

Magellan Rx Precision Formulary

Welcome to Magellan Rx Management's Precision Formulary. A formulary is a list of covered prescription drugs. The Precision Formulary excludes certain drugs in order to reduce the cost of your prescriptions. For every excluded drug there is a preferred alternative available at a lower cost. Please use this formulary drug list when you receive a prescription from your doctor. This formulary list is not intended to imply coverage and may change over time. Please refer to your plan document for detailed information about your drug benefit coverage.

The formulary is organized by categories depending on the type of medical conditions that they are used to treat. Medications are listed as Tier 1 Generic, Tier 2 Preferred Brand, Tier 3 Non-Preferred Brand, and Excluded Products. Medications listed as "Specialty Drugs" are used to treat complex medical conditions that require special handling, administration, and member care management. Depending on your pharmacy benefit design, specialty drugs may be part of a specialty benefit with specific coverage and copay requirements that differ from drugs in Tiers 1 – 3. If you do not have a defined specialty benefit, your copay may be based on whether the drug is Generic or Brand, therefore Tier 1 or Tier 3 copays may apply. Excluded products are not covered by your plan; however, a preferred alternative is available at a lower cost.

Our Pharmacy and Therapeutics Committee (P&T) and Value Assessment Committee (VAC) dedicate many hours to the clinical analysis and evaluation of peer reviewed literature and medical care guidelines to determine a drug's safety and efficacy. After this rigorous clinical evaluation, the committee weighs the financial implications of a drug compared to other similar drugs and selects appropriate Tier placement based on the drug's safety, efficacy and cost-effectiveness. Please note all drugs on the Formulary Drug List are subjected to periodic review and amendment without notice.

Some drugs may require prior approval or a drug exception review before coverage of your prescription. These reviews ensure appropriate use of the selected drug and must have clinical information submitted by a prescriber.

For excluded drug products, members or prescribers may request a medical exception review if the prescriber feels that the formulary does not adequately cover your clinical needs. You or your prescriber may initiate the process using the online tool at magellanrx.com or by calling our Prior Authorization Department any time, 24 hours a day, 7 days a week. If the request is initiated by the member, Magellan will contact the physician for the necessary clinical information to support this exception. If the request is initiated by the prescriber, he or she may submit it by fax, phone, or mail. They will be required to submit supporting clinical documentation to justify Magellan's approval.

For the most up-to-date Formulary Drug list visit our website at magellanrx.com.

TIER		DESCRIPTION
1	Generics	
2	Preferred Brands	
3	Non-Preferred Brands	
NC	Non Formulary	
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.
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.
MED	Medical Drug	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.
PR	Preventive Medication	Preventive health drugs can help prevent, treat, and manage several health concerns that can lead to serious illness or complications in the future. The copays for these products may vary so check with your plan for further information.

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.
NTI	Narrow Therapeutic Indicator	NTI products may have to be monitored by your doctor or pharmacist more frequently because small changes in doses can have harmful impacts.
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	Minimal Value Brand.
MV	Minimal Value Generic	Minimal Value Generic.
SBA	Select Brand Alternative	Select Brand Alternative
PS1	Preferred 1st line	
PS2	Preferred 2nd line	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
DIBENZYLINE	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	1	QL 8 / 30 days PA
<i>ergoloid mesylates</i>	1	
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	1	
MIGERGOT	3	QPD 0.72 per day MVB MINIMAL VALUE BRAND
MIGRANAL	3	QL 8 / 30 days PA MVB MINIMAL VALUE BRAND
<i>phenoxybenzamine hcl</i>	1	HCG MVG MINIMAL VALUE GENERIC
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl</i>	1	GL Male QPD 1 per day
RAPAFLO	3	GL Male QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>silodosin</i>	1	GL Male QPD 1 per day
<i>tamsulosin hcl</i>	1	QPD 2.0 per day
UROXATRAL	3	GL Male QPD 1 per day SBA Select Brand Alternative
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
ALLZITAL	3	QPD 12 per day MVB Minimal Value Brand
BUPAP	1	QPD 6 per day
<i>butalbital/acetaminophen (butalbital/acetaminophen capsule, butalbital/acetaminophen tablet)</i>	1	QPD 6 per day HCG MVG MINIMAL VALUE GENERIC
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	1	QPD 6 per day
<i>butalbital/acetaminophen/caffeine (butalbital/acetaminophen/caffeine 50-300-40 capsule, butalbital/acetaminophen/caffeine 50-325-40 capsule, butalbital/acetaminophen/caffeine 50-325-40 tablet)</i>	1	QPD 6 per day
ESGIC 50-325-40 MG CAPSULE	1	QPD 6 per day HCG MVG MINIMAL VALUE GENERIC
ESGIC 50-325-40 MG TABLET	3	QPD 6 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GRALISE (ER 750 MG TABLET, ER 900 MG TABLET)	3	ST QPD 2.0 per day
GRALISE ER 300 MG TABLET	3	ST QPD 1 per day
GRALISE ER 450 MG TABLET	3	ST QPD 1.0 per day
GRALISE ER 600 MG TABLET	3	ST QPD 3 per day
<i>pregabalin (82.5 mg tab er 24h, 165 mg tab er 24h)</i>	1	PA QPD 3 per day
<i>pregabalin 330 mg tab er 24h</i>	1	PA QPD 2 per day
TENCON	1	QPD 6 per day
VTOL LQ	1	
ZEBUTAL	1	QPD 6 per day
OPIATE AGONISTS		
<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution)</i>	1	AL QPD 90.0 per day
<i>acetaminophen with codeine 300mg-15mg tablet</i>	1	AL QPD 12.0 per day
<i>acetaminophen with codeine 300mg-30mg tablet</i>	1	AL QPD 12 per day
<i>acetaminophen with codeine 300mg-60mg tablet</i>	1	AL QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	AL QPD At least 12 yrs old 10 per day
ACTIQ	3	AL PA QPD SBA At least 16 yrs old 4 per day Select Brand Alternative
ASCOMP WITH CODEINE	1	AL QPD At least 18 yrs old 6 per day
<i>butalbit/acetamin/caff/codeine 50-300-30 capsule</i>	1	QPD HCG MVG 6 per day MINIMAL VALUE GENERIC
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	1	QPD 6 per day
<i>codeine phosphate/butalbital/aspirin/caffeine</i>	1	AL QPD At least 18 yrs old 6 per day
<i>codeine sulfate</i>	1	AL QPD At least 18 yrs old 6 per day
DEMEROL 75 MG/ML CARPUJECT	3	AL QPD At least 18 yrs old 7 per day
DVORAH	3	AL QPD MVB At least 12 yrs old 10 per day Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENDOCET 10-325 MG TABLET	1	AL QPD HCG At least 18 yrs old 6.0 per day
ENDOCET 2.5-325 MG TABLET	1	AL QPD At least 18 yrs old 12 per day
ENDOCET 5-325 MG TABLET	1	AL QPD HCG At least 18 yrs old 12 per day
ENDOCET 7.5-325 MG TABLET	1	AL QPD HCG At least 18 yrs old 8.0 per day
<i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 87.5mcg/hr patch td72, 100 mcg/hr patch td72)</i>	1	PA QPD 0.5 per day
<i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72)</i>	1	PA QPD HCG 0.5 per day
<i>fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	1	AL PA QPD HCG At least 16 yrs old 4 per day
<i>fentanyl citrate 800 mcg lozenge hd</i>	1	AL PA QPD At least 16 yrs old 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)</i>	1	PA QPD 2 per day
<i>hydrocodone bitartrate (20 mg tab er 24h, 30 mg tab er 24h, 40 mg tab er 24h, 60 mg tab er 24h, 80 mg tab er 24h, 100 mg tab er 24h, 120 mg tab er 24h)</i>	1	PA QPD 1 per day
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 10-325/15 solution)</i>	1	AL QPD At least 2 yrs old 90.0 per day
<i>hydrocodone/acetaminophen 7.5-325/15 solution</i>	1	AL QPD At least 2 yrs old 90.0 per day HCG
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet)</i>	1	AL QPD At least 18 yrs old 6.0 per day HCG
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	1	AL QPD At least 18 yrs old 6.0 per day
<i>hydrocodone/acetaminophen 2.5-325 mg tablet</i>	1	AL QPD At least 18 yrs old 20 per day
<i>hydrocodone/acetaminophen 5 mg-300mg tablet</i>	1	AL QPD At least 18 yrs old 8.0 per day HCG
<i>hydrocodone/acetaminophen 5 mg-325mg tablet</i>	1	AL QPD At least 18 yrs old 8.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone/ibuprofen 10mg-200mg tablet</i>	1	AL QPD HCG At least 16 yrs old 5 per day
<i>hydrocodone/ibuprofen 5mg-200mg tablet</i>	1	AL QPD HCG At least 16 yrs old 5.0 per day
<i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>	1	AL QPD At least 16 yrs old 5 per day
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	AL QPD HCG At least 18 yrs old 13 per day
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>	1	PA QPD HCG 1.0 per day
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	AL QPD At least 18 yrs old 6 per day
LORTAB	3	AL QPD At least 2 yrs old 67.5 per day
<i>meperidine hcl 50 mg/5 ml solution</i>	1	AL QPD At least 18 yrs old 50 per day
<i>meperidine hcl 50 mg tablet</i>	1	AL QPD At least 18 yrs old 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methadone hcl 10 mg/ml oral conc</i>	1	PA QPD 2 per day
<i>methadone hcl 10 mg/5 ml solution</i>	1	PA QPD 8 per day
<i>methadone hcl 5 mg/5 ml solution</i>	1	PA QPD 18 per day
<i>methadone hcl (5 mg tablet, 10 mg tablet)</i>	1	PA QPD 3 per day
METHADONE INTENSOL	1	PA QPD 2 per day
METHADOSE 10 MG/ML ORAL CONC	3	PA QPD 2 per day
<i>morphine sulfate (10 mg cap er pel, 20 mg cap er pel, 50 mg cap er pel, 100 mg cap er pel)</i>	1	PA QPD 2 per day
<i>morphine sulfate (30 mg cap er pel, 30 mg cpmp 24hr)</i>	1	PA QPD 2.0 per day
<i>morphine sulfate (60 mg cap er pel, 60 mg cpmp 24hr, 80 mg cap er pel)</i>	1	PA QPD 2.0 per day HCG
<i>morphine sulfate (90 mg cpmp 24hr, 120 mg cpmp 24hr)</i>	1	PA QPD 1 per day HCG
<i>morphine sulfate 45 mg cpmp 24hr</i>	1	PA QPD 1 per day
<i>morphine sulfate 75 mg cpmp 24hr</i>	1	PA QPD 1 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate 10 mg/5 ml solution</i>	1	QPD 90.0 per day
<i>morphine sulfate 100 mg/5ml solution</i>	1	QPD 9.0 per day
<i>morphine sulfate 20 mg/5 ml solution</i>	1	QPD 45.0 per day
<i>morphine sulfate 15 mg tablet</i>	1	QPD 12.0 per day
<i>morphine sulfate 30 mg tablet</i>	1	QPD 6.0 per day
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er)</i>	1	PA QPD 3 per day
<i>morphine sulfate 200 mg tablet er</i>	1	PA QPD 3 per day HCG
NALOCET	3	AL At least 18 yrs old QPD 12 per day MVB Minimal Value Brand
<i>oxycodone hcl 5 mg capsule</i>	1	AL At least 18 yrs old QPD 8 per day HCG
<i>oxycodone hcl 20 mg/ml oral conc</i>	1	QPD 2 per day HCG
<i>oxycodone hcl 5 mg/5 ml solution</i>	1	QPD 33 per day
<i>oxycodone hcl (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	AL At least 18 yrs old QPD 6.0 per day
<i>oxycodone hcl 5 mg tablet</i>	1	AL At least 18 yrs old QPD 8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl/acetaminophen 5-325/5 ml solution</i>	1	AL QPD At least 18 yrs old 60.0 per day
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	1	AL QPD At least 18 yrs old 6.0 per day
<i>oxycodone hcl/acetaminophen 2.5-325 mg tablet</i>	1	AL QPD HCG At least 18 yrs old 12 per day
<i>oxycodone hcl/acetaminophen 5 mg-325mg tablet</i>	1	AL QPD At least 18 yrs old 12 per day
<i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>	1	AL QPD At least 18 yrs old 8.0 per day
<i>oxymorphone hcl (5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h)</i>	1	AL PA QPD HCG At least 18 yrs old 2 per day
<i>oxymorphone hcl 7.5 mg tab er 12h</i>	1	AL PA QPD At least 18 yrs old 2 per day
<i>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i>	1	AL QPD At least 18 yrs old 6.0 per day
PRIMLEV 10-300 MG TABLET	3	AL QPD MVB At least 18 yrs old 3 per day MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRIMLEV 5-300 MG TABLET	3	AL At least 18 yrs old QPD 7 per day MVB MINIMAL VALUE BRAND
PRIMLEV 7.5-300 MG TABLET	3	AL At least 18 yrs old QPD 4 per day MVB Minimal Value Brand SBA Select Brand Alternative
PROLATE 10 MG-300 MG/5 ML SOLN	3	AL At least 18 yrs old QPD 30 per day
PROLATE 10-300 MG TABLET	3	AL At least 18 yrs old QPD 6.0 per day MVB Minimal Value Brand
PROLATE 5-300 MG TABLET	3	AL At least 18 yrs old QPD 12.0 per day MVB Minimal Value Brand SBA Select Brand Alternative
PROLATE 7.5-300 MG TABLET	3	AL At least 18 yrs old QPD 8.0 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>tramadol hcl 100 mg tablet</i>	1	AL QPD	At least 18 yrs old 4 per day
<i>tramadol hcl 50 mg tablet</i>	1	AL QPD	At least 18 yrs old 8 per day
<i>tramadol hcl (100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tab er 24h, 300 mg tbmp 24hr)</i>	1	AL PA QPD	At least 18 yrs old 1 per day
<i>tramadol hcl/acetaminophen</i>	1	AL QPD	At least 18 yrs old 8 per day
TREZIX	3	AL QPD	At least 12 yrs old 10 per day
XTAMPZA ER (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE)	2	PA QPD	 2 per day
XTAMPZA ER 36 MG CAPSULE	2	PA QPD	 8.0 per day
OPIATE PARTIAL AGONISTS			
BELBUCA	2	AL PA QPD	At least 18 yrs old 2 per day
<i>buprenorphine</i>	1	PA QPD	 0.144 per day
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	1	PA QPD	 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl/naloxone hcl (/naloxone 4mg-1mg film, /naloxone 12 mg-3 mg film)</i>	1	PA QPD 2 per day
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 2 mg-0.5mg tab subl, /naloxone 8 mg-2 mg film, /naloxone 8 mg-2 mg tab subl)</i>	1	PA QPD 3 per day
<i>pentazocine hcl/naloxone hcl</i>	1	AL At least 12 yrs old QPD 12 per day
ZUBSOLV	2	PA QPD 3 per day
ANOREXIGENIC AGENTS		
AMPHETAMINE DERIVATIVES		
<i>diethylpropion hcl 25 mg tablet</i>	1	AL At least 16 yrs old PA QPD 3 per day
<i>diethylpropion hcl 75 mg tablet er</i>	1	PA QPD 1 per day
LOMAIRA	3	AL At least 17 yrs old PA QPD 3 per day
<i>phendimetrazine tartrate 105 mg capsule er</i>	1	PA QPD 1 per day
<i>phendimetrazine tartrate 35 mg tablet</i>	1	PA QPD 3 per day
<i>phentermine hcl (15 mg capsule, 30 mg capsule)</i>	1	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phentermine hcl (37.5 mg capsule, 37.5 mg tablet)</i>	1	AL PA QPD At least 17 yrs old 2 per day
ANOREXIGENIC AGENTS, MISCELLANEOUS		
QSYMIA	3	AL PA QPD At least 12 yrs old 1 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)	3	QPD 3 per day
ADDERALL 30 MG TABLET	3	QPD 2 per day
<i>amphetamine</i>	3	ST QPD 15 per day
<i>amphetamine sulfate</i>	1	QPD 6 per day
<i>benzphetamine hcl</i>	1	PA QPD 3 per day
DESOXYN	3	ST QPD MVB SBA 5 per day MINIMAL VALUE BRAND SELECT BRAND ALTERNATIVE
DEXEDRINE SPANSULE 10 MG	3	ST QPD 5 per day
DEXEDRINE SPANSULE 15 MG	3	ST QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXEDRINE SPANSULE 5 MG	3	ST QPD 2 per day
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet)</i>	1	QPD 2 per day
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg tablet)</i>	1	QPD 3 per day
<i>dextroamphetamine sulfate 10 mg capsule er</i>	1	QPD 5 per day
<i>dextroamphetamine sulfate 15 mg capsule er</i>	1	QPD 4 per day
<i>dextroamphetamine sulfate 5 mg/5 ml solution</i>	1	QPD 60 per day
<i>dextroamphetamine sulfate (15 mg tablet, 30 mg tablet)</i>	1	QPD 2.0 per day
<i>dextroamphetamine sulfate (5 mg capsule er, 5 mg tablet)</i>	1	QPD 2 per day
<i>dextroamphetamine sulfate 10 mg tablet</i>	1	QPD 6 per day
<i>dextroamphetamine sulfate 20 mg tablet</i>	1	QPD 3.0 per day
<i>lisdexamfetamine dimesylate (10 mg capsule, 10 mg tab chew, 20 mg capsule, 20 mg tab chew, 30 mg capsule, 30 mg tab chew, 40 mg capsule, 40 mg tab chew, 50 mg capsule, 50 mg tab chew, 60 mg capsule, 60 mg tab chew, 70 mg capsule)</i>	1	QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methamphetamine hcl</i>	1	QPD 5 per day HCG
PROCENTRA	3	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)	2	QPD 1 per day
RESPIRATORY AND CNS STIMULANTS		
APTENSIO XR	3	ST QPD 1 per day
AZSTARYS	3	ST QPD 1.0 per day
<i>caffeine citrate 60 mg/3 ml solution</i>	1	HCG MVG MINIMAL VALUE GENERIC
CONCERTA (ER 18 MG TABLET, ER 27 MG TABLET, ER 36 MG TABLET)	3	ST QPD 2 per day
CONCERTA ER 54 MG TABLET	3	ST QPD 1 per day
<i>dexmethylphenidate hcl (10 mg tablet, 20 mg cpbp 50-50)</i>	1	QPD 2 per day
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	1	QPD 1 per day
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet)</i>	1	QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JORNAY PM	3	ST QPD 1 per day
METADATE ER	1	QPD 3 per day
METHYLIN 10 MG/5 ML SOLUTION	3	ST QPD 30 per day
METHYLIN 5 MG/5 ML SOLUTION	3	ST QPD 60 per day
<i>methylphenidate</i>	1	ST QPD 1.0 per day
<i>methylphenidate hcl (10 mg cbbp 30-70, 10 mg cbbp 50-50, 20 mg cbbp 30-70, 20 mg cbbp 50-50, 40 mg cbbp 30-70, 40 mg cbbp 50-50, 50 mg cbbp 30-70, 54 mg tab er 24, 60 mg cbbp 30-70, 60 mg cbbp 50-50, 72 mg tab er 24)</i>	1	QPD 1 per day
<i>methylphenidate hcl (10 mg csbp 40-60, 15 mg csbp 40-60, 20 mg csbp 40-60, 30 mg csbp 40-60, 40 mg csbp 40-60, 50 mg csbp 40-60, 60 mg csbp 40-60)</i>	1	ST QPD 1 per day
<i>methylphenidate hcl 10 mg/5 ml solution</i>	1	QPD 30 per day
<i>methylphenidate hcl 5 mg/5 ml solution</i>	1	QPD 60 per day
<i>methylphenidate hcl 2.5 mg tab chew</i>	1	QPD 3.0 per day
<i>methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 30 mg cbbp 30-70, 30 mg cbbp 50-50, 36 mg tab er 24)</i>	1	QPD 2 per day
<i>methylphenidate hcl 10 mg tablet</i>	1	QPD 5 per day
<i>methylphenidate hcl 5 mg tablet</i>	1	QPD 3 per day
<i>methylphenidate hcl (5 mg tab chew, 10 mg tab chew, 20 mg tablet, 20 mg tablet er)</i>	1	QPD 3 per day
<i>methylphenidate hcl 10 mg tablet er</i>	1	QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	1	PA QPD 1 per day
<i>modafinil</i>	1	PA QPD 1 per day
SUNOSI	3	AL At least 18 yrs old PA QPD 1 per day
WAKIX	3	S PA QPD 2 per day
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1	PA QPD 4 per day
ALBENZA	3	PA QPD 4 per day SBA Select Brand Alternative
BILTRICIDE	3	PA SBA Select Brand Alternative
EGATEN	3	
EMVERM	2	PA
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel</i>	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
STROMEKTOL	3	PA	
URINARY ANTI-INFECTIVES			
<i>fosfomycin tromethamine</i>	1		
FURADANTIN	3		
HIPREX	3		
HYOPHEN	1		
MACROBID	3	SBA	Select Brand Alternative
MACRODANTIN	3	SBA	Select Brand Alternative
<i>methenamine hippurate</i>	1		
<i>methenamine mandelate</i>	1		
<i>methenamine/sod phosph, monobasic/methylene blue/hyoscyamine</i>	1		
MONUROL	3	SBA	Select Brand Alternative
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	1	HCG	
<i>nitrofurantoin macrocrystal</i>	1		
<i>nitrofurantoin monohydrate/macrocrystals</i>	1		
PRIMSOL	3		
<i>trimethoprim</i>	1		
UROGESIC-BLUE	3		
UROQID-ACID NO.2	3		
URYL	1		
USTELL	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
AK-POLY-BAC	1	QPD 0.434 per day
AZASITE	3	QPD 0.36 per day
<i>bacitracin 500 unit/g oint. (g)</i>	1	QPD 0.434 per day HCG
<i>bacitracin/polymyxin b sulfate</i>	1	QPD 0.434 per day HCG
BESIVANCE	3	QPD 0.767 per day
BLEPHAMIDE	3	QL 5 / fill
		ST
CETRAXAL	3	QPD 0.567 per day MVB Minimal Value Brand
CILOXAN (EYE DROPS, OINTMENT)	3	QPD 0.767 per day
		ST
CIPRO HC	3	QPD 0.434 per day
<i>ciprofloxacin hcl 0.2 % dropperette</i>	1	QPD 0.567 per day
<i>ciprofloxacin hcl 0.3 % drops</i>	1	QPD 0.767 per day
<i>ciprofloxacin hcl/dexamethasone</i>	1	QPD 0.257 per day
<i>ciprofloxacin hcl/fluocinolone acetonide</i>	1	
CORTISPORIN-TC	3	QL 10/ fill
		HCG
<i>doxycycline hyclate 20 mg tablet</i>	1	MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin base 5 mg/gram oint. (g)</i>	1	QPD 0.54 per day
<i>gatifloxacin</i>	1	QPD 0.36 per day HCG
GENTAK	1	QPD 0.54 per day
<i>gentamicin sulfate 0.3 % drops</i>	1	QPD 2.143 per day
<i>levofloxacin (0.5 % drops, 1.5 % drops)</i>	1	QPD 0.767 per day
MAXITROL EYE DROPS	3	QL 5 / fill
MAXITROL EYE OINTMENT	3	QL 4 / fill
<i>moxifloxacin hcl (0.5 % drops, 0.5 % drops visc)</i>	1	QPD 0.434 per day
NEO-POLYCIN	1	QPD 0.124 per day
NEO-POLYCIN HC	1	QL 4 / fill HCG
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	1	QL 4 / fill
<i>neomycin sulfate/bacitracin/polymyxin b</i>	1	QPD 0.124 per day
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	1	QPD 1.47 per day
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	1	QL 10 / fill
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	1	QL 10/ fill
<i>neomycin/polymyxin b/dexametha 0.1 % drops susp</i>	1	QL 5 / fill
<i>neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g)</i>	1	QL 4 / fill
OCUFLOX	3	QPD 1.47 per day
<i>ofloxacin 0.3 % drops</i>	1	QL 10 / 30 days QPD 1.47 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTIPRIO	3	MVB MINIMAL VALUE BRAND
OTOVEL	3	ST QPD 0.473 per day
POLYCIN	1	QPD 0.434 per day
<i>polymyxin b sulfate/trimethoprim</i>	1	QPD 1.47 per day
POLYTRIM	3	QPD 1.47 per day
PRED-G	3	QL 5 / fill
<i>sulfacetamide sodium 10 % drops</i>	1	QL 5 / fill
<i>sulfacetamide sodium 10 % oint. (g)</i>	1	QL 4 / fill
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	QL 5 / fill
TOBRADEX EYE OINTMENT	3	QL 4 / fill
TOBRADEX ST	3	QL 5 / fill
<i>tobramycin 0.3 % drops</i>	1	QPD 2.143 per day
<i>tobramycin/dexamethasone</i>	1	QL 5 / fill
TOBREX 0.3% EYE DROP	3	QPD 2.143 per day
TOBREX 0.3% EYE OINTMENT	3	QPD 0.54 per day
ZYLET	3	QL 5 / fill
ZYMAXID	3	QPD 0.36 per day SBA Select Brand Alternative
ANTIFUNGALS (EENT)		
NATACYN	3	QPD 0.767 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIVIRALS (EENT)		
<i>trifluridine</i>	1	
ZIRGAN	3	QPD 0.167 per day
EENT ANTI-INFECTIVES, MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
BETADINE 5% EYE SOLUTION	3	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
PAROEX	1	
PERIDEX	3	
PERIOGARD	1	
XDEMVIY	3	PA QPD 0.334 per day
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX	3	PA
AMZEEQ	3	QPD 1 per day
CENTANY	3	PA
CLEOCIN T (LOION, SOLUION)	3	
CLINDACIN	1	QPD 1.667 per day
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P	1	
		QPD 1.667 per day
		HCG
<i>clindamycin phosphate 1 % foam</i>	1	MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate 1 % gel (gram)</i>	1	QL 75 / 30 days
		QL 75 / 30 days
		PA
<i>clindamycin phosphate 1 % gel daily</i>	1	HCG
		MVG MINIMAL VALUE GENERIC
<i>clindamycin phosphate (1 % lotion, 1 % med. swab, 2 % cream/appl)</i>	1	
<i>clindamycin phosphate 1 % solution</i>	1	QPD 2 per day
<i>clindamycin phos/benzoyl perox 1.2(1)%-5% gel (gram)</i>	1	QPD 1.5 per day
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2%-2.5% gel w/pump, phos/benzoyl 1.2%-3.75% gel w/pump)</i>	1	QPD 1.667 per day
		QPD 2 per day
		HCG
<i>clindamycin phosphate/tretinoin</i>	1	MVG MINIMAL VALUE GENERIC
CLINDESSE	3	
ERY	1	
ERYGEL	3	QPD 1 per day
<i>erythromycin base in ethanol 2 % gel (gram)</i>	1	QPD 1 per day
<i>erythromycin base in ethanol 2 % solution</i>	1	QPD 2 per day
<i>erythromycin base/benzoyl peroxide</i>	1	QPD 1.6 per day
<i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g))</i>	1	
METROCREAM	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METROGEL-VAGINAL	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
METROLOTION	3	
<i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % gel w/appl, 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>	1	
<i>mupirocin</i>	1	QPD 2.5 per day
<i>mupirocin calcium</i>	1	QPD 2 per day
NEO-SYNALAR 0.5%-0.025% CREAM	3	MVB Minimal Value Brand
NEUAC GEL	1	QPD 1.5 per day
ONEXTON 1.2%-3.75% GEL	3	QPD 1.667 per day
ONEXTON GEL PUMP	3	QPD 1.967 per day
ROSADAN (CREAM, GEL)	1	
ROSADAN 0.75% CREAM KIT	3	MVB MINIMAL VALUE BRAND
ROSADAN 0.75% GEL KIT	3	
VANDAZOLE	3	
XACIATO	3	QL 8 / 30 days
XEPI	3	PA
ZILXI	3	PA QPD 1 per day
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir 5 % cream (g)</i>	1	AL At least 12 yrs old PA QPD 0.167 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acyclovir 5 % oint. (g)</i>	1	AL At least 18 yrs old
DENAVIR	3	AL At least 12 yrs old PA QPD 0.167 per day
<i>penciclovir</i>	1	AL At least 12 yrs old PA QPD 0.167 per day
XERESE	3	AL At least 6 yrs old PA QPD 0.167 per day MVB MINIMAL VALUE BRAND
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
DHS ZINC	3	
<i>guaiacol</i>	1	
<i>iodine/potassium iodide</i>	1	
<i>iodine/sodium iodide (iodine/sodium tincture, iodine/sodium 2 % tincture)</i>	1	
IODOFLEX	3	
IODOSORB	3	
<i>isopropyl alcohol (70 % solution, 91 % solution, 99 % solution)</i>	1	
KLARON	3	QPD 4 per day
LUGOL'S	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OVACE	3	QPD 12 per day MVB Minimal Value Brand SBA Select Brand Alternative
OVACE PLUS 9.8% LOTION	3	QPD 4 per day MVB Minimal Value Brand
<i>phenol liquid</i>	1	
<i>selenium sulfide (2.25 % shampoo, 2.5 % lotion)</i>	1	
SILVASORB	3	
<i>silver sulfadiazine</i>	1	
SSD	1	
<i>sulfacetamide sodium 10 % cleanser</i>	1	QPD 12 per day
<i>sulfacetamide sodium 10 % clnsr gel</i>	1	QPD 12 per day HCB MVG MINIMAL VALUE GENERIC
<i>sulfacetamide sodium 10 % suspension</i>	1	QPD 4 per day
SULFAMYLON 8.5% CREAM	3	
SCABICIDES AND PEDICULICIDES		
CROTAN	1	
ELIMITE	3	
EURAX (CREAM, LOTION)	3	ST
<i>lindane</i>	1	HCB
<i>malathion</i>	1	HCB

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OVIDE	3	ST
<i>permethrin</i>	1	
ULESFIA	3	ST
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
ALREX	3	QPD 0.5 per day MVB Minimal Value Brand
DERMOTIC	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>dexamethasone sodium phosphate 0.1 % drops</i>	1	QL 10 / fill
<i>difluprednate</i>	1	QL 10 / 30 days
DUREZOL	3	QL 10 / 30 days
FLAC OTIC OIL	1	
FLAREX	3	QL 10 / fill
<i>flunisolide</i>	1	QPD 0.834 per day
<i>fluocinolone acetonide oil</i>	1	HCG
<i>fluorometholone</i>	1	QL 10 / fill
<i>fluticasone propionate 50 mcg spray susp</i>	1	QPD 0.6 per day
FML	3	QL 10 / fill MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FML FORTE	3	QL 10 / fill
LOTEMAX 0.5% OPHTHALMIC GEL	3	QL 10 / fill
LOTEMAX 0.5% EYE OINTMENT	3	QL 4 / fill
LOTEMAX SM	3	QL 10 / fill
<i>loteprednol etabonate 0.5 % drops gel</i>	1	QL 10 / fill
<i>loteprednol etabonate 0.5 % drops susp</i>	1	QL 21 / fill
MAXIDEX	3	QL 10 / fill MVB MINIMAL VALUE BRAND
<i>mometasone furoate 50 mcg spray/pump</i>	1	QPD 0.567 per day
OMNARIS	3	QPD 0.434 per day
PRED MILD	3	QL 21 / fill
<i>prednisolone acetate</i>	1	QL 21 / fill
<i>prednisolone sodium phosphate 1 % drops</i>	1	QL 20 / 30 days
QNASL	3	QPD 0.4 per day
QNASL CHILDREN	3	QPD 0.3 per day
<i>triamcinolone acetonide 55 mcg spray</i>	1	QPD 0.55 per day
ZETONNA	3	QPD 0.22 per day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	2	PA QPD 2 per day
RESTASIS MULTIDOSE	2	PA QPD 0.2 per day
VERKAZIA	3	S PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIIDRA	2	AL PA QPD At least 17 yrs old 2 per day
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	3	QL MVB SBA 15 / 30 days Minimal Value Brand Select Brand Alternative
ACULAR LS	3	QL 5 / fill
ACUVAIL	3	QPD MVB 1 per day Minimal Value Brand
<i>bromfenac sodium</i>	1	QL HCG 8 / rx
<i>diclofenac sodium 0.1 % drops</i>	1	QL 5 / fill
<i>flurbiprofen sodium</i>	1	QL 3/ fill
<i>ketorolac tromethamine 0.4 % drops</i>	1	QL 5 / fill
<i>ketorolac tromethamine 0.5 % drops</i>	1	QL 15 / 30 days
PROLENSA	2	QL 3/ fill
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
INTERLEUKIN ANTAGONISTS		
DUPIXENT 100 MG/0.67 ML SYRING	3	S PS PA QPD 0.05 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FASENRA	3	S PS PA QPD 0.04 per day
FASENRA PEN	3	S PS PA QPD 0.04 per day
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	3	S PS PA QPD 0.04 per day
NUCALA 40 MG/0.4 ML SYRINGE	3	S PS PA QPD 0.015 per day
NUCALA 100 MG/ML POWDER VIAL	3	S PS PA QPD 0.04 per day
SKYRIZI 600 MG/10 ML VIAL	3	S PS PA QPD 0.72 per day PS1 Preferred 1st line
SKYRIZI 180 MG/1.2 ML ON-BODY	3	S PS PA QPD 0.022 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS	
SKYRIZI 360 MG/2.4 ML ON-BODY	3		S	
			PS	
			PA	
			QPD	0.043 per day
			PS1	Preferred 1st line
LEUKOTRIENE MODIFIERS				
ACCOLATE	3		PR	
			QPD	2 per day
			MVB	Minimal Value Brand
			SBA	Select Brand Alternative
montelukast sodium 4 mg gran pack	1		PR	
			QPD	1 per day
			HCG	
montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)	1		PR	
			QPD	1 per day
zafirlukast	1		PR	
			QPD	2 per day
zileuton	1		ST	
			QPD	4 per day
			HCG	
ZYFLO	3		ST	
			QPD	4 per day
MAST-CELL STABILIZERS				
ALOCRIL	3		QL	5 / fill
			MVB	MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	1	PR
<i>cromolyn sodium 4 % drops</i>	1	QL 10 / fill
<i>cromolyn sodium 20 mg/ml oral conc</i>	1	
GASTROCROM	3	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA	2	ST QPD 2.143 per day
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ALA-CORT	1	HCG MVG MINIMAL VALUE GENERIC
<i>alclometasone dipropionate 0.05 % cream (g)</i>	1	HCG
<i>alclometasone dipropionate 0.05 % oint. (g)</i>	1	
<i>amcinonide 0.1 % cream (g)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>amcinonide 0.1 % oint. (g)</i>	1	HCG MVG MINIMAL VALUE GENERIC
ANALPRAM HC 1% CREAM	3	MVB Minimal Value Brand SBA Select Brand Alternative
ANALPRAM HC 2.5%-1% LOTION	3	MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANUCORT-HC	1	
ANUSOL-HC 2.5% CREAM	3	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
ANUSOL-HC 25 MG SUPPOSITORY	1	HCG MVG MINIMAL VALUE GENERIC
BESER	1	HCG MVG MINIMAL VALUE GENERIC
<i>betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g))</i>	1	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	1	HCG
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	1	
BRYHALI	3	PA
<i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate (0.05 % lotion, 0.05 % spray)</i>	1	HCG
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	1	
<i>clobetasol propionate/emoll 0.05 % foam</i>	1	HCG
<i>clocortolone pivalate 0.1 % cream (g)</i>	1	HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLODAN 0.05% SHAMPOO	1	HCG
CORTENEMA	3	MVB Minimal Value Brand SBA Select Brand Alternative
CORTIFOAM	3	MVB MINIMAL VALUE BRAND
DERMA-SMOOTH-FS BODY OIL	3	SBA Select Brand Alternative
DERMA-SMOOTH-FS SCALP OIL	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>	1	
<i>desonide 0.05 % gel (gram)</i>	1	HCG MVG MINIMAL VALUE GENERIC
DESOWEN	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>desoximetasone (0.05 % cream (g), 0.05 % oint. (g))</i>	1	HCG
<i>desoximetasone (0.05 % gel (gram), 0.25 % cream (g), 0.25 % oint. (g))</i>	1	
<i>desoximetasone 0.25 % spray</i>	1	HCG
DESRX	1	HCG MVG MINIMAL VALUE GENERIC
DIPROLENE	3	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPIFOAM	3	
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil)</i>	1	
<i>fluocinolone acetonide (0.01 % solution, 0.025 % cream (g), 0.025 % oint. (g))</i>	1	HCG
<i>fluocinolone acetonide/shower cap</i>	1	HCG
<i>fluocinonide 0.1 % cream (g)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	1	
