



ALLIANT PRECISION FORMULARY

Welcome to the Alliant Precision Formulary. A formulary is a list of covered brand and generic prescription drugs. Many commonly prescribed drugs are listed in this guide.

Please remember this is not a complete list of drugs covered under your plan's prescription benefit. This list is reviewed and updated regularly so coverage may change over time. Some of the changes we can make include adding or removing drugs, adding, removing, or changing utilization management edits (quantity limits, step therapy, prior authorizations). **To see when this formulary was last updated, please check the date on the see bottom-right of page 3.**

Alliant Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. Please refer to your plan document for detailed information about your drug benefit coverage.

For assistance finding a specific medication not on this list, please use the [Formulary Lookup Tool](#) or call Magellan Customer Service at (800) 424-1799.

Pharmacy Formulary Exception Request

If you have medical circumstances that may warrant an exception to drug-specific benefit or coverage limitations or need access to a drug not on the plan formulary, you or your prescribing physician may file a request for an exception with Magellan Rx Management. Magellan Rx is the Pharmacy Benefit Manager (PBM) for Alliant Health Plans.

You can request a Formulary Drug Exception Request online by using our online form <https://alliant.magellanrx.com/member/drug-exception/>

Brand Name Drugs with Brand-Equivalent Generic

From time to time, we evaluate the formulary for changes that will benefit our members. One such case is with brand-name vs. brand-equivalent generic drugs, which have the same active ingredients. When a brand-equivalent generic drug becomes available on the formulary in place of a brand-name drug, members benefit in most cases by paying the lower generic tier for their medication. In these situations, the brand-name drug will move to a different tier and/or will be excluded from the formulary. If you notice your brand-name drug's tier has changed or is now excluded from the formulary, please confirm that a generic brand-equivalent drug is available.

How to read the Alliant Precision Formulary

The first column displays the drug name. Brand name drugs are capitalized (e.g., FARXIGA) and generic drugs are listed in lower-case italics (e.g., simvastatin).

The middle column displays the drug tier. See descriptions below.

The right column will indicate if there are any limits and restrictions associated with the medication. You can find a list of abbreviations that may appear on the next page.

TIER		DESCRIPTION
1	Preferred Generics	First-tier drugs generally have the lowest cost-share.
2	Preferred Brands	Second-tier drugs will have a higher cost-share than first-tier drugs.
3	Non-Preferred Drugs	Third-tier drugs will have a higher cost-share than second-tier drugs.
4	Specialty	Fourth-tier drugs will have a higher cost-share than third-tier drugs. Normally are specialty medications.

TYPE		DESCRIPTION
	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
	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.
	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
	Custom	This drug has unique restrictions.
	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.
	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.
	Preferred Specialty	Preferred Specialty.
	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.
	Quantity Per Day	Quantity Per Day.
	High Cost Generic	High Cost Generic.
	Minimal Value Brand	Minimal Value Brand.
	Minimal Value Generic	Minimal Value Generic.
	Select Brand Alternative	Select Brand Alternative



Medical Benefit Prior

Authorization - Drug may be
available on the medical
benefit after prior
authorization

