c0; padding: 2px;">QPD</div> <div style="background-color: #c0c0c0; padding: 2px;">NPP</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 1.86 per day BENEFIT SHIFT PROGRAM Preferred 1st line
TACLONEX 0.005%-0.064% SUSPENS	T4	<div style="background-color: #0070c0; padding: 2px;">QPD</div> 4 per day
<i>tacrolimus 0.03% ointment</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a329f; padding: 2px;">QL</div> <div style="background-color: #6b8e23; padding: 2px;">ST</div> <div style="background-color: #c0392b; padding: 2px;">AL</div> </div> 100 / 30 days At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus 0.1% ointment</i>	T1	<ul style="list-style-type: none"> QL 100 / 30 days ST AL At least 16 yrs old
TALTZ AUTOINJECTOR	T3	<ul style="list-style-type: none"> PS PA QPD 0.04 per day PS2 Preferred 2nd line
TALTZ AUTOINJECTOR (2 PACK)	T3	<ul style="list-style-type: none"> PS PA QPD 0.04 per day PS2 Preferred 2nd line
TALTZ AUTOINJECTOR (3 PACK)	T3	<ul style="list-style-type: none"> PS PA QPD 0.04 per day PS2 Preferred 2nd line
TALTZ SYRINGE	T3	<ul style="list-style-type: none"> PS PA QPD 0.04 per day PS2 Preferred 2nd line
<i>tazarotene 0.1% cream</i>	T1	<ul style="list-style-type: none"> QPD 1.47 per day
<i>tazarotene 0.05% gel</i>	T1	<ul style="list-style-type: none"> QPD 1.0 per day
<i>tazarotene 0.1% gel</i>	T1	<ul style="list-style-type: none"> QPD 1.0 per day HCG
TISSEEL VHSD (2 ML KIT, 4 ML KIT, 10 ML KIT)	NC	<ul style="list-style-type: none"> NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREMFYA 100 MG/ML INJECTOR	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.02 per day Preferred 1st line
TREMFYA 100 MG/ML SYRINGE	T3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #f08080; padding: 2px; margin-bottom: 2px;">PS</div> <div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 2px;">QPD</div> <div style="background-color: #add8e6; padding: 2px;">PS1</div> </div> 0.04 per day Preferred 1st line
<i>trichloroacetic acid (25%, 30%, 35%, 75%, 80%, 85%, 90%, 100%)</i>	T1	
VEREGEN	NC	<div style="background-color: #008000; color: white; padding: 2px; margin-bottom: 2px;">MVB</div> MINIMAL VALUE BRAND
VTAMA	T4	<div style="background-color: #8b4513; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px;">QPD</div> 2.0 per day
WYNZORA	T4	<div style="background-color: #0070c0; color: white; padding: 2px;">QPD</div> 15 per day
ZENATANE	T1	<div style="background-color: #8b4513; padding: 2px;">PA</div>
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	NC	<div style="background-color: #4169e1; color: white; padding: 2px; margin-bottom: 2px;">NPP</div> Non-Pharmacy Product
ELIXOPHYLLIN	T4	
THEO-24	T4	
<i>theophylline</i>	T1	
<i>theophylline er (er 100 mg tablet, er 200 mg tablet)</i>	T1	
<i>theophylline er (er 300 mg tablet, er 450 mg tablet)</i>	T1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>theophylline er (er 400 mg tablet, er 600 mg tablet)</i>	T1	
<i>theophylline in 5% dextrose</i>	NC	NPP Non-Pharmacy Product
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
<i>lanreotide acetate</i>	NC	S PA QPD 0.02 per day NPP BENEFIT SHIFT PROGRAM
MYCAPSSA	T5	S PA QPD 4 per day
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	T3	PS PA
SANDOSTATIN 0.05 MG/ML AMPUL	T5	S PA QPD 30 per day
SANDOSTATIN 0.1 MG/ML AMPUL	T5	S PA QPD 15 per day