<i>fluocinonide/emollient base</i>	1	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	1	
<i>fluticasone propionate 0.05 % lotion</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>halcinonide</i>	1	PA
<i>halobetasol propionate (0.05 % cream (g), 0.05 % oint. (g))</i>	1	
<i>hydrocortisone (1 % cream (g), 1 % crm/pe app, 1 % oint. (g), 2.5 % cream (g), 2.5 % crm/pe app, 2.5 % lotion, 2.5 % oint. (g), 100mg/60ml enema)</i>	1	
<i>hydrocortisone acetate (25 mg supp.rect, 30 mg supp.rect)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone acetate/pramoxine hcl</i> (<i>hydrocortisone/pramoxine 1 %-1 % cream/appl,</i> <i>hydrocortisone/pramoxine 2.5 %-1 % cream/appl,</i> <i>hydrocortisone/pramoxine 2.5-1%(4g) cream/appl</i>)	1	
<i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % solution)</i>	1	
<i>hydrocortisone butyrate/emoll 0.1 % cream (g)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	1	
KOURZEQ	1	
LOCOID	3	SBA Select Brand Alternative
LUXIQ	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	1	
OLUX	3	SBA Select Brand Alternative
OLUX-E	3	SBA Select Brand Alternative
ORALONE	1	
PRAMOSONE 1%-1% CREAM	3	MVB Minimal Value Brand
PRAMOSONE (1% LOTION, 2.5%-1% LOTION)	3	
<i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i>	1	
PROCTO-MED HC	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY)	3	MVB Minimal Value Brand SBA Select Brand Alternative
PROCTOFOAM-HC	2	
PROCTOSOL-HC	1	
PROCTOZONE-HC	1	HCG
SCALACORT	1	
SERNIVO	3	
SYNALAR (0.01% SOLUTION, 0.025% CREAM)	3	MVB Minimal Value Brand SBA Select Brand Alternative
TEMOVATE	3	MVB Minimal Value Brand SBA Select Brand Alternative
TEXACORT	3	MVB Minimal Value Brand
TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT)	3	SBA Select Brand Alternative
TOVET EMOLLIENT	1	HCG
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % paste (g), 0.5 % cream (g), 0.5 % oint. (g))</i>	1	
TRIDERM	1	
TRIDESILON	3	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VANOS	3	MVB MINIMAL VALUE BRAND
ANTIANEMIA DRUGS		
IRON PREPARATIONS		
FOLIVANE-PLUS	3	
HEMATINIC PLUS	1	
HEMATINIC WITH FOLIC ACID	1	
IRO-PLEX CAPLET	3	
SIDEROL	3	
VIRT-FEFA PLUS	3	
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR	3	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
CLASS IB ANTIARRHYTHMICS		
<i>mexiletine hcl</i>	1	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate</i>	1	
<i>propafenone hcl (150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYTHMOL SR (SR 225 MG CAPSULE, SR 425 MG CAPSULE)	3	
RYTHMOL SR 325 MG CAPSULE	3	MVB Minimal Value Brand SBA Select Brand Alternative
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>dofetilide</i>	1	S PS
MULTAQ	3	PA
PACERONE	1	
ANTIBACTERIALS		
AMINOGLYCOSIDE ANTIBIOTICS		
ARIKAYCE	3	S PA QPD 9 per day
BETHKIS	3	S PA
<i>gentamicin sulfate (20 mg/2 ml vial, 40 mg/ml vial)</i>	1	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (in 70 mg/50ml piggyback, in 90mg/100ml piggyback)</i>	1	
<i>gentamicin sulfate/pf (sulfate/pf 20 mg/2 ml vial, sulfate/pf 60 mg/6 ml vial port, sulfate/pf 100mg/10ml vial port)</i>	1	
KITABIS PAK	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin sulfate</i>	1	
TOBI	3	S PA SBA Select Brand Alternative
TOBI PODHALER	3	S PA
<i>tobramycin 300 mg/4ml ampul-neb</i>	1	S PS PA
<i>tobramycin in 0.225 % sodium chloride</i>	1	S PS PA
<i>tobramycin/nebulizer</i>	1	S PS PA
QUINOLONE ANTIBIOTICS		
BAXDELA 450 MG TABLET	3	QL PA max 14 days
CIPRO 10% SUSPENSION	3	QPD 10 per day
CIPRO 5% SUSPENSION	3	QPD 7 per day
CIPRO (250 MG TABLET, 500 MG TABLET)	3	QPD 2 per day
<i>ciprofloxacin 250 mg/5ml sus mc rec</i>	1	QPD 7 per day
<i>ciprofloxacin 500 mg/5ml sus mc rec</i>	1	QPD 10.0 per day
<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 750 mg tablet)</i>	1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin hcl 500 mg tablet</i>	1	QPD 2 per day
FACTIVE	3	PA QPD 7 per day
<i>levofloxacin 250mg/10ml solution</i>	1	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	QL 30 / fill
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL 21 / fill
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1	QL 56 / fill
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i>	1	
<i>sulfamethoxazole/trimethoprim 800-160 mg tablet</i>	1	
SULFATRIM	1	
TETRACYCLINE ANTIBIOTICS		
AVIDOXY	1	
COREMINO (ER 90 MG TABLET, ER 135 MG TABLET)	1	ST QPD 1 per day
COREMINO ER 45 MG TABLET	1	ST QPD 3 per day
<i>demeclocycline hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline hyclate (50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	1	
<i>doxycycline hyclate (75 mg tablet, 150 mg tablet)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>doxycycline hyclate 50 mg tablet</i>	1	ST QPD 6.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>doxycycline monohydrate 40 mg cap ir dr</i>	1	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>doxycycline monohydrate (75 mg capsule, 75 mg tablet, 150 mg capsule, 150 mg tablet)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	1	
<i>minocycline hcl (55 mg tab er 24h, 65 mg tab er 24h, 115mg tab er 24h)</i>	3	ST QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>minocycline hcl (80 mg tab er 24h, 90 mg tab er 24h)</i>	1	ST QPD 1 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>minocycline hcl 45 mg tab er 24h</i>	1	ST QPD 3 per day HCG MVG MINIMAL VALUE GENERIC
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	ST HCG MVG MINIMAL VALUE GENERIC
MONDOXYNE NL 100 MG CAPSULE	1	
MONDOXYNE NL 75 MG CAPSULE	1	HCG MVG MINIMAL VALUE GENERIC
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	1	
<i>tetracycline hcl</i>	1	
ANTIBACTERIALS, MISCELLANEOUS		
GLYCOPEPTIDE ANTIBIOTICS		
VANCOCIN HCL	3	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	1	
<i>vancomycin hcl (1 g vial, 1 g vial port, 5 g vial)</i>	1	
LINCOMYCIN ANTIBIOTICS		
CLEOCIN HCL	3	QPD 4 per day SBA Select Brand Alternative
CLEOCIN PEDIATRIC	3	QPD 70 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin hcl</i>	1	QPD 4 per day
<i>clindamycin palmitate hcl</i>	1	QPD 70.0 per day
OTHER MISC. ANTIBACTERIAL AGENTS		
<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	1	QL 120 / 365 days
PYLERA	3	QL 120 / 365 days
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid 100 mg/5ml susp recon</i>	1	QL 900 / rx
<i>linezolid 600 mg tablet</i>	1	QPD 2 per day
SIVEXTRO 200 MG TABLET	3	QL 6 / 30 days PA
ZYVOX 100 MG/5 ML SUSPENSION	3	QL 900 / rx PA
ZYVOX 600 MG TABLET	3	PA QPD 2 per day
PLEUROMUTILINS		
XENLETA 600 MG TABLET	3	S PA
RIFAMYCIN ANTIBIOTICS		
AEMCOLO	3	
XIFAXAN 550 MG TABLET	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANASPAZ	3	
ANORO ELLIPTA	2	PR QPD 2 per day
ATROPEN	3	
ATROVENT HFA	3	PR QPD 1.29 per day
<i>chlordiazepoxide/clidinium bromide</i>	1	
COMBIVENT RESPIMAT	2	PR QPD 0.267 per day
CUVPOSA	3	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	1	
DONNATAL (ELIXIR, ELIXIR 5 ML CUP, TABLET)	3	SBA Select Brand Alternative
ED-SPAZ	1	
GLYCATE	3	
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml solution, 2 mg tablet)</i>	1	
<i>glycopyrrolate 1.5 mg tablet</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>hyoscyamine sulfate (0.125 mg tab rapdis, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hyoscyamine sulfate 0.125 mg tab sub/</i>	1	
HYOSYNE (0.125 MG/ML DROP, 125 MCG/5 ML ELIXIR)	1	
<i>ipratropium bromide 0.2 mg/ml solution</i>	1	PR QPD 12.5 per day
<i>ipratropium bromide/albuterol sulfate</i>	1	PR
LEVSIN 0.125 MG TABLET	3	
LEVSIN-SL	3	
LIBRAX	3	SBA Select Brand Alternative
LONHALA MAGNAIR REFILL	3	PR PA QPD 2 per day
LONHALA MAGNAIR STARTER	3	PR PA QPD 2 per day
<i>methscopolamine bromide</i>	1	
NULEV	1	
OSCIMIN	1	
OSCIMIN SL	1	
<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb (phenobarb/hyoscy/atropine/scop 16.2 mg tablet, phenobarb/hyoscy/atropine/scop 16.2mg/5ml elixir)</i>	1	
PHENOHYTRO TABLET	1	HCG
QBREXZA	3	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROBINUL	3	SBA Select Brand Alternative
ROBINUL FORTE	3	SBA Select Brand Alternative
SPIRIVA HANDIHALER	2	PR QPD 1 per day
SPIRIVA RESPIMAT	2	PR QPD 1 per day
STIOLTO RESPIMAT	2	PR QPD 0.134 per day
SYMAX DUOTAB	3	
ANTICOAGULANTS		
ANTICOAGULANTS, MISCELLANEOUS		
ARIXTRA	3	S
<i>fondaparinux sodium</i>	1	S
COUMARIN DERIVATIVES		
JANTOVEN (1 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	1	PR NTI
JANTOVEN (2 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	PR NTI
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	PR NTI
<i>warfarin sodium (6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	PR NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT-PE TREAT START 5MG	2	QL PR 100 / 30 days
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	2	PR QPD 2 per day
SAVAYSA	3	PR PA QPD 1 per day
XARELTO 1 MG/ML SUSPENSION	2	PR QPD 20.7 per day
XARELTO DVT-PE TREAT START 30D	2	QL PR 56 / fill
XARELTO (10 MG TABLET, 20 MG TABLET)	2	PR QPD 1 per day
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	PR QPD 2 per day
DIRECT THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate</i>	1	PR QPD 2.0 per day
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	2	PR QPD 2 per day
PRADAXA 110 MG CAPSULE	2	PR QPD 2 per day
PRADAXA (20 MG PELLET PACK, 30 MG PELLET PACK, 40 MG PELLET PACK, 50 MG PELLET PACK, 110 MG PELLET PACK, 150 MG PELLET PACK)	3	AL PR QPD Up to 12 yrs old 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEPARINS		
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe)</i>	1	S
<i>enoxaparin sodium 300mg/3ml vial</i>	1	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)	3	S
<i>heparin sodium,porcine 5000/ml(1) cartridge</i>	1	
<i>heparin sodium,porcine (10 unit/ml vial, 100/ml vial, 1000/ml vial, 5000/ml syringe, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i>	1	
<i>heparin sodium,porcine in 0.45 % sodium chloride (in 12500/250 iv soln, in 25000/250 iv soln, in 25000/500 iv soln)</i>	1	
<i>heparin sodium,porcine in 0.9 % sodium chloride (sod,porcine/0.9 % 30k/1000ml iv soln, sod,porcine/0.9 % 4k/1000 ml iv soln, sod,porcine/0.9 % 5000/500ml iv soln, sod,porcine/0.9 % 5k/1000 ml iv soln)</i>	1	
<i>heparin sodium,porcine/dextrose 5 % in water</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>heparin sodium,porcine/pf (sodium,porcine/pf 1 unit/ml syringe, sodium,porcine/pf 10 unit/ml syringe, sodium,porcine/pf 10 unit/ml vial, sodium,porcine/pf 100/ml (1) syringe, sodium,porcine/pf 100/ml (1) vial, sodium,porcine/pf 200/2 ml syringe, sodium,porcine/pf 300/3 ml syringe, sodium,porcine/pf 500/5 ml syringe, sodium,porcine/pf 1000/10 ml syringe, sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml cartridge, sodium,porcine/pf 5000/0.5ml vial, sodium,porcine/pf 5000/ml syringe)</i>	1	
<i>heparin sodium,porcine/pf 5000/0.5ml syringe</i>	1	
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)	3	S SBA Select Brand Alternative
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
APTIOM (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	3	QPD 2 per day
APTIOM 200 MG TABLET	3	QPD 3 per day
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	3	PA
BRIVIACT 10 MG/ML ORAL SOLN	3	PA QPD 20 per day
BRIVIACT (10 MG TABLET, 50 MG TABLET)	3	PA QPD 4 per day
BRIVIACT 100 MG TABLET	3	PA QPD 2 per day
BRIVIACT 25 MG TABLET	3	PA QPD 8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRIVIACT 75 MG TABLET	3	PA QPD 3 per day
<i>carbamazepine 200mg/10ml oral susp</i>	1	NTI
<i>carbamazepine (100 mg cpm 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpm 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpm 12hr, 400 mg tab er 12h)</i>	1	NTI
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	3	S PA QPD 2 per day
<i>divalproex sodium (125 mg cap dr spr, 125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr)</i>	1	NTI
EPIDIOLEX	3	S PA
EPITOL	1	NTI
EQUETRO	3	NTI
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	1	
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	3	PA
FINTEPLA	3	S PA QPD 12 per day
FYCOMPA 0.5 MG/ML ORAL SUSP	3	QPD 6 per day
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	QPD 1 per day
<i>gabapentin (100 mg capsule, 400 mg capsule)</i>	1	QPD 9 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin 300 mg capsule</i>	1	QPD 9.0 per day
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	1	QPD 72 per day
<i>gabapentin 600 mg tablet</i>	1	QPD 6 per day
<i>gabapentin 800 mg tablet</i>	1	QPD 5 per day
GABITRIL	3	
HORIZANT ER 300 MG TABLET	3	PA QPD 4 per day
HORIZANT ER 600 MG TABLET	3	PA QPD 2 per day
<i>lacosamide 10 mg/ml solution</i>	1	QPD 50.0 per day
<i>lacosamide (150 mg tablet, 200 mg tablet)</i>	1	QPD 2.0 per day
<i>lacosamide (50 mg tablet, 100 mg tablet)</i>	1	QPD 4.0 per day
<i>lamotrigine (5 mg tb chw dsp, 25 mg tab er 24, 25 mg tab rapdis, 25 mg tablet, 25 mg tb chw dsp, 50 mg tab er 24, 50 mg tab rapdis, 100 mg tab er 24, 100 mg tab rapdis, 100 mg tablet, 150 mg tablet, 200 mg tab er 24, 200 mg tab rapdis, 200 mg tablet, 250 mg tab er 24, 300 mg tab er 24)</i>	1	NTI
<i>lamotrigine (25(21)-50 tb rd dspk, 25(42)-100 tab ds pk, 25(84)-100 tab ds pk, 25-50-100 tb rd dspk, 25mg (35) tab ds pk, 50(42)-100 tb rd dspk)</i>	1	NTI
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	1	NTI
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	1	NTI
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	1	QPD 3 per day
<i>pregabalin 20 mg/ml solution</i>	1	QPD 30 per day
ROWEEPRA	1	NTI
ROWEEPRA XR	1	NTI
<i>rufinamide (40 mg/ml oral susp, 200 mg tablet, 400 mg tablet)</i>	1	PA
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	3	S
		PA
		QPD 6 per day
SPRITAM	3	AL At least 4 yrs old
		NTI
		QPD 3 per day
SUBVENITE	1	NTI
SUBVENITE (BLUE)	1	NTI
SUBVENITE (GREEN)	1	NTI
SUBVENITE (ORANGE)	1	NTI
<i>tiagabine hcl</i>	1	
<i>topiramate (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h)</i>	1	NTI
<i>topiramate 200 mg cap er 24h</i>	1	NTI
<i>topiramate (25 mg cap spr 24, 50 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap spr 24)</i>	3	NTI
<i>topiramate 15 mg cap sprink</i>	1	NTI
<i>topiramate (25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TROKENDI XR	3	ST
<i>valproic acid</i>	1	NTI
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	NTI
<i>valproic acid (as sodium salt) 500mg/10ml solution</i>	1	NTI
<i>vigabatrin (500 mg powd pack, 500 mg tablet)</i>	1	S
		PS
		PA
		QPD 6 per day
VIGADRONE 500 MG POWDER PACKET	1	S
		PS
		PA
		QPD 6 per day
VIGADRONE 500 MG TABLET	1	S
		PS
		PA
		QPD 6.0 per day
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	3	PA
		QPD 1 per day
XCOPRI (150 MG TABLET, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	3	PA
		QPD 2 per day
XCOPRI (50 MG TABLET, 100 MG TABLET)	3	PA
		QPD 4 per day
<i>zonisamide (25 mg capsule, 100 mg capsule)</i>	1	NTI
<i>zonisamide 50 mg capsule</i>	1	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE	3	
<i>primidone (50 mg tablet, 250 mg tablet)</i>	1	
<i>primidone 125 mg tablet</i>	1	
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam 2.5 mg/ml oral susp</i>	1	S PS PA
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	1	PA
<i>clonazepam (2 mg tab rapdis, 2 mg tablet)</i>	1	QPD 10 per day
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet)</i>	1	QPD 3 per day
NAYZILAM	3	QL 10 / 30 days
HYDANTOINS		
DILANTIN 30 MG CAPSULE	3	NTI
PHENYTEK	3	NTI
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	1	NTI
<i>phenytoin sodium extended</i>	1	NTI
SUCCINIMIDES		
CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>	1	NTI
<i>methsuximide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	3	NTI
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
		ST
APLENZIN	3	QPD 1 per day MVB Minimal Value Brand
<i>bupropion hcl 150 mg tab er 12h</i>	1	HCR QPD 2 per day
<i>bupropion hcl 150 mg tab er 24h</i>	1	QPD 3.0 per day
<i>bupropion hcl 300 mg tab er 24h</i>	1	QPD 1 per day
<i>bupropion hcl 100 mg tablet</i>	1	QPD 5 per day
<i>bupropion hcl 75 mg tablet</i>	1	QPD 6 per day
<i>bupropion hcl (150 mg tab sr 12h, 200 mg tab sr 12h)</i>	1	QPD 2 per day
<i>bupropion hcl 100 mg tab sr 12h</i>	1	QPD 4 per day
<i>bupropion hcl sr 150 mg tablet (ndc: 00591354360)</i>	1	HCR QPD 2 per day
<i>bupropion hcl sr 150 mg tablet (ndc: 00591354376)</i>	1	HCR QPD 2 per day
<i>bupropion hcl sr 150 mg tablet (ndc: 43598086360)</i>	1	HCR QPD 2 per day
<i>mirtazapine (15 mg tab rapdis, 15 mg tablet, 30 mg tab rapdis, 30 mg tablet, 45 mg tab rapdis, 45 mg tablet)</i>	1	QPD 1 per day
<i>mirtazapine 7.5 mg tablet</i>	1	QPD 2 per day
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	3	QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRAVATO (28 MG NASAL SPRAY, 84 MG DOSE PACK)	3	S PA QPD 0.87 per day
SPRAVATO 56 MG DOSE PACK	3	S PA QPD 0.58 per day
MONOAMINE OXIDASE INHIBITORS		
MARPLAN	3	QPD 6 per day
NARDIL	3	QPD 6 per day
PARNATE	3	QPD 6 per day
<i>phenelzine sulfate</i>	1	QPD 6 per day
<i>tranylcypromine sulfate</i>	1	QPD 6 per day
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine</i>	1	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>desvenlafaxine succinate</i>	1	QPD 1 per day
DRIZALMA SPRINKLE	3	QPD 2 per day
<i>duloxetine hcl (20 mg capsule dr, 40 mg capsule dr, 60 mg capsule dr)</i>	1	QPD 2 per day
<i>duloxetine hcl 30 mg capsule dr</i>	1	QPD 4 per day
FETZIMA 20-40 MG TITRATION PAK	3	ST QPD 1 per day
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl (37.5 mg cap er 24h, 150 mg cap er 24h)</i>	1	QPD 1 per day
<i>venlafaxine hcl 75 mg cap er 24h</i>	1	QPD 3 per day
<i>venlafaxine hcl (37.5 mg tab er 24, 75 mg tab er 24, 150 mg tab er 24, 225 mg tab er 24)</i>	1	QPD 1 per day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>venlafaxine hcl (37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	
<i>venlafaxine hcl 25 mg tablet</i>	1	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	1	PR QPD 20 per day
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet)</i>	1	PR QPD 1 per day
<i>citalopram hydrobromide 40 mg tablet</i>	1	PR QPD 1.0 per day
<i>escitalopram oxalate 5 mg/5 ml solution</i>	1	PR QPD 20 per day
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	PR QPD 1.5 per day
<i>escitalopram oxalate 20 mg tablet</i>	1	PR QPD 1 per day
<i>fluoxetine hcl 10 mg capsule</i>	1	PR QPD 1 per day
<i>fluoxetine hcl 20 mg capsule</i>	1	PR QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 40 mg capsule</i>	1	PR QPD 2 per day
<i>fluoxetine hcl 90 mg capsule dr</i>	1	PR QPD 0.15 per day HCG
<i>fluoxetine hcl 20 mg/5 ml solution</i>	1	PR QPD 20 per day
<i>fluoxetine hcl 10 mg tablet</i>	1	PR QPD 1.5 per day HCG
<i>fluoxetine hcl 20 mg tablet</i>	1	PR QPD 4 per day HCG
<i>fluoxetine hcl 60 mg tablet</i>	1	PR QPD 1.5 per day HCG
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	1	PR QPD 2 per day
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet)</i>	1	PR QPD 1 per day
<i>fluvoxamine maleate 100 mg tablet</i>	1	PR QPD 3 per day
<i>olanzapine/fluoxetine hcl</i>	1	AL At least 10 yrs old PR QPD 1 per day
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	1	PA QPD 42.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paroxetine hcl (25 mg tab er 24h, 30 mg tablet, 37.5 mg tab er 24h)</i>	1	PR QPD 2 per day
<i>paroxetine hcl (12.5 mg tab er 24h, 40 mg tablet)</i>	1	PR QPD 1 per day
<i>paroxetine hcl 10 mg tablet</i>	1	PR QPD 1.5 per day
<i>paroxetine hcl 20 mg tablet</i>	1	PR QPD 1 per day
<i>paroxetine mesylate</i>	1	QPD 1 per day
PAXIL 10 MG/5 ML SUSPENSION	3	PA QPD 42 per day
PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	3	PA QPD 1 per day
PEXEVA 40 MG TABLET	3	PA QPD 1 per day MVB Minimal Value Brand
<i>sertraline hcl 20 mg/ml oral conc</i>	1	PR QPD 10 per day
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	PR QPD 1.5 per day
<i>sertraline hcl 100 mg tablet</i>	1	PR QPD 2 per day
SYMBYAX	3	AL At least 10 yrs old PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROTONIN MODULATORS		
<i>nefazodone hcl 100 mg tablet</i>	1	QPD 6 per day
<i>nefazodone hcl 150 mg tablet</i>	1	QPD 4 per day
<i>nefazodone hcl 200 mg tablet</i>	1	QPD 3 per day
<i>nefazodone hcl 250 mg tablet</i>	1	QPD 2.5 per day
<i>nefazodone hcl 50 mg tablet</i>	1	QPD 12 per day
<i>trazodone hcl 100 mg tablet</i>	1	QPD 4 per day
<i>trazodone hcl 150 mg tablet</i>	1	QPD 2 per day
<i>trazodone hcl 300 mg tablet</i>	1	QPD 1 per day
<i>trazodone hcl 50 mg tablet</i>	1	QPD 3 per day
TRINTELLIX	3	ST QPD 1 per day
<i>vilazodone hcl</i>	1	QPD 1.0 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl</i>	1	
<i>amitriptyline hcl/chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	SBA Select Brand Alternative
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	
<i>doxepin hcl (10 mg/ml oral conc, 75 mg capsule, 150 mg capsule)</i>	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>miglitol</i>	1	PR QPD 3 per day
PRECOSE 100 MG TABLET	3	PR QPD 3 per day MVB Minimal Value Brand SBA Select Brand Alternative
PRECOSE 25 MG TABLET	3	PR QPD 12 per day MVB Minimal Value Brand SBA Select Brand Alternative
PRECOSE 50 MG TABLET	3	PR QPD 6 per day MVB Minimal Value Brand SBA Select Brand Alternative
AMYLINOMIMETICS		
SYMLINPEN 120	2	PR PA QPD 0.4 per day
SYMLINPEN 60	2	PR PA QPD 0.2 per day
ANTIDIABETIC AGENTS, MISCELLANEOUS		
KORLYM	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BIGUANIDES		
<i>metformin hcl 500 mg/5ml solution</i>	1	PR QPD 25 per day
<i>metformin hcl 500 mg tab er 24h</i>	1	PR QPD 5 per day
<i>metformin hcl 750 mg tab er 24h</i>	1	PR QPD 3 per day
<i>metformin hcl 1000 mg tablet</i>	1	PR QPD 2.5 per day
<i>metformin hcl 500 mg tablet</i>	1	PR QPD 5 per day
<i>metformin hcl 850 mg tablet</i>	1	PR QPD 3 per day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
JANUMET	2	ST PR QPD 2 per day
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	ST PR QPD 2 per day
JANUMET XR 100-1,000 MG TABLET	2	ST PR QPD 1 per day
JANUVIA	2	ST PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO	2	ST PR QPD 2 per day
JENTADUETO XR 2.5 MG-1,000 MG	2	ST PR QPD 2 per day
JENTADUETO XR 5 MG-1,000 MG TB	2	ST PR QPD 1 per day
TRADJENTA	2	ST PR QPD 1 per day
INCRETIN MIMETICS		
BYDUREON BCISE	2	PR PA QPD 0.15 per day
BYETTA 10 MCG DOSE PEN INJ	2	PR PA QPD 0.08 per day
BYETTA 5 MCG DOSE PEN INJ	2	PR PA QPD 0.04 per day
MOUNJARO	2	PR PA QPD 0.08 per day
OZEMPIC	2	PR PA QPD 0.108 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYBELSUS	2	PR PA QPD 1 per day
SAXENDA	3	AL At least 12 yrs old PA QPD 0.5 per day
TRULICITY	2	PR PA QPD 0.08 per day
VICTOZA 2-PAK	2	PR PA QPD 0.3 per day
VICTOZA 3-PAK	2	PR PA QPD 0.3 per day
WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN)	3	AL At least 12 yrs old PA QPD 0.072 per day
WEGOVY (1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)	3	AL At least 12 yrs old PA QPD 0.108 per day
MEGLITINIDES		
<i>nateglinide</i>	1	PR QPD 3 per day
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	1	PR QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>repaglinide 2 mg tablet</i>	1	PR QPD 8 per day
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	2	PR QPD 1 per day
GLYXAMBI	2	PR QPD 1 per day
INPEFA 200 MG TABLET	3	PA QPD 2.0 per day
JARDIANCE	2	PR QPD 1 per day
SYNJARDY	2	PR QPD 2 per day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	PR QPD 2 per day
SYNJARDY XR 25-1,000 MG TABLET	2	PR QPD 1 per day
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	2	PR QPD 1 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	2	PR QPD 2 per day
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	2	PR QPD 2 per day
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	2	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFONYLUREAS		
AMARYL	3	PR
		MVB Minimal Value Brand
		SBA Select Brand Alternative
<i>glimepiride</i>	1	PR
<i>glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)</i>	1	PR
<i>glipizide 2.5 mg tablet</i>	3	QPD 1.0 per day
<i>glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)</i>	1	PR
		QPD 4 per day
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	PR
		QPD 8 per day
GLUCOTROL XL	3	PR
		MVB Minimal Value Brand
		SBA Select Brand Alternative
<i>glyburide</i>	1	PR
<i>glyburide, micronized</i>	1	PR
<i>glyburide/metformin hcl (glyburide/metformin 2.5-500 mg tablet, glyburide/metformin 5 mg-500mg tablet)</i>	1	PR
		QPD 4 per day
<i>glyburide/metformin hcl 1.25-250mg tablet</i>	1	PR
		QPD 8 per day
GLYNASE	3	PR
		MVB Minimal Value Brand
		SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIAZOLIDINEDIONES		
ACTOPLUS MET	3	PR QPD MVB SBA 3 per day Minimal Value Brand Select Brand Alternative
ACTOS	3	PR QPD SBA 1 per day Select Brand Alternative
DUETACT	3	PR QPD MVB SBA 1 per day Minimal Value Brand Select Brand Alternative
<i>pioglitazone hcl</i>	1	PR QPD 1 per day
<i>pioglitazone hcl/glimepiride</i>	1	PR QPD 1 per day
<i>pioglitazone hcl/metformin hcl</i>	1	PR QPD 3 per day
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET	3	QPD 2.0 per day
<i>granisetron hcl 1 mg tablet</i>	1	QL 6 / 30 days
<i>ondansetron</i>	1	QL 24 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ondansetron hcl 4 mg/5 ml solution</i>	1	QPD 20 per day
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	QL 24 / 30 days
<i>ondansetron hcl 2 mg/ml vial</i>	1	S PS
<i>ondansetron hcl in 0.9 % sodium chloride (in 0.9 % 16 mg/50ml piggyback, in 0.9 % 8 mg/50 ml piggyback)</i>	1	S PS
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 mg/2 ml syringe, hcl/pf 4 mg/2 ml vial)</i>	1	S PS
ANTIEMETICS, MISCELLANEOUS		
<i>dronabinol</i>	1	QPD 5 per day
MARINOL	3	PA QPD 5 per day
<i>scopolamine</i>	1	
SYNDROS	3	AL At least 18 yrs old PA QPD 13 per day
TRANSDERM-SCOP	3	SBA Select Brand Alternative
ANTI-HISTAMINES (GI DRUGS)		
ANTIVERT (25 MG CHEWABLE TABLET, 50 MG TABLET)	3	
BONJESTA	3	PA QPD 2 per day
COMPAZINE 25 MG SUPPOSITORY	1	
COMPAZINE (5 MG TABLET, 10 MG TABLET)	3	
COMPRO	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DICLEGIS	3	PA QPD 4 per day MVB Minimal Value Brand SBA Select Brand Alternative
<i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>	1	PA QPD 4 per day
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 5 mg/ml vial</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>trimethobenzamide hcl</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO 300-0.5 MG CAPSULE	3	PA QPD 0.15 per day
<i>aprepitant 125mg-80mg cap ds pk</i>	1	QL 3/ fill HCG
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	1	QPD 0.08 per day
<i>aprepitant 80 mg capsule</i>	1	QPD 0.15 per day
EMEND TRIPACK	3	QL 3/ fill SBA Select Brand Alternative
EMEND 80 MG CAPSULE	3	QPD 0.15 per day SBA Select Brand Alternative
EMEND 125 MG POWDER PACKET	3	QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VARUBI	3	S PA QPD 0.15 per day
ANTIFUNGAL (SYSTEMIC)		
ALLYLAMINE ANTIFUNGALS		
<i>terbinafine hcl 250 mg tablet</i>	1	
ANTIFUNGALS, MISCELLANEOUS		
<i>griseofulvin ultramicrosize</i>	1	HCG
<i>griseofulvin, microsize 125 mg/5ml oral susp</i>	1	
<i>griseofulvin, microsize 500 mg tablet</i>	1	HCG
AZOLE ANTIFUNGALS		
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	3	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	3	
DIFLUCAN 150 MG TABLET	3	QPD 1 per day
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole 150 mg tablet</i>	1	QPD 1 per day
<i>itraconazole</i>	1	
<i>ketoconazole 200 mg tablet</i>	1	
NOXAFIL (40 MG/ML SUSPENSION, 300 MG POWDERMIX SUSP)	3	
NOXAFIL DR 100 MG TABLET	3	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>	1	
VFEND 40 MG/ML SUSPENSION	3	S QPD 20 per day
VFEND (50 MG TABLET, 200 MG TABLET)	3	QPD 4 per day
<i>voriconazole 200 mg/5ml susp recon</i>	1	S QPD 20 per day
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	1	QPD 4 per day
POLYENE ANTIFUNGALS		
<i>nystatin (500k unit tablet, 100000/ml oral susp)</i>	1	
PYRIMIDINE ANTIFUNGALS		
ANCOBON	3	
<i>flucytosine</i>	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine hcl (1 % cream (g), 2 % cream (g))</i>	1	ST HCG MVG MINIMAL VALUE GENERIC
<i>naftifine hcl (1 % gel (gram), 2 % gel (gram))</i>	1	ST HCG MVG MINIMAL VALUE GENERIC
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole (1 % cream (g), 1 % solution, 10 mg troche)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	1	
<i>econazole nitrate</i>	1	
GYNAZOLE 1	3	
<i>ketoconazole 2 % cream (g)</i>	1	QPD 2 per day
<i>ketoconazole 2 % shampoo</i>	1	
<i>luliconazole</i>	1	PA QPD 2 per day
<i>miconazole nitrate 200 mg supp.vag</i>	3	GL Female
ORAVIG	3	
<i>oxiconazole nitrate</i>	1	ST HCG MVG MINIMAL VALUE GENERIC
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl)</i>	1	GL Female QPD 1.5 per day
<i>terconazole 80 mg supp.vag</i>	1	GL Female QPD 1.5 per day HCG
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN 8% SOLUTION	1	QPD 0.22 per day
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo)</i>	1	
<i>ciclopirox 8 % solution</i>	1	QPD 0.22 per day
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	1	
LOPROX 1% SHAMPOO	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXABOROLES		
KERYDIN	3	AL PA QPD At least 6 yrs old 0.267 per day
<i>tavaborole</i>	1	AL PA QPD At least 6 yrs old 0.67 per day
POLYENES (SKIN AND MUCOUS MEMBRANE)		
NYAMYC	1	
<i>nystatin (100000/g cream (g), 100000/g oint. (g))</i>	1	
<i>nystatin 100000/g powder</i>	1	QPD 1 per day
<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcinolone acet 100000-0.1 cream (g))</i>	1	
<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 oint. (g), nystatin/triamcinolone acet 100000-0.1 oint. (g))</i>	1	HCG
NYSTOP	1	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS	2	QPD 0.4 per day
<i>brimonidine tartrate 0.15 % drops</i>	1	QPD HCG 0.4 per day
<i>brimonidine tartrate 0.2 % drops</i>	1	QPD 0.4 per day
<i>brimonidine tartrate/timolol maleate</i>	1	QPD 0.334 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol hcl 0.5 % drops</i>	1	QPD 0.54 per day
BETIMOL 0.25% EYE DROPS	3	QPD 0.286 per day
BETIMOL 0.5% EYE DROPS	3	QPD 0.334 per day
BETOPTIC S	3	QPD 0.54 per day
<i>carteolol hcl</i>	1	QPD 0.334 per day
ISTALOL	3	QPD 0.286 per day
		SBA SELECT BRAND ALTERNATIVE
<i>levobunolol hcl</i>	1	QPD 0.4 per day
<i>timolol maleate 0.5 % drop daily</i>	1	QPD 0.334 per day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>timolol maleate 0.25 % drops</i>	1	QPD 2.0 per day
<i>timolol maleate 0.5 % drops</i>	1	QPD 0.334 per day
<i>timolol maleate (0.25 % sol-gel, 0.5 % sol-gel)</i>	1	QPD 0.286 per day
<i>timolol maleate/pf 0.25 % dropperette</i>	1	QPD 2.0 per day
<i>timolol maleate/pf 0.5 % dropperette</i>	1	QPD 2 per day
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	1	
<i>brinzolamide</i>	1	QPD 0.5 per day
<i>dorzolamide hcl</i>	1	QPD 0.4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dorzolamide hcl/timolol maleate</i>	1	QPD 0.334 per day
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	1	QPD 2 per day