Drug may be available on the medical benefit after prior
authorization

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
CAFERGOT	3	SBA Select Brand Alternative
D.H.E.45	3	QL 10 / 30 days PA
DIBENZYLINE	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	1	PA
<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	NC	QPD 0.72 per day MVB MINIMAL VALUE BRAND
MIGRANAL	NC	QL 8 / 30 days PA MVB MINIMAL VALUE BRAND
<i>phenoxybenzamine hcl</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>phentolamine mesylate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT			
alfuzosin hcl	1	QPD	1 per day
RAPAFLO	3	QPD SBA	1 per day Select Brand Alternative
silodosin	1	QPD	1 per day
tamsulosin hcl	1	QPD	2.0 per day
UROXATRAL	3	QPD SBA	1 per day Select Brand Alternative
ANALGESICS AND ANTIPYRETICS			
ANALGESICS AND ANTIPYRETICS, MISC.			
acetaminophen (500mg/50ml piggyback, 1000mg/100 piggyback, 1000mg/100 vial)	1		
acetaminophen (325mg/32.5 syringe, 500mg/50ml syringe, 650mg/65ml piggyback)	1		
ALLZITAL	NC	QPD MVB	12 per day Minimal Value Brand
BUPAP	1	QPD	6 per day
butalbital/acetaminophen (butalbital/acetaminophen capsule, butalbital/acetaminophen tablet)	NC	QPD	6 per day
		HCG MVG	MINIMAL VALUE GENERIC
butalbital/acetaminophen 25mg-325mg tablet	1	QPD	12 per day
butalbital/acetaminophen 50mg-325mg tablet	1	QPD	6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butalbital/acetaminophen/caffeine</i> (<i>butalb/acetaminophen/caffeine 50-300-40 capsule,</i> <i>butalb/acetaminophen/caffeine 50-325-40 capsule,</i> <i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>)	1	QPD 6 per day
<i>clonidine hcl/pf</i>	1	
DURACLON	3	
ESGIC 50-325-40 MG CAPSULE	NC	QPD 6 per day HCG MVG MINIMAL VALUE GENERIC
ESGIC 50-325-40 MG TABLET	3	QPD 6 per day SBA Select Brand Alternative
GRALISE 300-600 MG SAMPLE PACK	3	ST
GRALISE ER 300 MG TABLET	3	ST QPD 1 per day
GRALISE ER 600 MG TABLET	3	ST QPD 3 per day
OFIRMEV	3	QPD 300 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
PRIALT	4	S
TENCON	1	QPD 6 per day
VANATOL LQ	3	
VTOL LQ	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEBUTAL	1	QPD 6 per day
OPIATE AGONISTS		
<i>acetaminophen with codeine 120-12mg/5 solution</i>	1	AL At least 12 yrs old QPD 140 per day
<i>acetaminophen with codeine 300mg/12.5 solution</i>	1	AL At least 12 yrs old QPD 139 per day
<i>acetaminophen with codeine 300mg-15mg tablet</i>	1	AL At least 12 yrs old QPD 22 per day
<i>acetaminophen with codeine 300mg-30mg tablet</i>	1	AL At least 12 yrs old QPD 12 per day
<i>acetaminophen with codeine 300mg-60mg tablet</i>	1	AL At least 12 yrs old QPD 6 per day
<i>acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>	1	AL At least 12 yrs old QPD 10 per day
<i>acetaminophen/caff/dihydrocod 325-30-16 tablet</i>	NC	AL At least 12 yrs old QPD 10 per day HCG MVG MINIMAL VALUE GENERIC
ACTIQ	3	AL At least 16 yrs old PA QPD 4 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>alfentanil hcl</i>	1		
ASCOMP WITH CODEINE	1	AL	At least 18 yrs old
		QPD	6 per day
		QPD	6 per day
<i>butalbit/acetamin/caff/codeine 50-300-30 capsule</i>	NC	HCG	
		MVG	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	At least 18 yrs old
		QPD	6 per day
<i>codeine sulfate</i>	1	AL	At least 18 yrs old
		QPD	6 per day
DEMEROL (25 MG/ML CARPUJECT, 25 MG/ML SYRINGE)	3	AL	At least 18 yrs old
		QPD	20 per day
DEMEROL (50 MG/ML CARPUJECT, 50 MG/ML SYRINGE, 50 MG/ML VIAL, 100 MG/2 ML AMPUL)	3	AL	At least 18 yrs old
		QPD	10 per day
DEMEROL 75 MG/ML CARPUJECT	3	AL	At least 18 yrs old
		QPD	7 per day
DEMEROL (100 MG/ML CARPUJECT, 100 MG/ML VIAL)	3	AL	At least 18 yrs old
		QPD	5 per day
DSUVIA	3		
DURAMORPH 10 MG/10 ML AMPUL	1	QPD	5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DURAMORPH 5 MG/10 ML AMPUL	1	QPD 10 per day
DVORAH	NC	AL At least 12 yrs old QPD 10 per day MVB Minimal Value Brand
ENDOCET (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	3	AL At least 18 yrs old QPD 12 per day HCG
ENDOCET 2.5-325 MG TABLET	1	AL At least 18 yrs old QPD 12 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>	3	PA QPD 0.5 per day HCG
<i>fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	3	AL At least 16 yrs old PA QPD 4 per day HCG
<i>fentanyl citrate 800 mcg lozenge hd</i>	1	AL At least 16 yrs old PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl citrate in 0.9 % sodium chloride/pf (% nacl/pf 5 mcg/ml plast. bag, % nacl/pf 10 mcg/ml pump resvr, % nacl/pf 25 mcg/ml plast. bag, % nacl/pf 50mcg/5ml syringe, % nacl/pf 500 mcg/50 pca syring, % nacl/pf 1100mcg/55 pca syring, % nacl/pf 1250mcg/25 pca syring, % nacl/pf 1250mcg/50 pca syring)</i>	1	
<i>fentanyl citrate in 0.9 % sodium chloride/pf (% nacl/pf 10 mcg/ml plast. bag, % nacl/pf 10 mcg/ml syringe)</i>	1	QPD 38 per day
<i>fentanyl citrate/pf (citrate/pf 100mcg/2ml cartridge, citrate/pf 100mcg/2ml syringe, citrate/pf 1500mcg/30 pca syring)</i>	1	QPD 8 per day
<i>fentanyl citrate/pf (citrate/pf 50 mcg/ml ampul, citrate/pf 50 mcg/ml vial, citrate/pf 1000mcg/20 pca syring)</i>	1	
FIORINAL WITH CODEINE #3	3	AL At least 18 yrs old QPD 6 per day SBA Select Brand Alternative
<i>hydrocodone bitartrate (10 mg cap er 12h, 15 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 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 At least 2 yrs old QPD 90.0 per day
<i>hydrocodone/acetaminophen 7.5-325/15 solution</i>	3	AL At least 2 yrs old QPD 90.0 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone bitartrate/acetaminophen</i> (<i>hydrocodone/acetaminophen 5 mg-300mg tablet,</i> <i>hydrocodone/acetaminophen 7.5-300 mg tablet,</i> <i>hydrocodone/acetaminophen 10mg-300mg tablet</i>)	3	AL QPD HCG At least 18 yrs old 13 per day
<i>hydrocodone bitartrate/acetaminophen</i> (<i>hydrocodone/acetaminophen 5 mg-325mg tablet,</i> <i>hydrocodone/acetaminophen 7.5-325 mg tablet,</i> <i>hydrocodone/acetaminophen 10mg-325mg tablet</i>)	1	AL QPD At least 18 yrs old 12 per day
<i>hydrocodone/acetaminophen 2.5-325 mg tablet</i>	1	AL QPD At least 18 yrs old 20 per day
<i>hydrocodone/ibuprofen 10mg-200mg tablet</i>	3	AL QPD HCG At least 16 yrs old 5 per day
<i>hydrocodone/ibuprofen 5mg-200mg tablet</i>	3	AL QPD HCG At least 16 yrs old 6 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 ampul</i>	1	QPD 13 per day
<i>hydromorphone hcl 4 mg/ml cartridge</i>	1	AL QPD At least 18 yrs old 3 per day
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	AL QPD HCG At least 18 yrs old 13 per day
<i>hydromorphone hcl (1 mg/ml cartridge, 1 mg/ml syringe)</i>	1	AL QPD At least 18 yrs old 13 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl (2 mg/ml cartridge, 2 mg/ml syringe)</i>	1	AL QPD At least 18 yrs old 6 per day
<i>hydromorphone hcl 0.5mg/.5ml syringe</i>	1	AL QPD At least 18 yrs old 50 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>	3	PA QPD HCG 2 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
<i>hydromorphone hcl 2 mg/ml vial</i>	1	QPD 6 per day
<i>hydromorphone hcl in 0.9% nacl 0.5mg/50ml plast. bag</i>	1	QPD 5000 per day
<i>hydromorphone hcl in 0.9% nacl 1 mg/50 ml plast. bag</i>	1	QPD 50 per day
<i>hydromorphone hcl in 0.9% nacl 2 mg/50 ml plast. bag</i>	1	QPD 313 per day
<i>hydromorphone hcl in 0.9 % sodium chloride/pf (hcl/0.9% nacl/pf 25 mg/25ml pca syring, hcl/0.9% nacl/pf 25 mg/50ml pca syring)</i>	1	
<i>hydromorphone hcl in 0.9 % sodium chloride/pf (hcl/0.9% nacl/pf 30 mg/30ml pca vial, hcl/0.9% nacl/pf 55 mg/55ml pca syring)</i>	1	QPD 13 per day
<i>hydromorphone hcl in 0.9 % sodium chloride/pf (hcl/0.9% nacl/pf 0.5 mg/ml plast. bag, hcl/0.9% nacl/pf 15 mg/30ml pca syring)</i>	1	QPD 25 per day
<i>hydromorphone hcl in 0.9 % sodium chloride/pf (hcl/0.9% nacl/pf 0.2 mg/ml plast. bag, hcl/0.9% nacl/pf 20mg/100ml pump resvr, hcl/0.9% nacl/pf 6mg/30ml pca syring, hcl/0.9% nacl/pf 6mg/30ml pca vial)</i>	1	QPD 63 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl in 0.9 % sodium chloride/pf (hcl/0.9% nacl/pf 1 mg/ml plast. bag, hcl/0.9% nacl/pf 10 mg/50ml pca syring, hcl/0.9% nacl/pf 10 mg/50ml pump resvr, hcl/0.9% nacl/pf 50 mg/50ml pca syring, hcl/0.9% nacl/pf 50 mg/50ml pump resvr)</i>	1	QPD 1 per day