SANDOSTATIN 0.5 MG/ML AMPUL	T5	S PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 30 MG KT, 30 MG VL)	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #c0c0c0; color: black; padding: 2px 5px; border-radius: 3px;">NPP</div> </div> 0.04 per day BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #c0c0c0; color: black; padding: 2px 5px; border-radius: 3px;">NPP</div> </div> 0.07 per day BENEFIT SHIFT PROGRAM
SIGNIFOR	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
SIGNIFOR LAR	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
SOMATULINE DEPOT	NC	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="background-color: #c0c0c0; color: black; padding: 2px 5px; border-radius: 3px;">NPP</div> </div> 0.02 per day BENEFIT SHIFT PROGRAM
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
EGRIFTA SV	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> 2 per day
INCRELEX	T5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #804000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	T5	S
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
ADRENALIN	NC	NPP Non-Pharmacy Product
<i>droxidopa</i>	T3	PS PA QPD 6 per day
<i>ephedrine sulfate (50 mg/ml ampul, sulfate 50 mg/ml v)</i>	NC	NPP Non-Pharmacy Product
<i>ephedrine 25 mg/5 ml-0.9% nacl</i>	NC	NPP Non-Pharmacy Product
<i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>	T1	QL 4 / fill
<i>epinephrine (0.1 mg/ml syringe, 1 mg/10 ml abbojct, 1 mg/10 ml luerjet, 1 mg/ml ampul)</i>	NC	NPP Non-Pharmacy Product
<i>epinephrine (1 mg/10 ml vial, 10 mg/10 ml vial, 30 mg/30 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>epinephrine convenience kit</i>	NC	NPP Non-Pharmacy Product
EPINEPHRINESNAP-EMS	T4	QL 2 / fill
EPINEPHRINESNAP-V	T4	QL 2 / fill
EPIPEN	T4	QL 4 / fill PA
EPIPEN 2-PAK	T4	QL 4 / fill PA
LEVOPHED	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norepinephrine bitar-0.9% nacl (norepineph 16 mg/250-0.9%, norepinephr 4 mg/250-0.9%, norepinephr 8 mg/500-0.9%)</i>	NC	NPP Non-Pharmacy Product
<i>norepinephrine bitartrate (4 mg/4 ml ampul, 4 mg/4 ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>norepinephrine bitartrate-d5w (4 mg/250 ml-d5w, 8 mg/250 ml-d5w, 16 mg/250ml-d5w)</i>	NC	NPP Non-Pharmacy Product
NORTHERA	T5	S PA QPD 6 per day
SYMJEPI	T4	QL 2 / fill
ALPHA-ADRENERGIC AGONISTS		
BIORPHEN	NC	NPP Non-Pharmacy Product
LUCEMYRA	T4	QL 48 tablets/180 days PA
<i>midodrine hcl</i>	T1	
<i>phenylephrine hcl (10 mg/ml vial, 50 mg/5 ml vial, 100 mg/10 ml vl)</i>	NC	NPP Non-Pharmacy Product
<i>phenylephrine hcl-0.9% nacl (0.4 mg/10 ml-ns, 0.5 mg/5 ml-ns, 0.8 mg/10 ml-ns, 1 mg/10 ml-ns, 10 mg/250 ml-ns, 20 mg/250 ml-ns, 25 mg/250 ml-ns, 40 mg/250 ml-ns, 50 mg/250 ml-ns, 80 mg/250 ml-ns, 100 mcg/10 ml-ns, 400 mcg/10 ml-ns, 500 mcg/5 ml-ns, 800 mcg/10 ml-ns, 1,000mcg/10ml-ns, 5,000mcg/50ml-ns)</i>	NC	NPP Non-Pharmacy Product
VAZCULEP	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TETRACYCLINE ANTIBIOTICS		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TABLET	T4	PA
NUZYRA 100 MG VIAL	NC	NPP Non-Pharmacy Product
SEYSARA	T4	PA QPD 1 per day
GLYCYLCYCLINE ANTIBIOTICS		
<i>tigecycline</i>	NC	NPP Non-Pharmacy Product
TYGACIL	NC	NPP Non-Pharmacy Product
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
LUGOL'S	T1	
<i>methimazole</i>	T1	
<i>propylthiouracil</i>	T1	
THYROID AGENTS		
EUTHYROX	T1	
LEVO-T	T1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet)</i>	T1	