<i>methazolamide 25 mg tablet</i>	1	
<i>methazolamide 50 mg tablet</i>	1	HCG
SIMBRINZA 1%-0.2% EYE DROPS	2	QPD 0.4 per day
SIMBRINZA 1%-0.2% EYE DROPS (NDC: 00065414727)	2	QPD 0.4 per day
TRUSOPT	3	QPD 0.4 per day
MIOTICS		
ISOPTO CARPINE	3	QPD 0.54 per day
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	1	QPD 0.54 per day
PROSTAGLANDIN ANALOGS		
<i>bimatoprost 0.03 % drops</i>	1	QPD 0.13 per day HCG
<i>bimatoprost 0.03 % drop w/app</i>	1	HCG MVG MINIMAL VALUE GENERIC
IYUZEH	3	QPD 1.0 per day
<i>latanoprost</i>	1	QPD 0.13 per day
LUMIGAN	2	QPD 0.13 per day
<i>tafluprost/pf</i>	3	QPD 1.0 per day
<i>travoprost</i>	1	QPD 0.13 per day
XELPROS	3	QPD 0.13 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RHO KINASE INHIBITORS		
RHOPRESSA	3	QPD 0.1 per day
ROCKLATAN	3	QPD 0.1 per day
ANTIHEMORRHAGIC AGENTS		
HEMOSTATICS		
ADVATE	3	S PA
ADYNOVATE	3	S PA
AFSTYLA	3	S PA
ALPHANATE	3	S PA
ALPHANINE SD	3	S
ALPROLIX	3	S PA
ALTUVIIIO (250 UNIT VIAL, 500 UNIT VIAL, 1,000 UNIT VIAL, 2,000 UNIT VIAL, 3,000 UNIT VIAL, 4,000 UNIT VIAL)	3	S PA
AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET, 1,000 MG TABLET)	3	MVB SBA MINIMAL VALUE BRAND SELECT BRAND ALTERNATIVE
<i>aminocaproic acid (250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	1	
AVITENE (FLOUR, SHEET 35MMX35MM, SHEET 70MMX35MM, SHEET 70MMX70MM)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENEFIX	3	S PA
COAGADEX	3	S PA
CORIFACT	3	S
ELOCTATE	3	S PA
ENDO-AVITENE	3	
ESPEROCT	3	S PA
FEIBA NF	3	S PA
HEMLIBRA	3	S PA QPD 12 per day
HEMOFIL M	3	S PA
HUMATE-P	3	S PA
IDELVION	3	S PA
IXINITY	3	S PA
JIVI	3	S PA
KOATE	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOGENATE FS	3	S PA
KOVALTRY	3	S PA
LYSTEDA	3	GL Female QPD 6 per day
NOVOEIGHT	3	S PA
NOVOSEVEN RT	3	S PA
NUWIQ	3	S PA
OBIZUR	3	S PA
PROFILNINE	3	S PA
REBINYN	3	S PA
RECOMBINATE	3	S PA
RIXUBIS	3	S PA
SEVENFACT	3	S PA
SYRINGE AVITENE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	3	
<i>tranexamic acid 650 mg tablet</i>	1	GL Female QPD 6 per day
TRETEN	3	S PA
ULTRAFOAM	3	
VONVENDI	3	S PA
WILATE	3	S PA
XYNTHA	3	S PA
XYNTHA SOLOFUSE	3	S PA
ANTIHISTAMINE DRUGS		
SECOND GENERATION ANTIHISTAMINES		
<i>cetirizine hcl 1 mg/ml solution</i>	1	QPD 10 per day
<i>desloratadine 5 mg tablet</i>	1	QPD 1 per day
		QPD 1 per day
<i>desloratadine (2.5 mg tab rapdis, 5 mg tab rapdis)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1	QPD 30 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	QPD 1 per day
XYZAL 2.5 MG/5 ML SOLUTION	3	QPD 30 per day
ANTIHYPOLYCEMIC AGENTS		
ANTIHYPOLYCEMIC AGENTS, MISCELLANEOUS		
<i>diazoxide</i>	1	
PROGLYCEM	3	
GLYCOGENOLYTIC AGENTS		
BAQSIMI	2	
GLUCAGON 1 MG EMERGENCY KIT (AMPHASTAR)	2	
GLUCAGON 1 MG EMERGENCY KIT (FRESENIUS)	2	
ZEGALOGUE AUTOINJECTOR	2	
ZEGALOGUE SYRINGE	2	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>icosapent ethyl</i>	1	PR PA QPD 4.0 per day
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)	3	S PA QPD 1 per day
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	3	S PA QPD 2 per day
NEXLETOL	2	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXLIZET	2	PA QPD 1 per day
<i>niacin 1000 mg tab er 24h</i>	1	PR QPD HCG 2 per day
<i>niacin 500 mg tab er 24h</i>	1	PR QPD 3 per day
<i>niacin 750 mg tab er 24h</i>	1	PR QPD 2 per day
NIACOR	3	PR QPD MVB 12 per day Minimal Value Brand
<i>omega-3 acid ethyl esters</i>	1	PR QPD 4 per day
THEROMEGA SPORT	1	
VASCEPA 0.5 GM CAPSULE	2	PR PA QPD 4 per day
VASCEPA 1 GM CAPSULE	2	PR PA QPD 4 per day
BILE ACID SEQUESTRANTS		
<i>cholestyramine (with sugar) 4 g powder</i>	1	QPD 24 per day
<i>cholestyramine (with sugar) 4 g powd pack</i>	1	QPD 4 per day
<i>cholestyramine/aspartame 4 g powder</i>	1	QPD 24.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cholestyramine/aspartame 4 g powd pack</i>	1	QPD 4 per day
<i>colesevelam hcl 3.75 g powd pack</i>	1	QPD 1 per day
<i>colesevelam hcl 625 mg tablet</i>	1	QPD 6 per day
<i>colestipol hcl (5 g granules, 5 g packet)</i>	1	QPD 6 per day HCG
<i>colestipol hcl 1 g tablet</i>	1	QPD 4 per day
PREVALITE POWDER	1	QPD 24 per day
PREVALITE PACKET	1	QPD 4 per day
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	PR QPD 1 per day
<i>ezetimibe/atorvastatin calcium</i>	1	ST QPD 1.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>ezetimibe/simvastatin</i>	1	PR QPD 1 per day
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAPSULE	3	PR PA QPD 2 per day
ANTARA 90 MG CAPSULE	3	PR PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate (120 mg tablet, 150 mg capsule)</i>	1	PR QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate 50 mg capsule</i>	1	PR QPD 2 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate 160 mg tablet</i>	1	PR QPD 1 per day
<i>fenofibrate 40 mg tablet</i>	1	PR QPD 2 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate 54 mg tablet</i>	1	PR QPD 2 per day
<i>fenofibrate nanocrystallized 145 mg tablet</i>	1	PR QPD 1 per day
<i>fenofibrate nanocrystallized 48 mg tablet</i>	1	PR QPD 2 per day
<i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	1	PR QPD 1 per day
<i>fenofibrate, micronized 130 mg capsule</i>	1	PR QPD 1 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate, micronized 30 mg capsule</i>	3	PR QPD 2.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate, micronized 43 mg capsule</i>	1	PR QPD 2 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate, micronized 90 mg capsule</i>	3	PR QPD 1.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibric acid 105 mg tablet</i>	1	PR QPD 1 per day
<i>fenofibric acid 35 mg tablet</i>	1	PR QPD 2 per day
<i>fenofibric acid (choline) 135 mg capsule dr</i>	1	PR QPD 1 per day
<i>fenofibric acid (choline) 45 mg capsule dr</i>	1	PR QPD 2 per day
FENOGLIDE 120 MG TABLET	3	PR QPD 1 per day MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENOGLIDE 40 MG TABLET	3	PR QPD 2 per day MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
FIBRICOR 105 MG TABLET	3	PR QPD 1 per day
FIBRICOR 35 MG TABLET	3	PR QPD 2 per day
<i>gemfibrozil</i>	1	PR QPD 2 per day
LIPOFEN 150 MG CAPSULE	3	PR PA QPD 1 per day
LIPOFEN 50 MG CAPSULE	3	PR PA QPD 2 per day
LOPID	3	PR QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
TRILIPIX DR 135 MG CAPSULE	3	PR QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRILIPIX DR 45 MG CAPSULE	3	PR QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	3	ST PR QPD 1 per day MVB MINIMAL VALUE BRAND
<i>amlodipine besylate/atorvastatin calcium</i>	1	PR QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	1	PR HCR QPD 1 per day
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	PR QPD 1 per day
CADUET	3	QPD 1 per day MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
FLOLIPID 20 MG/5 ML ORAL SUSP	3	AL Up to 16 yrs old PR QPD 10 per day SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLOLIPID 40 MG/5 ML ORAL SUSP	3	AL PR QPD Up to 16 yrs old 5 per day
<i>fluvastatin sodium 40 mg capsule</i>	1	PR QPD HCG 2 per day
<i>fluvastatin sodium (20 mg capsule, 80 mg tab er 24h)</i>	1	PR QPD HCG 1 per day
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	1	PR HCR QPD 1 per day
<i>lovastatin 40 mg tablet</i>	1	PR HCR QPD 2 per day
<i>pravastatin sodium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	PR HCR QPD 1 per day
<i>pravastatin sodium 80 mg tablet</i>	1	PR HCR QPD 1.0 per day
<i>rosuvastatin calcium (20 mg tablet, 40 mg tablet)</i>	1	PR QPD 1 per day
<i>rosuvastatin calcium (5 mg tablet, 10 mg tablet)</i>	1	PR HCR QPD 1 per day
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	PR HCR QPD 1.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 5 mg tablet</i>	1	PR HCR QPD 1 per day
<i>simvastatin 80 mg tablet</i>	1	PR QPD 1 per day
PCSK9 INHIBITORS		
PRALUENT PEN	3	S PS PA QPD 0.08 per day
REPATHA PUSHTRONEX	3	S PS PA QPD 0.13 per day
REPATHA SURECLICK	3	S PS PA QPD 0.08 per day
REPATHA SYRINGE	3	S PS PA QPD 0.08 per day
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG 140 MG/ML AUTOINJECTOR	2	AL PA QPD At least 18 yrs old 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AIMOVIG 70 MG/ML AUTOINJECTOR	2	QL 2 / 30 days AL At least 18 yrs old PA
AJOVY AUTOINJECTOR	2	AL At least 18 yrs old PA QPD 0.057 per day
AJOVY SYRINGE	2	AL At least 18 yrs old PA QPD 0.057 per day
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	2	AL At least 18 yrs old PA QPD 0.1 per day
NURTEC ODT	2	AL At least 18 yrs old PA QPD 0.8 per day
QULIPTA	2	AL At least 18 yrs old PA QPD 1.0 per day
UBRELVY	2	AL At least 18 yrs old PA QPD 0.54 per day
ZAVZPRET	3	AL At least 18 yrs old PA QPD 0.267 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	QPD 0.4 per day HCG
AMERGE	3	ST QPD 0.6 per day SBA Select Brand Alternative
<i>eletriptan hydrobromide</i>	1	QPD 0.4 per day
FROVA	3	ST QPD 0.6 per day MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
<i>frovatriptan succinate</i>	1	QPD 0.6 per day HCG
<i>naratriptan hcl</i>	1	QPD 0.6 per day
<i>rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>	1	QPD 0.6 per day
<i>sumatriptan</i>	1	QL 6 / 30 days
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml vial)</i>	1	QPD 0.167 per day
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QPD 0.3 per day
<i>sumatriptan succinate/naproxen sodium</i>	1	PA QPD 0.3 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolmitriptan (2.5 mg spray, 5 mg spray)</i>	3	ST QPD 0.2 per day
<i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	1	QPD 0.2 per day
ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)	3	ST QPD 0.2 per day
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
ANTITUBERCULOSIS AGENTS		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
MYAMBUTOL	3	SBA Select Brand Alternative
MYCOBUTIN	3	
PASER	3	
<i>pretomanid</i>	3	AL At least 18 yrs old PA QPD 1 per day
PRIFTIN	3	QPD 1.25 per day
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIRTURO	3	S PA
TRECTOR	3	
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate 250 mg tablet</i>	1	S PS PA QPD 4 per day
<i>abiraterone acetate 500 mg tablet</i>	1	S PS PA QPD 2 per day
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	3	S PA QPD 2 per day
AFINITOR 2.5 MG TABLET	3	S PA QPD 1 per day
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET)	3	S PA QPD 1 per day
AFINITOR DISPERZ 5 MG TABLET	3	S PA QPD 2 per day
AKEEGA	3	S PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALECENSA	3	AL S PA QPD At least 18 yrs old 8 per day
ALKERAN 2 MG TABLET	3	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	3	AL S PA QPD At least 18 yrs old 2 per day
ALUNBRIG 180 MG TABLET	3	AL S PA QPD At least 18 yrs old 1 per day
ALUNBRIG 30 MG TABLET	3	AL S PA QPD At least 18 yrs old 6 per day
<i>anastrozole</i>	1	PR HCR
AROMASIN	3	PR
AVASTIN	3	S PA
AYVAKIT	3	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA 3 MG TABLET	3	S PA QPD 3 per day
BALVERSA 4 MG TABLET	3	S PA QPD 2 per day
BALVERSA 5 MG TABLET	3	S PA QPD 1 per day
BESREMI	3	S PA QPD 0.08 per day
<i>bexarotene (1 % gel (gram), 75 mg capsule)</i>	1	S PS PA
<i>bicalutamide</i>	1	
BOSULIF (400 MG TABLET, 500 MG TABLET)	3	S PA QPD 1 per day
BOSULIF 100 MG TABLET	3	S PA QPD 4 per day
BRAFTOVI	3	S PA
BRUKINSA	3	S PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CABOMETYX	3	S PA QPD 1 per day
CALQUENCE 100 MG CAPSULE	3	AL At least 18 yrs old S PA QPD 2 per day
CALQUENCE 100 MG TABLET	3	AL At least 18 yrs old S PA QPD 2.0 per day
<i>capecitabine</i>	1	S PS PA
CAPRELSA 100 MG TABLET	3	S PA QPD 2 per day
CAPRELSA 300 MG TABLET	3	S PA QPD 1 per day
CARAC	3	PA MVB MINIMAL VALUE BRAND
CASODEX	3	
COMETRIQ 100 MG DAILY-DOSE PK	3	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMETRIQ 140 MG DAILY-DOSE PK	3	S PA QPD 4 per day
COMETRIQ 60 MG DAILY-DOSE PACK	3	S PA QPD 3 per day
COPIKTRA	3	S PA
COTELLIC	3	AL S PA QPD 2.5 per day
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	3	PA
DAURISMO	3	S PA QPD 1 per day
<i>diclofenac sodium 3 % gel (gram)</i>	1	QL 100 / 30 days PA HCG MVG MINIMAL VALUE GENERIC
DROXIA	3	
EFUDEX	3	
EMCYT	3	S
ERIVEDGE	3	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERLEADA 240 MG TABLET	3	S PA QPD 1.0 per day
ERLEADA 60 MG TABLET	3	S PA QPD 4 per day
<i>erlotinib hcl</i>	1	S PS PA QPD 1 per day
<i>etoposide 50 mg capsule</i>	1	S PS
EULEXIN	3	ST
<i>everolimus (5 mg tablet, 7.5 mg tablet)</i>	1	S PA QPD 2 per day
<i>everolimus 2.5 mg tablet</i>	1	S PA QPD 1 per day
<i>everolimus (2 mg tab susp, 3 mg tab susp)</i>	1	S PA QPD 1.0 per day
<i>everolimus (5 mg tab susp, 10 mg tablet)</i>	1	S PA QPD 2.0 per day
<i>exemestane</i>	1	PR HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXKIVITY	3	S PA QPD 4.0 per day
FARYDAK	3	S PA
FEMARA	3	PR PA
FLUOROPLEX	3	
<i>fluorouracil 0.5 % cream (g)</i>	3	
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	1	
<i>flutamide</i>	1	
FOTIVDA	3	S PA QPD 0.767 per day
GAVRETO	3	S PA QPD 4 per day
<i>gefitinib</i>	1	S PS PA QPD 1.0 per day
GILOTRIF	3	S PA QPD 1 per day
GLEEVEC 100 MG TABLET	3	S PA QPD 8 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLEEVEC 400 MG TABLET	3	S
		PA
		QPD 2 per day
		SBA Select Brand Alternative
GLEOSTINE	3	S
HERCEPTIN	3	S
		PA
HERCEPTIN HYLECTA	3	S
		PA
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	3	S
		PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE (100 MG CAPSULE, 100 MG TABLET)	3	S
		PS
		PA
		QPD 1.25 per day
IBRANCE (75 MG CAPSULE, 75 MG TABLET)	3	S
		PS
		PA
		QPD 1.667 per day
IBRANCE (125 MG CAPSULE, 125 MG TABLET)	3	S
		PS
		PA
		QPD 1 per day
ICLUSIG (10 MG TABLET, 30 MG TABLET, 45 MG TABLET)	3	S
		PA
		QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLUSIG 15 MG TABLET	3	S PA QPD 2 per day
IDHIFA	3	AL At least 18 yrs old S PA QPD 1 per day
<i>imatinib mesylate 100 mg tablet</i>	1	S PS PA QPD 8 per day
<i>imatinib mesylate 400 mg tablet</i>	1	S PS PA QPD 2 per day
IMBRUVICA 140 MG CAPSULE	3	S PA QPD 3.0 per day
IMBRUVICA 70 MG CAPSULE	3	S PA QPD 8 per day
IMBRUVICA 70 MG/ML SUSPENSION	3	S PA QPD 6.0 per day
IMBRUVICA 420 MG TABLET	3	S PA QPD 1.47 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 560 MG TABLET	3	S PA QPD 1 per day
INLYTA	3	S PA QPD 4 per day
INQOVI	3	S PA QPD 0.18 per day
INREBIC	3	S PA QPD 4 per day
IRESSA	3	S PA QPD 1 per day
JAKAFI	3	S PA QPD 2 per day
JAYPIRCA 100 MG TABLET	3	S PA QPD 2.0 per day
JAYPIRCA 50 MG TABLET	3	S PA QPD 1.0 per day
KANJINTI	3	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI 200 MG DAILY DOSE	3	S PA QPD 1 per day
KISQALI 400 MG DAILY DOSE	3	S PA QPD 2 per day
KISQALI 600 MG DAILY DOSE	3	S PA QPD 3 per day
KISQALI FEMARA 200 MG CO-PACK	3	S PA QPD 2 per day
KISQALI FEMARA 400 MG CO-PACK	3	S PA QPD 2.5 per day
KISQALI FEMARA 600 MG CO-PACK	3	S PA QPD 3.334 per day
KOSELUGO	3	S PA QPD 4 per day
KRAZATI	3	S PA QPD 6.0 per day
<i>lapatinib ditosylate</i>	1	S PS PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lenalidomide</i>	1	S PS PA QPD 1.0 per day
LENVIMA	3	S PA QPD 3 per day
<i>letrozole</i>	1	PR HCR
LEUKERAN	3	S
LONSURF 15 MG-6.14 MG TABLET	3	S PA QPD 2.15 per day
LONSURF 20 MG-8.19 MG TABLET	3	S PA QPD 3 per day
LORBRENA	3	S PA QPD 1 per day
LUMAKRAS 120 MG TABLET	3	S PA QPD 8 per day
LUMAKRAS 320 MG TABLET	3	S PA QPD 3.0 per day
LYNPARZA	3	AL At least 18 yrs old S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYSODREN	3	S
LYTGOBI 12 MG DOSE (3X 4MG TB)	3	S PA QPD 3.0 per day
LYTGOBI 16 MG DOSE (4X 4MG TB)	3	S PA QPD 4.0 per day
LYTGOBI 20 MG DOSE (5X 4MG TB)	3	S PA QPD 5.0 per day
MATULANE	3	S
MEKINIST 0.05 MG/ML SOLUTION	3	S PA QPD 30.0 per day
MEKINIST 0.5 MG TABLET	3	S PA QPD 4 per day
MEKINIST 2 MG TABLET	3	S PA QPD 1 per day
MEKTOVI	3	S PA
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium 2.5 mg tablet</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	1	
MVASI	3	S PS PA
MYLERAN	3	S
NERLYNX	3	AL At least 18 yrs old S PA QPD 6 per day
NEXAVAR	3	S PA QPD 4 per day
NILANDRON	3	S SBA Select Brand Alternative
<i>nilutamide</i>	1	S PS
NINLARO	3	AL At least 18 yrs old S PA QPD 0.124 per day
NUBEQA	3	S PS PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODOMZO	3	S PA QPD 1 per day
OGIVRI	3	S PA
ONUREG	3	S PA QPD 0.5 per day
ORSERDU 345 MG TABLET	3	S PA QPD 1.0 per day
ORSERDU 86 MG TABLET	3	S PA QPD 3.0 per day
PANRETIN	3	S
<i>pazopanib hcl</i>	1	S PA QPD 4.0 per day
PEMAZYRE	3	S PA QPD 0.67 per day
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	3	S PA QPD 2.0 per day
PIQRAY 200 MG DAILY DOSE PACK	3	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POMALYST	3	S PA QPD 1 per day
PURIXAN	3	S PA
QINLOCK	3	S PA QPD 3 per day
RASUVO	3	PA QPD 0.08 per day
RETEVMO 40 MG CAPSULE	3	S PA QPD 2 per day
RETEVMO 80 MG CAPSULE	3	S PA QPD 4 per day
REVLIMID	3	S PA QPD 1 per day
REZLIDHIA	3	S PA QPD 2.0 per day
RITUXAN 100 MG/10 ML VIAL	3	S PA QPD 4.3 per day
RITUXAN 500 MG/50 ML VIAL	3	S PA QPD 14.3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RITUXAN HYCELA 1,400 MG-23,400	3	S PA QPD 1.7 per day
RITUXAN HYCELA 1,600 MG-26,800	3	S PA QPD 0.5 per day
ROZLYTREK 100 MG CAPSULE	3	S PA QPD 5 per day
ROZLYTREK 200 MG CAPSULE	3	S PA QPD 3 per day
RUBRACA	3	AL At least 18 yrs old S PA QPD 2 per day
RUXIENCE 100 MG/10 ML VIAL	3	S PS PA QPD 4.3 per day PS2 Preferred 2nd line
RUXIENCE 500 MG/50 ML VIAL	3	S PS PA QPD 14.3 per day PS2 Preferred 2nd line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYDAPT	3	AL S PA QPD At least 18 yrs old 2 per day
SCEMBLIX 20 MG TABLET	3	S PA QPD 2.0 per day
SCEMBLIX 40 MG TABLET	3	S PA QPD 10.0 per day
SIKLOS	3	S
<i>sorafenib tosylate</i>	1	S PS PA QPD 4.0 per day
SPRYCEL (100 MG TABLET, 140 MG TABLET)	3	S PA QPD 1 per day
SPRYCEL (70 MG TABLET, 80 MG TABLET)	3	S PA QPD 2 per day
SPRYCEL 20 MG TABLET	3	S PA QPD 9 per day
SPRYCEL 50 MG TABLET	3	S PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STIVARGA	3	S PA QPD 4 per day
<i>sunitinib malate</i>	1	S PS PA QPD 1.0 per day
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE)	3	S PA QPD 1.0 per day
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	3	S PA QPD 1 per day
SYNRIBO	3	S PA
TABLOID	3	S
TABRECTA	3	S PA QPD 4 per day
TAFINLAR 50 MG CAPSULE	3	S PA QPD 6 per day
TAFINLAR 75 MG CAPSULE	3	S PA QPD 4 per day
TAFINLAR 10 MG TABLET FOR SUSP	3	S PA QPD 21.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAGRISSO	3	AL S PA QPD At least 18 yrs old 1 per day
TALZENNA	3	S PA QPD 1.0 per day
TARCEVA (100 MG TABLET, 150 MG TABLET)	3	S PA QPD 1 per day
TARCEVA 25 MG TABLET	3	S PA QPD 6 per day
TARGRETIN (1% GEL, 75 MG CAPSULE)	3	S PA
TASIGNA (150 MG CAPSULE, 200 MG CAPSULE)	3	S PA QPD 4 per day
TASIGNA 50 MG CAPSULE	3	S PA QPD 6 per day
TAZVERIK	3	S PA
TEMODAR (100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	3	S PA
<i>temozolomide</i>	1	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEPMETKO	3	S PA QPD 2 per day
TIBSOVO	3	S PA
TRAZIMERA	3	S PS PA
<i>tretinoin 10 mg capsule</i>	1	S PS
TREXALL	3	
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	3	S PA QPD 1.5 per day
TRUSELTIQ 100 MG DAILY DOSE PK	3	S PA QPD 0.75 per day
TRUSELTIQ 75 MG DAILY DOSE PK	3	S PA QPD 2.5 per day
TUKYSA	3	S PA QPD 4 per day
TURALIO 125 MG CAPSULE	3	S PA QPD 4.0 per day
TURALIO 200 MG CAPSULE	3	S PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYKERB	3	S PA QPD 6 per day
UKONIQ	3	S PA QPD 4 per day
VALCHLOR	3	S PA QPD 3 per day
VANFLYTA	3	S PA QPD 2.0 per day
VENCLEXTA	3	S PA QPD 4 per day
VENCLEXTA STARTING PACK	3	S PA QPD 1.5 per day
VERZENIO	3	S PA QPD 2 per day
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	3	S PA QPD 2 per day
VIZIMPRO	3	S PA
VONJO	3	S PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOTRIENT	3	S PA QPD 4 per day
WELIREG	3	S PA QPD 3.0 per day
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	3	S PA QPD 2 per day
XATMEP	3	AL PA QPD 4 per day
XELODA	3	S PA QPD 4 per day
XOSPATA	3	S PA QPD 3 per day
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	3	S PA QPD 0.286 per day
XPOVIO (40 MG, 60 MG)	3	S PA QPD 0.143 per day
XPOVIO 60 MG TWICE WEEKLY DOSE	3	S PA QPD 0.86 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO 80 MG TWICE WEEKLY DOSE	3	S PA QPD 1.25 per day
XTANDI (40 MG CAPSULE, 40 MG TABLET)	3	S PA QPD 4 per day
XTANDI 80 MG TABLET	3	S PA QPD 2 per day
YONSA	3	S PA QPD 4 per day
ZEJULA 100 MG CAPSULE	3	AL At least 18 yrs old S PA QPD 3 per day
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	3	AL At least 18 yrs old S PA QPD 1.0 per day
ZELBORAF	3	S PA QPD 8 per day
ZIRABEV	3	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOLINZA	3	S PA QPD 4 per day
ZTALMY	3	S PA QPD 36.0 per day
ZYDELIG	3	S PA QPD 2 per day
ZYKADIA	3	AL At least 18 yrs old S PA QPD 8 per day
ZYTIGA 250 MG TABLET	3	S PA QPD 4 per day
ZYTIGA 500 MG TABLET	3	S PA QPD 2 per day
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)</i>	1	
OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET)	3	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OSMOLEX ER 322 MG DAILY DOSE	3	S PA QPD 2 per day
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)</i>	1	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
COMTAN	3	
<i>entacapone</i>	1	HCG
ONGENTYS	3	
TASMAR	3	
<i>tolcapone</i>	1	
DOPAMINE PRECURSORS		
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i>	1	
<i>carbidopa/levodopa/entacapone</i>	1	
DUOPA	3	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INBRIJA	3	S PA QPD 10.0 per day
RYTARY	3	
SINEMET 10-100	3	
SINEMET 25-100	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
MONOAMINE OXIDASE B INHIBITORS		
AZILECT	3	
EMSAM	3	ST QPD 1 per day
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	1	
XADAGO	3	AL At least 18 yrs old PA QPD 1 per day
ZELAPAR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPROTOZOALS		
AMEBICIDES		
HUMATIN	3	
<i>paromomycin sulfate</i>	1	
ANTIMALARIALS		
ARAKODA	3	PA
<i>atovaquone/proguanil hcl</i>	1	PA
<i>chloroquine phosphate</i>	1	
COARTEM	3	
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	3	
MALARONE	3	PA
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
QUALAQUIN	3	QL 42 / 365 days PA
<i>quinine sulfate</i>	1	QL 42 / 365 days PA
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3	PA
<i>atovaquone 750 mg/5ml oral susp</i>	1	PA
<i>benznidazole</i>	3	QL max 60 days AL 2 to 12 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLAGYL	3	
IMPAVIDO	3	S PA
LAMPIT 120 MG TABLET	3	AL Up to 17 yrs old PA QPD 7.5 per day
LAMPIT 30 MG TABLET	3	AL Up to 17 yrs old PA QPD 12 per day
MEPRON	3	PA
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	1	
NEBUPENT	3	SBA SELECT BRAND ALTERNATIVE
<i>nitazoxanide</i>	1	PA
<i>pentamidine isethionate 300 mg vial-neb</i>	1	
SOLOSEC	3	QL 1/ fill GL Female
<i>tinidazole</i>	1	
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE	3	AL At least 18 yrs old PR
<i>loxapine succinate</i>	1	AL At least 18 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>molindone hcl</i>	1	
<i>pimozide</i>	1	
ATYPICAL ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4ML	3	AL PA QPD At least 18 yrs old 0.04 per day
ABILIFY ASIMTUFII 960 MG/3.2ML	3	AL PA QPD At least 18 yrs old 0.053 per day
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	3	AL PR PA QPD At least 18 yrs old 0.04 per day
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)	3	AL PR PA QPD At least 18 yrs old 1 per day
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	3	AL PR PA QPD At least 18 yrs old 1 per day
<i>aripiprazole 1 mg/ml solution</i>	1	AL PR QPD At least 6 yrs old 30 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	AL PR QPD At least 6 yrs old 1 per day
ARISTADA ER 1064 MG/3.9 ML SYR	3	AL PR PA QPD At least 18 yrs old 0.15 per day
ARISTADA ER 441 MG/1.6 ML SYRN	3	AL PR PA QPD At least 18 yrs old 0.07 per day
ARISTADA ER 662 MG/2.4 ML SYRN	3	AL PR PA QPD At least 18 yrs old 0.08 per day
ARISTADA ER 882 MG/3.2 ML SYRN	3	AL PR PA QPD At least 18 yrs old 0.12 per day
ARISTADA INITIO	3	AL PR PA QPD At least 18 yrs old 0.08 per day
<i>asenapine maleate</i>	1	AL PR QPD At least 10 yrs old 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	3	AL PR PA QPD At least 18 yrs old 1.0 per day
CAPLYTA 42 MG CAPSULE	3	AL PR PA QPD At least 18 yrs old 1 per day
<i>clozapine 200 mg tablet</i>	1	AL PR QPD At least 18 yrs old 4 per day
<i>clozapine 25 mg tablet</i>	1	AL PR QPD At least 18 yrs old 18 per day
<i>clozapine (100 mg tab rapdis, 100 mg tablet)</i>	1	AL PR QPD At least 18 yrs old 9 per day
<i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 50 mg tablet, 150 mg tab rapdis, 200 mg tab rapdis)</i>	1	AL PR QPD At least 18 yrs old 3 per day
CLOZARIL 100 MG TABLET	3	ST AL PR QPD At least 18 yrs old 9 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLOZARIL 200 MG TABLET	3	ST AL At least 18 yrs old PR QPD 4 per day
CLOZARIL 25 MG TABLET	3	ST AL At least 18 yrs old PR QPD 18 per day
CLOZARIL 50 MG TABLET	3	ST AL At least 18 yrs old PR QPD 3 per day
FANAPT TITRATION PACK	3	QL 8 / rx ST AL At least 18 yrs old PR
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	ST AL At least 18 yrs old PR QPD 2 per day
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	3	ST AL At least 18 yrs old PR QPD 2 per day
GEODON 20 MG/ML VIAL	3	ST PR

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA 156 MG/ML SYRG	3	AL PR PA QPD At least 18 yrs old 0.04 per day
INVEGA SUSTENNA 234 MG/1.5 ML	3	AL PR PA QPD At least 18 yrs old 0.057 per day
INVEGA SUSTENNA 39 MG/0.25 ML	3	AL PR PA QPD At least 18 yrs old 0.012 per day
INVEGA SUSTENNA 78 MG/0.5 ML	3	AL PR PA QPD At least 18 yrs old 0.02 per day
INVEGA TRINZA 273 MG/0.88 ML	3	AL PR PA QPD At least 18 yrs old 0.034 per day
INVEGA TRINZA 410 MG/1.32 ML	3	AL PR PA QPD At least 18 yrs old 0.057 per day
INVEGA TRINZA 546 MG/1.75 ML	3	AL PR PA QPD At least 18 yrs old 0.067 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 819 MG/2.63 ML	3	AL PR PA QPD At least 18 yrs old 0.1 per day
LATUDA	3	AL PR QPD At least 10 yrs old 1 per day
<i>lurasidone hcl</i>	1	AL PR QPD At least 10 yrs old 1.0 per day
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	3	S PA QPD 1 per day
<i>olanzapine (15 mg tab rapdis, 15 mg tablet)</i>	1	PR QPD 2 per day
<i>olanzapine 7.5 mg tablet</i>	1	PR QPD 4 per day
<i>olanzapine (10 mg tab rapdis, 10 mg tablet)</i>	1	PR QPD 3 per day
<i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	1	PR QPD 6 per day
<i>olanzapine (20 mg tab rapdis, 20 mg tablet)</i>	1	PR QPD 1 per day
<i>olanzapine 10 mg vial</i>	1	PR
<i>paliperidone 1.5 mg tab er 24</i>	1	AL PR QPD At least 12 yrs old 8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paliperidone 3 mg tab er 24</i>	1	AL PR QPD At least 12 yrs old 4 per day
<i>paliperidone 6 mg tab er 24</i>	1	AL PR QPD At least 12 yrs old 2 per day
<i>paliperidone 9 mg tab er 24</i>	1	AL PR QPD At least 12 yrs old 1 per day
PERSERIS	3	AL PR PA QPD At least 18 yrs old 0.034 per day
<i>quetiapine fumarate 150 mg tab er 24h</i>	1	AL PR QPD At least 10 yrs old 5 per day
<i>quetiapine fumarate 200 mg tab er 24h</i>	1	AL PR QPD At least 10 yrs old 4 per day
<i>quetiapine fumarate (25 mg tablet, 50 mg tab er 24h, 50 mg tablet)</i>	1	AL PR QPD At least 10 yrs old 6 per day
<i>quetiapine fumarate (300 mg tab er 24h, 400 mg tab er 24h, 400 mg tablet)</i>	1	AL PR QPD At least 10 yrs old 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate 100 mg tablet</i>	1	AL PR QPD At least 10 yrs old 3 per day
<i>quetiapine fumarate 150 mg tablet</i>	1	AL PR QPD At least 10 yrs old 2.0 per day
<i>quetiapine fumarate 200 mg tablet</i>	1	AL PR QPD At least 10 yrs old 1.5 per day
<i>quetiapine fumarate 300 mg tablet</i>	1	AL PR QPD At least 10 yrs old 1 per day
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	3	AL PR QPD At least 13 yrs old 1 per day
RISPERDAL CONSTA	3	AL PR PA QPD At least 18 yrs old 0.1 per day
<i>risperidone 1 mg/ml solution</i>	1	AL PR QPD At least 5 yrs old 16 per day
<i>risperidone (4 mg tab rapdis, 4 mg tablet)</i>	1	AL PR QPD At least 5 yrs old 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)</i>	1	AL PR QPD At least 5 yrs old 8 per day
<i>risperidone (3 mg tab rapdis, 3 mg tablet)</i>	1	AL PR QPD At least 5 yrs old 5 per day
RYKINDO	3	AL PA QPD At least 18 yrs old 0.067 per day
SEROQUEL XR SAMPLE KIT	3	AL At least 10 yrs old
UZEDY (ER 100 MG/0.28 ML SYRING, ER 200 MG/0.56 ML SYRING)	3	AL PA QPD At least 18 yrs old 0.009 per day
UZEDY (ER 125 MG/0.35 ML SYRING, ER 250 MG/0.7 ML SYRINGE)	3	AL PA QPD At least 18 yrs old 0.012 per day
UZEDY (ER 75 MG/0.21 ML SYRINGE, ER 150 MG/0.42 ML SYRING)	3	AL PA QPD At least 18 yrs old 0.007 per day
UZEDY ER 50 MG/0.14 ML SYRINGE	3	AL PA QPD At least 18 yrs old 0.005 per day
VERSACLOZ	3	AL PR QPD At least 18 yrs old 20 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VRAYLAR 1.5 MG-3 MG PACK	3	AL PR QPD At least 18 yrs old 1 per day
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	3	AL PR QPD At least 18 yrs old 1 per day
<i>ziprasidone hcl</i>	1	AL PR QPD At least 18 yrs old 2 per day
<i>ziprasidone mesylate</i>	1	PR
ZYPREXA RELPREVV	3	AL PR PA QPD At least 18 yrs old 0.08 per day
ZYPREXA ZYDIS 10 MG TABLET	3	ST AL PR QPD SBA At least 13 yrs old 3 per day Select Brand Alternative
ZYPREXA ZYDIS 15 MG TABLET	3	ST AL PR QPD SBA At least 13 yrs old 2 per day Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ZYPREXA ZYDIS 20 MG TABLET	3	ST	
		AL	At least 13 yrs old
		PR	
		QPD	1 per day
		SBA	Select Brand Alternative
ZYPREXA ZYDIS 5 MG TABLET	3	ST	
		AL	At least 13 yrs old
		PR	
		QPD	6 per day
		SBA	Select Brand Alternative
BUTYROPHENONES			
HALDOL DECANOATE 100	3	PR	
HALDOL DECANOATE 50	3	PR	
haloperidol (0.5 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	AL PR	At least 3 yrs old
haloperidol 1 mg tablet	1	AL PR	At least 3 yrs old
haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml ampul, 100 mg/ml vial)	1	PR	
haloperidol lactate 2 mg/ml oral conc	1	AL PR	At least 3 yrs old
haloperidol lactate 5 mg/ml syringe	1	PR	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)</i>	1	PR
<i>fluphenazine decanoate</i>	1	AL PR At least 12 yrs old
<i>fluphenazine hcl 5 mg/ml oral conc</i>	1	PR
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 10 mg tablet)</i>	1	PR
<i>fluphenazine hcl 2.5 mg/ml vial</i>	1	PR
<i>perphenazine</i>	1	AL PR At least 12 yrs old
<i>thioridazine hcl</i>	1	PR
<i>trifluoperazine hcl</i>	1	AL PR At least 6 yrs old
THIOXANTHENES		
<i>thiothixene</i>	1	AL PR At least 12 yrs old
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	3	S PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>maraviroc</i>	1	S PR PS
RUKOBIA	3	S PR
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	3	S PR
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
DOVATO	3	S PR QPD 1 per day
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	3	S PR
ISENTRESS HD	3	S PR
JULUCA	3	S PR QPD 1 per day
TIVICAY	3	S PR
TIVICAY PD	3	S PR
VOCABRIA	3	S PR PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.		