<i>hydromorphone hcl/0.9% nacl/pf 1 mg/5 ml syringe</i>	1	
<i>hydromorphone hcl/pf (hcl/pf 2 mg/ml ampul, hcl/pf 2 mg/ml vial)</i>	1	QPD 6 per day
LORTAB	3	AL At least 2 yrs old QPD 67.5 per day
<i>meperidine hcl 10 mg/ml cartridge</i>	1	AL At least 18 yrs old QPD 50 per day
<i>meperidine hcl 50 mg/5 ml solution</i>	1	AL At least 18 yrs old QPD 50 per day
<i>meperidine hcl 50 mg tablet</i>	1	AL At least 18 yrs old QPD 10 per day
<i>meperidine hcl in 0.9 % sodium chloride/pf</i>	1	QPD 50 per day
<i>meperidine hcl/pf 100 mg/ml vial</i>	1	AL At least 18 yrs old QPD 5 per day
<i>meperidine hcl/pf 25 mg/ml vial</i>	1	AL At least 18 yrs old QPD 20 per day
<i>meperidine hcl/pf 50 mg/ml vial</i>	1	AL At least 18 yrs old QPD 10 per day
<i>methadone hcl 10 mg/ml oral conc</i>	1	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 10 mg/ml syringe</i>	1	PA QPD 2 per day
<i>methadone hcl (5 mg tablet, 10 mg tablet)</i>	1	PA QPD 3 per day
<i>methadone hcl 10 mg/ml vial</i>	1	QPD 2 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 (40 mg cap er pel, 75 mg cpmp 24hr)</i>	3	PA QPD 1 per day HCG
<i>morphine sulfate 2 mg/ml cartridge</i>	3	PA QPD 25 per day HCG
<i>morphine sulfate (30 mg cap er pel, 30 mg cpmp 24hr, 45 mg cpmp 24hr)</i>	1	PA QPD 1 per day
<i>morphine sulfate (60 mg cap er pel, 60 mg cpmp 24hr, 80 mg cap er pel, 90 mg cpmp 24hr, 120 mg cpmp 24hr)</i>	3	PA QPD 1 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate 10mg/0.7ml pen injctr</i>	1	PA QPD 3 per day
<i>morphine sulfate (15 mg tablet, 100 mg/5ml solution)</i>	1	QPD 3 per day
<i>morphine sulfate 10 mg/5 ml solution</i>	1	QPD 25 per day
<i>morphine sulfate 20 mg/5 ml solution</i>	1	QPD 13 per day
<i>morphine sulfate 10 mg supp.rect</i>	1	QPD 5 per day
<i>morphine sulfate (8 mg/ml cartridge, 8 mg/ml syringe, 8 mg/ml vial)</i>	1	PA QPD 6 per day
<i>morphine sulfate 2 mg/ml syringe</i>	1	PA QPD 25 per day HCG
<i>morphine sulfate 5 mg/ml syringe</i>	1	PA QPD 10 per day
<i>morphine sulfate 30 mg tablet</i>	1	QPD 2 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>	3	PA QPD 3 per day HCG
<i>morphine sulfate (10 mg/ml cartridge, 10 mg/ml syringe, 10 mg/ml vial)</i>	1	PA QPD 5 per day
<i>morphine sulfate (4 mg/ml cartridge, 4 mg/ml syringe, 4 mg/ml vial)</i>	1	PA QPD 13 per day
<i>morphine sulfate in 0.9 % sodium chloride (in 0.9 % 1 mg/ml plast. bag, in 0.9 % 30 mg/30ml pca syring, in 0.9 % 50 mg/50ml pca syring, in 0.9 % 50 mg/50ml pump resvr)</i>	1	PA QPD 50 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate in 0.9 % sodium chloride (in 0.9 % 150mg/30ml pca syring, in 0.9 % 250mg/50ml pump resvr, in 0.9 % 275mg/55ml pca syring)</i>	1	PA
<i>morphine sulfate in 0.9 % nacl 5 mg/ml plast. bag</i>	1	PA QPD 10 per day
<i>morphine sulfate in 0.9 % sodium chloride/pf (sulfate/0.9% nacl/pf 1 mg/ml plast. bag, sulfate/0.9% nacl/pf 1 mg/ml syringe, sulfate/0.9% nacl/pf 2 mg/2 ml syringe, sulfate/0.9% nacl/pf 50 mg/50ml pca syring)</i>	1	PA QPD 50 per day
<i>morphine sulfate/0.9% nacl/pf 150mg/30ml pca syring</i>	1	PA
<i>morphine sulfate/pf (sulfate/pf 0.5 mg/ml vial, sulfate/pf 1 mg/2 ml syringe)</i>	1	PA QPD 100 per day
<i>morphine sulfate/pf (sulfate/pf 1 mg/ml vial, sulfate/pf 30 mg/30ml pca vial)</i>	1	PA QPD 50 per day
NALOCET	NC	AL At least 18 yrs old QPD 12 per day MVB Minimal Value Brand
<i>opium/belladonna alkaloids 60-16.2 mg supp.rect</i>	1	QPD 1 per day
<i>oxycodone hcl 5 mg capsule</i>	3	AL At least 18 yrs old QPD 8 per day HCG
<i>oxycodone hcl 20 mg/ml oral conc</i>	3	QPD 2 per day HCG
<i>oxycodone hcl 5 mg/5 ml solution</i>	3	QPD 33 per day HCG
<i>oxycodone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 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 (hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i>	1	AL QPD At least 18 yrs old 12 per day
<i>oxycodone hcl/acetaminophen 2.5-325 mg tablet</i>	3	AL QPD HCG At least 18 yrs old 12 per day
<i>oxycodone hcl/aspirin</i>	1	AL QPD At least 18 yrs old 7 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>	3	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 12 per day
PRIMLEV 10-300 MG TABLET	NC	AL QPD MVB At least 18 yrs old 3 per day MINIMAL VALUE BRAND
PRIMLEV 5-300 MG TABLET	NC	AL QPD MVB At least 18 yrs old 7 per day MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
PRIMLEV 7.5-300 MG TABLET	NC	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 (5-300 MG TABLET, 7.5-300 MG TABLET)	NC	AL	At least 18 yrs old
		QPD	13 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
PROLATE 10-300 MG TABLET	NC	AL	At least 18 yrs old
		QPD	13 per day
		MVB	Minimal Value Brand
<i>remifentanil hcl</i>	1		
<i>sufentanil citrate</i>	1		
<i>tramadol hcl 100 mg tablet</i>	1	AL	At least 18 yrs old
		QPD	4 per day
<i>tramadol hcl 50 mg tablet</i>	1	AL	At least 18 yrs old
		QPD	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	At least 18 yrs old
		PA	
		QPD	1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
ULTIVA	3	
XTAMPZA ER	2	PA QPD 2 per day
OPIATE PARTIAL AGONISTS		
BELBUCA	2	AL PA QPD At least 18 yrs old 2 per day
BUNAVAIL (2.1-0.3 MG FILM, 6.3-1 MG FILM)	3	PA QPD 3 per day
BUNAVAIL 4.2-0.7 MG FILM	3	PA QPD 2 per day
BUPRENEX	3	QPD 17 per day
<i>buprenorphine</i>	1	PA QPD 0.144 per day
<i>buprenorphine hcl 0.3 mg/ml cartridge</i>	1	QPD 17 per day
<i>buprenorphine hcl (75 mcg film, 150 mcg film, 300 mcg film, 450 mcg film, 600 mcg film, 750 mcg film, 900 mcg film)</i>	1	AL PA QPD At least 18 yrs old 2.0 per day
<i>buprenorphine hcl (2 mg tab subli, 8 mg tab subli)</i>	1	PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl 0.3 mg/ml vial</i>	1	QPD 17 per day
<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>butorphanol tartrate 10 mg/ml spray</i>	1	AL QPD 0.3 per day
<i>butorphanol tartrate 1 mg/ml vial</i>	1	AL QPD 7 per day
<i>butorphanol tartrate 2 mg/ml vial</i>	1	AL QPD 4 per day
BUTRANS 7.5 MCG/HR PATCH	3	PA QPD 0.144 per day
<i>nalbuphine hcl (10 mg/ml ampul, 10 mg/ml vial)</i>	1	QPD 5 per day
<i>nalbuphine hcl (20 mg/ml ampul, 20 mg/ml vial)</i>	1	QPD 3 per day
<i>pentazocine hcl/naloxone hcl</i>	1	AL QPD 12 per day
SUBLOCADE 100 MG/0.5 ML SYRING	4	S PA QPD 0.02 per day
SUBLOCADE 300 MG/1.5 ML SYRING	4	S PA QPD 0.057 per day
ZUBSOLV	2	PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANOREXIGENIC AGENTS		
ANOREXIGENIC AGENTS, MISCELLANEOUS		
IMCIVREE	4	S PA QPD 0.3 per day
ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS		
AMPHETAMINES		
ADZENYS ER	3	ST QPD 15 per day
ADZENYS XR-ODT	3	ST QPD 1 per day
<i>amphetamine</i>	3	ST QPD 15 per day
<i>amphetamine sulfate</i>	1	QPD 6 per day
DESOXYN	NC	ST QPD 5 per day MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
DEXEDRINE SPANSULE 10 MG	3	ST QPD 5 per day
DEXEDRINE SPANSULE 15 MG	3	ST QPD 4 per day
DEXEDRINE SPANSULE 5 MG	3	ST QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
DYANAVAL XR 2.5 MG/ML SUSP	3	ST QPD 8 per day
DYANAVAL XR (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	3	ST QPD 1.0 per day
<i>methamphetamine hcl</i>	3	QPD 5 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYDAYIS	3	ST QPD 1 per day
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
ZENZEDI (2.5 MG TABLET, 20 MG TABLET)	3	ST QPD 3 per day
ZENZEDI (5 MG TABLET, 15 MG TABLET, 30 MG TABLET)	3	ST QPD 2 per day
ZENZEDI 10 MG TABLET	3	ST QPD 6 per day
ZENZEDI 7.5 MG TABLET	3	ST QPD 8 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>	NC	HCG MVG MINIMAL VALUE GENERIC
COTEMPLA XR-ODT	3	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DAYTRANA	3	ST QPD 1 per day
<i>dexmethylphenidate hcl (10 mg tablet, 20 mg cbbp 50-50)</i>	1	QPD 2 per day