<i>levothyroxine sodium (75 mcg tablet, 88 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	T1	
<i>levothyroxine sodium (100 mcg vial, 200 mcg vial, 500 mcg vial)</i>	NC	NPP Non-Pharmacy Product

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium (100 mcg/5 ml vl, 100 mcg/ml vial, 200 mcg/5 ml vl, 500 mcg/5 ml vl)</i>	T1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET)	T1	
LEVOXYL (75 MCG TABLET, 88 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	T1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	T1	
<i>liothyronine sod 10 mcg/ml vl</i>	NC	NPP Non-Pharmacy Product
NP THYROID	T1	
TRIOSTAT	NC	NPP Non-Pharmacy Product
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET)	T1	
UNITHROID (75 MCG TABLET, 88 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	T1	
URINE AND FECES CONTENTS		
KETONES		
<i>ketone care test strip</i>	T4	QPD 6.66 per day
<i>ketone test strip (relion strip, strip)</i>	T4	QPD 6.66 per day
<i>ketostix reagent</i>	T4	QPD 6.66 per day
<i>trueplus ketone test strip</i>	T4	QPD 6.66 per day
PH		
<i>chemstrip 2 In</i>	T4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTEIN		
<i>albutix reagent</i>	T4	
<i>chemstrip micral</i>	T4	
SUGAR		
<i>diastix reagent</i>	T4	QPD 10 per day
<i>no-stick glucose</i>	T4	
Uncategorized		
Unclassified		
<i>yohimbine hcl</i>	T1	
VASODILATING AGENTS NITRATES AND NITRITES		
GONITRO	T4	AL At least 18 yrs old PA QPD 1.25 per day
ISORDIL	T4	QPD 12 per day
ISORDIL TITRADOSE	T4	QPD 12 per day
<i>isosorbide dinitrate</i>	T1	QPD 12 per day
<i>isosorbide mononitrate</i>	T1	QPD 2 per day
<i>isosorbide mononitrate er</i>	T1	QPD 2 per day
MINITRAN	T1	QPD 1 per day
NITRO-BID	T4	QPD 4 per day
NITRO-DUR (0.1 MG/HR PATCH, 0.2 MG/HR PATCH, 0.4 MG/HR PATCH, 0.6 MG/HR PATCH)	NC	QPD 1 per day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	T4	QPD 1 per day
NITRO-TIME (ER 2.5 MG CAPSULE, ER 6.5 MG CAPSULE)	T1	QPD 4 per day
<i>nitroglycerin 400 mcg spray</i>	T1	QPD 0.8 per day
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	T1	QPD 6 per day
<i>nitroglycerin 50 mg/10 ml vial</i>	NC	NPP Non-Pharmacy Product
<i>nitroglycerin in d5w</i>	NC	NPP Non-Pharmacy Product
<i>nitroglycerin patch</i>	T1	QPD 1 per day
NITROLINGUAL	T4	QPD 0.8 per day
NITROMIST	T4	QPD 0.3 per day
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	T5	S PA QPD 2 per day
ALYQ	T3	PS PA QPD 2 per day
LIQREV	T5	S PA QPD 6.0 per day
REVATIO 10 MG/ML ORAL SUSP	T5	AL At least 18 yrs old S PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVATIO 20 MG TABLET	T5	<ul style="list-style-type: none"> AL At least 18 yrs old S PA QPD 3 per day
REVATIO 10 MG/12.5 ML VIAL	NC	<ul style="list-style-type: none"> AL At least 18 yrs old S NPP Non-Pharmacy Product PA
<i>sildenafil 20 mg tablet (pah)</i>	T3	<ul style="list-style-type: none"> PS PA QPD 3 per day
<i>sildenafil 10 mg/ml oral susp</i>	T3	<ul style="list-style-type: none"> AL At least 18 yrs old PS PA QPD 6 per day
<i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	T1	<ul style="list-style-type: none"> GL Male AL At least 18 yrs old QPD 0.2 per day
<i>sildenafil 10 mg/12.5 ml vial</i>	NC	<ul style="list-style-type: none"> AL At least 18 yrs old S NPP Non-Pharmacy Product PA