DELSTRIGO	3	S PR
EDURANT	3	S PR
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	1	S PR PS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	S PS
<i>etravirine</i>	1	S PR PS
INTELENCE	3	S PR
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>	1	S PR PS
PIFELTRO	3	S PR
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	3	S PR
SYMFI	3	S PR
SYMFI LO	3	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIRAMUNE XR	3	S PR
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	1	S PR PS
<i>abacavir sulfate/lamivudine</i>	1	S PR PS
ATRIPLA	3	ST S PR
BIKTARVY	3	S PR
CIMDUO	3	ST S PR
COMBIVIR	3	S PR
COMPLERA	3	ST S PR
DESCOVY 120-15 MG TABLET	3	S PR
DESCOVY 200-25 MG TABLET	3	S PR HCR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>didanosine</i>	1	S PR PS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	ST S PR PS
<i>emtricitabine</i>	1	S PR
<i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>	1	S PR HCR PS
<i>emtricitabine/tenofovir disoproxil fumarate (emtricitabine/tenofovir 100-150 mg tablet, emtricitabine/tenofovir 133-200 mg tablet, emtricitabine/tenofovir 167-250 mg tablet)</i>	1	S PR PS
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	3	S PR
EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)	3	S PR
EPIVIR HBV (25 MG/5 ML SOLN, 100 MG TABLET)	3	S
EPZICOM	3	S PR
GENVOYA	3	S PR
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	1	S PR PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamivudine 100 mg tablet</i>	1	S PS
<i>lamivudine/zidovudine</i>	1	S PR PS
ODEFSEY	3	S PR
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)	3	S PR
<i>stavudine</i>	1	S PR PS
STRIBILD	3	S PR
TEMIXYS	3	S PR QPD 1 per day
<i>tenofovir disoproxil fumarate</i>	1	S PR PS
TRIUMEQ	3	S PR
TRIUMEQ PD	3	S PR
TRIZIVIR	3	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUVADA	3	S PR
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	3	S PR
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	3	S PR
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	S PR PS
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS	3	S PR
<i>atazanavir sulfate</i>	1	S PR PS
<i>darunavir ethanolate</i>	1	S PR PS
EVOTAZ	3	S PR
<i>fosamprenavir calcium</i>	1	S PR PS
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	3	S PR
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	3	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lopinavir/ritonavir (lopinavir/ritonavir 100mg-25mg tablet, lopinavir/ritonavir 200mg-50mg tablet, lopinavir/ritonavir 400-100/5 solution)</i>	1	S PR PS
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET, 100 MG TABLET)	3	S PR
PREZCOBIX	3	S PR
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	3	S PR
REYATAZ (50 MG POWDER PACKET, 150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	3	S PR
<i>ritonavir</i>	1	S PR PS
SYMTUZA	3	S PR
VIRACEPT	3	S PR
ANTITHROMBOTIC AGENTS		
ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
CABLIVI (11 MG KIT, 11 MG VIAL)	3	S
PLATELET-AGGREGATION INHIBITORS		
BRILINTA	2	PR QPD 2 per day
<i>cilostazol</i>	1	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clopidogrel bisulfate 300 mg tablet</i>	1	PR QPD 1 per day
<i>clopidogrel bisulfate 75 mg tablet</i>	1	PR QPD 1 per day
EFFIENT	3	PR QPD 1 per day SBA Select Brand Alternative
<i>prasugrel hcl</i>	1	PR QPD 1 per day
ZONTIVITY	3	PA QPD 1.0 per day
PLATELET-REDUCING AGENTS		
AGRYLIN	3	QPD 4 per day
<i>anagrelide hcl</i>	1	QPD 4 per day
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES ALLERGENIC EXTRACTS (THERAPEUTIC)		
GRASTEK	3	PA QPD 1 per day
ODACTRA	3	PA QPD 1 per day
ORALAIR	3	S PA
PALFORZIA (3 MG 1), 12 MG 3))	3	S PA QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (40 MG 5), 120 MG 7), 200 MG 9))	3	S PA QPD 2.0 per day
PALFORZIA (80 MG 6), 160 MG 8), 240 MG 10))	3	S PA QPD 4.0 per day
PALFORZIA 6 MG (LEVEL 2)	3	S PA QPD 6.0 per day
PALFORZIA INITIAL DOSE PACK	3	QL 21 / fill S PA
PALFORZIA (20 MG (LEVEL 4), 300 MG (LEVEL 11), 300 MG (MAINTENANCE))	3	S PA QPD 1.0 per day
RAGWITEK	3	PA QPD 1 per day
ANTITOXINS AND IMMUNE GLOBULINS		
ASCENIV	3	S PA
BIVIGAM	3	S PA
CUTAQUIG	3	S PS PA
CUVITRU	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLEBOGAMMA DIF	3	S PA
GAMMAGARD LIQUID	3	S PA
GAMMAGARD S-D	3	S PA
GAMMAKED	3	S PA
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)	3	S PA
GAMUNEX-C	3	S PA
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)	3	S PA
HYQVIA	3	S PA
HYQVIA IG COMPONENT	3	S PA
OCTAGAM	3	S PS PA
PANZYGA	3	S PA
PRIVIGEN	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XEMBIFY	3	S PA
TOXOIDS		
ADACEL TDAP (SYRINGE, VIAL)	2	HCR
BOOSTRIX TDAP (SYRINGE, VIAL)	2	HCR
DAPTACEL DTAP	2	HCR
INFANRIX DTAP	2	HCR
TENIVAC (SYRINGE, VIAL)	2	HCR
<i>tetanus and diphtheria toxoids, adult</i>	2	HCR
<i>tetanus, diphtheria toxoid ped/pf</i>	2	HCR
VAXELIS (SYRINGE, VIAL)	2	HCR
VACCINES		
ABRYSVO	2	HCR
ACTHIB	2	HCR
AFLURIA QUAD 2022-2023	2	HCR
AFLURIA QUAD 2022-23 (3YR UP)	2	AL At least 3 yrs old HCR
AFLURIA QUAD 2023-2024	2	HCR
AFLURIA QUAD 2023-24 (3YR UP)	2	AL At least 3 yrs old HCR
AREXVY	2	HCR
AREXVY ADJUVANT COMPONENT	2	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AREXVY ANTIGEN COMPONENT	2	HCR
BEXSERO	2	HCR
BIOTHRAX	2	
COMIRNATY 2023-2024 (2023-24(12Y SYRG, 2023-24(12Y VIAL)	2	HCR
DENG VAXIA	2	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	2	HCR
ENGERIX-B PEDIATRIC-ADOLESCENT	2	HCR
FLUAD QUAD 2022-2023	2	AL At least 65 yrs old HCR
FLUAD QUAD 2023-2024	2	AL At least 65 yrs old HCR
FLUARIX QUAD 2022-2023	2	HCR
FLUARIX QUAD 2023-2024	2	HCR
FLUBLOK QUAD 2022-2023	2	AL At least 18 yrs old HCR
FLUBLOK QUAD 2023-2024	2	AL At least 18 yrs old HCR
FLUCELVAX QUAD 2022-2023 (2022-2023 SYR, 2022-2023 VIAL)	2	HCR
FLUCELVAX QUAD 2023-2024 (2023-2024 SYR, 2023-2024 VIAL)	2	HCR
FLULAVAL QUAD 2022-2023	2	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLULAVAL QUAD 2023-2024	2	HCR
FLUMIST QUAD 2022-2023	2	AL 2 to 49 yrs old HCR
FLUMIST QUAD 2023-2024	2	AL 2 to 49 yrs old HCR
FLUZONE HIGH-DOSE QUAD 2022-23	2	AL At least 65 yrs old HCR
FLUZONE HIGH-DOSE QUAD 2023-24	2	AL At least 65 yrs old HCR
FLUZONE QUAD 2022-2023 (2022-2023 SYRINGE, 2022-2023 VIAL)	2	HCR
FLUZONE QUAD 2023-2024 (2023-2024 SYRINGE, 2023-2024 VIAL)	2	HCR
GARDASIL 9 (9 SYRINGE, 9 VIAL)	2	HCR
HAVRIX	2	HCR
HEPLISAV-B	2	HCR
HIBERIX	2	HCR
IMOVAX RABIES VACCINE	2	
IPOL (SINGLE DOSE SYRINGE, VIAL)	2	HCR
IXIARO	2	
KINRIX	2	HCR
M-M-R II VACCINE	2	HCR
MENACTRA	2	HCR
MENQUADFI	2	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	2	HCR
MENVEO MENA COMPONENT	2	HCR
MENVEO MENCYW-135 COMPONENT	2	HCR
MODERNA COVID 23-24(6M-11Y)EUA	2	HCR
NOVAVAX COVID 2023-2024 (EUA)	2	HCR
PEDIARIX	2	HCR
PEDVAXHIB	2	HCR
PENTACEL	2	HCR
PENTACEL ACTHIB COMPONENT	2	HCR
PENTACEL DTAP-IPV COMPONENT	2	HCR
PFIZER COVID 2023-24(5-11Y)EUA	2	HCR
PFIZER COVID 2023-24(6M-4Y)EUA	2	HCR
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	2	HCR
PREHEVBRIO	2	HCR
PREVNAR 13	2	HCR
PREVNAR 20	2	HCR
PRIORIX	2	HCR
PROQUAD	2	HCR
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	2	HCR
RABAVERT	2	
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)	2	HCR
ROTARIX (ORAL SYRINGE, SUSPENSION)	2	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROTATEQ	2	HCR
SHINGRIX	2	AL At least 18 yrs old HCR
SHINGRIX GE ANTIGEN COMPONENT	2	AL At least 18 yrs old HCR
SPIKEVAX 2023-2024 (2023-24 SYRG, 2023-24 VIAL)	2	HCR
STAMARIL	2	
TICOVAC	2	
TRUMENBA	2	HCR
TWINRIX	2	HCR
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	2	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	2	HCR
VARIVAX VACCINE	2	HCR
VAXNEUVANCE	2	HCR
VIVOTIF	2	
YF-VAX	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC		
TALICIA	3	QPD 12 per day
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine</i>	1	
<i>cimetidine hcl 300 mg/5ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>famotidine 40mg/5ml susp recon</i>	1	HCG
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>nizatidine 150 mg capsule</i>	1	QPD 2 per day
<i>nizatidine 300 mg capsule</i>	1	
<i>nizatidine 150mg/10ml solution</i>	1	HCG
PEPCID	3	MVB Minimal Value Brand SBA Select Brand Alternative
POTASSIUM-COMPETITIVE ACID BLOCKERS		
VOQUEZNA DUAL PAK	3	PA QPD 8.0 per day
VOQUEZNA TRIPLE PAK	3	PA QPD 8.0 per day
PROSTAGLANDINS		
CYTOTEC	3	
<i>misoprostol</i>	1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	3	SBA Select Brand Alternative
<i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>	1	
PROTON-PUMP INHIBITORS		
ACIPHEX SPRINKLE	3	ST QPD 1 per day
<i>dexlansoprazole</i>	1	ST QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i>	1	QPD 1 per day
<i>esomeprazole magnesium (10 mg suspdr pkt, 20 mg suspdr pkt, 40 mg suspdr pkt)</i>	1	QPD 1 per day HCG
<i>esomeprazole strontium</i>	1	ST QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>lansoprazole 15 mg capsule dr</i>	1	
<i>lansoprazole (15 mg tab rap dr, 30 mg capsule dr, 30 mg tab rap dr)</i>	1	QPD 1 per day
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	1	QL 112 / 365 days HCG
NEXIUM (DR 10 MG PACKET, DR 40 MG PACKET)	3	ST QPD 1 per day SBA Select Brand Alternative
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	3	ST QPD 1 per day
OMECLAMOX-PAK	3	QL 80 / 365 days
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	1	QPD 1 per day
<i>pantoprazole sodium 40 mg granpkt dr</i>	1	QPD 1 per day
<i>pantoprazole sodium 20 mg tablet dr</i>	1	QPD 1 per day
<i>pantoprazole sodium 40 mg tablet dr</i>	1	QPD 2 per day
PRILOSEC	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTONIX 40 MG SUSPENSION	3	ST QPD 1 per day
<i>rabeprazole sodium 20 mg tablet dr</i>	1	QPD 2 per day
ANTIVIRALS (SYSTEMIC)		
ADAMANTANE ANTIVIRALS		
FLUMADINE	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>rimantadine hcl</i>	1	
ANTIRETROVIRALS		
SUNLENCA 4- 300 MG TABLET	3	QL 4 / fill S PA
SUNLENCA 5- 300 MG TABLET	3	QL 5 / fill S PA
ANTIVIRALS, MISCELLANEOUS		
LIVTENCITY	3	S PA QPD 4.0 per day
PAXLOVID 150-100 MG DOSE PACK	3	QL 21 / fill AL At least 12 yrs old QPD 4.0 per day
PAXLOVID 300-100 MG DOSE PACK	3	QL 30 / fill AL At least 12 yrs old QPD 6.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PAXLOVID 150-100 MG PACK (EUA)	3	QL 21 / fill AL At least 12 yrs old QPD 4.0 per day
PAXLOVID 300-100 MG PACK (EUA)	3	QL 30 / fill AL At least 12 yrs old QPD 6.0 per day
PREVYMIS (240 MG TABLET, 480 MG TABLET)	3	AL At least 18 yrs old S PA
XOFLUZA (20 MG TAB (40 MG, 40 MG TAB (80 MG)	3	QL 2 / fill
XOFLUZA (40 MG TABLET, 80 MG TABLET)	3	QL 1/ fill
INTERFERON ANTIVIRALS		
INTRON A	3	S PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	3	S PA
MONOCLONAL ANTIBODY ANTIVIRALS		
SYNAGIS	3	S PA
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	1	QL 20 / 365 days
<i>oseltamivir phosphate 6 mg/ml susp recon</i>	1	QL 180 / 30 days
RELENZA	3	QL 40 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>adefovir dipivoxil</i>	1	S PS
BARACLUDE 0.05 MG/ML SOLUTION	3	S PA QPD 20 per day
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	3	S PA QPD 1 per day
<i>entecavir</i>	1	S PS QPD 1 per day
<i>famciclovir</i>	1	
HEPSERA	3	S PA QPD 1 per day
LAGEVRIO (EUA)	3	QL 40 / fill AL At least 18 yrs old QPD 8.0 per day
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	S PS PA QPD 6 per day
SITAVIG	3	QL 2 / fill AL At least 18 yrs old PA MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valacyclovir hcl</i>	1	
VALCYTE 50 MG/ML SOLUTION	3	SBA Select Brand Alternative
VALCYTE 450 MG TABLET	3	QPD 4 per day SBA Select Brand Alternative
<i>valganciclovir hcl 50 mg/ml soln recon</i>	1	
<i>valganciclovir hcl 450 mg tablet</i>	1	QPD 4 per day
VEMLIDY	3	AL At least 18 yrs old S PA QPD 1 per day
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
<i>buspirone hcl</i>	1	
EDLUAR	3	ST QPD 1 per day MVB Minimal Value Brand
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	1	QPD 1 per day
<i>eszopiclone 3 mg tablet</i>	1	AL Up to 65 yrs old QPD 1 per day
HETLIOZ	3	S PA QPD 1 per day
HETLIOZ LQ	3	S PA QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet, 50 mg/25ml solution)</i>	1	AL At least 2 yrs old
<i>hydroxyzine pamoate (25 mg capsule, 50 mg capsule)</i>	1	AL At least 2 yrs old
<i>hydroxyzine pamoate 100 mg capsule</i>	1	
<i>meprobamate</i>	1	
<i>ramelteon</i>	1	QPD 1 per day
ROZEREM	3	ST
		QPD 1 per day
		SBA Select Brand Alternative
<i>tasimelteon</i>	1	S
		PS
		PA
		QPD 1.0 per day
VISTARIL	3	AL At least 2 yrs old
		MVB Minimal Value Brand
		SBA Select Brand Alternative
<i>zaleplon</i>	1	QPD 1 per day
<i>zolpidem tartrate (5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)</i>	1	QPD 1 per day
<i>zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl)</i>	1	QPD 1 per day
		HCG
ZOLPIMIST	3	QPD 0.257 per day
		MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	1	
SECONAL SODIUM	3	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>alprazolam (0.5 mg tab er 24h, 1 mg tab er 24h)</i>	1	QPD 1 per day
<i>alprazolam 3 mg tab er 24h</i>	1	QPD 3 per day
<i>alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet)</i>	1	QPD 4 per day
<i>alprazolam (2 mg tab er 24h, 2 mg tab rapdis, 2 mg tablet)</i>	1	QPD 5 per day
ALPRAZOLAM INTENSOL	3	QPD 10 per day
<i>chlordiazepoxide hcl 10 mg capsule</i>	1	QPD 30 per day
<i>chlordiazepoxide hcl 25 mg capsule</i>	1	QPD 12 per day
<i>chlordiazepoxide hcl 5 mg capsule</i>	1	QPD 4 per day
<i>clorazepate dipotassium 15 mg tablet</i>	1	QPD 6 per day
<i>clorazepate dipotassium 3.75 mg tablet</i>	1	QPD 24 per day
<i>clorazepate dipotassium 7.5 mg tablet</i>	1	QPD 12 per day
DIASTAT	3	QPD 0.07 per day
DIASTAT ACUDIAL	3	QPD 0.07 per day
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	1	QPD 0.07 per day
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)</i>	1	
DORAL	3	QPD 1 per day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estazolam</i>	1	QPD 1 per day
<i>flurazepam hcl</i>	1	QPD 1 per day
HALCION	3	QPD 2 per day SBA Select Brand Alternative
<i>lorazepam (2 mg tablet, 2 mg/ml oral conc)</i>	1	QPD 5 per day
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QPD 3 per day
LORAZEPAM INTENSOL	1	QPD 5 per day
<i>midazolam hcl (2 mg/ml syrup, 5 mg/2.5ml syrup, 10 mg/5 ml syrup)</i>	1	
<i>oxazepam</i>	1	QPD 4 per day
<i>quazepam</i>	1	QPD 1 per day
<i>temazepam</i>	1	QPD 1 per day
TRANXENE T-TAB	3	QPD 12 per day
<i>triazolam 0.125 mg tablet</i>	1	QPD 1 per day
<i>triazolam 0.25 mg tablet</i>	1	QPD 2 per day
VALTOCO	3	QL 10 / 30 days
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	3	ST
DAYVIGO	3	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTONOMIC DRUGS		
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX STARTING MONTH BOX	3	
CHANTIX (1 MG CONT MONTH BOX, 1 MG TABLET)	3	QPD 2 per day SBA Select Brand Alternative
NICOTROL	3	HCR QPD 16 per day
NICOTROL NS	3	HCR QPD 20 per day
TYRVAYA	3	AL At least 18 yrs old PA QPD 0.28 per day
<i>varenicline tartrate</i>	1	HCR QPD 2.0 per day
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ARICEPT	3	AL At least 40 yrs old
<i>bethanechol chloride</i>	1	
<i>cevimeline hcl</i>	1	
<i>donepezil hcl (5 mg tab rapidis, 5 mg tablet, 10 mg tab rapidis, 10 mg tablet, 23 mg tablet)</i>	1	AL At least 40 yrs old
EVOXAC	3	SBA Select Brand Alternative
EXELON	3	AL At least 40 yrs old SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	1	AL At least 40 yrs old
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	3	SBA Select Brand Alternative
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
<i>pyridostigmine bromide (60 mg tablet, 60 mg/5 ml solution)</i>	1	
<i>pyridostigmine bromide 30 mg tablet</i>	1	HCG
<i>pyridostigmine bromide 180 mg tablet er</i>	1	HCG
RAZADYNE ER	3	AL At least 40 yrs old
<i>rivastigmine</i>	1	AL At least 40 yrs old
<i>rivastigmine tartrate</i>	1	AL At least 40 yrs old
SALAGEN	3	
BETA-3-ADRENERGIC AGONISTS		
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	2	QPD 1 per day
BETA-ADRENERGIC AGONISTS		
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate 90 mcg hfa aer ad</i>	1	PR QPD 0.8 per day
<i>albuterol sulfate (2 mg/5 ml syrup, 4 mg tab er 12h, 8 mg tab er 12h)</i>	1	PR
<i>albuterol sulfate (2 mg tablet, 4 mg tablet)</i>	1	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb)</i>	1	PR QPD 18 per day
<i>albuterol sulfate (2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution)</i>	1	PR QPD 18 per day
<i>arformoterol tartrate</i>	1	PR QPD 4 per day
<i>formoterol fumarate</i>	1	QL 120 / 30 days PR
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	1	PR
PERFOROMIST	3	QL 120 / 30 days PR
SEREVENT DISKUS	2	PR QPD 2 per day
STRIVERDI RESPIMAT	2	PR QPD 0.144 per day
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	1	PR HCG
<i>terbutaline sulfate 1 mg/ml vial</i>	1	PR
XOPENEX	3	PR SBA Select Brand Alternative
XOPENEX CONCENTRATE	3	PR
BLOOD DERIVATIVES		
RYPLAZIM	3	S PA QPD 5.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD FORMATION, COAGULATION, THROMBOSIS BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
OXBRYTA 300 MG TABLET	3	S PA QPD 3.0 per day
OXBRYTA 500 MG TABLET	3	S PA QPD 3 per day
OXBRYTA 300 MG TABLET FOR SUSP	3	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)	3	S PA QPD 1.0 per day
PYRUKYND (5 MG TABLET, 20 MG TABLET, 50 MG TABLET)	3	S PA QPD 2.0 per day
TAVALISSE	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	3	S PS PA
DOPTelet	3	S PA
EPOGEN	3	S PA
FULPHILA	3	S PA
FYLNETRA	3	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)	3	S PA
LEUKINE	3	S PA
MIRCERA	3	S PA
MOZOBIL	3	S PA
MULPLETA	3	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEULASTA	3	S PS PA
NEULASTA ONPRO	3	S 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)	3	S 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)	3	S PS PA
NYVEPRIA	3	S PS PA
<i>plerixafor</i>	1	S PS PA
PROCRIT	3	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)	3	S PA
RELEUKO (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	3	S PA
RETACRIT	3	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROLVEDON	3	S PA
STIMUFEND	3	S PA
UDENYCA	3	S PA
UDENYCA AUTOINJECTOR	3	S PA
ZARXIO	3	S PA
ZIEXTENZO	3	S PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CALAN SR	3	QPD 1 per day SBA Select Brand Alternative
CARDIZEM	3	QPD 4 per day SBA Select Brand Alternative
CARDIZEM CD (300 MG CAPSULE, 360 MG CAPSULE)	3	QPD 1 per day SBA Select Brand Alternative
CARDIZEM CD 120 MG CAPSULE	3	QPD 4 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIZEM CD 180 MG CAPSULE	3	QPD 3 per day SBA Select Brand Alternative
CARDIZEM CD 240 MG CAPSULE	3	QPD 2 per day SBA Select Brand Alternative
CARTIA XT 120 MG CAPSULE	1	PR QPD 4 per day
CARTIA XT 180 MG CAPSULE	1	PR QPD 3 per day
CARTIA XT 240 MG CAPSULE	1	PR QPD 2 per day
CARTIA XT 300 MG CAPSULE	1	PR QPD 1 per day
DILT XR 120 MG CAPSULE	3	PR QPD 4 per day
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	1	PR
<i>diltiazem hcl (300 mg cap er 24h, 300 mg tab er 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	1	PR QPD 1 per day
<i>diltiazem hcl (180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h)</i>	1	PR QPD 3 per day
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tablet)</i>	1	PR QPD 4 per day
<i>diltiazem hcl (60 mg cap er 12h, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 240 mg cap er deg, 240 mg cap sa 24h, 300 mg cap sa 24h, 360 mg cap sa 24h, 420 mg cap sa 24h)</i>	1	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl (240 mg cap er 24h, 240 mg tab er 24h)</i>	1	PR QPD 2 per day
<i>diltiazem hcl 120 mg tab er 24h</i>	1	PR QPD 4.0 per day
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1	PR QPD 1 per day
MATZIM LA 180 MG TABLET	1	PR QPD 3 per day
MATZIM LA 240 MG TABLET	1	PR QPD 2 per day
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	1	PR
TAZTIA XT 120 MG CAPSULE	1	PR QPD 4 per day
TAZTIA XT 180 MG CAPSULE	1	PR QPD 3 per day
TIADYLT ER (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	1	PR
TIADYLT ER 120 MG CAPSULE	1	PR QPD 4 per day
TIADYLT ER 180 MG CAPSULE	1	PR QPD 3 per day
TIAZAC (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	3	SBA Select Brand Alternative
TIAZAC ER 120 MG CAPSULE	3	QPD 4 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIAZAC ER 180 MG CAPSULE	3	QPD SBA 3 per day Select Brand Alternative
<i>verapamil hcl (100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct)</i>	1	PR QPD 1 per day
<i>verapamil hcl 360 mg cap24h pel</i>	1	PR QPD HCG 1 per day
<i>verapamil hcl (80 mg tablet, 120 mg tablet)</i>	1	PR QPD 3 per day
<i>verapamil hcl 40 mg tablet</i>	1	PR
VERELAN (120 MG CAP PELLETT, 180 MG CAP PELLETT, 360 MG CAP PELLETT)	3	QPD MVB SBA 1 per day Minimal Value Brand Select Brand Alternative
VERELAN 240 MG CAP PELLETT	3	QPD MVB SBA 1 per day Minimal Value Brand SELECT BRAND ALTERNATIVE
VERELAN PM	3	QPD MVB SBA 1 per day Minimal Value Brand Select Brand Alternative
DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	1	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate/benazepril hcl</i>	1	PR QPD 1 per day
<i>amlodipine besylate/olmesartan medoxomil</i>	1	PR QPD 1 per day
<i>amlodipine besylate/valsartan (besylate/valsartan 5 mg-320mg tablet, besylate/valsartan 10mg-160mg tablet, besylate/valsartan 10mg-320mg tablet)</i>	1	PR QPD 1 per day
<i>amlodipine besylate/valsartan 5 mg-160mg tablet</i>	1	PR QPD 2 per day
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	1	PR QPD 1 per day
<i>felodipine</i>	1	PR QPD 1 per day
<i>isradipine 2.5 mg capsule</i>	1	PR QPD 2.0 per day
<i>isradipine 5 mg capsule</i>	1	PR QPD 4.0 per day
<i>nicardipine hcl 20 mg capsule</i>	1	PR HCG
<i>nicardipine hcl 30 mg capsule</i>	1	PR HCG
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	1	PR QPD 4 per day
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>	1	PR QPD 1 per day
<i>nifedipine (60 mg tab er 24, 60 mg tablet er)</i>	1	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nimodipine</i>	1	PR
<i>nisoldipine</i>	1	PR QPD 1 per day HCG
NYMALIZE 60 MG/10 ML SOLUTION	3	QPD 120 per day
NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN)	3	QPD 60 per day
PROCARDIA XL (30 MG TABLET, 90 MG TABLET)	3	QPD 1 per day SBA Select Brand Alternative
PROCARDIA XL 60 MG TABLET	3	QPD 2 per day SBA Select Brand Alternative
SULAR	3	QPD 1 per day
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
CAMZYOS	3	S PA QPD 1.0 per day
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA QPD 15 per day
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	3	PA QPD 2 per day
<i>ranolazine</i>	1	QPD 2 per day
CARDIOTONIC AGENTS		
DIGITEK	1	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIGOX	1	NTI
<i>digoxin 50 mcg/ml solution</i>	1	NTI HCG
<i>digoxin (125 mcg tablet, 250 mcg tablet)</i>	1	NTI
<i>digoxin 62.5 mcg tablet</i>	1	NTI
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	3	NTI
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	3	MVB Minimal Value Brand SBA Select Brand Alternative
CARDURA XL	3	ST QPD 1 per day
<i>doxazosin mesylate</i>	1	PR
MINIPRESS	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>prazosin hcl</i>	1	PR
<i>terazosin hcl</i>	1	PR
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	PR
<i>atenolol (25 mg tablet, 50 mg tablet)</i>	1	PR
<i>atenolol 100 mg tablet</i>	1	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atenolol/chlorthalidone</i>	1	PR
BETAPACE	3	PR SBA Select Brand Alternative
BETAPACE AF	3	PR SBA Select Brand Alternative
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	PR
<i>bisoprolol fumarate</i>	1	PR
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	PR
<i>carvedilol</i>	1	PR
<i>carvedilol phosphate (10 mg cpm 24hr, 20 mg cpm 24hr, 40 mg cpm 24hr)</i>	1	PR QPD 2 per day HCG
<i>carvedilol phosphate 80 mg cpm 24hr</i>	1	PR QPD 1 per day HCG
CORGARD	3	PR SBA Select Brand Alternative
HEMANGEOL	3	S
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	PR
LOPRESSOR	3	PR SBA Select Brand Alternative
<i>metoprolol succinate</i>	1	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet)</i>	1	PR
<i>metoprolol tartrate (37.5 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	PR
<i>metoprolol tartrate/hydrochlorothiazide</i>	1	PR
<i>nadolol</i>	1	PR
<i>nebivolol hcl (5 mg tablet, 10 mg tablet)</i>	1	PR QPD 3.0 per day
<i>nebivolol hcl 2.5 mg tablet</i>	1	PR QPD 1.0 per day
<i>nebivolol hcl 20 mg tablet</i>	1	PR QPD 2.0 per day
<i>pindolol</i>	1	PR
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	1	PR
<i>propranolol hcl/hydrochlorothiazide</i>	1	PR
SORINE	1	PR
SOTALOL AF	1	PR
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	1	PR
SOTYLIZE	3	
TENORETIC 100	3	SBA Select Brand Alternative
TENORETIC 50	3	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	PR
ZIAC	3	MVB Minimal Value Brand
		SBA Select Brand Alternative
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)</i>	1	NTI
<i>lithium citrate</i>	1	NTI
LITHOBID	3	NTI
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	1	
ADDYI	3	GL Female
		AL 18 to 60 yrs old
		PA
		QPD 1 per day
<i>atomoxetine hcl</i>	1	QPD 2 per day
<i>carbidopa</i>	1	
DAYBUE	3	S
		PA
		QPD 120.0 per day
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	QPD 1 per day
LODOSYN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMRYZ	3	S PA QPD 1.0 per day
<i>memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	1	AL At least 40 yrs old
<i>memantine hcl 2 mg/ml solution</i>	1	QL 360 / 30 days AL At least 40 yrs old
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	1	AL At least 40 yrs old
<i>memantine hcl 10 mg tablet</i>	1	AL At least 40 yrs old QPD 2 per day
<i>memantine hcl 5 mg tablet</i>	1	AL At least 40 yrs old QPD 3 per day
NAMENDA (5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	3	AL At least 40 yrs old SBA Select Brand Alternative
NAMENDA XR TITRATION PACK	3	AL At least 40 yrs old
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	3	AL At least 40 yrs old SBA Select Brand Alternative
NAMZARIC TITRATION PACK	3	ST AL At least 40 yrs old
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	3	ST AL At least 40 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOURIANZ	3	S PA QPD 1 per day
NUEDEXTA	3	PA
RADICAVA ORS 105 MG/5 ML SUSP	3	S PA QPD 1.8 per day
RADICAVA ORS STARTER KIT SUSP	3	S PA QPD 2.5 per day
<i>riluzole</i>	1	
<i>sodium oxybate</i>	3	S PA QPD 18.0 per day
TIGLUTIK	3	PA
VEOZAH	3	PA QPD 1.0 per day
VYLEESI	3	GL Female S PA QPD 0.08 per day
XYREM	3	S PA QPD 18 per day
XYWAV	3	S PA QPD 18 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIBROMYALGIA AGENTS		
SAVELLA TITRATION PACK	3	ST QPD 2 per day
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	ST QPD 2 per day
OPIATE ANTAGONISTS		
KLOXXADO	2	QL 2 / 30 days
<i>naloxone hcl 4 mg spray</i>	3	QL 2 / 30 days
<i>naloxone hcl (0.4 mg/ml cartridge, 0.4 mg/ml vial, 1 mg/ml syringe)</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN	2	QL 2 / 30 days
OPVEE	3	QL 2 / 30 days AL At least 12 yrs old
VIVITROL	3	S PA
ZIMHI	3	QL 1 / rx
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO	3	AL At least 18 yrs old S PA QPD 4 per day