<i>dexmethylphenidate hcl (5 mg cbbp 50-50, 10 mg cbbp 50-50, 15 mg cbbp 50-50, 25 mg cbbp 50-50, 30 mg cbbp 50-50, 35 mg cbbp 50-50, 40 mg cbbp 50-50)</i>	1	QPD 1 per day
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet)</i>	1	QPD 3 per day
DOPRAM	3	
<i>doxapram hcl</i>	1	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl 2.5 mg tab chew</i>	1	
<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
QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)	3	ST QPD 1 per day
QUILLICHEW ER 30 MG CHEW TAB	3	ST QPD 2 per day
QUILLIVANT XR	3	ST QPD 12 per day
RELEXXII ER 72 MG TABLET	1	QPD 1 per day
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	4	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methenamine mandelate</i>	1	
<i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
URELLE	NC	HCG MVG MINIMAL VALUE GENERIC
URETRON D-S	1	
URIBEL	NC	QPD 4 per day HCG MVG MINIMAL VALUE GENERIC
URIMAR-T	1	
URO-MP	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>	3	QPD 0.434 per day HCG
<i>bacitracin/polymyxin b sulfate</i>	3	QPD 0.434 per day HCG
BESIVANCE	3	QPD 0.767 per day
BLEPH-10	3	QL 5 / fill SBA Select Brand Alternative
BLEPHAMIDE	3	QL 5 / fill
BLEPHAMIDE S.O.P.	3	QL 4 / fill
CETRAXAL	NC	ST QPD 0.567 per day MVB Minimal Value Brand
CILOXAN (EYE DROPS, OINTMENT)	3	QPD 0.767 per day
CIPRO HC	3	ST 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTISPORIN-TC	3	QL 10/ fill
<i>doxycycline hyclate 20 mg tablet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>erythromycin base 5 mg/gram oint. (g)</i>	1	QPD 0.54 per day
<i>gatifloxacin</i>	3	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
MOXEZA	2	QPD 0.434 per day
<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	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
OTIPRIO	NC	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 1% EYE DROPS	3	QL 5 / fill
PRED-G S.O.P. EYE OINTMENT	3	QL 4 / 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYMAXID	3	QPD 0.36 per day
ANTIFUNGALS (EENT)		
NATACYN	3	QPD 0.767 per day
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	
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 ETZ 1% PLEDGET	3	HCG
CLINDACIN P	3	HCG
<i>clindamycin phosphate 1 % foam</i>	NC	QPD 1.667 per day
		HCG
		MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate 1 % gel (gram)</i>	1	QL C 75 / 30 days Generic for Cleocin T
<i>clindamycin phosphate 1 % gel daily</i>	NC	QL PA HCG MVG 75 / 30 days 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 phos/benzoyl perox 1 %-5 % gel w/pump</i>	NC	QPD HCG MVG 1.667 per day MINIMAL VALUE GENERIC
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1.2%-2.5% gel w/pump)</i>	1	QPD 1.667 per day
<i>clindamycin phosphate/tretinoin</i>	NC	QPD HCG MVG 2 per day MINIMAL VALUE GENERIC
CLINDESSE	3	
CORTISPORIN CREAM	3	QPD 0.25 per day
CORTISPORIN OINTMENT	3	QPD 0.5 per day
ERY	1	
ERYGEL	3	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
METROGEL-VAGINAL	NC	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	NC	MVB Minimal Value Brand
<i>neomycin sulfate/polymyxin b sulfate (/polymyxin 40-200k/ml ampul, /polymyxin 40-200k/ml vial)</i>	1	
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	NC	MVB MINIMAL VALUE BRAND
ROSADAN 0.75% GEL KIT	3	
VANDAZOLE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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
XERESE	NC	AL At least 6 yrs old PA QPD 0.167 per day MVB MINIMAL VALUE BRAND
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
DHS ZINC	3	
<i>guaiaicol</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isopropyl alcohol (70 % solution, 91 % solution, 99 % solution)</i>	1	
KLARON	3	QPD 4 per day
LUGOL'S	1	
OVACE	NC	QPD 12 per day
		MVB Minimal Value Brand
		SBA Select Brand Alternative
OVACE PLUS 10% WASH	NC	QPD 15.767 per day
		MVB Minimal Value Brand
		SBA Select Brand Alternative
OVACE PLUS 10% CREAM	NC	QPD 2 per day
		MVB Minimal Value Brand
OVACE PLUS 9.8% FOAM	NC	QPD 3.334 per day
		MVB Minimal Value Brand
OVACE PLUS 9.8% LOTION	NC	QPD 4 per day
		MVB Minimal Value Brand
OVACE PLUS 10% SHAMPOO	NC	QPD 8 per day
		MVB MINIMAL VALUE BRAND
		SBA SELECT BRAND ALTERNATIVE
OVACE PLUS WASH	NC	QPD 12 per day
		MVB MINIMAL VALUE BRAND
		SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenol liquid</i>	1	
<i>selenium sulfide (2.25 % shampoo, 2.5 % lotion)</i>	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
<i>sulfacetamide sodium 10 % cleanser</i>	1	QPD 12 per day
		QPD 12 per day
<i>sulfacetamide sodium 10 % clnsr gel</i>	NC	HCG
		MVG MINIMAL VALUE GENERIC
		QPD 8 per day
<i>sulfacetamide sodium 10 % shampoo</i>	NC	HCG
		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>ivermectin 0.5 % lotion</i>	1	
<i>lindane</i>	3	HCG
<i>malathion</i>	3	HCG
OVIDE	3	ST
<i>permethrin</i>	1	
SKLICE	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULESFIA	3	ST
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
ALREX	NC	QPD 0.5 per day MVB Minimal Value Brand
DERMOTIC	NC	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>	3	HCG
<i>fluorometholone</i>	1	QL 10 / fill
<i>fluticasone propionate 50 mcg spray susp</i>	1	QPD 0.6 per day
FML	NC	QL 10 / fill MVB Minimal Value Brand SBA Select Brand Alternative
FML FORTE	3	QL 10 / fill
FML S.O.P.	3	QL 4 / fill
ILUVIEN	1	QL max 1 per 365 days S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	NC	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
OZURDEX	4	S QPD 0.04 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
RETISERT	4	QL max 1 per 365 days S
<i>triamcinolone acetonide 55 mcg spray</i>	1	QPD 0.55 per day
TRIESENCE	3	QPD 1 per day
YUTIQ	4	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	4	S PA QPD 4.0 per day
XIIDRA	2	AL At least 17 yrs old PA QPD 2 per day
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	NC	QL 15 / 30 days MVB Minimal Value Brand SBA Select Brand Alternative
ACULAR LS	3	QL 5 / fill
ACUVAIL	NC	QPD 1 per day MVB Minimal Value Brand
<i>bromfenac sodium</i>	3	QL 8 / rx HCG
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	4	S
		PS
		PA
		QPD 0.05 per day
FASENRA	4	S
		PS
		PA
		QPD 0.04 per day
FASENRA PEN	4	S
		PS
		PA
		QPD 0.04 per day
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	4	S
		PS
		PA
		QPD 0.04 per day
NUCALA 40 MG/0.4 ML SYRINGE	4	S
		PS
		PA
		QPD 0.015 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI 600 MG/10 ML VIAL	4	S PS PA QPD 0.72 per day
SKYRIZI ON-BODY	4	S PS PA QPD 0.043 per day
LEUKOTRIENE MODIFIERS		
ACCOLATE	NC	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
<i>montelukast sodium 4 mg gran pack</i>	3	QPD 1 per day HCG
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1	QPD 1 per day
<i>zafirlukast</i>	1	QPD 2 per day
<i>zileuton</i>	3	ST QPD 4 per day HCG
ZYFLO	3	ST QPD 4 per day
MAST-CELL STABILIZERS		
ALOCRIAL	3	QL 5 / fill MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	1	
<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	NC	HCG MVG MINIMAL VALUE GENERIC
<i>alclometasone dipropionate 0.05 % cream (g)</i>	3	HCG
<i>alclometasone dipropionate 0.05 % oint. (g)</i>	1	
<i>amcinonide (0.1 % cream (g), 0.1 % lotion)</i>	NC	HCG MVG MINIMAL VALUE GENERIC
ANALPRAM HC 1% CREAM	NC	MVB Minimal Value Brand SBA Select Brand Alternative
ANALPRAM HC 2.5%-1% LOTION	NC	MVB Minimal Value Brand
ANUCORT-HC	1	
ANUSOL-HC 2.5% CREAM	NC	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ANUSOL-HC 25 MG SUPPOSITORY	NC	HCG	MVG MINIMAL VALUE GENERIC
BESER	NC	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>	3	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</i>	3	HCG	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	1		
<i>clobetasol propionate/emoll 0.05 % foam</i>	3	HCG	
<i>clocortolone pivalate 0.1 % cream (g)</i>	3	HCG	
CLODAN 0.05% SHAMPOO	3	HCG	
CORTENEMA	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative
CORTIFOAM	NC	MVB	MINIMAL VALUE BRAND