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	T1	<ul style="list-style-type: none"> GL Male QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tadalafil 10 mg tablet</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> <div>Male</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.2 per day</div> </div>
<i>tadalafil 20 mg tablet (ed/bph)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> <div>Male</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.2 per day</div> </div>
<i>tadalafil 20 mg tablet (pah)</i>	T3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">PS</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>2 per day</div> </div>
TADLIQ	T5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #d32f2f; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>10.0 per day</div> </div>
<i>vardeafil hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> <div>Male</div> <div style="background-color: #9932cc; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.2 per day</div> <div style="background-color: #ffeb3b; padding: 2px 5px; border-radius: 3px;">HCG</div> </div>
<i>vardeafil hcl 10 mg odt</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> <div>Male</div> <div style="background-color: #9932cc; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>0.2 per day</div> <div style="background-color: #ffeb3b; padding: 2px 5px; border-radius: 3px;">HCG</div> <div style="background-color: #004a87; color: white; padding: 2px 5px; border-radius: 3px;">MVG</div> <div>MINIMAL VALUE GENERIC</div> </div>
VASODILATING AGENTS, MISCELLANEOUS		
<i>alprostadil</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a99; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div>Non-Pharmacy Product</div> </div>
<i>aspirin-dipyridamole er</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>2 per day</div> </div>
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	T1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div>4.0 per day</div> </div>
<i>dipyridamole 5 mg/ml vial</i>	NC	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a99; color: white; padding: 2px 5px; border-radius: 3px;">NPP</div> <div>Non-Pharmacy Product</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>papaverine hcl</i>	NC	NPP Non-Pharmacy Product
PROSTIN VR PEDIATRIC	NC	NPP Non-Pharmacy Product
VERQUOVO	T2	PA QPD 1 per day
VITAMINS		
MULTIVITAMIN PREPARATIONS		
OBTREX DHA	T4	GL Female
VITAMIN B COMPLEX		
<i>folic acid 1 mg tablet</i>	T1	
<i>folic acid (5 mg/ml vial, 50 mg/10 ml vial)</i>	NC	NPP Non-Pharmacy Product
VITAMIN D		
<i>calcitriol (1 mcg/ml ampul, 1 mcg/ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	T3	PS
<i>doxercalciferol 4 mcg/2 ml vl</i>	NC	S NPP Non-Pharmacy Product
HECTOROL	NC	S NPP Non-Pharmacy Product
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	T3	PS
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	NC	S NPP Non-Pharmacy Product PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAYALDEE	T5	S
<i>vitamin d2 1.25mg(50,000 unit)</i>	T1	
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)	T5	S PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	NC	S NPP Non-Pharmacy Product PA
VITAMIN E		
<i>wheat germ oil</i>	T1	
VITAMIN K ACTIVITY		
<i>phytonadione 5 mg tablet</i>	T1	
<i>phytonadione (10 mg/ml ampul, 10 mg/ml vial)</i>	NC	NPP Non-Pharmacy Product
<i>phytonadione 1 mg/0.5 ml vial</i>	NC	NPP Non-Pharmacy Product

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