AUSTEDO XR (6 MG TABLET, 24 MG TABLET)	3	AL At least 18 yrs old S PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR 12 MG TABLET	3	AL S PA QPD At least 18 yrs old 1.0 per day
AUSTEDO XR TITRATION KT(WK1-4)	3	AL S PA QPD At least 18 yrs old 1.5 per day
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	3	AL S PA QPD At least 18 yrs old 1 per day
INGREZZA 40 MG CAPSULE	3	AL S PA QPD At least 18 yrs old 2 per day
INGREZZA INITIATION PACK	3	AL S PA QPD At least 18 yrs old 1 per day
<i>tetrabenazine</i>	1	S PS PA
XENAZINE	3	S PA SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CEPHALOSPORIN ANTIBIOTICS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	1	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 750 mg capsule)</i>	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule)</i>	1	
<i>cefaclor 500 mg tab er 12h</i>	1	QL 20 / 30 days
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	1	
<i>cefuroxime axetil</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	1	
<i>cefixime 400 mg capsule</i>	1	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon)</i>	1	QL 1200 / 90 days
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	1	
<i>ceftriaxone sodium (1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ceftriaxone sodium in iso-osmotic dextrose (in 1 g/50 ml froz.piggy, in 1 g/50 ml piggyback, in 2 g/50 ml froz.piggy, in 2 g/50 ml piggyback)</i>	1	
SUPRAX	3	QL 1200 / 90 days
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS	2	PR QPD 2 per day
ADVAIR HFA	2	PR QPD 0.4 per day
ARNUITY ELLIPTA 100 MCG INH	2	PR QPD 2 per day
ARNUITY ELLIPTA 200 MCG INH	2	PR QPD 1 per day
ARNUITY ELLIPTA 50 MCG INH	2	PR QPD 4 per day
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	2	PR QPD 2 per day
BREO ELLIPTA 50-25 MCG INHALER	2	PR QPD 2.0 per day
BREZTRI AEROSPHERE	2	PR QPD 0.36 per day
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb)</i>	1	QL 120 / 30 days PR
<i>budesonide 1 mg/2 ml ampul-neb</i>	1	QL 120 / 30 days PR HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLOVENT 250 MCG DISKUS	2	PR QPD 8 per day
FLOVENT DISKUS (50 MCG, 100 MCG)	2	PR QPD 4 per day
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	2	PR QPD 0.8 per day
FLOVENT HFA 44 MCG INHALER	2	PR QPD 0.767 per day
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	1	PR QPD 2 per day
PULMICORT FLEXHALER	2	PR QPD 0.07 per day
SYMBICORT	2	PR QPD 0.4 per day
TRELEGY ELLIPTA	2	PR QPD 2 per day
WIXELA INHUB	1	PR QPD 2 per day
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
SYMDEKO	3	S PA QPD 2 per day
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	3	S PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	3	S PA QPD 3 per day
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	3	S PA QPD 2 per day
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT)	3	S PA QPD 2.0 per day
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	3	S PA QPD 2 per day
ORKAMBI 75-94 MG GRANULE PKT	3	S PA QPD 2.0 per day
ORKAMBI (100 MG TABLET, 200 MG TABLET)	3	S PA QPD 4 per day
DEPIGMENTING AND PIGMENTING AGENTS		
DEPIGMENTING AGENTS		
BLANCHE	1	
<i>hydroquinone</i>	1	
TRI-LUMA	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIGMENTING AGENTS		
<i>methoxsalen</i>	1	
DEVICES		
APLIGRAF	3	
AQUORAL	3	
ATOPICLAIR	3	
ATRAPRO DERMAL SPRAY	3	
BIONECT (FOAM, GEL)	3	
<i>bismuth tribromophenate/petrolatum, white (tribromoph/petrolatum 1"x8" bandage, tribromoph/petrolatum 2" x 2" bandage, tribromoph/petrolatum 4" x 4" bandage, tribromoph/petrolatum 4"x108" bandage, tribromoph/petrolatum 5"x9" bandage)</i>	3	
<i>blade lancet, safety (0.8 mmx2mm each, 1.2 mm each, 1.5 mmx2mm each)</i>	2	PR
<i>blood administration set</i>	1	
<i>blood collection set (blood set 23gx3/4" each, blood set 25gx3/4" blood set)</i>	3	
<i>blood glucose calibration control solution, high</i>	2	
<i>blood glucose calibration control solution, low</i>	2	
<i>blood glucose calibration control solution, normal</i>	2	
<i>blood ketone test, strips</i>	3	
<i>blood-glucose meter (each, kit)</i>	2	PR
<i>blood-glucose meter, wireless</i>	2	PR
<i>blood-glucose meter, continuous each</i>	2	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>blood-glucose sensor</i>	2	AL At least 2 yrs old
<i>blood-glucose transmitter</i>	2	AL At least 2 yrs old
<i>blunt needle, disposable (18gx1 1/2" dis needle, 22gx1 1/2" dis needle, 23gx1" dis needle)</i>	3	
<i>calcium alginate/honey</i>	3	
CAPHOSOL	3	
<i>catheter (1" each, 6fr-16" each, 8 fr each, 8fr-16" each, 10 fr each, 10fr-16" each, 12 fr each, 12fr-16" each, 14 fr each, 14 fr-16 " each, 14fr-6" each, 16 fr each, 16fr-16" each, 18 fr each, 18fr-16" each, 20 fr each, 22 fr each, 26 fr each, 28 fr each, 30 fr each, kit)</i>	3	
<i>catheterization tray (tray tray, tray 16 fr tray, tray 18 fr tray)</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>colostomy bag, non-sterile (1 1/2"(12) each, 1 1/4"(12) each, 1 1/8"(12) each, 1 3/16"(7) each, 1 3/16"(8) each, 1 3/16"(9) each, 1 3/16"(12) each, 1 3/4"(12) each, 1 3/4"(14) each, 1 3/4"(7") each, 1 3/8"(12) each, 1 3/8"(7") each, 1 3/8"(8") each, 1 3/8"(9") each, 1 7/8"(12) each, 1 9/16"(7) each, 1 9/16"(8) each, 1 9/16(11) each, 1 9/16(12) each, 1" (12") each, 1" (8") each, 1"(7") each, 2 1/2"(9") each, 2 1/4"(12) each, 2 1/4"(14) each, 2 1/4"(7") each, 2 1/8"(9") each, 2 3/4"(12) each, 2 3/4"(14) each, 2 3/4"(7") each, 2 3/8" each, 2 3/8"(12) each, 2 3/8"(8") each, 2" (8") each, 3/4" (12") each, 4" (12") each, 7/8" (12") each, 13/16"(12) each, 13/16"(8") each, 470-10 1/4 each, 485-10 1/2 each, 600-11 1/4 each, 655-11 1/2 each, 760-11 1/4 each)</i>	3	
<i>colostomy bags (1 1/2" each, 1 1/4" each, 1 3/4" each, 1" each, 2 1/4" each, 2 1/8"(7") each, 2 3/4" each, 3/4" each, 655-11 1/2 each, each)</i>	3	
<i>colostomy belt</i>	3	
<i>colostomy washer 7/8" miscell</i>	3	
<i>compress.stocking,knee,reg,med each</i>	3	
<i>compression stocking, knee high, regular length, small</i>	3	
<i>compression stocking,knee high,long length, large circumfer.</i>	3	
<i>compression stocking,knee high,long length, x-large circumf.</i>	3	
<i>compression stocking,knee high,long length,medium circumfer.</i>	3	
<i>compression stocking,knee high,long length,small circumferen</i>	3	
<i>compression stocking,knee high,regular length,large circumf.</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>compression stocking, knee high, regular length, x-large circum</i>	3	
<i>compression stocking, thigh high, long length, extra-large circ</i>	3	
<i>compression stocking, thigh high, long length, large circumfer.</i>	3	
<i>compression stocking, thigh high, long length, medium circumfer</i>	3	
<i>compression stocking, thigh high, long length, small circumfer.</i>	3	
<i>compression stocking, thigh high, long length, x-small circumf.</i>	3	
<i>compression stocking, thigh high, reg length, x-large circumfer</i>	3	
<i>compression stocking, thigh high, regular length, large circumf</i>	3	
<i>compression stocking, thigh high, regular length, medium circum</i>	3	
<i>compression stocking, thigh high, regular length, small circumf</i>	3	
<i>compression stocking, thigh high, regular length, x-small circ.</i>	3	
<i>compression stocking, thigh high, short length, large circumfer</i>	3	
<i>compression stocking, thigh high, short length, medium circumf.</i>	3	
<i>compression stocking, thigh high, short length, small circumfer</i>	3	
<i>compressor, for nebulizer</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>conception assistance supplies combination no.1</i>	1	
<i>container,empty (30ml each, 90ml each, each)</i>	1	
<i>contour meter (ndc: 00193955601)</i>	3	PR
<i>contour next ez meter system (ndc: 00193962801)</i>	3	PR
<i>contour next link 2.4 meter kit (ndc: 00193626201)</i>	3	PR
<i>contour next one meter (ndc: 00193781801)</i>	2	PR
<i>covid-19 antigen immunoassay test</i>	2	QL 8 / 30 days
CRYODOSE TA MEDIUM STREAM SPR	3	
CRYODOSE TA MIST SPRAY	3	
DERMAGRAFT	3	
<i>drainage bag 2000ml each</i>	3	
<i>dressing, collagen/sodium alginate/carboxymethylcellulose</i>	3	
<i>dressing, collagen/silver/sod alginate/carboxymethylcellulose</i>	3	
DUROLANE	3	S PA
ELESTONE	3	
EPISIL	3	
EUFLEXXA	3	S PS PA
<i>facial mask</i>	3	
<i>feeder container</i>	3	
<i>feeder container with gravity set</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>feeder container with gravity set, enfit</i>	3	
<i>feeder container with pump set</i>	3	
<i>feeder irrigation kit</i>	3	
<i>foam bandage (foam bandage 2" x 2" bandage, foam bandage 3" x 3" bandage, foam bandage 4" x 4" bandage, foam bandage 4.5" x 5.5" bandage, foam bandage 5 1/16"sqr bandage, foam bandage 5"x5" bandage, foam bandage 6 1/16"sqr bandage, foam bandage 6" x 6" bandage, foam bandage 7"x7" bandage, foam bandage 8" x 8" bandage, foam bandage 8.25x8.25" bandage, foam bandage 9"x9" bandage)</i>	1	
GEL-ONE	3	S PA
GELFOAM JMI SPONGE KIT	3	
GENVISC 850	3	S PA
<i>gloves, latex package</i>	1	
<i>honey/hydrocolloid dressing (honey/hydrocolloid 4" 5" bandage, honey/hydrocolloid bandage)</i>	3	
HYALGAN (20 MG/2 ML SYRINGE, 20 MG/2 ML VIAL)	3	S PA
<i>hydrocolloid dressing (1.5"x2.5" bandage, 2"x2.75" bandage, 3.5"x5.5" bandage, 6" x 6" bandage, 6" x 8" bandage, 7"x8" bandage)</i>	3	
<i>hydrocolloid dressing (bandage, bandage)</i>	1	
HYLATOPICPLUS (CREAM, LOTION)	3	
HYMOVIS	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>inhaler, assist devices</i>	3	
<i>inhaler, assist device, accessory each</i>	3	
<i>inhaler, assist device with large mask</i>	2	
<i>inhaler, assist device with medium mask</i>	2	
<i>inhaler, assist device with small mask</i>	2	
<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>	2	QPD 1.0 per day
<i>insulin pump cartridge, automated dosing, bt with controller</i>	2	QL max 1 per 365 days
<i>insulin pump cartridge, continuous subcut infusion, bluetooth</i>	2	QPD 1.0 per day
<i>insulin syringe-needle, safety, disposal unit, 0.5 ml</i>	2	PR
<i>intravenous administration set infus.set</i>	1	
<i>lancets (17 gauge each, 18 gauge each, 21 gauge each, 23 gauge each, 25 gauge each, 26 gauge each, 28 gauge each, 30 gauge each, 31 gauge each, 32 gauge each, 33 gauge each, each)</i>	2	PR
<i>lancing device each</i>	2	PR
<i>lancing device, vacuum/lancets</i>	2	PR
<i>lancing device/lancets</i>	2	PR
LIDOTREX 2% WOUND GEL	3	
<i>medical supply, miscellaneous each</i>	3	
<i>medical supply, miscellaneous (pad, tray)</i>	3	
MICROCYN	3	
MICROCYN HYDROGEL	3	
MONOVISC	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MUCOSITISRX	3	
<i>mucus clearing device</i>	3	
<i>nasal exhalation resistanc.dev each</i>	3	
<i>nasogastric tube 10 fr-43" each</i>	3	
<i>nebulizer</i>	3	
<i>nebulizer accessories</i>	3	
<i>nebulizer and compressor</i>	3	
<i>needles, blood collection (blood 20gx1" dis needle, blood 21 g x 1" dis needle, blood 22gx1" dis needle)</i>	1	
<i>needles, blood collection 20gx1 1/2" dis needle</i>	3	
<i>needles, disposable (14gx1" dis needle, 14gx1.5" dis needle, 14gx2" dis needle, 15gx1.5" dis needle, 16 g x 1" dis needle, 16gx0.625" dis needle, 16gx1.5" dis needle, 16gx3/4" dis needle, 18gx1 1/2" dis needle, 18gx1" dis needle, 19gx1 1/2" dis needle, 19gx1" dis needle, 20gx1 1/2" dis needle, 20gx1" dis needle, 21 g x 1" dis needle, 21gx1 1/2" dis needle, 21gx2" dis needle, 22gx1 1/2" dis needle, 23gx1" dis needle, 23gx3/4" dis needle, 25gx1 1/2" dis needle, 25gx1" dis needle, 25gx1.25" dis needle, 25gx2" dis needle, 25gx5/8" dis needle, 26gx1.5" dis needle, 26gx1/2" dis needle, 27gx1.25" dis needle, 27gx1.5" dis needle, 27gx1/2" dis needle, 30gx1/2" dis needle, 30gx3/4" dis needle)</i>	3	
<i>needles, disposable 22gx1" dis needle</i>	2	PR
<i>needles, filter (18gx3" dis needle, 19gx1 1/2" dis needle, 19gx1" dis needle, 20gx1 1/2" dis needle)</i>	3	
<i>needles, filter 18gx1 1/2" dis needle</i>	1	
<i>needles, reusable</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>needles, safety (18gx1 1/2" dis needle, 18gx1" dis needle, 19gx1 1/2" dis needle, 19gx1" dis needle, 20gx1 1/2" dis needle, 20gx1" dis needle, 21 g x 1" dis needle, 21gx1 1/2" dis needle, 22gx1 1/2" dis needle, 22gx1" dis needle, 23gx1 1/2" dis needle, 23gx1" dis needle, 23gx5/8" dis needle, 25gx1 1/2" dis needle, 25gx1" dis needle, 25gx5/8" dis needle, 26gx1 1/2" dis needle, 27gx1 1/2" dis needle, 27gx5/8" dis needle, 30gx1 1/2" dis needle, 30gx1 1/2" dis needle)</i>	3	
<i>needles, spinal-anesthetic (15gx1.5" dis needle, 16gx1.5" dis needle, 17gx1.5" dis needle, 18gx1" dis needle, 19gx1 1/2" dis needle, 20gx1 1/2" dis needle, 21 g x 1" dis needle)</i>	3	
NEOSALUS (CREAM, FOAM, LOTION)	3	
NUMOISYN (LIQUID, LOZENGE)	3	
NUVAIL	3	
<i>oral dosing devices disp syrin</i>	3	
ORTHOVISC	3	S PA
<i>ostomy barrier seal</i>	3	
<i>ostomy kit</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ostomy supply (1 1/2" each, 1 1/4" each, 1 1/8" each, 1 3/4" each, 1 3/8" each, 1" each, 1" miscell, 1/2" each, 1.625" each, 1.875" each, 2 1/2" each, 2 1/4" each, 2 3/4" each, 2" each, 3/4" each, 4" each, 4" x 4" bandage, 4" x 4" each, 4" x 4" wafer, 4" x 8" wafer, 5/8" each, 6" x 6" each, 7/8" each, 8" x 8" each, 8" x 8" wafer, 8.5" each, 12" each, box, each, liquid, miscell, paste (g), powder, spray, swab)</i>	3	
PAIN EASE MEDIUM STREAM SPRAY	3	
PAIN EASE MIST SPRAY	3	
<i>peak flow meter</i>	3	
<i>peak flow meter/inhaler, assist devices</i>	3	
<i>pen needle, diabetic (pen 29 g x1/2" dis needle, pen 29 gauge dis needle, pen 29g x 3/8" dis needle, pen 29gx15/32" dis needle, pen 30 gx3/16" dis needle, pen 30 gx5/16" dis needle, pen 31 g x1/3" dis needle, pen 31 g x1/4" dis needle, pen 31 g x1/6" dis needle, pen 31 gx3/16" dis needle, pen 31 gx5/16" dis needle, pen 31g x5/32" dis needle, pen 31gx13/64" dis needle, pen 31gx15/64" dis needle, pen 32 gx 1/4" dis needle, pen 32 gx 1/5" dis needle, pen 32 gx 1/6" dis needle, pen 32 gx3/16" dis needle, pen 32 gx5/16" dis needle, pen 32gx 5/32" dis needle, pen 33 g x1/4" dis needle, pen 33 gx3/16" dis needle, pen 33 gx5/16" dis needle, pen 33 gx5/32" dis needle, pen 34 gx9/64" dis needle)</i>	2	PR
<i>pen needle, diabetic disposable, safety (pen 30 gx3/16" dis needle, pen 30 gx5/16" dis needle, pen 32gx 5/32" dis needle)</i>	2	PR
<i>pen needle, diabetic, remover and disposal unit (pen unit 29 g x1/2" dis needle, pen unit 31 g x1/4" dis needle, pen unit 31 gx3/16" dis needle, pen unit 31 gx5/16" dis needle, pen unit 32 gx 1/4" dis needle, pen unit 32gx 5/32" dis needle)</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pen needle, diabetic, safety (pen 29 g x1/2" dis needle, pen 29gx 5/16" dis needle, pen 29gx3/16" dis needle, pen 30 g x1/4" dis needle, pen 30 gx 1/3" dis needle, pen 30 gx3/16" dis needle, pen 30 gx5/16" dis needle, pen 31 g x1/4" dis needle, pen 31 gx3/16" dis needle, pen 31 gx5/16" dis needle, pen 31g x5/32" dis needle, pen 32gx 5/32" dis needle)</i>	2	PR
<i>polyquaternium-6/gauze bandage 0.3 %-1"x5 strip</i>	3	
<i>porcine acell submucosa, meshed</i>	3	
<i>porcine acellular small intestine submucosa, fenestrated</i>	3	
PRESERA	3	
PROMISEB	3	
<i>prothrombin time test strips</i>	3	QPD 0.434 per day
<i>prothrombin time/inr test meter</i>	3	
<i>pump set</i>	3	
<i>rectal, vaginal applicator tip</i>	1	
<i>safety syringe with needle, disposable kit-tray, 1 ml (1 ml 26gx3/8" tray, 1 ml 27gx1/2" tray)</i>	2	
<i>safety syrng, ndl, kit-tray 1 ml 25gx1" tray</i>	2	
SALIVAMAX	3	
<i>silver (1" x 24" bandage, 2" x 2" bandage, 4" x 4" bandage, 4" x 5" bandage, 5"x5" bandage, 6" x 6" bandage)</i>	3	
<i>silver (4" x 8" bandage, 4"x48" bandage, 8"x16" bandage, 16"x16" bandage)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>silver sulfadiazine/foam bandage (sulfadiaz/foam bandage 5 %-2"x 2" bandage, sulfadiaz/foam bandage 5 %-4"x 4" bandage, sulfadiaz/foam bandage 5 %-6"x 6" bandage, sulfadiaz/foam bandage 5 %-8"x 8" bandage)</i>	1	
<i>silver sulfadiazine/foam bandage (sulfadiaz/foam bandage 5 %-3" x3" bandage, sulfadiaz/foam bandage 5 %-5" x5" bandage, sulfadiaz/foam bandage 5 %-7" x7" bandage)</i>	3	
<i>silver/calcium alginate (silver/calcium 1"x12" bandage, silver/calcium 2" x 2" bandage, silver/calcium 3/4"x12" bandage, silver/calcium 4"x4 3/4" bandage)</i>	3	
<i>silver/foam bandage (silver/foam bandage 1" bandage, silver/foam bandage x bandage)</i>	3	
<i>silver/foam bandage (silver/foam bandage 4" x 8" bandage, silver/foam bandage 4"x10" bandage, silver/foam bandage 4"x13 3/4" bandage, silver/foam bandage 4"x4 3/4" bandage)</i>	1	
SILVRSTAT	3	
<i>sodium chloride 6"x6 3/4" bandage</i>	3	
<i>sodium chloride 0.9 % vial</i>	1	
<i>spirometers and accessories</i>	3	
SPRAY AND STRETCH	3	
SUPARTZ FX	3	S PA
<i>suppository container, empty</i>	1	
<i>suppository mold each</i>	3	
SYNOJOYNT	3	S PA
SYNVISIC	3	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
		S
SYNVISC-ONE	3	PS
		PA
<i>syringe w-needle 0.5 ml,kit-tray (syringe 0.5 27gx1/2" tray, syringe 0.5 28gx1/2" tray)</i>	3	
<i>syringe accessory</i>	3	
<i>syringe cap, enfit,non-sterile</i>	1	
<i>syringe reusable, 3 ml</i>	3	
<i>syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit</i>	2	PR
<i>syringe with cannula, disposable, 1 ml</i>	3	
<i>syringe with cannula, 10 ml 15 gauge disp syrin</i>	1	
<i>syringe with cannula, disposable, 3 ml (syringe 3 ml syringe, syringe 3 ml 18gx1" disp syrin)</i>	3	
<i>syringe with cannula, disposable, 5 ml</i>	3	
<i>syringe with cannula, disposable, 6 ml</i>	3	
<i>syringe with cannula,disposable 12 ml</i>	3	
<i>syringe with needle 1 ml, disposable kit-tray (syringe 1 27gx1/2" tray, syringe 1 28gx1/2" tray)</i>	3	
<i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit</i>	2	PR
<i>syringe with needle, insulin, safety, 0.3 ml (29 g x1/2" disp syrin, 30 gx5/16" disp syrin, 31 gx5/16" disp syrin, 31gx15/64" disp syrin)</i>	2	PR
<i>syringe with needle, insulin, safety, 0.5 ml (29 g x1/2" disp syrin, 30 gx5/16" disp syrin, 31 gx5/16" disp syrin, 31gx15/64" disp syrin)</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with needle, insulin, safety, 1 ml (29 g x1/2" disp syrin, 30 gx3/16" disp syrin, 30 gx5/16" disp syrin, 30gx1/2" disp syrin, 31 gx5/16" disp syrin, 31gx15/64" disp syrin)</i>	2	PR
<i>syringe with needle, insulin, 1 ml and sharps container</i>	2	PR
<i>syringe with needle, disposable</i>	3	
<i>syringe with needle, disposable, 0.5 ml (syringe 0.5 ml 27gx0.375" disp syrin, syringe 0.5 ml 28gx1/2" disp syrin)</i>	3	
<i>syringe with needle, 1 ml 25gx1" disp syrin</i>	2	PR
<i>syringe with needle, 1 ml 25gx5/8" disp syrin</i>	3	PR
<i>syringe with needle, disposable, 1 ml (syringe 1 ml 21 g x 1" disp syrin, syringe 1 ml 26gx1/2" disp syrin, syringe 1 ml 26gx3/8" disp syrin, syringe 1 ml 27gx0.375" disp syrin, syringe 1 ml 27gx1/2" disp syrin, syringe 1 ml 28gx1/2" disp syrin)</i>	3	
<i>syringe with needle, 10 ml 22gx1 1/2" disp syrin</i>	3	
<i>syringe with needle, 12 ml 18gx1" disp syrin</i>	3	
<i>syringe w-needle, disposab, 3 ml 25gx1" disp syrin</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with needle,disposable, 3 ml (syringe ml 20gx1 1/2" disp syrin, syringe ml 20gx1" disp syrin, syringe ml 20gx3/4" disp syrin, syringe ml 21 g x 1" disp syrin, syringe ml 21gx1 1/2" disp syrin, syringe ml 22gx1 1/2" disp syrin, syringe ml 22gx1" disp syrin, syringe ml 23gx1 1/2" disp syrin, syringe ml 23gx1" disp syrin, syringe ml 25gx1.25" disp syrin, syringe ml 25gx5/8" disp syrin, syringe ml 26 g x5/8" disp syrin, syringe ml 27gx1.25" disp syrin)</i>	3	
<i>syringe with needle,disposable, 5 ml</i>	3	
<i>syringe with needle,disposable, 6 ml (syringe 6 ml disp syrin, syringe 6 ml 20gx1 1/2" disp syrin, syringe 6 ml 21 g x 1" disp syrin, syringe 6 ml 21gx1 1/2" disp syrin, syringe 6 ml 22gx1 1/2" disp syrin)</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with needle,disposable,insulin 1 ml (syringe disp syrin, syringe 25gx1" disp syrin, syringe 25gx5/8" disp syrin, syringe 26gx1/2" disp syrin, syringe 27gx1/2" disp syrin, syringe 27gx5/8" disp syrin, syringe 28 gauge disp syrin, syringe 28 gx5/16" disp syrin, syringe 28gx1/2" disp syrin, syringe 29 g x1/2" disp syrin, syringe 29 gauge disp syrin, syringe 29gx 5/16" disp syrin, syringe 29gx7/16" disp syrin, syringe 30 g x3/8" disp syrin, syringe 30 gauge disp syrin, syringe 30 gx5/16" disp syrin, syringe 30gx1/2" disp syrin, syringe 30gx15/64" disp syrin, syringe 31 g x1/4" disp syrin, syringe 31 gx5/16" disp syrin, syringe 31gx15/64" disp syrin, syringe 31gx3/8" disp syrin, syringe 32 gx5/16" disp syrin)</i>	2	PR
<i>syringe with needle,insulin 0.3 ml (half unit mark) (0.3 ml 29 g x1/2" disp syrin, 0.3 ml 30 gx5/16" disp syrin, 0.3 ml 30gx1/2" disp syrin, 0.3 ml 31 g x1/4" disp syrin, 0.3 ml 31 gx5/16" disp syrin, 0.3 ml 31gx15/64" disp syrin)</i>	2	PR
<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>	2	PR
<i>syringe with needle,insulin disposable</i>	2	PR
<i>syringe with needle,insulin disposable,0.3 ml/empty containr</i>	2	PR
<i>syringe with needle,insulin,0.3 ml (ml 29 g x1/2" disp syrin, ml 29 gauge disp syrin, ml 30 g x3/8" disp syrin, ml 30 gauge disp syrin, ml 30 gx5/16" disp syrin, ml 30gx1/2" disp syrin, ml 30gx15/64" disp syrin, ml 31 g x1/4" disp syrin, ml 31 gx5/16" disp syrin, ml 31gx1/2" disp syrin, ml 31gx15/64" disp syrin, ml 31gx3/8" disp syrin)</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with needle,insulin,0.5 ml (ml 27gx1/2" disp syrin, ml 28 gauge disp syrin, ml 28gx1/2" disp syrin, ml 29 g x1/2" disp syrin, ml 29 gauge disp syrin, ml 30 g x3/8" disp syrin, ml 30 gauge disp syrin, ml 30 gx5/16" disp syrin, ml 30gx1/2" disp syrin, ml 31 g x1/4" disp syrin, ml 31 gx5/16" disp syrin, ml 31gx15/64" disp syrin, ml 31gx3/8" disp syrin, ml 32 gx5/16" disp syrin)</i>	2	PR
<i>syringe without needle,insulin disposable, 1 ml</i>	2	PR
<i>syringe, disposable irrigation, 70 ml</i>	1	
<i>syringe, disposable, 1 ml</i>	3	
<i>syringe, disposable, 10 ml</i>	3	
<i>syringe, disposable, 12 ml</i>	3	
<i>syringe, disposable, 20 ml</i>	3	
<i>syringe, disposable, 3 ml</i>	3	
<i>syringe, disposable, 30 ml</i>	1	
<i>syringe, disposable, 35 ml</i>	3	
<i>syringe, disposable, 5 ml</i>	3	
<i>syringe, disposable, 6 ml disp syrin</i>	3	
<i>syringe, disposable, 60 ml disp syrin</i>	3	
<i>syringe, enfit 1 ml, non-sterile</i>	1	
<i>syringe, enfit 1 ml, sterile</i>	1	
<i>syringe, enfit 12 ml, non-sterile</i>	1	
<i>syringe, enfit 12 ml, sterile</i>	1	
<i>syringe, enfit 3 ml, sterile</i>	1	
<i>syringe, enfit 35 ml, non-sterile</i>	1	
<i>syringe, enfit 35 ml, sterile</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe, enfit 6 ml, non-sterile</i>	1	
<i>syringe, enfit 6 ml, sterile</i>	1	
<i>syringe, enfit 60 ml, non-sterile</i>	1	
<i>syringe, enfit 60 ml, sterile</i>	1	
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	2	PR
<i>syringe, enfit 3 ml, non-sterile</i>	1	
<i>syringe, safety with needle, 0.5 ml</i>	2	PR
<i>syringe, safety with needle, 1 ml (23gx1" disp syrin, 25gx1" syringe, 25gx5/8" disp syrin)</i>	3	
<i>syringe, safety with needle, 1 ml (27gx1/2" disp syrin, 27gx5/8" disp syrin, 28gx1/2" disp syrin)</i>	3	
<i>syringe, safety with needle, 1ml 26gx3/8" disp syrin</i>	2	
<i>syringe, safety needle, 10 ml 21gx1 1/2" disp syrin</i>	3	
<i>syringe, safety with needle, 10 ml (ml 20gx1 1/2" disp syrin, ml 20gx1" disp syrin)</i>	2	
<i>syringe, safety with needle, 12 ml (ml 20gx1 1/2" disp syrin, ml 21gx1 1/2" disp syrin)</i>	3	
<i>syringe, safety with needle, 3 ml (20gx1 1/2" disp syrin, 20gx1" disp syrin)</i>	2	
<i>syringe, safety with needle, 3 ml (21 g x 1" disp syrin, 21gx1 1/2" disp syrin, 22gx1 1/2" disp syrin, 22gx1" disp syrin, 23gx1" disp syrin, 25gx1" disp syrin, 25gx5/8" disp syrin)</i>	3	
<i>syringe, safety with needle, 5 ml (20gx1 1/2" disp syrin, 21 g x 1" disp syrin, 21gx1 1/2" disp syrin)</i>	2	
<i>syringe, safety with needle, 5 ml (20gx1" disp syrin, 22gx1 1/2" disp syrin)</i>	3	
<i>syringe-needle, insulin, 0.5 ml/container, empty</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THROMBI-GEL	3	
THROMBI-PAD	3	
<i>topical cream metered-dose device</i>	3	
<i>transcutaneous electrical nerve stimulators (tens units)</i>	3	
<i>transfer device, closed system</i>	1	
TRIVISC	3	S PA
<i>troche mold</i>	3	
<i>urinary bag (bag combo. pkg, bag each, bag kit, bag 9" each, bag 10" each)</i>	3	
<i>urinary bag/catheter (bag/catheter 6 fr combo. pkg, bag/catheter 8fr-16" combo. pkg, bag/catheter 12 fr-8" combo. pkg, bag/catheter 14 fr-16 " combo. pkg, bag/catheter 14 fr-8" combo. pkg)</i>	3	
<i>urinary bag/catheterization tray</i>	3	
<i>vacuum erection device system</i>	3	
<i>vial size converter, closed system</i>	1	
<i>vial,empty</i>	1	
XCLAIR	3	
y-port adapter-extension set (enteral)	3	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR	3	S PA
CORTROPHIN	3	S PA QPD 0.75 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIABETES MELLITUS		
<i>blood sugar diagnostic</i>	2	PR QPD 10 per day
<i>contour next test strip (ndc: 00193727735)</i>	3	PR QPD 10 per day
<i>contour next test strip (ndc: 00193727870)</i>	3	PR QPD 10 per day
<i>contour next test strip (ndc: 00193730850)</i>	3	PR QPD 10 per day
<i>contour next test strip (ndc: 00193731025)</i>	2	PR QPD 10 per day
<i>contour next test strip (ndc: 00193731150)</i>	2	PR QPD 10 per day
<i>contour next test strip (ndc: 00193731221)</i>	2	PR QPD 10 per day
<i>contour next test strip (ndc: 00193731310)</i>	3	PR QPD 10 per day
TOXICOLOGY SALIVA COLLECTION	3	
PITUITARY FUNCTION		
MACRILEN	3	S PA
METOPIRONE	3	
THYROID FUNCTION		
THYROGEN	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
URINE AND FECES CONTENTS		
<i>urine bilirubin test</i>	3	
<i>urine glucose-acet test strip</i>	3	
<i>urine leukocyte test strips</i>	3	
<i>urine multiple test strips</i>	3	QPD 6.66 per day
DISINFECTANTS (FOR NON-DERMATOLOGIC USE)		
<i>glutaraldehyde</i>	1	
DIURETICS		
LOOP DIURETICS		
<i>bumetanide (1 mg tablet, 2 mg tablet)</i>	1	HCG
<i>bumetanide 0.5 mg tablet</i>	1	
EDECRIN	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
<i>ethacrynic acid</i>	1	HCG MVG MINIMAL VALUE GENERIC
FUROSCIX	3	QL 2 / fill S PA
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	1	
<i>torseamide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>amiloride hcl/hydrochlorothiazide</i>	1	
DYRENIUM	3	PA MVB SBA Minimal Value Brand SELECT BRAND ALTERNATIVE
MAXZIDE	3	SBA Select Brand Alternative
MAXZIDE-25 MG	3	SBA Select Brand Alternative
<i>triamterene</i>	1	PA
<i>triamterene/hydrochlorothiazide</i> <i>(triamterene/hydrochlorothiazid 37.5-25 mg capsule,</i> <i>triamterene/hydrochlorothiazid 37.5-25 mg tablet,</i> <i>triamterene/hydrochlorothiazid 75 mg-50mg tablet)</i>	1	
THIAZIDE DIURETICS		
DIURIL	3	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 50 mg tablet)</i>	1	
<i>hydrochlorothiazide 25 mg tablet</i>	1	
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
THALITONE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOPRESSIN ANTAGONISTS		