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>fluocinolone acetonide/shower cap</i>	3	HCG	
<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>	NC	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		
<i>hydrocortisone acetate/pramoxine hcl (hydrocortisone/pramoxine 1 %-1 % cream/appl, hydrocortisone/pramoxine 2.5 %-1 % cream/appl, 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>	NC	HCG MVG	MINIMAL VALUE GENERIC
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	1		
LOCOID	3	SBA	Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
LUXIQ	NC	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	NC	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		
PROCTO-PAK	1		
PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY)	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative
PROCTOFOAM-HC	2		
PROCTOSOL-HC	1		
PROCTOZONE-HC	3	HCG	
SANADERMRX	1		
SCALACORT	1		
SERNIVO	3		
SYNALAR (0.01% SOLUTION, 0.025% CREAM)	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
TEMOVATE (CREAM, OINTMENT)	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative
TEXACORT	NC	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	3	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	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative
VANOS	NC	MVB	MINIMAL VALUE BRAND
ANTIANEMIA DRUGS			
IRON PREPARATIONS			
FERAHEME	4	S	
FERRLECIT	4	S	
<i>ferumoxytol</i>	4	S	
INFED	4	S	
INJECTAFER (750 MG/15 ML VIAL, 1,000 MG/20 ML VIAL)	4	S	
INJECTAFER 100 MG/2 ML VIAL	4	S	
MONOFERRIC	4	S	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium ferric gluconate complex in sucrose</i>	4	S
TRIFERIC (27.2 MG/5 ML AMPULE, 272 MG POWDER PACKET)	4	S
VENOFER	4	S
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR	3	
<i>procainamide hcl 500 mg/ml vial</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
CLASS IB ANTIARRHYTHMICS		
<i>lidocaine hcl in dextrose 5% in water/pf</i>	1	
<i>lidocaine hcl/pf (hcl/pf 20 mg/ml vial, hcl/pf 50 mg/5 ml syringe, hcl/pf 100 mg/5ml syringe)</i>	1	
<i>mexiletine hcl</i>	1	
XYLOCAINE IV	3	
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	
RYTHMOL SR (SR 225 MG CAPSULE, SR 425 MG CAPSULE)	3	
RYTHMOL SR 325 MG CAPSULE	NC	MVB SBA Minimal Value Brand Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>amiodarone hcl (50 mg/ml vial, 150 mg/3ml syringe)</i>	1	
<i>bretylum tosylate</i>	1	
CORVERT	3	
<i>dofetilide</i>	4	S PS
<i>ibutilide fumarate</i>	1	
MULTAQ	3	PA
NEXTERONE	3	
PACERONE	1	
CLASS IV ANTIARRHYTHMICS		
ADENOSCAN	3	
<i>adenosine</i>	1	
ANTIBACTERIALS		
AMINOGLYCOSIDE ANTIBIOTICS		
<i>amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)</i>	1	
ARIKAYCE	4	S PA QPD 9 per day
BETHKIS	4	S PA
<i>gentamicin sulfate (20 mg/2 ml vial, 40 mg/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gentamicin sulfate in sodium chloride, iso-osmotic (in 60 mg/50ml piggyback, in 80 mg/50ml piggyback, in 80mg/100ml piggyback, in 100mg/0.1l piggyback, in 100mg/50ml piggyback, in 120mg/0.1l piggyback)</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	4	S PA
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
TOBI	4	S PA SBA Select Brand Alternative
TOBI PODHALER	4	S PA
<i>tobramycin 300 mg/4ml ampul-neb</i>	4	S PS PA
<i>tobramycin in 0.225 % sodium chloride</i>	4	S PS PA
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	1	
<i>tobramycin sulfate/sodium chloride</i>	1	
<i>tobramycin/nebulizer</i>	4	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHLORAMPHENICOL ANTIBIOTICS		
<i>chloramphenicol sod succinate</i>	1	
QUINOLONE ANTIBIOTICS		
AVELOX IV	3	
BAXDELA 450 MG TABLET	3	QL PA max 14 days
BAXDELA 300 MG VIAL	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 per day
<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 750 mg tablet)</i>	1	QPD 2 per day
<i>ciprofloxacin hcl 500 mg tablet</i>	1	QPD 2 per day
<i>ciprofloxacin lactate/dextrose 5 % in water</i>	1	
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>levofloxacin 25 mg/ml vial</i>	1	
<i>levofloxacin/dextrose 5 % in water</i>	1	
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL 21 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm</i>	1	
<i>moxifloxacin hcl in sodium chloride, iso-osmotic</i>	1	
<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	
<i>sulfamethoxazole/trimethoprim 80-16mg/ml vial</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	
DOXY 100	1	
<i>doxycycline hyclate (50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	1	
<i>doxycycline hyclate (75 mg tablet, 150 mg tablet)</i>	NC	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline hyclate 100 mg vial</i>	1	
<i>doxycycline monohydrate 40 mg cap ir dr</i>	NC	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>	NC	HCG MVG MINIMAL VALUE GENERIC
MINOCIN	NC	MVB MINIMAL VALUE BRAND
<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, 80 mg tab er 24h, 90 mg tab er 24h, 105 mg tab er 24h, 115mg tab er 24h, 135 mg tab er 24h)</i>	NC	ST QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>minocycline hcl 45 mg tab er 24h</i>	NC	ST QPD 3 per day HCG MVG MINIMAL VALUE GENERIC
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	NC	ST HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONDOXYNE NL 100 MG CAPSULE	1	
MONDOXYNE NL 75 MG CAPSULE	NC	HCG MVG MINIMAL VALUE GENERIC
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	1	
<i>tetracycline hcl</i>	1	
ANTIBACTERIALS, MISCELLANEOUS		
BACITRACIN ANTIBIOTICS		
<i>bacitracin 50000 unit vial</i>	1	
CYCLIC LIPOPEPTIDE ANTIBIOTICS		
CUBICIN	3	SBA Select Brand Alternative
CUBICIN RF	3	
<i>daptomycin 500 mg vial</i>	1	
GLYCOPEPTIDE ANTIBIOTICS		
VANCOCIN HCL	3	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	1	
<i>vancomycin hcl (1.25 g vial, 1.5 g vial, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port)</i>	1	
<i>vancomycin hcl (1 g vial, 1 g vial port, 5 g vial)</i>	1	
<i>vancomycin hcl in water for injection (peg-400, nada)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vancomycin in 0.9 % sodium chloride (vancomycin/0.9 % 1.25 g/250 plast. bag, vancomycin/0.9 % 1.5g/250ml plast. bag, vancomycin/0.9 % 1.5g/500ml plast. bag, vancomycin/0.9 % 1.75g/250 plast. bag, vancomycin/0.9 % 1g/200ml froz.piggy, vancomycin/0.9 % 1g/250ml plast. bag, vancomycin/0.9 % 2 g/500 ml plast. bag, vancomycin/0.9 % 500mg/0.1l froz.piggy, vancomycin/0.9 % 750 mg/250 plast. bag, vancomycin/0.9 % 750mg/.15l froz.piggy, vancomycin/0.9 % 750mg/.15l plast. bag)</i>	1	
<i>vancomycin in 5 % dextrose in water (in 5 % 1.25 g/250 plast. bag, in 5 % 1.5g/250ml plast. bag, in 5 % 1g/200ml froz.piggy, in 5 % 500mg/0.1l froz.piggy, in 5 % 750mg/.15l froz.piggy)</i>	1	
VIBATIV	3	
LINCOMYCIN ANTIBIOTICS		
CLEOCIN HCL	3	QPD 4 per day
CLEOCIN PEDIATRIC	3	QPD 70 per day
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl</i>	1	QPD 4 per day
<i>clindamycin palmitate hcl</i>	1	QPD 70 per day
<i>clindamycin phosphate 150 mg/ml vial</i>	1	
<i>clindamycin phosphate in 0.9 % sodium chloride</i>	1	
<i>clindamycin phosphate/dextrose 5 % in water</i>	1	
LINCOCIN	3	
<i>lincomycin hcl 300 mg/ml vial</i>	1	QPD 10 per day
OTHER MISC. ANTIBACTERIAL AGENTS		
HELIDAC	3	QL max 1 per 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PYLERA	2	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
<i>linezolid in 0.9 % sodium chloride</i>	1	
<i>linezolid in dextrose 5 % in water</i>	1	
SIVEXTRO 200 MG TABLET	3	QL 6 / 30 days PA
SIVEXTRO 200 MG VIAL	3	QL 6 / 30 days PA
ZYVOX (200 MG/100, 600 MG/300)	3	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	4	S PA
XENLETA 150 MG/15 ML VIAL	4	S
POLYMYXIN ANTIBIOTICS		
<i>colistin (as colistimethate sodium)</i>	1	
COLY-MYCIN M PARENTERAL	3	
<i>polymyxin b sulfate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIFAMYCIN ANTIBIOTICS		
AEMCOLO	3	
XIFAXAN 200 MG TABLET	3	PA
XIFAXAN 550 MG TABLET	3	PA
STREPTOGRAMIN ANTIBIOTICS		
SYNERCID	3	
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANASPAZ	3	
ANORO ELLIPTA	2	QPD 2 per day
ATROPEN	3	
<i>atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml disp syrin, 0.1 mg/ml syringe, 0.4 mg/ml vial, 0.8 mg/2ml syringe, 1 mg/ml vial, 2 mg/5 ml syringe)</i>	1	
<i>atropine sulfate/0.9 %sod chl_r 1 mg/2.5ml syringe</i>	1	
ATROVENT HFA	3	QPD 1.29 per day
BENTYL	3	
<i>chl_rordiazepoxide/clidinium bromide</i>	1	
COMBIVENT RESPIMAT	2	QPD 0.267 per day
CUVPOSA	3	
<i>dicyclomine hcl 10 mg/ml ampul</i>	1	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	1	
<i>dicyclomine hcl 10 mg/ml vial</i>	1	
DONNATAL ELIXIR	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DONNATAL TABLET	3	
ED-SPAZ	1	
GLYCATE	3	
<i>glycopyrrolate (0.2 mg/ml vial, 0.4mg/2ml syringe, 1 mg/5 ml syringe)</i>	1	
<i>glycopyrrolate 0.6mg/3ml syringe</i>	1	
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml solution, 2 mg tablet)</i>	1	
<i>glycopyrrolate 1.5 mg tablet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>glycopyrrolate in sterile water/pf (in water/pf 0.2 mg/ml syringe, in water/pf 0.4mg/2ml syringe)</i>	1	
<i>glycopyrrolate in water/pf 0.6mg/3ml syringe</i>	1	
<i>glycopyrrolate/pf</i>	1	
GLYRX-PF (0.2 MG/ML VIAL, 0.4 MG/2 ML VIAL, 0.6 MG/3 ML SYRINGE, 1 MG/5 ML SYRINGE)	3	
<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	
<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	QPD 12.5 per day
<i>ipratropium bromide/albuterol sulfate</i>	1	
LEVSIN 0.5 MG/ML AMPUL	3	
LEVSIN 0.125 MG TABLET	3	
LEVSIN-SL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIBRAX	3	SBA Select Brand Alternative
LONHALA MAGNAIR REFILL	3	PA QPD 2 per day
LONHALA MAGNAIR STARTER	3	PA QPD 2 per day
<i>methscopolamine bromide</i>	1	
NULEV	1	
OSCIMIN	1	
OSCIMIN SL	1	
OSCIMIN SR	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	3	HCG
<i>propantheline bromide</i>	1	
QBREXZA	3	PA QPD 1 per day
ROBINUL	3	
ROBINUL FORTE	3	
SPIRIVA HANDIHALER	2	QPD 1 per day
SPIRIVA RESPIMAT	2	QPD 1 per day
STIOLTO RESPIMAT	2	QPD 0.134 per day
SYMAX DUOTAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICOAGULANTS		
ANTICOAGULANTS, MISCELLANEOUS		
ACD-A SOLUTION	3	
ARIXTRA	4	S
ATRYN	4	S
<i>citrate phosphate dextros soln</i>	3	
<i>fondaparinux sodium</i>	4	S
<i>sodium citrate (4 % (3 ml) syringe, 4 g/100 ml solution)</i>	1	
THROMBATE III	4	S
COUMARIN DERIVATIVES		
JANTOVEN (1 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	1	
JANTOVEN (2 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	
<i>warfarin sodium (6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT-PE TREAT START 5MG	2	QL 100 / 30 days
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	2	QPD 2 per day
SAVAYSA	3	PA QPD 1 per day
XARELTO 1 MG/ML SUSPENSION	2	QPD 20.7 per day
XARELTO DVT-PE TREAT START 30D	2	QL 56 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QPD 1 per day
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	QPD 2 per day
DIRECT THROMBIN INHIBITORS		
ANGIOMAX	3	
<i>argatroban</i>	1	
<i>argatroban in 0.9 % sodium chloride</i>	1	
<i>argatroban in sodium chloride, iso-osmotic</i>	1	
<i>bivalirudin 250mg/50ml vial</i>	1	
<i>bivalirudin (250 mg vial, 250 mg vial port)</i>	1	
<i>bivalirudin in 0.9 % sodium chloride</i>	1	
<i>dabigatran etexilate mesylate</i>	1	QPD 2.0 per day
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	2	QPD 2 per day
PRADAXA 110 MG CAPSULE	2	QPD 2 per day
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>	4	S
<i>enoxaparin sodium 300mg/3ml vial</i>	4	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)	4	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 in 0.9 % sodium chloride (sod,porcine/0.9 % 100/ml kit, sod,porcine/0.9 % 2500/5 ml syringe, sod,porcine/0.9 % 6000/3 ml syringe)</i>	1	
<i>heparin sodium,porcine/dextrose 5 % in water</i>	1	
<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)	4	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
BRIVIACT 75 MG TABLET	3	PA QPD 3 per day
BRIVIACT 50 MG/5 ML VIAL	3	PA QPD 20 per day
<i>carbamazepine 200mg/10ml oral susp</i>	1	
<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	
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	4	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	
EPIDIOLEX	4	S PA
EPITOL	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EQUETRO	3	
<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	4	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
<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>lacosamide 200mg/20ml vial</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	
<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	
<i>levetiracetam 500 mg/5ml vial</i>	1	
<i>levetiracetam in nacl (iso-os) 250mg/50ml piggyback</i>	1	
<i>levetiracetam in sodium chloride, iso-osmotic (in 500mg/0.1l piggyback, in 1000mg/100 piggyback, in 1500mg/100 piggyback)</i>	1	
<i>magnesium sulfate 4 meq/ml syringe</i>	1	
<i>magnesium sulfate 4 meq/ml vial</i>	1	
<i>magnesium sulfate in 0.9 % sodium chloride (in 1 g/50 ml piggyback, in 2 g/100 ml piggyback)</i>	1	
<i>magnesium sulfate in 0.9% nacl 2 g/50 ml piggyback</i>	1	
<i>magnesium sulfate in sterile water (in 2 g/50 ml piggyback, in 4 g/100 ml piggyback, in 4 g/50 ml piggyback, in 20 g/500ml iv soln, in 40g/1000ml iv soln)</i>	1	
<i>magnesium sulfate/dextrose 5 % in water (sulfate/d5w 1 g/100 ml piggyback, sulfate/d5w 2 g/50 ml piggyback)</i>	1	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	1	
<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	
ROWEEPRA XR	1	
<i>rufinamide (40 mg/ml oral susp, 200 mg tablet, 400 mg tablet)</i>	1	PA
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	4	S PA QPD 6 per day
SPRITAM	3	AL At least 4 yrs old QPD 3 per day
SUBVENITE	1	
SUBVENITE (BLUE)	1	
SUBVENITE (GREEN)	1	
SUBVENITE (ORANGE)	1	
<i>tiagabine hcl</i>	1	
<i>topiramate 15 mg cap sprink</i>	1	
<i>topiramate (25 mg cap spr 24, 25 mg cap sprink, 25 mg tablet, 50 mg cap spr 24, 50 mg tablet, 100 mg cap spr 24, 100 mg tablet, 150 mg cap spr 24, 200 mg cap spr 24, 200 mg tablet)</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) 250 mg/5ml solution</i>	1	
<i>valproic acid (as sodium salt) 500mg/10ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valproic acid (as sodium salt) 500 mg/5ml vial</i>	1	
<i>vigabatrin (500 mg powd pack, 500 mg tablet)</i>	4	S PS PA QPD 6 per day
VIGADRONE	4	S PS PA QPD 6 per day
VIMPAT 10 MG/ML SOLUTION	3	QPD 50 per day
VIMPAT STARTER KIT	3	QPD 2 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	
<i>zonisamide 50 mg capsule</i>	1	
BARBITURATES (ANTICONSULSANTS)		
MYSOLINE	3	
<i>primidone</i>	1	
BENZODIAZEPINES (ANTICONSULSANTS)		
<i>clobazam 2.5 mg/ml oral susp</i>	4	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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		
CEREBYX	3	
DILANTIN 30 MG CAPSULE	3	
<i>fosphenytoin sodium</i>	1	