JYNARQUE 15 MG TABLET	3	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)	3	S PA QPD 2 per day
SAMSCA 15 MG TABLET	3	S PA QPD 1 per day
SAMSCA 30 MG TABLET	3	S PA QPD 2 per day
<i>tolvaptan 15 mg tablet</i>	1	S PA QPD 1 per day
<i>tolvaptan 30 mg tablet</i>	1	S PA QPD 2 per day
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	1	HCG
<i>cabergoline</i>	1	
CYCLOSET	3	PR PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN	3	S PA QPD 2 per day
<i>apomorphine hcl</i>	1	S PS PA QPD 2.0 per day
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	3	S PA QPD 5 per day
KYNMOBI TITRATION KIT	3	QL 10 / 30 days S PA
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	3	PA
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.375 mg tab er 24h, 0.5 mg tablet, 0.75 mg tab er 24h, 0.75 mg tablet, 1 mg tablet, 1.5 mg tab er 24h, 1.5 mg tablet, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	1	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tablet, 4 mg tab er 24h, 4 mg tablet, 5 mg tablet, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ELECTROLYTIC, CALORIC, AND WATER BALANCE			
ACIDIFYING AGENTS			
K-PHOS ORIGINAL	3		
PHOSPHOROUS 250 MG TABLET	1		
VIRT-PHOS 250 NEUTRAL	1		
ALKALINIZING AGENTS			
<i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i>	1		
<i>sodium bicarbonate 1 meq/ml syringe</i>	1		
<i>sodium bicarbonate 1 meq/ml vial</i>	1		
UROCIT-K (SR 5 TABLET, SR 10 TABLET)	3		
UROCIT-K ER 15 MEQ TABLET	3	SBA	Select Brand Alternative
AMMONIA DETOXICANTS			
BUPHENYL (500 MG TABLET, POWDER)	3	S	
CARBAGLU	3	S	
<i>carglumic acid</i>	1	S PS	
CONSTULOSE	1		
ENULOSE	1		
GENERLAC	1		
KRISTALOSE	1		
		HCG	
<i>lactulose 10 g packet</i>	1	MVG	MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	1	
LITHOSTAT	3	
OLPRUVA	3	S
PHEBURANE	3	S
RAVICTI	3	S PA QPD 20 per day
RELYVRIO	3	S PA QPD 2.0 per day
<i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>	1	S PS
CALORIC AGENTS		
ACERFLEX	3	
<i>arginine powder</i>	3	
BCAD 2	3	
CYCLINEX-1	3	
DOJOLVI	3	S PA
EAA	3	
EQUACARE JR	3	
ESSENTIAL CARE JR	3	
FRUITIVITS	3	
GA	3	
GA EXPRESS 15	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GA GEL	3	
GLUTAREX-2	3	
<i>glycine powder</i>	3	
GLYCOSAIDE	3	
GLYTACTIN 10 PE COMPLETE	3	
GLYTACTIN 15 PE COMPLETE	3	
GLYTACTIN 20PE BETTERMILK LITE	3	
GLYTACTIN BETTERMILK 15-15	3	
GLYTACTIN BETTERMILK 5-5	3	
GLYTACTIN BUILD 10-10	3	
GLYTACTIN BUILD 20-20	3	
GLYTACTIN BURST 10-10	3	
GLYTACTIN BURST 20-20	3	
GLYTACTIN RESTORE 10 PE	3	
GLYTACTIN RESTORE 10 PE LITE	3	
GLYTACTIN RESTORE 5 PE	3	
GLYTACTIN RTD 10 PE	3	
GLYTACTIN RTD 15 PE	3	
GLYTACTIN RTD LITE 15	3	
GLYTACTIN SWIRL 15 PE	3	
GLYTACTIN SWIRL 15-15	3	
HCU EXPRESS POWDER	3	
HCU EXPRESS20	3	
HCU GEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HCY 1	3	
HCY 2	3	
HOMACTIN AA PLUS 15 PE	3	
HOMACTIN AA PLUS 20 PE	3	
HOMINEX-1	3	
HOMINEX-2	3	
I-VALEX-2	3	
<i>isoleucine</i>	3	
K-PAX	3	
KETOCAL 3:1	3	
KETOCAL 4:1 POWDER	3	
KETONEX-2	3	
KETOVIE 3:1	3	
KETOVIE 4:1	3	
KETOVIE PEPTIDE 4:1	3	
KETOVIE PLANT-BASED 4:1	3	
LANAFLEX	3	
<i>levocarnitine 330 mg tablet</i>	1	
LIPISTART	3	
LMD	3	
MCT PRO-CAL	3	
METHIONAID	3	
PHENYLADE GMP DRINK POWDER	3	
PHENYLADE GMP MIX-IN POWDER	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYLACTIN COMPLETE 15 PE	3	
TYLACTIN RESTORE 10 PE	3	
TYLACTIN RESTORE 5 PE	3	
TYLACTIN RTD 15 PE	3	
<i>tyrosine 1 g-15/4 g packet</i>	1	
<i>tyrosine powder</i>	3	
<i>valine powder</i>	3	
VILACTIN AA PLUS 15 PE	3	
VILACTIN AA PLUS 20 PE	3	
IRRIGATING SOLUTIONS		
<i>acetic acid 0.25 % irrig soln</i>	1	
<i>sodium chloride irrig solution 0.9 % irrig soln</i>	1	
REPLACEMENT PREPARATIONS		
0.9 % sodium chloride (0.9 % pggybk prt, 0.9 % pgy vl prt, 0.9 % 0.9 % ampul, 0.9 % 0.9 % iv soln, 0.9 % 0.9 % syringe, 0.9 % 0.9 % vial)	1	
AQUASTAT	1	
AQUASTAT SFR	1	
CALCI-MAX	1	
<i>calcium acetate 667 mg tablet</i>	1	
<i>calcium carbonate 800 mg/2 g powder</i>	3	
<i>calcium phosphate</i>	3	
<i>calcium phosphate trib/vit d3 250mg-5mcg tab chew</i>	3	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
EFFER-K 25 MEQ TABLET EFF	1		
HYPER-SAL 7% VIAL	3		
KLOR-CON	1		
KLOR-CON 10	1		
KLOR-CON 8	1		
KLOR-CON M10	1		
KLOR-CON M15	3		
KLOR-CON M20	1		
KLOR-CON-EF	1		
NEBUSAL 3% VIAL	1		
NEBUSAL 6% VIAL	3		
POKONZA	3	MVB	Minimal Value Brand
<i>potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid)</i>	1		
<i>potassium chloride 20 meq packet</i>	1	HCG	
PULMOSAL	1		
<i>sodium chloride (2.5 meq/ml vial, 4 meq/ml syringe, 4 meq/ml vial)</i>	1		
<i>sodium chloride 0.325 %</i>	1		
<i>sodium chloride 0.45 % 0.45 % iv soln</i>	1		
<i>sodium chloride 0.9 % (flush) 0.9 % syringe</i>	1		
<i>sodium chloride 3 %</i>	1		
<i>sodium chloride 5 %</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium chloride for inhalation</i>	1	
SALT AND SUGAR SUBSTITUTES		
<i>sorbitol</i>	1	
URICOSURIC AGENTS		
<i>probenecid</i>	1	QPD 4 per day
<i>probenecid/colchicine</i>	1	QPD 2 per day
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate 12 % lotion</i>	1	
GLYCINE SOYA PROTEIN	1	
BASIC OILS AND OTHER SOLVENTS		
CERACADE	3	
<i>mineral oil, light sterile</i>	3	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate 12 % cream (g)</i>	1	
<i>benzoin/aloe vera/storax/tolu balsam</i>	1	
DEXERYL	3	
LUXAMEND	1	
PHARMABASE BARRIER	3	
TETRIX	3	
UNSCENTED COLD CREAM	1	
VASELINE WHITE PETROLEUM	3	
<i>zinc oxide (20 % oint. (g), 25 % paste (g))</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENZYMES		
CEREZYME	3	S PA
ELELYSO	3	S PS PA
HYQVIA HY COMPONENT	3	S PA
PALYNZIQ (10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	3	S PA QPD 2 per day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	3	S PA QPD 8 per day
STRENSIQ	3	S PS PA
SUCRAID	3	S PA
VPRIV	3	S PA
XIAFLEX	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS		
CLOMID	1	GL Female
<i>clomiphene citrate</i>	1	GL Female
EVISTA	3	QPD 1 per day
FARESTON	3	S SBA Select Brand Alternative
OSPHENA	3	QPD 1.0 per day
<i>raloxifene hcl</i>	1	PR HCR
SOLTAMOX	3	PR
<i>tamoxifen citrate</i>	1	PR HCR
<i>toremifene citrate</i>	1	S
ESTROGENS		
ACTIVELLA	3	GL Female QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
AMABELZ	1	GL Female QPD 1 per day
ANGELIQ	3	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BIJUVA 1 MG-100 MG CAPSULE	3	GL Female QPD 1 per day
CLIMARA PRO	2	GL Female QPD 0.15 per day
COMBIPATCH	3	GL Female QPD 0.29 per day
DEPO-ESTRADIOL	3	GL Female
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	3	GL Female QPD 1 per day
DIVIGEL 1.25 MG GEL PACKET	3	GL Female QPD 1.25 per day
DOTTI	1	GL Female QPD 0.29 per day
DUAVEE	2	
ELESTRIN	3	GL Female QPD 1.73 per day
<i>estradiol 0.01 % cream/appl</i>	1	GL Female QPD 4 per day
<i>estradiol (0.25/0.25g gel packet, 0.5mg/0.5g gel packet, 0.75/0.75g gel packet, 1 mg/gram gel packet)</i>	1	GL Female QPD 1.0 per day
<i>estradiol 1.25/1.25g gel packet</i>	1	GL Female QPD 1.25 per day
<i>estradiol (.025mg/24h patch tds, .0375mg/24 patch tds, 0.05mg/24h patch tds, .075mg/24h patch tds, 0.1mg/24hr patch tds)</i>	1	GL Female QPD 0.29 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (.025mg/24h patch tdwk, .0375mg/24 patch tdwk, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, 0.1mg/24hr patch tdwk)</i>	1	GL Female QPD 0.15 per day
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1	GL Female QPD 1 per day
<i>estradiol 10 mcg tablet</i>	1	GL Female QPD 0.643 per day
<i>estradiol 2 mg tablet</i>	1	GL Female QPD 1 per day
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	1	HCG
<i>estradiol valerate 10 mg/ml vial</i>	1	HCG
<i>estradiol/norethindrone acetate</i>	1	GL Female QPD 1 per day
ESTRING	3	QL 90 days GL Female
ESTROGEL	3	GL Female QPD 1.667 per day
EVAMIST	2	GL Female QPD 0.54 per day
FEMHRT	3	GL Female QPD 1 per day
FEMRING	3	ST GL Female QPD 0.02 per day
FYAVOLV	1	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	2	QPD 1 per day
JINTELI	1	GL Female QPD 1 per day
LYLLANA	1	GL Female QPD 0.29 per day HCG MVG MINIMAL VALUE GENERIC
MENEST	3	GL Female QPD 1 per day
MENOSTAR	3	ST GL Female QPD 0.15 per day
MIMVEY	1	GL Female QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
MINIVELLE	3	ST GL Female QPD 0.29 per day
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	1	QPD 1 per day
PREFEST	3	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMARIN VAGINAL CREAM-APPL	2	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)	2	GL Female QPD 1 per day
PREMARIN 25 MG VIAL	2	
PREMPHASE	2	GL Female QPD 1 per day
PREMPRO	2	GL Female QPD 1 per day
YUVAFEM	1	GL Female QPD 0.643 per day
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTIALLERGIC AGENTS		
ALOMIDE	3	QL 10 / fill MVB MINIMAL VALUE BRAND
<i>azelastine hcl 0.05 % drops</i>	1	QPD 0.267 per day
<i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i>	1	QPD 2 per day
<i>azelastine hcl/fluticasone propionate</i>	1	ST QPD 0.8 per day
<i>bepotastine besilate</i>	1	QPD 0.334 per day
DYMISTA	2	QPD 0.8 per day
<i>epinastine hcl</i>	1	QPD 0.286 per day
<i>ketotifen fumarate 0.025 % drops</i>	1	QPD 0.167 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	1	QPD 0.286 per day
<i>olopatadine hcl 0.6 % spray/pump</i>	1	QL 31 / 30 days
PATANASE	3	QL 31 / 30 days
RYALTRIS	3	QPD 1.0 per day
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine hcl</i>	1	QPD 0.8 per day
CYSTADROPS	3	S
		PA
		QPD 0.72 per day
CYSTARAN	3	S
		PA
		QPD 1 per day
DEBACTEROL SWABSTICK	3	
GELFILM	3	
IOPIDINE	3	QPD 0.8 per day
<i>ipratropium bromide (21 mcg spray, 42 mcg spray)</i>	1	QPD 2 per day
LACRISERT	3	
MIEBO	3	AL At least 18 yrs old
		PA
		QPD 0.2 per day
OXERVATE	3	S
		PA
		QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
LOCAL ANESTHETICS (EENT)			
AKTEN	3		
ALCAINE	3		
GLYDO	1	HCG MVG	MINIMAL VALUE GENERIC
<i>lidocaine hcl (2 % jelly(ml), 2 % solution)</i>	1		
<i>lidocaine hcl (2 % jel/pf app, 40 mg/ml solution)</i>	1	HCG MVG	MINIMAL VALUE GENERIC
<i>proparacaine hcl</i>	1		
<i>tetracaine hcl</i>	1		
<i>tetracaine hcl/pf 0.5 % drops</i>	1		
MYDRIATICS			
<i>atropine sulfate (1 % drops, 1 % oint. (g))</i>	1		
<i>atropine sulfate/pf</i>	1		
CYCLOGYL	3	SBA	Select Brand Alternative
CYCLOMYDRIL	3		
<i>cyclopentolate hcl (0.5 % drops, 1 % drops, 2 % drops)</i>	1		
MYDRIACYL	3		
PAREMYD	3		
<i>tropicamide (0.5 % drops, 1 % drops)</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOCONSTRICTORS		
ADRENALIN CHLORIDE	3	PA
<i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>	1	
UPNEEQ	3	AL At least 18 yrs old PA QPD 1 per day
FIRST GENERATION ANTIHISTAMINES		
ETHANOLAMINE DERIVATIVES		
<i>carbinoxamine maleate 4 mg/5 ml liquid</i>	1	AL At least 2 yrs old
<i>carbinoxamine maleate 4 mg tablet</i>	1	AL At least 6 yrs old
<i>carbinoxamine maleate 6 mg tablet</i>	1	AL At least 6 yrs old HCG MVG MINIMAL VALUE GENERIC
<i>clemastine fumarate (0.5 mg/5ml syrup, 2.68 mg tablet)</i>	1	AL At least 6 yrs old
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	1	
<i>diphenhydramine hcl (50 mg/ml syringe, 50 mg/ml vial)</i>	1	
<i>diphenhydramine hcl in 0.9 % sodium chloride</i>	1	
KARBINAL ER	3	AL At least 2 yrs old
RYVENT	3	ST HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.			
<i>cyproheptadine hcl</i>	1	AL	At least 2 yrs old
PHENOTHIAZINE DERIVATIVES			
<i>phenylephrine hcl/promethazine hcl</i>	1		
<i>promethazine hcl (25 mg/ml ampul, 25 mg/ml vial, 50 mg/ml ampul, 50 mg/ml vial)</i>	1	AL	At least 2 yrs old
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg supp.rect, 12.5 mg tablet, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>	1	AL	At least 2 yrs old
<i>promethazine hcl 25 mg tablet</i>	1	AL	At least 2 yrs old
<i>promethazine hcl in 0.9 % sodium chloride</i>	1		
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	1	AL	At least 2 yrs old
PROMETHEGAN 50 MG SUPPOSITORY	1	AL	At least 2 yrs old
		MVB	Minimal Value Brand
PROPYLAMINE DERIVATIVES			
ABATUSS DMX	1	AL	At least 2 yrs old
ALLER-CHLOR	1		
<i>dexchlorpheniramine maleate</i>	1	AL	At least 2 yrs old
		HCG	
		MVG	MINIMAL VALUE GENERIC
RESPA A.R.	3		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYCLORA	3	AL MVB At least 2 yrs old Minimal Value Brand
GASTROINTESTINAL DRUGS ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl</i>	1	GL AL Female At least 18 yrs old
APRISO	2	
<i>balsalazide disodium</i>	1	
COLAZAL	3	SBA Select Brand Alternative
LOTRONEX	3	GL AL PA Female At least 18 yrs old
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 400 mg cap(drtab), 500 mg capsule er)</i>	1	
<i>mesalamine (4 g/60 ml enema, 1000 mg supp.rect)</i>	1	
<i>mesalamine 800 mg tablet dr</i>	3	PA
<i>mesalamine with cleansing wipes</i>	1	HCG
PENTASA 250 MG CAPSULE	3	
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	3	
SFROWASA	3	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
LOMOTIL	3		
<i>loperamide hcl 2 mg capsule</i>	1		
<i>opium tincture</i>	1	QPD	5 per day
XERMELO	3	AL	At least 18 yrs old
		S	
		PA	
CATHARTICS AND LAXATIVES			
CLENPIQ	3	QL	354 / fill
GAVILYTE-C	1	HCR	
GAVILYTE-G	1	HCR	
GAVILYTE-N	1	HCR	
HYDROCIL INSTANT POWDER	3		
<i>lubiprostone</i>	3	AL	At least 18 yrs old
		PA	
		QPD	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	1	HCR	
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	1	HCR	
PEG-PREP	1		
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	1	HCR	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	QL	354 / fill
		ST	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUPREP	3	QL 354 / fill
SUTAB	3	QPD 0.8 per day
CHOLELITHOLYTIC AGENTS		
CHENODAL	3	S
URSO	3	MVB Minimal Value Brand SBA Select Brand Alternative
URSO FORTE	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
DIGESTANTS		
CREON	2	
ZENPEP	2	
GI DRUGS, MISCELLANEOUS		
BYLVAY (200 MCG PELLET, 400 MCG CAPSULE)	3	S PA QPD 2.0 per day
BYLVAY 1,200 MCG CAPSULE	3	S PA QPD 5.0 per day
BYLVAY 600 MCG PELLET	3	S PA QPD 10.0 per day
CHOLBAM 250 MG CAPSULE	3	S PA QPD 7 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHOLBAM 50 MG CAPSULE	3	S PA QPD 4 per day
ENDARI	3	S PA QPD 6 per day
GATTEX (5 MG ONE-VIAL KIT, 5 MG VIAL)	3	S PA QPD 1 per day
GATTEX 5 MG 30-VIAL KIT	3	S PA QPD 0.034 per day
HUMIRA(CF) PEDI CROHN 80-40 MG	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
LINZESS	2	ST AL At least 18 yrs old QPD 1 per day
LIVMARLI	3	S PA QPD 3.0 per day
OCALIVA	3	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>orlistat</i>	3	
SYMPROIC	2	AL At least 18 yrs old PA QPD 1 per day
VIBERZI	2	PA QPD 2 per day
XENICAL	3	
IMMUNOMODULATORY AGENT		
ENTYVIO	3	QL 2/ 30 days S PA
PROKINETIC AGENTS		
GIMOTI	3	AL At least 18 yrs old S PA QPD 0.334 per day
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	1	
<i>metoclopramide hcl (5 mg tab rapdis, 10 mg tab rapdis)</i>	1	
MOTEGRITY	3	AL At least 18 yrs old PA QPD 1 per day
REGLAN	3	
ZELNORM	3	AL Up to 65 yrs old PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENERAL ANESTHETICS		
INHALATION ANESTHETICS		
FORANE	3	
<i>isoflurane</i>	1	
<i>sevoflurane</i>	1	
TERRELL	1	
ULTANE	3	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin hydrobromide</i>	1	QPD 1 per day
DETROL	3	QPD 2 per day SBA Select Brand Alternative
DETROL LA	3	QPD 1 per day SBA Select Brand Alternative
DITROPAN XL 10 MG TABLET	3	QPD 2 per day SBA Select Brand Alternative
DITROPAN XL 5 MG TABLET	3	QPD 1 per day SBA Select Brand Alternative
<i>fesoterodine fumarate</i>	1	QPD 1.0 per day
<i>flavoxate hcl</i>	1	
GELNIQUE	3	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxybutynin chloride 5 mg/5 ml syrup</i>	1	QPD 20 per day
<i>oxybutynin chloride (10 mg tab er 24, 15 mg tab er 24)</i>	1	QPD 2 per day
<i>oxybutynin chloride 5 mg tab er 24</i>	1	QPD 1 per day
<i>oxybutynin chloride 2.5 mg tablet</i>	1	QPD 3.0 per day
<i>oxybutynin chloride 5 mg tablet</i>	1	QPD 4 per day
OXYTROL	3	ST QPD 0.357 per day
<i>solifenacin succinate</i>	1	QPD 1 per day
<i>tolterodine tartrate (2 mg cap er 24h, 4 mg cap er 24h)</i>	1	QPD 1 per day
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>	1	QPD 2 per day
<i>trospium chloride 60 mg cap er 24h</i>	1	QPD 1 per day
<i>trospium chloride 20 mg tablet</i>	1	QPD 2 per day
GOLD COMPOUNDS		
RIDAURA	3	S
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
CETROTIDE	3	GL Female S PS PA
FYREMADEL	3	GL Female S PA
<i>ganirelix acetate</i>	3	GL Female S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYFEMBREE	2	AL PA QPD At least 18 yrs old 1.0 per day
ORGOVYX	3	S PS PA
ORIAHNN	2	AL PA QPD At least 18 yrs old 2 per day
ORILISSA 150 MG TABLET	2	AL PA QPD At least 18 yrs old 1 per day
ORILISSA 200 MG TABLET	2	AL PA QPD At least 18 yrs old 2 per day
GONADOTROPINS		
<i>chorionic gonadotropin, human 10000 unit vial</i>	3	S
ELIGARD	3	S PA
FOLLISTIM AQ	3	S PA
GONAL-F	3	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GONAL-F RFF	3	GL Female S PS PA
GONAL-F RFF REDI-JECT	3	GL Female S PS PA
<i>leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial, 22.5 mg vial)</i>	1	S PA
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	3	S PA
LUPRON DEPOT 11.25 MG 3MO KIT	3	S PA
LUPRON DEPOT 3.75 MG KIT	3	S PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	3	S PA
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT, 45 MG 6MO KIT)	3	S PA
MENOPUR	3	GL Female S PA
NOVAREL	3	S PA
OVIDREL	3	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREGNYL	3	S PA
SYNAREL	3	S PA
ZOLADEX	3	S PA
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA 150-37.5 MG PELLET PKT	3	S PS PA QPD 1.0 per day
EPCLUSA 200-50 MG PELLET PACK	3	S PS PA QPD 2.0 per day
EPCLUSA (200 MG-50 MG TABLET, 400 MG-100 MG TABLET)	3	S PS PA QPD 1 per day
HARVONI (33.75-150 MG PELLET PK, 45-200 MG TABLET, 90-400 MG TABLET)	3	S PS PA QPD 1 per day
HARVONI 45-200 MG PELLET PACKT	3	S PS PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ledipasvir/sofosbuvir</i>	3	S PS PA QPD 1 per day
<i>sofosbuvir/velpatasvir</i>	3	S PS PA QPD 1 per day
SOVALDI 200 MG PELLET PACKET	3	S PS PA QPD 2 per day
SOVALDI (150 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET)	3	S PS PA QPD 1 per day
VOSEVI	3	S PS PA QPD 1 per day
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET 50-20 MG PELLET PACKET	3	S PS PA QPD 5.0 per day
MAVYRET 100-40 MG TABLET	3	S PS PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HCV REPLICATION COMPLEX INHIBITORS		
VIEKIRA PAK	3	S PA QPD 4 per day
ZEPATIER	3	S PA QPD 1 per day
HEAVY METAL ANTAGONISTS		
CHEMET	3	S
CUPRIMINE	3	S PA
CUVRIOR	3	S PA QPD 10.0 per day
D-PENAMINE	3	S PA
<i>deferasirox (90 mg gran pack, 90 mg tablet, 125 mg tab disper, 180 mg gran pack, 180 mg tablet, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper)</i>	1	S PS PA
<i>deferiprone (500 mg tablet, 1000 mg tablet)</i>	1	S PS PA
DEPEN	3	S PA SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXJADE	3	S PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	3	S PA
FERRIPROX (2 TIMES A DAY)	3	S PA
FERRIPROX (3 TIMES A DAY)	3	S PA
GALZIN	3	
JADENU	3	S PA
JADENU SPRINKLE	3	S PA
<i>penicillamine (250 mg capsule, 250 mg tablet)</i>	1	S PA
<i>trientine hcl 250 mg capsule</i>	1	S PS PA
WILZIN	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>budesonide 3 mg capdr - er</i>	1	HCG
<i>budesonide 2 mg foam/appl</i>	1	
<i>budesonide 9 mg tabdr - er</i>	1	PA
DEPO-MEDROL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial)</i>	1	
<i>dexamethasone sodium phosphate in 0.9 % sodium chloride</i>	1	
<i>dexamethasone sodium phosphate/pf (phosp/pf 10 mg/ml syringe, phosp/pf 10 mg/ml vial)</i>	1	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	3	AL S PA At least 2 yrs old
ENTOCORT EC	3	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
INTRAROSA	3	AL QPD At least 18 yrs old 1 per day
KENALOG-10	3	
MEDROL (2 MG TABLET, 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	
<i>methylprednisolone (4 mg tab ds pk, 4 mg tablet, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	1	
MILLIPRED	3	MVB Minimal Value Brand
MILLIPRED DP	3	MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone (5 mg tablet, 15 mg/5 ml solution)</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 10 mg/5 ml solution, 15 mg tab rapdis, 15 mg/5 ml solution, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
PREDNISONE INTENSOL	3	
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)	3	
TARPEYO	3	S PA QPD 4.0 per day
<i>triamcinolone acetonide (10 mg/ml vial, 40 mg/ml vial)</i>	1	
UCERIS 2 MG RECTAL FOAM	3	
VERIPRED 20	3	
ANDROGENS		
ANDRODERM 2 MG/24HR PATCH	2	GL Male PA QPD 1 per day
ANDRODERM 4 MG/24HR PATCH	2	GL Male PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>danazol</i>	1	
<i>estrogens, esterified/methyltestosterone</i>	1	GL Female
METHITEST	3	GL Male
		PA
		MVB Minimal Value Brand
<i>methyltestosterone</i>	1	GL Male
		HCG
		MVG MINIMAL VALUE GENERIC
OXANDRIN	3	PA
<i>oxandrolone</i>	1	PA
<i>testosterone 50 mg (1%) gel (gram)</i>	1	QL 300 / 30 days
		GL Male
<i>testosterone 12.5/1.25g gel md pmp</i>	1	GL Male
		QPD 10 per day
<i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 50 mg (1%) gel packet)</i>	1	GL Male
		QPD 5 per day
<i>testosterone 25mg(1%) gel packet</i>	1	GL Male
		QPD 2.5 per day
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	1	GL Male
<i>testosterone enanthate 200 mg/ml vial</i>	1	GL Male
XYOSTED	3	PA
CONTRACEPTIVES		
AFIRMELLE	1	GL Female
		HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALTAVERA	1	GL Female HCR
ALYACEN	1	GL Female HCR
AMETHIA	1	QL 91 days GL Female HCR
AMETHYST	1	GL Female HCR
ANNOVERA	3	QL max 1 per 365 days GL Female HCR
APRI	1	GL Female HCR
ARANELLE	1	GL Female HCR
ASHLYNA	1	QL 91 days GL Female HCR
AUBRA	1	GL Female HCR
AUBRA EQ	1	GL Female HCR
AUROVELA	1	GL Female HCR
AUROVELA 24 FE	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUROVELA FE	1	GL Female HCR
AVIANE	1	GL Female HCR
AYUNA	1	GL Female HCR
AZURETTE	1	GL Female HCR
BALCOLTRA	3	GL Female
BALZIVA	1	GL Female HCR
BLISOVI 24 FE	1	GL Female HCR
BLISOVI FE	1	GL Female HCR
BRIELLYN	1	GL Female HCR
CAMILA	1	GL Female HCR
CAMRESE	1	QL 91 days GL Female HCR
CAMRESE LO	1	QL 91 days GL Female HCR
CAZIAN	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHARLOTTE 24 FE	1	GL Female HCR
CHATEAL	1	GL Female HCR
CHATEAL EQ	1	GL Female HCR
CRYSELLE	1	GL Female HCR
CYCLAFEM	1	GL Female HCR
CYRED	1	GL Female HCR
CYRED EQ	1	GL Female HCR
DASETTA	1	GL Female HCR
DAYSEE	1	QL 91 days GL Female HCR
DEBLITANE	1	GL Female HCR
<i>desogestrel-ethinyl estradiol</i>	1	GL Female HCR
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	GL Female HCR
DOLISHALE	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospir/eth estra/levomefol ca 3-0.02(24) tablet</i>	1	GL Female HCR HCG
<i>drospir/eth estra/levomefol ca 3-0.03(21) tablet</i>	1	GL Female HCR
ELINEST	1	GL Female HCR
ELLA	3	GL Female HCR QPD 1 per day
ELURYNG	1	GL Female HCR
EMOQUETTE	1	GL Female HCR
ENPRESSE	1	GL Female HCR
ENSKYCE	1	GL Female HCR
ERRIN	1	GL Female HCR
ESTARYLLA	1	GL Female HCR
<i>ethinyl estradiol/drospirenone</i>	1	GL Female HCR
<i>ethynodiol diacetate-ethinyl estradiol</i>	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etonogestrel/ethinyl estradiol</i>	1	GL Female HCR
FALMINA	1	GL Female HCR
FEMYNOR	1	GL Female HCR
FINZALA	1	GL Female HCR
GEMMILY	1	GL Female HCR
HAILEY	1	GL Female HCR
HAILEY 24 FE	1	GL Female HCR
HAILEY FE	1	GL Female HCR
HALOETTE	1	GL Female HCR
HEATHER	1	GL Female HCR
ICLEVIA	1	QL 91 days GL Female HCR
INCASSIA	1	GL Female HCR
ISIBLOOM	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JAIMIESS	1	QL 91 days GL Female HCR
JASMIEL	1	GL Female HCR
JENCYCLA	1	GL Female HCR
JOLESSA	1	QL 91 days GL Female HCR
JOYEAUX	1	GL Female HCR
JULEBER	1	GL Female HCR
JUNEL	1	GL Female HCR
JUNEL FE	1	GL Female HCR
JUNEL FE 24	1	GL Female HCR
KAITLIB FE	1	GL Female HCR
KALLIGA	1	GL Female HCR
KARIVA	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KELNOR 1-35	1	GL Female HCR
KELNOR 1-50	1	GL Female HCR
KURVELO	1	GL Female HCR
KYLEENA	3	GL Female S HCR PS
LARIN	1	GL Female HCR
LARIN 24 FE	1	GL Female HCR
LARIN FE	1	GL Female HCR
LARISSIA	1	GL Female HCR
LAYOLIS FE	1	GL Female HCR
LEENA	1	GL Female HCR
LESSINA	1	GL Female HCR
LEVONEST	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel/ethinyl estradiol</i> <i>(levonorgestrel/ethin.estradiol 0.1-0.02mg tablet,</i> <i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet,</i> <i>levonorgestrel/ethin.estradiol 6-5-10 tablet,</i> <i>levonorgestrel/ethin.estradiol 90-20 mcg tablet)</i>	1	GL Female HCR
<i>levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo</i>	1	QL 91 days GL Female HCR
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	1	QL 91 days GL Female HCR
<i>levonorgestrel/ethinyl estradiol/iron</i>	1	GL Female HCR
LEVORA-28	1	GL Female HCR
LILLOW	1	GL Female HCR
LO-ZUMANDIMINE	1	GL Female HCR
LOJAIMIESS	1	QL 91 days GL Female HCR
LORYNA	1	GL Female HCR
LOW-OGESTREL	1	GL Female HCR
LUTERA	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYLEQ	1	GL Female HCR
LYZA	1	GL Female HCR
MARLISSA	1	GL Female HCR
MERZEE	1	GL Female HCR
MIBELAS 24 FE	1	GL Female HCR HCG
MICROGESTIN	1	GL Female HCR
MICROGESTIN 24 FE	1	GL Female HCR
MICROGESTIN FE	1	GL Female HCR
MILI	1	GL Female HCR
MIRENA	3	GL Female S HCR PS
MONO-LINYAH	1	GL Female HCR
NATAZIA	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NECON	1	GL Female HCR
NEXPLANON	3	S HCR
NIKKI	1	GL Female HCR
NORA-BE	1	GL Female HCR
<i>norethindrone</i>	1	GL Female HCR
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	1	GL Female HCR
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) capsule, 1.5-30(21) tablet)</i>	1	GL Female HCR
<i>norethindrone-e.estradiol-iron 1mg-20(24) tab chew</i>	1	GL Female HCR HCG MVG MINIMAL VALUE GENERIC
<i>norethindrone-e.estradiol-iron 5-7-9-7 tablet</i>	1	GL Female HCR
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	GL Female HCR
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NORLYDA	1	GL Female HCR
NORTREL	1	GL Female HCR
NYLIA	1	GL Female HCR
NYMYO	1	GL Female HCR
OCELLA	1	GL Female HCR
ORSYTHIA	1	GL Female HCR
PARAGARD T 380-A	3	S HCR
PHILITH	1	GL Female HCR
PIMTREA	1	GL Female HCR
PIRMELLA	1	GL Female HCR
PORTIA	1	GL Female HCR
PREVIFEM	1	GL Female HCR
RECLIPSEN	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIVELSA	1	QL 91 days GL Female HCR HCG MVG MINIMAL VALUE GENERIC
SETLAKIN	1	QL 91 days GL Female HCR
SHAROBEL	1	GL Female HCR
SIMLIYA	1	GL Female HCR
SIMPESSE	1	QL 91 days GL Female HCR
SKYLA	3	GL Female S HCR PS
SPRINTEC	1	GL Female HCR
SRONYX	1	GL Female HCR
SYEDA	1	GL Female HCR
TARINA 24 FE	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TARINA FE	1	GL HCR Female
TARINA FE 1-20 EQ	1	GL HCR Female
TAYSOFY	1	GL HCR Female
TAYTULLA	3	ST GL MVB SBA Female Minimal Value Brand Select Brand Alternative
TILIA FE	1	GL HCR Female
TRI FEMYNOR	1	GL HCR Female
TRI-ESTARYLLA	1	GL HCR Female
TRI-LEGEST FE	1	GL HCR Female
TRI-LINYAH	1	GL HCR Female
TRI-LO-ESTARYLLA	1	GL HCR Female
TRI-LO-MARZIA	1	GL HCR Female
TRI-LO-MILI	1	GL HCR Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-LO-SPRINTEC	1	GL Female HCR
TRI-MILI	1	GL Female HCR