PHENYTEK	3	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
SUCCINIMIDES		
CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>	1	
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	3	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN	NC	ST QPD 1 per day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>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
SPRAVATO (28 MG NASAL SPRAY, 84 MG DOSE PACK)	4	S PA QPD 0.87 per day
SPRAVATO 56 MG DOSE PACK	4	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine</i>	NC	QPD HCG MVG 1 per day 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
<i>venlafaxine besylate</i>	3	QPD HCG MVG 1.0 per day MINIMAL VALUE GENERIC
<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>	NC	QPD HCG MVG 1 per day MINIMAL VALUE GENERIC
<i>venlafaxine hcl (37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl 25 mg tablet</i>	1	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hydrobromide 30 mg capsule</i>	3	QPD 1.0 per day HCG
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	1	QPD 20 per day
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet)</i>	1	QPD 1 per day
<i>citalopram hydrobromide 40 mg tablet</i>	1	QPD 1.0 per day
<i>escitalopram oxalate 5 mg/5 ml solution</i>	1	QPD 20 per day
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QPD 1.5 per day
<i>escitalopram oxalate 20 mg tablet</i>	1	QPD 1 per day
<i>fluoxetine hcl 10 mg capsule</i>	1	QPD 1 per day
<i>fluoxetine hcl 20 mg capsule</i>	1	QPD 4 per day
<i>fluoxetine hcl 40 mg capsule</i>	1	QPD 2 per day
<i>fluoxetine hcl 90 mg capsule dr</i>	3	QPD 0.15 per day HCG
<i>fluoxetine hcl 20 mg/5 ml solution</i>	1	QPD 20 per day
<i>fluoxetine hcl 10 mg tablet</i>	3	QPD 1.5 per day HCG
<i>fluoxetine hcl 20 mg tablet</i>	3	QPD 4 per day HCG
<i>fluoxetine hcl 60 mg tablet</i>	3	QPD 1.5 per day HCG
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet)</i>	1	QPD 1 per day
<i>fluvoxamine maleate 100 mg tablet</i>	1	QPD 3 per day
<i>olanzapine/fluoxetine hcl</i>	1	AL At least 10 yrs old QPD 1 per day
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	1	PA QPD 42.0 per day
<i>paroxetine hcl (25 mg tab er 24h, 30 mg tablet, 37.5 mg tab er 24h)</i>	1	QPD 2 per day
<i>paroxetine hcl (12.5 mg tab er 24h, 40 mg tablet)</i>	1	QPD 1 per day
<i>paroxetine hcl 10 mg tablet</i>	1	QPD 1.5 per day
<i>paroxetine hcl 20 mg tablet</i>	1	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	NC	PA QPD 1 per day MVB Minimal Value Brand
<i>sertraline hcl 20 mg/ml oral conc</i>	1	QPD 10 per day
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QPD 1.5 per day
<i>sertraline hcl 100 mg tablet</i>	1	QPD 2 per day
SYMBYAX	3	AL At least 10 yrs old 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
VIIBRYD 10-20 MG STARTER PACK	3	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl (10 mg/ml oral conc, 75 mg capsule, 150 mg capsule)</i>	1	
<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)	NC	MVB Minimal Value Brand SBA Select Brand Alternative
PAMELOR 50 MG CAPSULE	3	SBA Select Brand Alternative
<i>perphenazine/amitriptyline hcl</i>	1	
<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	QPD 3 per day
<i>acarbose 25 mg tablet</i>	1	QPD 12 per day
<i>acarbose 50 mg tablet</i>	1	QPD 6 per day
<i>miglitol</i>	1	QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRECOSE 100 MG TABLET	NC	QPD 3 per day MVB Minimal Value Brand SBA Select Brand Alternative
PRECOSE 25 MG TABLET	NC	QPD 12 per day MVB Minimal Value Brand SBA Select Brand Alternative
PRECOSE 50 MG TABLET	NC	QPD 6 per day MVB Minimal Value Brand SBA Select Brand Alternative
AMYLINOMIMETICS		
SYMLINPEN 120	2	PA QPD 0.4 per day
SYMLINPEN 60	2	PA QPD 0.2 per day
ANTIDIABETIC AGENTS, MISCELLANEOUS		
KORLYM	1	S PA
BIGUANIDES		
<i>metformin hcl 500 mg/5ml solution</i>	1	QPD 25 per day
<i>metformin hcl 500 mg tab er 24h</i>	1	C Only Glucophage ER generic covered QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metformin hcl 750 mg tab er 24h</i>	1	C QPD Only Glucophage ER generic covered 3 per day
<i>metformin hcl 1000 mg tablet</i>	1	QPD 2.5 per day
<i>metformin hcl 500 mg tablet</i>	1	QPD 5 per day
<i>metformin hcl 625 mg tablet</i>	NC	QPD HCG MVG 4.0 per day MINIMAL VALUE GENERIC
<i>metformin hcl 850 mg tablet</i>	1	QPD 3 per day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
JANUMET	2	ST QPD 2 per day
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	ST QPD 2 per day
JANUMET XR 100-1,000 MG TABLET	2	ST QPD 1 per day
JANUVIA	2	ST QPD 1 per day
JENTADUETO	2	ST QPD 2 per day
JENTADUETO XR 2.5 MG-1,000 MG	2	ST QPD 2 per day
JENTADUETO XR 5 MG-1,000 MG TB	2	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRADJENTA	2	ST QPD 1 per day
INCRETIN MIMETICS		
BYDUREON BCISE	2	PA QPD 0.15 per day
BYDUREON PEN	2	PA QPD 0.15 per day
BYETTA 10 MCG DOSE PEN INJ	2	PA QPD 0.08 per day
BYETTA 5 MCG DOSE PEN INJ	2	PA QPD 0.04 per day
MOUNJARO	2	PA QPD 0.08 per day
OZEMPIC (1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	2	PA QPD 0.124 per day
OZEMPIC 0.25-0.5 MG/DOSE PEN	2	PA QPD 0.067 per day
RYBELSUS	2	PA QPD 1 per day
TRULICITY	2	PA QPD 0.08 per day
VICTOZA 2-PAK	2	PA QPD 0.3 per day
VICTOZA 3-PAK	2	PA QPD 0.3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
MEGLITINIDES			
<i>nateglinide</i>	1	QPD	3 per day
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	1	QPD	4 per day
<i>repaglinide 2 mg tablet</i>	1	QPD	8 per day
<i>repaglinide/metformin hcl</i>	1	QPD	5 per day
STARLIX	NC	QPD	3 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB			
FARXIGA	2	ST	
		QPD	1 per day
GLYXAMBI	2	ST	
		QPD	1 per day
JARDIANCE	2	ST	
		QPD	1 per day
SYNJARDY	2	ST	
		QPD	2 per day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	ST	
		QPD	2 per day
SYNJARDY XR 25-1,000 MG TABLET	2	ST	
		QPD	1 per day
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	2	ST	
		QPD	1 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	2	ST	
		QPD	2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	2	ST QPD 2 per day
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	2	ST QPD 1 per day
SULFONYLUREAS		
AMARYL	NC	MVB Minimal Value Brand SBA Select Brand Alternative
<i>glimepiride</i>	1	
<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	
<i>glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)</i>	1	QPD 4 per day
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QPD 8 per day
GLUCOTROL	NC	MVB Minimal Value Brand SBA Select Brand Alternative
GLUCOTROL XL	NC	MVB Minimal Value Brand SBA Select Brand Alternative
<i>glyburide</i>	1	
<i>glyburide,micronized</i>	1	
<i>glyburide/metformin hcl (glyburide/metformin 2.5-500 mg tablet, glyburide/metformin 5 mg-500mg tablet)</i>	1	QPD 4 per day
<i>glyburide/metformin hcl 1.25-250mg tablet</i>	1	QPD 8 per day
GLYNASE	NC	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
THIAZOLIDINEDIONES			
ACTOPLUS MET	NC	QPD	3 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
ACTOS	3	QPD	1 per day
		SBA	Select Brand Alternative
AVANDIA 2 MG TABLET	3	PA	
		QPD	3 per day
AVANDIA 4 MG TABLET	3	PA	
		QPD	2 per day
DUETACT	NC	QPD	1 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
<i>pioglitazone hcl</i>	1	QPD	1 per day
<i>pioglitazone hcl/glimepiride</i>	1	QPD	1 per day
<i>pioglitazone hcl/metformin hcl</i>	1	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>granisetron hcl (1 mg/ml vial, 1 mg/ml(1) vial)</i>	4	S	
<i>granisetron hcl/pf</i>	4	S	