TRI-NYMYO	1	GL Female HCR
TRI-PREVIFEM	1	GL Female HCR
TRI-SPRINTEC	1	GL Female HCR
TRI-VYLIBRA	1	GL Female HCR
TRI-VYLIBRA LO	1	GL Female HCR
TRIVORA-28	1	GL Female HCR
TULANA	1	GL Female HCR
TYBLUME	1	GL Female HCR
TYDEMY	1	GL Female HCR
VELIVET	1	GL Female HCR
VESTURA	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIENVA	1	GL Female HCR
VIORELE	1	GL Female HCR
VOLNEA	1	GL Female HCR
VYFEMLA	1	GL Female HCR
VYLIBRA	1	GL Female HCR
WERA	1	GL Female HCR
WYMZYA FE	1	GL Female HCR HCG
XULANE	3	GL Female HCR QPD 0.12 per day
ZAFEMY	1	GL Female HCR QPD 0.124 per day
ZARAH	1	GL Female HCR
ZOVIA 1-35	1	GL Female HCR
ZOVIA 1-35E	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZUMANDIMINE	1	GL Female HCR
LEPTINS		
MYALEPT	3	S PA
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE	3	S PA QPD 0.3 per day
PITUITARY		
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	3	
<i>desmopressin acetate 10/spray spray/pump</i>	1	
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet)</i>	1	
<i>desmopressin acetate (non-refrigerated)</i>	1	
NOC DURNA	3	PA QPD 1 per day
NORDITROPIN FLEXPRO	3	S PS PA
SEROSTIM	3	S PA QPD 1 per day
PROGESTINS		
AYGESTIN	3	GL Female
CRINONE 4% GEL	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRINONE 8% GEL	3	GL Female QPD 2.5 per day
DEPO-PROVERA 150 MG/ML SYRINGE	3	QL 90 days GL Female
DEPO-PROVERA 150 MG/ML VIAL	3	GL Female
DEPO-SUBQ PROVERA 104	3	QL 90 days GL Female HCR PA
ENDOMETRIN	3	GL Female QPD 3 per day
<i>medroxyprogesterone acetate 150 mg/ml syringe</i>	1	QL 90 days GL Female HCR
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	GL Female
<i>medroxyprogesterone acetate 150 mg/ml vial</i>	1	GL Female HCR QPD 0.04 per day
<i>megestrol acetate (400mg/10ml oral susp, 625mg/5ml oral susp)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	1	
<i>norethindrone acetate</i>	1	GL Female
<i>progesterone</i>	1	GL Female
<i>progesterone, micronized</i>	1	GL Female
PROVERA	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
<i>clonidine (0.2mg/24hr patch tdwk, 0.3mg/24hr patch tdwk)</i>	1	QPD 0.4 per day HCG
<i>clonidine 0.1mg/24hr patch tdwk</i>	1	QPD 0.15 per day HCG
<i>clonidine hcl 0.1 mg tab er 12h</i>	1	QPD 4 per day HCG
<i>clonidine hcl 0.17 mg tab er 24h</i>	3	QPD 3.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	1	
KAPVAY	3	ST QPD 4 per day SBA Select Brand Alternative
<i>methyldopa</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
NEXICLON XR	3	QPD 3.0 per day MVB Minimal Value Brand
DIRECT VASODILATORS		
BIDIL	3	PR QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	PR
<i>isosorbide dinitrate/hydralazine hcl</i>	1	PR QPD 6.0 per day
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	1	PR
HYPOTENSIVE AGENTS, MISCELLANEOUS		
VECAMEYL	3	S PA
INSULINS		
INTERMEDIATE-ACTING INSULINS		
HUMULIN 70-30	2	QL 90 days PR
HUMULIN 70/30 KWIKPEN	2	QL 90 days PR
HUMULIN N	2	QL 90 days PR
HUMULIN N KWIKPEN	2	QL 90 days PR
LONG-ACTING INSULINS		
LANTUS	2	QL 90 days PR
LANTUS SOLOSTAR	2	QL 90 days PR
SOLIQUA 100-33	2	PR PA QPD 0.6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOUJEO MAX SOLOSTAR	2	QL 90 days PR
TOUJEO SOLOSTAR	2	QL 90 days PR
XULTOPHY 100-3.6	3	PR PA QPD 0.5 per day
RAPID-ACTING INSULINS		
AFREZZA	3	QL 90 days PR PA
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL 90 days PR
HUMALOG 100 UNIT/ML VIAL	2	QL 90 days PR
HUMALOG JUNIOR KWIKPEN	2	QL 90 days PR
HUMALOG KWIKPEN U-100	2	QL 90 days PR
HUMALOG KWIKPEN U-200	2	QL 90 days PR
HUMALOG MIX 50-50	2	QL 90 days PR
HUMALOG MIX 50-50 KWIKPEN	2	QL 90 days PR
HUMALOG MIX 75-25	2	QL 90 days PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 75-25 KWIKPEN	2	QL PR 90 days
<i>insulin lispro 100/ml vial</i>	2	QL PR 90 days
LYUMJEV	2	QL PR 90 days
LYUMJEV KWIKPEN U-100	2	QL PR 90 days
LYUMJEV KWIKPEN U-200	2	QL PR 90 days
SHORT-ACTING INSULINS		
HUMULIN R	2	QL PR 90 days
HUMULIN R U-500	2	QL PR 90 days
HUMULIN R U-500 KWIKPEN	2	QL PR 90 days
ION-REMOVING AGENTS		
OTHER ION-REMOVING AGENTS		
RADIOGARDASE	3	
PHOSPHATE-REMOVING AGENTS		
<i>calcium acetate 667 mg capsule</i>	1	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	3	
FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW)	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOSRENOL 1,000 MG TABLET CHEW	3	MVB SBA MINIMAL VALUE BRAND Select Brand Alternative
<i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew)</i>	1	
<i>lanthanum carbonate 1000 mg tab chew</i>	1	HCG MVG MINIMAL VALUE GENERIC
PHOSLYRA	3	
REVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET, 800 MG TABLET)	3	SBA Select Brand Alternative
<i>sevelamer carbonate 2.4 g powd pack</i>	1	HCG
<i>sevelamer carbonate (0.8 g powd pack, 800 mg tablet)</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	3	
POTASSIUM-REMOVING AGENTS		
LOKELMA	3	QPD 1 per day
<i>sodium polystyrene sulfonate</i>	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	1	
VELTASSA	3	QPD 1 per day
KALLIKREIN-KININ SYSTEM INHIBITORS		
BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR	3	S PA QPD 1.29 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>icatibant acetate</i>	1	S PS PA QPD 1.29 per day
SAJAZIR	1	S PS PA QPD 1.29 per day
COMPLEMENT INHIBITORS		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	3	S PA
CINRYZE	3	S PA
HAEGARDA	3	S PA QPD 1.25 per day
RUCONEST	3	S PA QPD 0.87 per day
SOLIRIS	3	S PA
KALLIKREIN INHIBITORS		
KALBITOR	3	S PA
ORLADEYO	3	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAKHZYRO 150 MG/ML SYRINGE	3	S PA QPD 0.072 per day
TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	3	S PA QPD 0.144 per day
MACROLIDE ANTIBIOTICS		
ERYTHROMYCIN ANTIBIOTICS		
E.E.S. 200	3	SBA Select Brand Alternative
E.E.S. 400	3	
ERY-TAB	3	
ERYPED 200	3	
ERYPED 400	3	SBA Select Brand Alternative
ERYTHROCIN STEARATE	3	
<i>erythromycin base (250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)</i>	1	
OTHER MACROLIDE ANTIBIOTICS		
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 500 mg tablet, 600 mg tablet)</i>	1	
<i>azithromycin 250 mg tablet</i>	1	QL 6 / 5 days
<i>clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	3	PA
ZITHROMAX 100 MG/5 ML SUSP	3	QL 30 / fill
ZITHROMAX 200 MG/5 ML SUSP	3	QL 60 / fill
ZITHROMAX (1 GM POWDER PACKET, 250 MG Z-PAK TABLET)	3	
ZITHROMAX 250 MG TABLET	3	QL 6 / 5 days
ZITHROMAX 500 MG TABLET	3	QL 5 / fill
ZITHROMAX TRI-PAK	3	
MISC. BETA-LACTAM ANTIBIOTICS		
CARBAPENEM ANTIBIOTICS		
INVANZ	3	SBA Select Brand Alternative
MONOBACTAM ANTIBIOTICS		
CAYSTON	3	S PA
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	GL Male QPD 1 per day
<i>dutasteride/tamsulosin hcl</i>	1	GL Male QPD 1 per day
ENTADFI	3	PA QPD 2.0 per day
<i>finasteride 5 mg tablet</i>	1	GL Male QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JALYN	3	GL Male QPD 1 per day SBA Select Brand Alternative
PROSCAR	3	GL Male QPD 1 per day
ALCOHOL DETERRENTS		
<i>disulfiram</i>	1	
ANTIDOTES		
DUODOTE	3	
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	1	
<i>pralidoxime chloride</i>	1	
VISTOGARD	3	S
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	1	QPD 3 per day
<i>allopurinol 300 mg tablet</i>	1	QPD 2 per day
<i>colchicine 0.6 mg tablet</i>	1	QPD 4 per day
<i>febuxostat</i>	1	ST QPD 1 per day
ULORIC	3	ST QPD 1 per day
ZYLOPRIM	3	QPD 3 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI	3	S PA
BONE RESORPTION INHIBITORS		
ACTONEL 150 MG TABLET	3	QPD 0.04 per day SBA Select Brand Alternative
ACTONEL 35 MG TABLET	3	QPD 0.15 per day SBA Select Brand Alternative
<i>alendronate sodium 70 mg/75ml solution</i>	1	PR QPD 12.5 per day
<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	1	PR QPD 0.15 per day
<i>alendronate sodium (5 mg tablet, 10 mg tablet)</i>	1	PR QPD 1 per day
ATELVIA	3	ST QPD 0.15 per day
BINOSTO	3	QPD 0.15 per day
BONIVA	3	QPD 0.04 per day SBA Select Brand Alternative
FOSAMAX	3	QPD 0.15 per day
FOSAMAX PLUS D	3	QPD 0.15 per day
<i>ibandronate sodium 150 mg tablet</i>	1	PR QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROLIA	3	S PA QPD 0.13 per day
<i>risedronate sodium 150 mg tablet</i>	1	PR QPD 0.04 per day HCG
<i>risedronate sodium 30 mg tablet</i>	1	PR
<i>risedronate sodium 35 mg tablet</i>	1	PR QPD 0.15 per day
<i>risedronate sodium 5 mg tablet</i>	1	PR QPD 1 per day
<i>risedronate sodium 35 mg tablet dr</i>	1	PR HCG
XGEVA	3	S PA QPD 0.07 per day
<i>zoledronic acid (4 mg vial, 4 mg/5 ml vial)</i>	1	S PS
<i>zoledronic acid in mannitol and 0.9 % sodium chloride</i>	1	S PS
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 4 mg/100ml pggybk btl, acid/mannitol-water 5 mg/100ml pggybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	1	S PS
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide</i>	1	S PS PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KEYEYIS	3	S PA QPD 4 per day
CARIOSTATIC AGENTS		
CLINPRO 5000	1	
DENTA 5000 PLUS	1	
DENTAGEL	1	
<i>fluoride (sodium) (0.2 % solution, 1.1 % cream (g), 1.1 % paste (ml))</i>	1	
<i>fluoride (sodium) (0.25(0.55) tab chew, 0.5 mg/ml drops, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew)</i>	1	HCR
FLUORIDEX	1	
JUST RIGHT 5000	1	
LUDENT FLUORIDE	1	HCR
PREVIDENT 1.1% GEL	3	SBA Select Brand Alternative
PREVIDENT (0.2% RINSE, 5000 BOOSTER PLUS, DENTAL RINSE)	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	SBA Select Brand Alternative
PREVIDENT 5000 SENSITIVE	3	
SF	1	
SF 5000 PLUS	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM FLUORIDE 5000 DRY MOUTH	1	
<i>sodium fluoride/potassium nitrate</i>	1	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE	3	S
		PS
		PA
		QPD 0.15 per day
		PS2 Preferred 2nd line
ACTEMRA 200 MG/10 ML VIAL	3	S
		PS
		PA
		QPD 0.36 per day
		PS2 Preferred 2nd line
ACTEMRA 400 MG/20 ML VIAL	3	S
		PS
		PA
		QPD 1.5 per day
		PS2 Preferred 2nd line
ACTEMRA 80 MG/4 ML VIAL	3	S
		PS
		PA
		QPD 0.15 per day
		PS2 Preferred 2nd line
ACTEMRA ACTPEN	3	S
		PS
		PA
		QPD 0.15 per day
		PS2 Preferred 2nd line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMJEVITA(CF) 10MG/0.2ML SYRING	3	S PS PA QPD 0.043 per day PS1 Preferred 1st line
AMJEVITA(CF) 20MG/0.4ML SYRING	3	S PS PA QPD 0.09 per day PS1 Preferred 1st line
AMJEVITA(CF) 40MG/0.8ML SYRING	3	S PS PA QPD 0.18 per day PS1 Preferred 1st line
AMJEVITA(CF) 40MG/0.8ML AUTOIN	3	S PS PA QPD 0.18 per day PS1 Preferred 1st line
ARAVA	3	MVB Minimal Value Brand SBA Select Brand Alternative
AVSOLA	3	QL 10 / 30 days S PS PA PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	3	
CIBINQO	3	S PS PA QPD 1.0 per day
CIMZIA (2X200 MG/ML SYRINGE KIT, 200 MG VIAL KIT)	3	S PS PA QPD 0.08 per day PS1 Preferred 1st line
CIMZIA 2X200 MG/ML(X3)START KT	3	QL 3/ fill S PS PA PS1 Preferred 1st line
CYLTEZO(CF)	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
CYLTEZO(CF) PEN	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
CYLTEZO(CF) PEN CROHN'S-UC-HS	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYLTEZO(CF) PEN PSORIASIS-UV	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	3	S PS PA QPD 0.29 per day PS1 Preferred 1st line
ENBREL MINI	3	S PS PA QPD 0.15 per day PS1 Preferred 1st line
ENBREL SURECLICK	3	S PS PA QPD 0.15 per day PS1 Preferred 1st line
HUMIRA	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA PEN	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA PEN CROHN'S-UC-HS	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA PEN PSOR-UVEITS-ADOL HS	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA(CF)	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA(CF) PEDI CROHN 80MG/0.8	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA(CF) PEN	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA(CF) PEN CROHN'S-UC-HS	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA(CF) PEN PEDIATRIC UC	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA(CF) PEN PSOR-UV-ADOL HS	3	S PS PA QPD 0.22 per day PS1 Preferred 1st line
INFLECTRA	3	S PS PA QPD 0.5 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	3	S PA QPD 0.1 per day
KINERET	3	S PA QPD 10 per day
<i>leflunomide</i>	1	
OLUMIANT (1 MG TABLET, 2 MG TABLET)	3	S PA QPD 1 per day
OLUMIANT 4 MG TABLET	3	S PA QPD 1.0 per day
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	3	S PS PA QPD 0.15 per day PS2 Preferred 2nd line
ORENCIA 250 MG VIAL	3	S PS PA QPD 0.15 per day PS2 Preferred 2nd line
ORENCIA CLICKJECT	3	S PS PA QPD 0.15 per day PS2 Preferred 2nd line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	3	S
		PS
		PA
		QPD 2 per day
		PS1 Preferred 1st line
RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)	3	S
		PS
		PA
		QPD 1.0 per day
		PS1 Preferred 1st line
RINVOQ ER 15 MG TABLET	3	S
		PS
		PA
		QPD 1 per day
		PS1 Preferred 1st line
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	3	S
		PS
		PA
		QPD 0.04 per day
		PS1 Preferred 1st line
SIMPONI ARIA	3	S
		PS
		PA
		QPD 1.5 per day
		PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	1	
		S
		PS
		PA
XELJANZ 1 MG/ML SOLUTION	3	QPD 10 per day
		PS1 Preferred 1st line
		S
		PS
		PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	3	QPD 2 per day
		PS1 Preferred 1st line
		S
		PS
		PA
XELJANZ XR	3	QPD 1 per day
		PS1 Preferred 1st line
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	3	S
		PA
		S
AUBAGIO	3	PA
		QPD 1 per day
		S
		PS
		PA
AVONEX PREFILLED SYR 30 MCG KT	3	QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVONEX PEN 30 MCG/0.5 ML KIT	3	S PS PA QPD 0.15 per day
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	3	S PS PA QPD 0.5 per day
COPAXONE 20 MG/ML SYRINGE	3	S PS PA QPD 1 per day
COPAXONE 40 MG/ML SYRINGE	3	S PS PA QPD 0.434 per day
<i>dimethyl fumarate</i>	1	S PS PA QPD 2 per day
ENSPRYNG	3	S PA QPD 0.11 per day
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	3	S PA QPD 0.5 per day
<i>fingolimod hcl</i>	1	S PS PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILENYA 0.25 MG CAPSULE	3	S PA QPD 2 per day
<i>glatiramer acetate 20 mg/ml syringe</i>	1	S PS PA QPD 1 per day
<i>glatiramer acetate 40 mg/ml syringe</i>	1	S PS PA QPD 0.434 per day
GLATOPA 20 MG/ML SYRINGE	3	S PA QPD 1.0 per day
GLATOPA 40 MG/ML SYRINGE	3	S PA QPD 0.434 per day
JOENJA	3	S PA QPD 2.0 per day
KESIMPTA PEN	3	S PS PA QPD 0.057 per day
MAYZENT 0.25MG START-1MG MAINT	3	S PS PA QPD 1.75 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT 0.25MG START-2MG MAINT	3	S PS PA QPD 2.5 per day
MAYZENT 0.25 MG TABLET	3	S PS PA QPD 4.0 per day
MAYZENT 1 MG TABLET	3	S PS PA QPD 1.0 per day
MAYZENT 2 MG TABLET	3	S PS PA QPD 1 per day
PLEGRIDY 125 MCG/0.5 ML SYRING	3	S PS PA QPD 0.04 per day
PLEGRIDY SYRINGE STARTER PACK	3	QL 1/ lifetime S PS PA
PLEGRIDY 125 MCG/0.5 ML PEN	3	S PS PA QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEGRIDY PEN INJ STARTER PACK	3	QL 1/ lifetime S PS PA
PONVORY (14-DAY STARTER PACK, 20 MG TABLET)	3	S PA QPD 1 per day
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	3	S PA QPD 0.22 per day
REBIF TITRATION PACK	3	QL 4.2 / 365 days S PA
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	3	S PA QPD 0.22 per day
REBIF REBIDOSE TITRATION PACK	3	QL 4.2 / 365 days S PA
TASCENSO ODT	3	S PA QPD 1.0 per day
<i>teriflunomide</i>	3	S PA QPD 1.0 per day
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	3	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	3	S PA QPD 1 per day
TYSABRI	3	S PA QPD 0.6 per day
VUMERITY	3	S PS PA QPD 4 per day
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAPSULE	3	S NTI PA QPD 15 per day
ASTAGRAF XL 1 MG CAPSULE	3	S NTI PA QPD 30 per day
ASTAGRAF XL 5 MG CAPSULE	3	S NTI PA QPD 6 per day
AZASAN 100 MG TABLET	3	
AZASAN 75 MG TABLET	3	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azathioprine</i>	1	PR
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	3	S PA
BENLYSTA 120 MG VIAL	3	S PA QPD 0.25 per day
BENLYSTA 400 MG VIAL	3	S PA QPD 0.334 per day
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	3	S
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	S PR NTI PS
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	S PR NTI PS
ENVARUSUS XR	3	S NTI PA QPD 1 per day
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	1	S PR PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus 1 mg tablet</i>	1	S PR PA
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	1	S PR NTI PS
IMURAN	3	
LUPKYNIS	3	S PA QPD 6 per day
MAVENCLAD	3	QL 20 / 30 days S PA
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	1	S PR PS
<i>mycophenolate sodium</i>	1	S PR PS
MYFORTIC	3	S
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	3	S NTI
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	3	S NTI
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	2	S NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	3	S
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	3	S NTI
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	S PR PS
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	1	S PR NTI PS
ZORTRESS	3	S PA
KALLIKREIN-KININ SYSTEM INHIBITORS		
EMPAVELI	3	S PA QPD 6 per day
TAVNEOS	3	S PA QPD 6.0 per day
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alpha lipoic acid 100 mg capsule</i>	1	
AMPYRA	3	S PA QPD 2 per day
ARCALYST	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betaine</i>	1	S PS
<i>bioflavonoids, citrus</i>	3	
BOTOX COSMETIC	3	S PA
<i>butylated hydroxytoluene powder</i>	3	
CARDIOVID PLUS	3	
CERDELGA	3	S PA
CERENX	3	
<i>cinnamon</i>	1	
<i>cranberry fruit extract 50 mg tab chew</i>	3	
CYSTADANE	3	S
CYSTAGON 150 MG CAPSULE	3	S PA QPD 13 per day
CYSTAGON 50 MG CAPSULE	3	S PA QPD 40 per day
<i>dalfampridine</i>	1	S PA QPD 2 per day
DEMSEER	3	
<i>dimethyl sulfoxide</i>	3	
EPIFIX AMNIOTIC MEMBRANE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVRYSDI	3	S PA QPD 6.67 per day
FILSPARI	3	S PA QPD 1.0 per day
FIRDAPSE	3	S PA
<i>flaxseed oil oil</i>	1	
FOSTEUM PLUS	3	
GALAFOLD	3	S PA
GRAFIX CORE 5CM X 5CM MATRIX	3	
GRAFIX PRIME 5CM X 5CM MATRIX	3	
IMMULIFE	3	
ISTURISA 1 MG TABLET	3	S PA QPD 8 per day
ISTURISA 10 MG TABLET	3	S PA QPD 6 per day
ISTURISA 5 MG TABLET	3	S PA QPD 2 per day
JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	1	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JEUVEAU	3	S PA
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	3	S PA
<i>levocarnitine 100 mg/ml solution</i>	1	
<i>levocarnitine (with sugar)</i>	1	
LITFULO	3	S PA QPD 1.0 per day
LODOCO	3	PA QPD 1.0 per day
<i>maltodextrin/carob (maltodextrin/carob powd pack, maltodextrin/carob powder)</i>	3	
<i>maltodextrin/tara gum (maltodextrin/tara gum powd pack, maltodextrin/tara gum powder)</i>	3	
<i>melatonin/pyridoxine hcl (b6) 3 mg-10 mg tablet</i>	1	
<i>methylene blue powder</i>	3	
<i>metyrosine</i>	1	
MIDNITE FOR MENOPAUSE	3	
MIDNITE MENOPAUSE	3	
MIDNITE PM	3	
<i>miglustat</i>	1	S PA
<i>nitisinone</i>	1	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITYR	3	S PA
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	3	S PA
POTABA	3	
PROCYSBI DR 25 MG CAPSULE	3	S PA QPD 4 per day
PROCYSBI DR 75 MG CAPSULE	3	S PA QPD 72 per day
PROCYSBI (DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	3	S PA
RECORLEV	3	S PA QPD 8.0 per day
REZUROCK	3	S PA QPD 1.0 per day
<i>rosemary oil</i>	1	
RUZURGI	3	S PA QPD 1 per day
<i>sage leaf</i>	1	
<i>sapropterin dihydrochloride (100 mg powd pack, 100 mg tablet sol, 500 mg powd pack)</i>	1	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYCLARYS	3	S PA QPD 3.0 per day
SOHONOS (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	3	S PA QPD 1.0 per day
SOHONOS 1 MG CAPSULE	3	S PA QPD 4.0 per day
SOHONOS 1.5 MG CAPSULE	3	S PA QPD 2.0 per day
STRAVIX 3CM X 6CM MATRIX	3	
THIOLA	3	S PA
THIOLA EC	3	S PA
<i>tiopronin</i>	1	S PS PA
TYBOST	3	S
VIJOICE (50 MG TABLET, 125 MG TABLET)	3	S PA QPD 1.0 per day
VIJOICE 250 MG DAILY DOSE PACK	3	S PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOWST	3	S PA QPD 4.0 per day
VOXZOGO	3	S PA QPD 1.0 per day
VYNDAMAX	3	S PA QPD 1 per day
VYNDAQEL	3	S PA QPD 4 per day
XURIDEN	3	S
YARGESA	1	S PA
ZAVESCA	3	S PA
ZOKINVY 50 MG CAPSULE	3	S PA QPD 6 per day
ZOKINVY 75 MG CAPSULE	3	S PA QPD 4 per day
PROTECTIVE AGENTS		
MESNEX 400 MG TABLET	3	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUROMUSCULAR BLOCKING AGENTS		
BOTULINUM TOXINS		
BOTOX	3	S PA
DAXXIFY	3	S PA
DYSPORT	3	S PS PA
NONHORMONAL CONTRACEPTIVES		
<i>cervical cap</i>	3	HCR
<i>diaphragms, wide seal (60mm diaphragm, 70mm diaphragm, 75mm diaphragm, 80mm diaphragm, 85mm diaphragm, 90mm diaphragm, 95mm diaphragm)</i>	3	HCR
<i>diaphragms, wide seal 65mm diaphragm</i>	1	HCR
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib (50 mg capsule, 200 mg capsule)</i>	1	QPD 2 per day
<i>celecoxib 100 mg capsule</i>	1	QPD 3 per day
<i>celecoxib 400 mg capsule</i>	1	QPD 1 per day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
ANAPROX DS	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CATAFLAM	1	HCG MVG MINIMAL VALUE GENERIC
DAYPRO	3	
<i>diclofenac epolamine</i>	1	QPD 2 per day HCG
<i>diclofenac potassium 50 mg powd pack</i>	3	PA QPD 1.0 per day HCG MVG MINIMAL VALUE GENERIC
<i>diclofenac potassium 50 mg tablet</i>	1	
<i>diclofenac sodium 1.5 % drops</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>diclofenac sodium 1 % gel (gram)</i>	1	QL 1000/ 30 days ST
<i>diclofenac sodium (50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	1	
<i>diclofenac sodium 25 mg tablet dr</i>	1	HCG
<i>diclofenac sodium/misoprostol</i>	1	
<i>diflunisal</i>	1	
EC-NAPROSYN	3	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tablet, 600 mg tab er 24h)</i>	1	
<i>etodolac 500 mg tab er 24h</i>	1	HCG MVG MINIMAL VALUE GENERIC
FELDENE	3	
<i>fenoprofen calcium 400 mg capsule</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>fenoprofen calcium 600 mg tablet</i>	1	
FENORTHO	3	MVB MINIMAL VALUE BRAND
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen 100 mg/5ml oral susp</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
INDOCIN 25 MG/5 ML SUSPENSION	3	PA QPD 40.0 per day
INDOCIN 50 MG SUPPOSITORY	3	PA QPD 4 per day
<i>indomethacin (50 mg capsule, 75 mg capsule er)</i>	1	
<i>indomethacin 25 mg capsule</i>	1	
<i>indomethacin 100 mg supp.rect</i>	1	QPD 2.0 per day
<i>indomethacin 50 mg supp.rect</i>	1	PA QPD 4.0 per day
<i>ketoprofen 200 mg cap24h pel</i>	1	HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketoprofen (25 mg capsule, 75 mg capsule)</i>	1	
<i>ketoprofen 50 mg capsule</i>	1	HCG
<i>ketorolac tromethamine 30 mg/ml syringe</i>	1	QL 20 / 23 days QPD 4.0 per day
<i>ketorolac tromethamine 60 mg/2 ml syringe</i>	1	QL 20 / 30 days QPD 2.0 per day
<i>ketorolac tromethamine 10 mg tablet</i>	1	QL 21 / fill
<i>ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial)</i>	1	QL 40 / 23 days QPD 8.0 per day
<i>ketorolac tromethamine 30 mg/ml vial</i>	1	QL 20 / 30 days
<i>ketorolac tromethamine 30mg/ml(1) vial</i>	1	QL 20 / 23 days QPD 4.0 per day
<i>ketorolac tromethamine 60 mg/2 ml vial</i>	1	QL 20 / 30 days QPD 2.0 per day
LODINE	3	
<i>meclofenamate sodium</i>	1	HCG
		QPD 5 per day
<i>mefenamic acid</i>	1	HCG MVG MINIMAL VALUE GENERIC
		QPD 5.0 per day
<i>meloxicam 7.5 mg/5ml oral susp</i>	3	HCG MVG MINIMAL VALUE GENERIC
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meloxicam, submicronized</i>	1	AL QPD HCG MVG At least 18 yrs old 1 per day MINIMAL VALUE GENERIC
<i>nabumetone</i>	1	
NAPRELAN (CR 375 MG TABLET, CR 500 MG TABLET)	3	
NAPRELAN CR 750 MG TABLET	3	QPD 1 per day
NAPROSYN 125 MG/5 ML SUSPEN	3	MVB SBA MINIMAL VALUE BRAND Select Brand Alternative
NAPROSYN 500 MG TABLET	3	MVB SBA Minimal Value Brand Select Brand Alternative
<i>naproxen 125 mg/5ml oral susp</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>naproxen (375 mg tablet, 500 mg tablet)</i>	1	
<i>naproxen 250 mg tablet</i>	1	
<i>naproxen 375 mg tablet dr</i>	3	MVB SBA Minimal Value Brand SELECT BRAND ALTERNATIVE
<i>naproxen 500 mg tablet dr</i>	3	HCG MVB SBA Minimal Value Brand SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naproxen sodium (275 mg tablet, 500 mg tbmp 24hr, 550 mg tablet)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>naproxen sodium 375 mg tbmp 24hr</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>naproxen sodium 750 mg tbmp 24hr</i>	3	HCG MVG MINIMAL VALUE GENERIC
<i>oxaprozin 600 mg tablet</i>	1	HCG
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium (200 mg tablet, 400 mg capsule, 600 mg tablet)</i>	1	
VIVLODEX	3	AL At least 18 yrs old PA QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
SALICYLATES		
<i>butalbital/aspirin/caffeine (butalbital/aspirin/caffeine 50-325-40 capsule, butalbital/aspirin/caffeine 50-325-40 tablet)</i>	1	QPD 6 per day
DURLAZA	3	PA QPD 1 per day MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOODY'S EXTRA STRENGTH	3	
<i>salsalate</i>	1	
OXYTOCICS		
CERVIDIL	3	GL Female
<i>methylergonovine maleate 0.2 mg tablet</i>	1	QPD 6 per day
MIFEPREX	3	
<i>mifepristone</i>	1	
PREPIDIL	3	GL Female
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	1	QPD 0.13 per day
<i>calcitonin, salmon, synthetic 200/ml vial</i>	1	S PS
<i>cinacalcet hcl</i>	1	S PS PA QPD 2 per day
MIACALCIN	3	S
PARATHYROID AGENTS		
FORTEO	3	S PA
NATPARA	3	S PA
<i>teriparatide</i>	1	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
		AL S PA QPD
TYMLOS	3	At least 18 yrs old 1.6 per day
PENICILLIN ANTIBIOTICS		
AMINOPENICILLIN ANTIBIOTICS		
<i>amoxicillin (125 mg tab chew, 250 mg tab chew, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet)</i>	1	
<i>amoxicillin (125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 400 mg/5ml susp recon, 875 mg tablet)</i>	1	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)</i>	1	
<i>ampicillin trihydrate</i>	1	
AUGMENTIN (125-31.25 MG/5 ML, 250-62.5 MG/5 ML, 500-125 TABLET)	3	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
MOXATAG	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATURAL PENICILLIN ANTIBIOTICS		
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>penicillin g procaine</i>	1	
<i>penicillin v potassium (250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	1	
<i>penicillin v potassium 125 mg/5ml soln recon</i>	1	HCG
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium 250 mg capsule</i>	1	
<i>dicloxacillin sodium 500 mg capsule</i>	1	
PHARMACEUTICAL AIDS		
<i>alcohol</i>	1	
<i>bentonite</i>	3	
<i>carboxymethylcellulose</i>	1	
<i>cellulose/silica gel/magnesium stearate</i>	3	
<i>cellulose/silica gel/mannitol/magnesium stearate</i>	3	
<i>cellulose/silica/mannit/sodium lauryl sulf/sod starch glyc</i>	3	
<i>compound vehicle solution sugar-free no.1</i>	3	
<i>compound vehicle suspension no.7</i>	1	
<i>compound vehicle suspension sugar-free no.1</i>	3	
<i>compound vehicle suspension sugar-free no.12</i>	3	
<i>compounding vehicle no.8</i>	1	
<i>compounding vehicle sugar-free no.9</i>	1	
<i>compounding vehicle suspension no.17</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>compounding vehicle suspension no.19</i>	3	
<i>compounding vehicle suspension sugar-free no.18</i>	3	
<i>compounding vehicle syrup no.10</i>	3	
DILUENT FOR ELIGARD	3	S
<i>diluent for epoprostenol sodium (glycine)</i>	1	S
DILUENT FOR NOVOSEVEN RT	3	S
DILUENT FOR VIVITROL	3	S
<i>eucalyptol</i>	1	
<i>gauze bandage (bandage 0.25"x36" bandage, bandage 1" x 5yard bandage)</i>	3	
<i>gel dressing (gel gel (gram), gel gel (ml), gel 4.75" bandage)</i>	3	
<i>gelatin (each, gel (gram), powder)</i>	3	
<i>guar gum</i>	3	
<i>hydroxypropyl cellulose</i>	3	
<i>hypromellose</i>	3	
<i>iodoform</i>	3	
<i>isopropyl palmitate</i>	1	
<i>methanol</i>	1	
<i>middle ear inflation device</i>	1	
<i>oleic acid</i>	1	
<i>paraffin</i>	1	
<i>petrolatum, white 3" x 9" bandage</i>	3	
PH 12 DILUENT FOR FLOLAN	3	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pine needle oil</i>	1	
<i>polyhexamethylene biguanide/gauze bandage (biguan/gauze bandage 0.2%-1/2x3 strip, biguan/gauze bandage 0.2%-2"x2" sponge, biguan/gauze bandage 0.2%-4"x4" sponge, biguan/gauze bandage 0.2-6x6.75 sponge, biguan/gauze bandage .2-4.5x4.1 bandage)</i>	3	
<i>raspberry flavor</i>	1	
<i>rose oil</i>	1	
<i>sassafras</i>	1	
SHINGRIX ADJUVANT COMPONENT	2	AL HCR At least 18 yrs old
<i>sodium succinate</i>	1	
<i>spearmint oil</i>	1	
<i>stearyl alcohol</i>	1	
<i>tragacanth</i>	1	
<i>water for injection,sterile vial</i>	1	
RADIOACTIVE AGENTS		
<i>sodium iodide-123</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	3	PR QPD SBA 1 per day Select Brand Alternative
ATACAND HCT 16-12.5 MG TAB	3	PR QPD SBA 2 per day Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVALIDE 150-12.5 MG TABLET	3	PR QPD SBA 2 per day Select Brand Alternative
AVALIDE 300-12.5 MG TABLET	3	PR QPD SBA 1 per day Select Brand Alternative
<i>candesartan cilexetil</i>	1	PR QPD 1 per day
<i>candesartan cilexetil/hydrochlorothiazide</i> (<i>candesartan/hydrochlorothiazid 32-12.5mg tablet,</i> <i>candesartan/hydrochlorothiazid 32mg-25mg tablet</i>)	1	PR QPD 1 per day
<i>candesartan/hydrochlorothiazid 16-12.5mg tablet</i>	1	PR QPD 2 per day
EDARBI	3	ST PR QPD 1 per day
EDARBYCLOR	3	ST PR QPD 1 per day
ENTRESTO	2	QPD 2 per day
<i>eprosartan mesylate</i>	1	PR QPD 1 per day
<i>irbesartan</i>	1	PR QPD 1 per day
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	1	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	1	PR QPD 1 per day
<i>losartan potassium (25 mg tablet, 50 mg tablet)</i>	1	PR QPD 2.0 per day
<i>losartan potassium 100 mg tablet</i>	1	PR QPD 1.0 per day
<i>losartan potassium/hydrochlorothiazide (losartan/hydrochlorothiazide 100-12.5mg tablet, losartan/hydrochlorothiazide 100mg-25mg tablet)</i>	1	PR QPD 1.0 per day
<i>losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	1	PR QPD 2.0 per day
<i>olmesartan medoxomil</i>	1	PR QPD 3 per day
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	1	PR QPD 1 per day
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	PR QPD 1 per day
<i>telmisartan</i>	1	PR QPD 1 per day
<i>telmisartan/amlodipine besylate</i>	1	PR QPD 1 per day
<i>telmisartan/hydrochlorothiazid 80-12.5mg tablet</i>	1	PR QPD 2 per day
<i>telmisartan/hydrochlorothiazide (telmisartan/hydrochlorothiazid 40-12.5 mg tablet, telmisartan/hydrochlorothiazid 80 mg-25mg tablet)</i>	1	PR QPD 1 per day
TWYNSTA	3	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	PR QPD 2.0 per day
<i>valsartan 320 mg tablet</i>	1	PR QPD 1.0 per day
<i>valsartan/hydrochlorothiazide (valsartan/hydrochlorothiazide 320-12.5mg tablet, valsartan/hydrochlorothiazide 320mg-25mg tablet)</i>	1	PR QPD 1.0 per day
<i>valsartan/hydrochlorothiazide (valsartan/hydrochlorothiazide 80-12.5mg tablet, valsartan/hydrochlorothiazide 160-12.5mg tablet, valsartan/hydrochlorothiazide 160mg-25mg tablet)</i>	1	PR QPD 2.0 per day
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	3	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	3	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
ACCURETIC 20-25 MG TABLET	3	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
<i>benazepril hcl (10 mg tablet, 40 mg tablet)</i>	1	PR QPD 2 per day
<i>benazepril hcl 20 mg tablet</i>	1	PR QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benazepril hcl 5 mg tablet</i>	1	PR QPD 3 per day
<i>benazepril hcl/hydrochlorothiazide</i>	1	PR QPD 1 per day HCG
<i>captopril</i>	1	PR QPD 4 per day HCG
<i>captopril/hydrochlorothiazide</i>	1	PR QPD 2 per day
<i>enalapril maleate 1 mg/ml solution</i>	1	PR QPD 5 per day
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	PR QPD 2 per day
<i>enalapril/hydrochlorothiazide 10 mg-25mg tablet</i>	1	PR QPD 2 per day
<i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet</i>	1	PR
EPANED	3	QPD 5 per day
<i>fosinopril sodium</i>	1	PR QPD 2 per day
<i>fosinopril sodium/hydrochlorothiazide</i>	1	PR QPD 2 per day
<i>lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	PR QPD 2.0 per day
<i>lisinopril (5 mg tablet, 30 mg tablet)</i>	1	PR QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril 40 mg tablet</i>	1	PR QPD 2 per day
<i>lisinopril/hydrochlorothiazide</i> (<i>lisinopril/hydrochlorothiazide 10-12.5 mg tablet,</i> <i>lisinopril/hydrochlorothiazide 10-12.5mg tablet,</i> <i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet</i>)	1	PR QPD 2 per day
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	PR QPD 2 per day
LOTENSIN (10 MG TABLET, 40 MG TABLET)	3	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
LOTENSIN 20 MG TABLET	3	QPD 4 per day MVB Minimal Value Brand SBA Select Brand Alternative
LOTENSIN HCT	3	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
<i>moexipril hcl</i>	1	PR QPD 1 per day
<i>perindopril erbumine</i>	1	PR QPD 1 per day
PRESTALIA	3	ST QPD 1 per day
QBRELIS	3	QPD 40 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinapril hcl</i>	1	PR QPD 2 per day
<i>quinapril hcl/hydrochlorothiazide</i> <i>(quinapril/hydrochlorothiazide 10-12.5 mg tablet,</i> <i>quinapril/hydrochlorothiazide 10-12.5mg tablet,</i> <i>quinapril/hydrochlorothiazide 20-12.5 mg tablet)</i>	1	PR QPD 2 per day
<i>quinapril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	PR QPD 1 per day
<i>ramipril</i>	1	PR QPD 2 per day
<i>trandolapril</i>	1	PR QPD 2 per day
<i>trandolapril/verapamil hcl</i>	1	PR QPD 1.0 per day
VASERETIC	3	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
VASOTEC	3	QPD 2 per day SBA Select Brand Alternative
ZESTORETIC	3	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
ALDACTAZIDE 25-25 TABLET	3	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALDACTAZIDE 50-50 TABLET	3	MVB Minimal Value Brand
ALDACTONE	3	SBA Select Brand Alternative
CAROSPIR	3	PA MVB MINIMAL VALUE BRAND
<i>eplerenone</i>	1	HCG
INSPIRA 25 MG TABLET	3	SBA SELECT BRAND ALTERNATIVE
INSPIRA 50 MG TABLET	3	MVB Minimal Value Brand SBA Select Brand Alternative
KERENDIA	3	AL At least 18 yrs old PA QPD 1.0 per day
<i>spironolactone 25 mg/5 ml oral susp</i>	1	PA
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
RENIN INHIBITORS		
<i>aliskiren hemifumarate</i>	1	QPD 1 per day
TEKTURNA	3	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
TEKTURNA HCT	3	QPD 1 per day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	3	S PA QPD 9 per day
ESBRIET 801 MG TABLET	3	S PA QPD 3 per day
OFEV	3	S PA QPD 2 per day
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	1	S PS PA QPD 9.0 per day
<i>pirfenidone (534 mg tablet, 801 mg tablet)</i>	1	S PS PA QPD 3.0 per day
ANTITUSSIVES		
<i>benzonatate</i>	1	AL At least 10 yrs old
BROMFED DM	1	AL At least 2 yrs old
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>codeine phosphate/guaifenesin (phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i>	1	AL QPD At least 6 yrs old 60 per day
CORICIDIN HBP COUGH AND COLD	3	
HYCODAN (5 MG/5 ML CUP, 5 MG/5 ML SOLN)	3	AL QPD MVB SBA At least 18 yrs old 30 per day Minimal Value Brand Select Brand Alternative
HYCODAN 5 MG-1.5 MG TABLET	3	AL QPD MVB SBA At least 18 yrs old 6.0 per day Minimal Value Brand Select Brand Alternative
<i>hydrocodone bitartrate/homatropine methylbromide</i>	1	AL QPD At least 2 yrs old 30 per day
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	AL QPD At least 6 yrs old 10 per day
HYDROMET	1	AL QPD At least 18 yrs old 30 per day
NEOTUSS PLUS	3	
OBREDON	3	AL QPD MVB SBA At least 18 yrs old 60 per day Minimal Value Brand Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	1		
<i>promethazine hcl/dextromethorphan hbr</i>	1	AL	At least 2 yrs old
<i>promethazine/phenylephrine hcl/codeine</i>	1	AL	At least 6 yrs old
		QPD	30.0 per day
TUSNEL CAPLET	3		
TUSSICAPS	3	AL	At least 6 yrs old
		QPD	6 per day
		MVB	MINIMAL VALUE BRAND
TUXARIN ER	3	AL	At least 18 yrs old
		QPD	2 per day
TUZISTRA XR	3	AL	At least 18 yrs old
		QPD	20 per day
		MVB	Minimal Value Brand
EXPECTORANTS			
GILPHEX TR TABLET	3		
GILTUSS TR	3		
TUSSI-PRES PEDIATRIC LIQUID	3		
TUSSLIN PEDIATRIC DROPS	1		
MUCOLYTIC AGENTS			
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	1		
PULMOZYME	3	S	
		PA	
		QPD	5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP	3	PA QPD 1 per day
<i>roflumilast</i>	1	PA QPD 1.0 per day
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP	3	S PA
BRONCHITOL	3	S PA QPD 20 per day
GLASSIA	3	S PA
PROLASTIN C	3	S PA
TEZSPIRE 210 MG/1.91 ML PEN	3	S PA QPD 0.07 per day
XOLAIR 150 MG/ML SYRINGE	3	S PS PA QPD 0.15 per day
XOLAIR 75 MG/0.5 ML SYRINGE	3	S PS PA QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 150 MG/1.2 ML POWDER VL	3	S
		PS
		PA
		QPD 0.22 per day
ZEMAIRA 1,000 MG VIAL	3	S PA
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	3	S
		PA
		QPD 3 per day
<i>ambrisentan</i>	1	S
		PA
		QPD 1 per day
<i>bosentan</i>	1	S
		PA
		QPD 2 per day
<i>epoprostenol sodium</i>	1	S
		PA
<i>epoprostenol sodium (glycine)</i>	1	S
		PA
FLOLAN	3	S
		PA
LETAIRIS	3	S
		PA
		QPD 1 per day
OPSUMIT	3	S
		PA
		QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENITRAM ER	3	S PA QPD 3 per day
ORENITRAM MONTH 1 TITRATION KT	3	S PA QPD 6.0 per day
ORENITRAM MONTH 2 TITRATION KT	3	S PA QPD 12.0 per day
ORENITRAM MONTH 3 TITRATION KT	3	S PA QPD 9.0 per day
REMODULIN	3	S PA
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	3	S PA QPD 2 per day
<i>treprostinil sodium</i>	1	S PA
TYVASO	3	S PA QPD 1 per day
TYVASO DPI (16 MCG CARTRIDGE, 32 MCG CARTRIDGE, 48 MCG CARTRIDGE, 64 MCG CARTRIDGE)	3	S PA QPD 4.0 per day
TYVASO DPI 16-32 MCG TITR KIT	3	S PA QPD 7.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO DPI 16-32-48 MCG TITRAT	3	S PA QPD 9.0 per day
TYVASO DPI 32-48 MCG MAINT KIT	3	S PA QPD 8.0 per day
TYVASO INSTITUTIONAL START KIT	3	S PA QPD 1 per day
TYVASO REFILL KIT	3	S PA QPD 3 per day
TYVASO STARTER KIT	3	S PA QPD 3 per day
UPTRAVI 200-800 TITRATION PACK	3	AL S PA At least 18 yrs old
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)	3	AL S PA QPD 2 per day At least 18 yrs old
UPTRAVI 1,800 MCG VIAL	3	AL S PA QPD 2.0 per day At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VELETRI	3	S PA
VENTAVIS	3	S PA QPD 9 per day
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>carisoprodol 250 mg tablet</i>	1	HCG
<i>carisoprodol 350 mg tablet</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine phosphate</i>	1	QPD 21 per day
<i>chlorzoxazone (375 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>chlorzoxazone 250 mg tablet</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>cyclobenzaprine hcl (15 mg cap er 24h, 30 mg cap er 24h)</i>	1	HCG
<i>cyclobenzaprine hcl 10 mg tablet</i>	1	
<i>cyclobenzaprine hcl 5 mg tablet</i>	1	
<i>cyclobenzaprine hcl 7.5 mg tablet</i>	1	HCG
FEXMID	3	MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
LORZONE	1	
<i>metaxalone</i>	1	HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
<i>methocarbamol 1000 mg tablet</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	1	HCG
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
DANTRIUM (25 MG CAPSULE, 50 MG CAPSULE)	3	
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	HCG
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
<i>orphenadrine citrate/aspirin/caffeine</i>	1	HCG
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANACAINE	3	
ANASTIA	3	
<i>ethyl chloride</i>	1	
<i>hydrocortisone/lidocaine/aloe 0.55%-2.8% gel w/appl</i>	1	
<i>lidocaine 5 % adh. patch</i>	1	QPD 3 per day
<i>lidocaine 5 % oint. (g)</i>	1	
<i>lidocaine hcl 3 % lotion</i>	1	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl 4 % solution</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 cream (g), lidocaine/prilocaine 2.5 kit)</i>	1	
<i>lidocaine/tetracaine</i>	3	HCG MVG MINIMAL VALUE GENERIC
LIDOPIN 3% CREAM	1	
LIDOPRIL	1	
LIDTOPIC MAX	3	
NUMBONEX	3	
<i>phenazopyridine hcl</i>	1	
PLIAGLIS	3	MVB Minimal Value Brand
PONTOCAINE	3	
<i>pramoxine hcl 1 % foam</i>	1	
PRUDOXIN	3	QL 49 / fill PA MVB MINIMAL VALUE BRAND
PYRIDIUM 200 MG TABLET	3	SBA Select Brand Alternative
RADIAGUARD	3	
SYNERA	3	MVB Minimal Value Brand
WAL-DRYL 2%-0.1% CREAM	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZONALON	3	QL PA 49 / fill
ASTRINGENTS		
DRYSOL	3	
XERAC AC	3	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO	3	PA QPD 1.5 per day
ATRALIN	3	PA QPD 1.5 per day
REFISSA	3	
REGRANEX	3	QPD 1 per day
RENOVA	3	MVB Minimal Value Brand
RENOVA PUMP	3	MVB Minimal Value Brand
RETIN-A MICRO PUMP 0.06% GEL	2	QL AL 50 / 30 days Up to 25 yrs old
RETIN-A MICRO PUMP 0.08% GEL	2	QL AL 50 / 30 days Up to 25 yrs old
<i>tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>	1	
<i>tretinoin 0.05 % gel (gram)</i>	1	QPD 1.5 per day
<i>tretinoin microspheres (0.04 % gel (gram), 0.04 % gel w/pump, 0.1 % gel (gram), 0.1 % gel w/pump)</i>	1	PA QPD HCG MVG 1.667 per day MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin microspheres 0.08 % gel w/pump</i>	1	QL AL 50 / 30 days Up to 25 yrs old
<i>tretinoin/emollient base</i>	1	
TWYNEO	3	QPD 2.0 per day
DETERGENTS		
<i>octoxynol 9</i>	3	
<i>polysorbate 60</i>	1	
<i>polysorbate 80 solution</i>	1	
KERATOLYTIC AGENTS		
AVAR	1	
BENZEPRO 5.2% EMOLLIENT FOAM	3	
<i>benzoyl peroxide (7 % cleanser, 9.8 % foam)</i>	1	
<i>benzoyl peroxide microspheres</i>	1	
BP 10-1	1	HCG MVG MINIMAL VALUE GENERIC
PACNEX	1	
PLEXION (9.8-4.8% CLEANSER, 9.8-4.8% CREAM, 9.8-4.8% LOTION)	3	MVB SBA Minimal Value Brand Select Brand Alternative
SALEX	3	MVB SBA Minimal Value Brand Select Brand Alternative
<i>salicylic acid (6 % cream (g), 6 % cream (g), 6 % lotion, 6 % lotion)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>salicylic acid (6 % foam, 6 % gel (gram), 28.5 % sol-filmer)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>salicylic acid (26 % liquid, 27.5 % liq-film)</i>	1	HCG MVG MINIMAL VALUE GENERIC
SALIMEZ FORTE	3	
SSS 10-5 CREAM	1	
<i>sulfacetamide sodium/sulfur (sodium/sulfur 8 %-4 % suspension, sodium/sulfur 9 %-4.5 % cleanser)</i>	3	
<i>sulfacetamide sodium/sulfur (sodium/sulfur 9 %-4 % cleanser, sodium/sulfur 9.8%-4.8% cleanser, sodium/sulfur 9.8%-4.8% cream (g), sodium/sulfur 9.8%-4.8% lotion, sodium/sulfur 10-5%(w/v) lotion, sodium/sulfur 10-5%(w/w) cream (g), sodium/sulfur 10-5%(w/w) lotion)</i>	3	HCG MVG MINIMAL VALUE GENERIC
<i>sulfacetamide sodium/sulfur 10-5%(w/w) cleanser</i>	1	
<i>sulfacetamide sodium/sulfur (sodium/sulfur 10 %-2 % cleanser, sodium/sulfur 10 %-4 % med. pad)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>urea (45 % cream (g), 45 % gel (ml))</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
ACCUTANE	1	PA
<i>acitretin (17.5 mg capsule, 25 mg capsule)</i>	1	QPD 2 per day
<i>acitretin 10 mg capsule</i>	1	QPD 4 per day
<i>adapalene (0.1 % cream (g), 0.3 % gel (gram), 0.3 % gel w/pump)</i>	1	QPD 1.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adapalene 0.1 % med. swab</i>	1	PA QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>adapalene 0.1 % solution</i>	1	PA QPD 2 per day
<i>adapalene/benzoyl peroxide 0.1 %-2.5% gel w/pump</i>	1	QPD 1.5 per day
<i>adapalene/benzoyl peroxide 0.3 %-2.5% gel w/pump</i>	1	QPD 1.667 per day
ADBRY	3	S PS PA QPD 0.22 per day
AKLIEF	3	PA QPD 1.5 per day
ALDARA	3	AL At least 12 yrs old QPD 0.434 per day
AMNESTEEM	1	PA
ARTISS	3	
<i>azelaic acid</i>	3	QL 50 / 30 days PA
AZELEX	3	QPD 1.667 per day MVB Minimal Value Brand
<i>benzoin compound</i>	1	
<i>brimonidine tartrate 0.33 % gel w/pump</i>	1	QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>	1	QPD 2 per day
<i>calcipotriene/betamethasone 0.005-.064 oint. (g)</i>	1	PA QPD 3 per day
<i>calcitriol 3 mcg/g oint. (g)</i>	1	QPD 3.334 per day HCG MVG MINIMAL VALUE GENERIC
CLARAVIS	1	PA
CONDYLOX	3	MVB Minimal Value Brand
<i>dapsone 5 % gel (gram)</i>	1	QPD 3 per day HCG MVG MINIMAL VALUE GENERIC
<i>dapsone 7.5 % gel w/pump</i>	1	QPD 3 per day
DOVONEX	3	PA QPD 2 per day MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
DUPIXENT PEN	3	S PS PA QPD 0.15 per day
DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	3	S PS PA QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPIDUO FORTE	3	QPD 1.667 per day
FINACEA 15% FOAM	3	QL 50 / 30 days
FINACEA 15% GEL	3	QL 50 / 30 days PA
<i>finasteride 1 mg tablet</i>	1	
HYFTOR	3	S PA QPD 0.8 per day
<i>imiquimod 5 % cream pack</i>	1	AL At least 12 yrs old QPD 0.434 per day
<i>isotretinoin</i>	1	PA
<i>ivermectin 1 % cream (g)</i>	1	QPD 1.5 per day
KLISYRI	3	QL 5 / fill PA
LEVULAN	3	
MIRVASO	3	QPD 1 per day
MYORISAN	1	PA
<i>pimecrolimus</i>	1	ST AL At least 2 yrs old QPD 2.5 per day
PODOCON-25	3	
<i>podofilox 0.5 % solution</i>	1	
PROTOPIC 0.03% OINTMENT	3	QL 100 / 30 days ST AL At least 2 yrs old QPD 2.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTOPIC 0.1% OINTMENT	3	QL 100 / 30 days ST AL At least 16 yrs old QPD 2.5 per day
RECTIV	3	
RHOFADE	3	QPD 1.25 per day
SANTYL	3	PA QPD 3.0 per day
SILIQ	3	S PA QPD 0.22 per day
SKYRIZI 150 MG/ML SYRINGE	3	S PS PA QPD 0.012 per day PS1 Preferred 1st line
SKYRIZI 75 MG/0.83 ML SYRINGE	3	S PS PA QPD 0.02 per day PS1 Preferred 1st line
SKYRIZI (2 SYRINGES) KIT	3	S PS PA QPD 0.012 per day PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI PEN	3	S
		PS
		PA
		QPD 0.012 per day
		PS1 Preferred 1st line
SOOLANTRA	3	QPD 1.5 per day
STELARA 90 MG/ML SYRINGE	3	S
		PS
		PA
		QPD 0.018 per day
		PS1 Preferred 1st line
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	3	S
		PS
		PA
		QPD 0.006 per day
		PS1 Preferred 1st line
STELARA 130 MG/26 ML VIAL	3	S
		PS
		PA
		QPD 1.86 per day
		PS1 Preferred 1st line
TACLONEX 0.005%-0.064% SUSPENS	3	QPD 4 per day
<i>tacrolimus 0.03 % oint. (g)</i>	1	QL 100 / 30 days
		ST
		AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus 0.1 % oint. (g)</i>	1	QL ST AL 100 / 30 days At least 16 yrs old
TALTZ AUTOINJECTOR	3	S PS PA QPD PS2 0.04 per day Preferred 2nd line
TALTZ AUTOINJECTOR (2 PACK)	3	S PS PA QPD PS2 0.04 per day Preferred 2nd line
TALTZ AUTOINJECTOR (3 PACK)	3	S PS PA QPD PS2 0.04 per day Preferred 2nd line
TALTZ SYRINGE	3	S PS PA QPD PS2 0.04 per day Preferred 2nd line
<i>tazarotene 0.1 % cream (g)</i>	1	QPD 1.47 per day
<i>tazarotene 0.05 % gel (gram)</i>	1	QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tazarotene 0.1 % gel (gram)</i>	1	QPD 1.0 per day HCG
TREMFYA 100 MG/ML INJECTOR	3	S PS PA QPD 0.02 per day PS1 Preferred 1st line
TREMFYA 100 MG/ML SYRINGE	3	S PS PA QPD 0.04 per day PS1 Preferred 1st line
<i>trichloroacetic acid</i>	1	
VANIQA	3	MVB Minimal Value Brand
VENELEX OINTMENT	3	
VEREGEN	3	MVB MINIMAL VALUE BRAND
VTAMA	3	PA QPD 2.0 per day
WYNZORA	3	QPD 15 per day
ZENATANE	1	PA
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
ELIXOPHYLLIN	3	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THEO-24	3	NTI
<i>theophylline anhydrous (100 mg tab er 12h, 200 mg tab er 12h)</i>	1	NTI
<i>theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 300 mg tab er 12h, 450 mg tab er 12h)</i>	1	NTI
<i>theophylline anhydrous (400 mg tab er 24h, 600 mg tab er 24h)</i>	1	NTI
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
<i>lanreotide acetate</i>	3	S PA QPD 0.02 per day
MYCAPSSA	3	S PA QPD 4 per day
<i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	1	S PS PA
SANDOSTATIN 0.05 MG/ML AMPUL	3	S PA QPD 30 per day SBA Select Brand Alternative
SANDOSTATIN 0.1 MG/ML AMPUL	3	S PA QPD 15 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANDOSTATIN 0.5 MG/ML AMPUL	3	S PA QPD 3 per day SBA Select Brand Alternative
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 30 MG KT, 30 MG VL)	3	S PA QPD 0.04 per day
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	3	S PA QPD 0.07 per day
SIGNIFOR	3	S PA
SIGNIFOR LAR	3	S PA
SOMATULINE DEPOT	3	S PA QPD 0.02 per day
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
EGRIFTA SV	3	S PA QPD 2 per day
INCRELEX	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	3	S
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
<i>droxidopa</i>	1	S PS PA QPD 6 per day
<i>epinephrine (0.15/0.15 auto inject, 0.15mg/0.3 auto inject, 0.3mg/0.3 auto inject)</i>	1	QL 4 / fill
EPINEPHRINESNAP-EMS	3	QL 2 / fill
EPINEPHRINESNAP-V	3	QL 2 / fill
EPIPEN	3	QL 4 / fill PA
EPIPEN 2-PAK	3	QL 4 / fill PA
NORTHERA	3	S PA QPD 6 per day
SYMJEPI	3	QL 2 / fill
ALPHA-ADRENERGIC AGONISTS		
LUCEMYRA	3	QL 48 tablets/180 days PA
<i>midodrine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TETRACYCLINE ANTIBIOTICS		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TABLET	3	PA
SEYSARA	3	PA QPD 1 per day
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID AGENTS		
EUTHYROX	1	NTI
LEVO-T	1	NTI
<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>	1	NTI
<i>levothyroxine sodium (75 mcg tablet, 88 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	NTI
<i>levothyroxine sodium (100 mcg/ml vial, 100mcg/5ml vial, 200mcg/5ml vial, 500mcg/5ml vial)</i>	1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET)	1	NTI
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)	1	NTI
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NP THYROID	1	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET)	1	NTI
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)	1	NTI
URINE AND FECES CONTENTS		
KETONES		
<i>urine acetone test strips</i>	3	QPD 6.66 per day
<i>urine acetone test,strips</i>	3	QPD 6.66 per day
PH		
<i>urine phenaphthazine-ph test</i>	3	
PROTEIN		
<i>urine albumin test</i>	3	
SUGAR		
<i>urine glucose test strip</i>	3	QPD 10 per day
Uncategorized		
Unclassified		
CAVERJECT 40 MCG/2 ML AMPUL	3	GL Male
<i>yohimbine hcl</i>	1	
VASODILATING AGENTS		
NITRATES AND NITRITES		
GONITRO	3	AL At least 18 yrs old PA QPD 1.25 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISORDIL	3	QPD SBA 12 per day SELECT BRAND ALTERNATIVE
ISORDIL TITRADOSE	3	QPD SBA 12 per day SELECT BRAND ALTERNATIVE
<i>isosorbide dinitrate</i>	1	QPD 12 per day
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	QPD 2 per day
MINITRAN	1	QPD 1 per day
NITRO-BID	3	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)	3	QPD MVB SBA 1 per day Minimal Value Brand Select Brand Alternative
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	3	QPD 1 per day
NITRO-TIME (ER 2.5 MG CAPSULE, ER 6.5 MG CAPSULE)	1	QPD 4 per day
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.4mg/hr patch td24, 0.6mg/hr patch td24)</i>	1	QPD 1 per day
<i>nitroglycerin 400mcg/spr spray</i>	1	QPD 0.8 per day
<i>nitroglycerin (0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl)</i>	1	QPD 6 per day
NITROLINGUAL	3	QPD 0.8 per day
NITROMIST	3	QPD 0.3 per day
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	3	S PA QPD SBA 2 per day Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALYQ	1	S PS PA QPD 2 per day
LIQREV	3	S PA QPD 6.0 per day
REVATIO 10 MG/ML ORAL SUSP	3	AL At least 18 yrs old S PA QPD 6 per day
REVATIO 20 MG TABLET	3	AL At least 18 yrs old S PA QPD 3 per day
<i>sildenafil 20 mg tablet (pah)</i>	1	S PS PA QPD 3 per day
<i>sildenafil citrate 10 mg/ml susp recon</i>	1	AL At least 18 yrs old S PS PA QPD 6 per day
<i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	GL Male AL At least 18 yrs old QPD 0.2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	1	GL Male QPD 1 per day
<i>tadalafil 10 mg tablet</i>	1	GL Male QPD 0.2 per day
<i>tadalafil 20 mg tablet (ed/bph)</i>	1	GL Male QPD 0.2 per day
<i>tadalafil 20 mg tablet (pah)</i>	1	S PS PA QPD 2 per day
TADLIQ	3	S PA QPD 10.0 per day
<i>varafenafil hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	GL Male AL At least 18 yrs old QPD 0.2 per day HCG
<i>varafenafil hcl 10 mg tab rapdis</i>	1	GL Male AL At least 18 yrs old QPD 0.2 per day HCG MVG MINIMAL VALUE GENERIC
VASODILATING AGENTS, MISCELLANEOUS		
<i>aspirin/dipyridamole</i>	1	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAVERJECT (IMPULSE 10 MCG KIT, IMPULSE 10 MCG SYRNG, 20 MCG VIAL, IMPULSE 20 MCG KIT, IMPULSE 20 MCG SYRNG, 40 MCG VIAL)	3	GL Male
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	PR QPD 4.0 per day
EDEX	3	GL Male
MUSE	3	GL Male
VERQUVO	2	PA QPD 1 per day
VITAMINS		
MULTIVITAMIN PREPARATIONS		
BIOCEL	1	
CADEAU DHA	3	GL Female PR
DAILY MULTIPLE	1	
ELITE-OB	3	GL Female
FORTAVIT	3	
M-NATAL PLUS	3	GL Female PR
<i>multivitamin combination no.51/ferrous fumarate/folic acid</i>	3	GL Female
MVW COMPLETE FORMLTN PEDIATRIC	3	
MVW COMPLETE FORMUL D3000 SFGL	3	
MYNATAL	3	GL Female PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYNATAL PLUS	3	GL Female PR
MYNATAL-Z	3	GL Female PR
NEWGEN	3	GL Female PR
NUTRIVIT	3	
OBTREX DHA	3	GL Female PR
PNV 29-1	3	GL Female PR
PNV-OMEGA	3	GL Female
PRENA1 CHEW	3	GL Female PR
PRENA1 PEARL	3	GL Female PR
PRENA1 TRUE	3	GL Female PR
PRENATABS RX	3	GL Female PR
<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i>	3	GL Female PR
PREPLUS	3	GL Female PR
PRETAB	3	GL Female PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTECT IRON TABLET	3	
PROVIDA OB	3	GL Female PR
R-NATAL OB	3	GL Female PR
REQ49+	3	
THRIVITE RX	3	GL Female PR
TRINATE	3	GL Female PR
VIC-FORTE	1	
VIRT-C DHA	3	
VIRT-NATE DHA	3	GL Female PR
VIRT-PN PLUS	3	GL Female
VITACEL	1	
VP-PNV-DHA	3	GL Female PR
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AQUASOL A	3	
VITAMIN B COMPLEX		
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	1	
DODEX	1	
<i>folic acid 1 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>hydroxocobalamin</i>	1		
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<i>levomefolate calcium</i>	1		
NASCOBAL	3		
NEPHRONEX-SL	1		
RENA-VITE RX	1		
<i>thiamine hcl 100 mg/ml vial</i>	1		
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<i>ascorbic acid granules</i>	3		
VITAMIN D			
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1		
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	1	S PS	
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	1		
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	1	S PS	
RAYALDEE	3	S	
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	SBA	Select Brand Alternative
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)	3	S PA	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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MEPHYTON	3	SBA Select Brand Alternative
<i>phytonadione (vit k1) 5 mg tablet</i>	1	

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