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>	4	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>	4	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>	4	S PS
<i>ondansetron odt (4mg odt tablet, 8mg odt tablet)</i>	1	QL 24 / 30 days
ZOFRAN	3	QL 24 / 30 days SBA Select Brand Alternative
ZUPLENZ	NC	QL 24 / 30 days MVB MINIMAL VALUE BRAND
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
DICLEGIS	NC	PA QPD 4 per day MVB Minimal Value Brand SBA Select Brand Alternative
<i>dimenhydrinate 50 mg/ml vial</i>	1	
<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 10 mg/2 ml vial</i>	1	
<i>prochlorperazine edisylate 5 mg/ml vial</i>	1	
<i>prochlorperazine maleate</i>	1	
TIGAN 300 MG CAPSULE	3	
TIGAN 100 MG/ML VIAL	3	
<i>trimethobenzamide hcl</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO 300-0.5 MG CAPSULE	3	PA QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aprepitant 125mg-80mg cap ds pk</i>	3	QL HCG 3/ fill
<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
CINVANTI	4	S
EMEND TRIPACK	3	QL SBA 3/ fill Select Brand Alternative
EMEND 40 MG CAPSULE	3	QPD SBA 0.08 per day Select Brand Alternative
EMEND 80 MG CAPSULE	3	QPD SBA 0.15 per day Select Brand Alternative
EMEND 125 MG POWDER PACKET	3	QPD 0.08 per day
EMEND 150 MG VIAL	4	QL S 2 / fill
<i>fosaprepitant dimeglumine</i>	4	QL S 2 / fill
VARUBI	4	S PA QPD 0.15 per day
ANTIFUNGAL (SYSTEMIC)		
ALLYLAMINE ANTIFUNGALS		
<i>terbinafine hcl 250 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIFUNGALS, MISCELLANEOUS		
<i>griseofulvin ultramicrosize</i>	3	HCG
<i>griseofulvin, microsize 125 mg/5ml oral susp</i>	1	
<i>griseofulvin, microsize 500 mg tablet</i>	3	HCG
AZOLE ANTIFUNGALS		
CRESEMBA 186 MG CAPSULE	3	PA
CRESEMBA 372 MG VIAL	4	S 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>fluconazole in sodium chloride, iso-osmotic (in 100mg/50ml pggybk btl, in 100mg/50ml piggyback, in 200mg/0.1l pggybk btl, in 200mg/0.1l piggyback, in 400mg/0.2l pggybk btl, in 400mg/0.2l piggyback)</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole 200 mg tablet</i>	1	
NOXAFIL 40 MG/ML SUSPENSION	3	
NOXAFIL DR 100 MG TABLET	NC	MVB Minimal Value Brand SBA Select Brand Alternative
NOXAFIL 300 MG/16.7 ML VIAL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>posaconazole</i>	1	
VFEND 40 MG/ML SUSPENSION	4	S QPD 20 per day
VFEND (50 MG TABLET, 200 MG TABLET)	3	QPD 4 per day
VFEND IV	3	
VIVJOA	3	QL 18 / 365 days PA
<i>voriconazole 200 mg/5ml susp recon</i>	4	S QPD 20 per day
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	1	QPD 4 per day
<i>voriconazole 200 mg vial</i>	1	
ECHINOCANDIN ANTIFUNGALS		
CANCIDAS	3	
<i>caspofungin acetate</i>	1	
ERAXIS (WATER DILUENT)	3	
<i>micafungin sodium</i>	1	
MYCAMINE	3	
POLYENE ANTIFUNGALS		
ABELCET	3	
AMBISOME	3	
<i>amphotericin b</i>	1	
<i>amphotericin b liposome</i>	1	
<i>nystatin (500k unit tablet, 100000/ml oral susp)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PYRIMIDINE ANTIFUNGALS		
ANCOBON	3	
<i>flucytosine</i>	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
		ST
		HCG
<i>naftifine hcl (1 % cream (g), 2 % cream (g))</i>	NC	MVG MINIMAL VALUE GENERIC
		ST
		HCG
<i>naftifine hcl 1 % gel (gram)</i>	NC	MVG MINIMAL VALUE GENERIC
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole (1 % cream (g), 1 % solution, 10 mg troche)</i>	1	
<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	
		PA
<i>luliconazole</i>	1	QPD 2 per day
<i>miconazole nitrate 200 mg supp.vag</i>	3	
ORAVIG	3	
		ST
		HCG
<i>oxiconazole nitrate</i>	NC	MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl)</i>	1	QPD 1.5 per day
<i>terconazole 80 mg supp.vag</i>	3	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
OXABOROLES		
KERYDIN	3	AL At least 6 yrs old PA QPD 0.67 per day
<i>tavaborole</i>	1	AL At least 6 yrs old PA QPD 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/triamcin 100000-0.1 cream (g)</i>	1	
<i>nystatin/triamcin 100000-0.1 oint. (g)</i>	3	HCG
NYSTOP	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS	2	QPD 0.4 per day
<i>brimonidine tartrate 0.15 % drops</i>	3	QPD 0.4 per day HCG
<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
COMBIGAN	2	QPD 0.334 per day
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>metipranolol</i>	1	QPD 0.334 per day
<i>timolol maleate 0.5 % drop daily</i>	NC	QPD 0.334 per day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>timolol maleate 0.25 % drops</i>	1	QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 % droperette</i>	1	QPD 2.0 per day
<i>timolol maleate/pf 0.5 % droperette</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>acetazolamide sodium</i>	1	
<i>brinzolamide</i>	1	QPD 0.5 per day
<i>dorzolamide hcl</i>	1	QPD 0.4 per day
<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>	3	HCG
SIMBRINZA	2	QPD 0.4 per day
TRUSOPT	3	QPD 0.4 per day
MIOTICS		
ISOPTO CARPINE	3	QPD 0.54 per day
MIOCHOL-E	3	
MIOSTAT	3	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	1	QPD 0.54 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROSTAGLANDIN ANALOGS		
<i>bimatoprost 0.03 % drops</i>	3	QPD 0.13 per day HCG
<i>latanoprost</i>	1	QPD 0.13 per day
LUMIGAN	2	QPD 0.13 per day
<i>travoprost</i>	1	QPD 0.13 per day
XELPROS	2	QPD 0.13 per day
RHO KINASE INHIBITORS		
RHOPRESSA	3	QPD 0.1 per day
ROCKLATAN	3	QPD 0.1 per day
ANTIHEMORRHAGIC AGENTS		
ANTIHEPARIN AGENTS		
<i>protamine sulfate 10 mg/ml vial</i>	1	
HEMOSTATICS		
		S PA
ADVATE	4	MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
AFSTYLA	4	S	PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ALPHANATE	4	S	PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ALPHANINE SD	4	S	MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ALPROLIX	4	S	PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET, 1,000 MG TABLET)	NC	MVB SBA MINIMAL VALUE BRAND SELECT BRAND ALTERNATIVE
<i>aminocaproic acid (250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	1	
<i>aminocaproic acid 250 mg/ml vial</i>	1	
AVITENE (FLOUR, SHEET 35MMX35MM, SHEET 70MMX35MM, SHEET 70MMX70MM)	3	
BENEFIX	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
COAGADEX	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
CORIFACT	4	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYKLOKAPRON (MG/10 ML AMP, MG/10 ML VL)	4	S
ELOCTATE	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ENDO-AVITENE	3	
ESPEROCT	4	S
		PA
EVARREST	3	
EVICEL	3	
FEIBA NF	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HEMLIBRA	4	S
		PA
		QPD 12 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMATE-P	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
IDELVION	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
IXINITY	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
JIVI	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KCENTRA	3	
KOATE	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KOGENATE FS	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KOVALTRY	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
LYSTEDA	3	QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOEIGHT	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
NOVOSEVEN RT	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
NUWIQ (250 UNIT VIAL, 250 UNIT VIAL PACK, 500 UNIT VIAL, 500 UNIT VIAL PACK, 1,000 UNIT VIAL, 1,000 UNIT VIAL PACK, 1,500 UNIT VIAL, 1,500 UNIT VIAL PACK, 2,000 UNIT VIAL, 2,000 UNIT VIAL PACK, 2,500 UNIT VIAL, 2,500 UNIT VIAL PACK, 3,000 UNIT VIAL, 3,000 UNIT VIAL PACK, 4,000 UNIT VIAL, 4,000 UNIT VIAL PACK)	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
OBIZUR	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROFILNINE	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
REBINYN	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RECOMBINATE	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RECOTHROM	4	S
RIASTAP	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEVENFACT	4	S PA
SYRINGE AVITENE	3	
TACHOSIL	3	
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 (1000 mg/10 ampul, 1000 mg/10 vial)</i>	4	S
<i>tranexamic acid 650 mg tablet</i>	1	QPD 6 per day
<i>tranexamic acid in sodium chloride,iso-osmotic</i>	4	S
TRETTEN	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ULTRAFOAM	3	
VISTASEAL FIBRIN SEALANT	3	
VONVENDI	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS	
WILATE	4		S	
			PA	
			MED PA	Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
XYNTHA	4		S	
			PA	
			MED PA	Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
XYNTHA SOLOFUSE	4		S	
			PA	
ANTIHISTAMINE DRUGS				
SECOND GENERATION ANTIHISTAMINES				
cetirizine hcl 1 mg/ml solution	1		QPD	10 per day
desloratadine 5 mg tablet	1		QPD	1 per day
desloratadine (2.5 mg tab rapdis, 5 mg tab rapdis)	NC		QPD	1 per day
			HCG	
			MVG	MINIMAL VALUE GENERIC
levocetirizine dihydrochloride 2.5 mg/5ml solution	1		QPD	30 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	QPD 1 per day
QUZYTIR	3	
SEMPREX-D	NC	QPD 4 per day MVB Minimal Value Brand
XYZAL 2.5 MG/5 ML SOLUTION	3	QPD 30 per day
ANTIHYPOGLYCEMIC AGENTS		
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
<i>diazoxide</i>	1	
PROGLYCEM	3	
GLYCOGENOLYTIC AGENTS		
BAQSIMI	2	
GLUCAGON 1 MG EMERGENCY KIT	2	
<i>glucagon hcl 1 mg vial</i>	1	
<i>glucagon hcl 1 mg/ml vial</i>	1	
ZEGALOGUE AUTOINJECTOR	2	
ZEGALOGUE SYRINGE	2	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>icosapent ethyl 1 g capsule</i>	1	PA QPD 4 per day
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	1	S PA QPD 1 per day
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	1	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXLETOL	2	PA QPD 1 per day
NEXLIZET	2	PA QPD 1 per day
<i>niacin (750 mg tab er 24h, 1000 mg tab er 24h)</i>	3	QPD 2 per day HCG
<i>niacin 500 mg tab er 24h</i>	3	QPD 3 per day HCG
NIACOR	3	QPD 12 per day
<i>omega-3 acid ethyl esters</i>	1	QPD 4 per day
<i>omega-3 fatty acids 100 mg tab chew</i>	1	
THEROMEGA SPORT	1	
VASCEPA 0.5 GM CAPSULE	2	PA QPD 4 per day
VASCEPA 1 GM CAPSULE	2	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 per day
<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>	3	QPD 6 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>colestipol hcl 1 g tablet</i>	3	QPD 4 per day HCG
PREVALITE POWDER	1	QPD 24 per day
PREVALITE PACKET	1	QPD 4 per day
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QPD 1 per day
<i>ezetimibe/simvastatin</i>	1	QPD 1 per day
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAPSULE	3	PA QPD 2 per day
ANTARA 90 MG CAPSULE	3	PA QPD 1 per day
<i>fenofibrate (120 mg tablet, 150 mg capsule)</i>	NC	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate 50 mg capsule</i>	NC	QPD 2 per day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate 160 mg tablet</i>	1	QPD 1 per day
<i>fenofibrate 40 mg tablet</i>	NC	QPD 2 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate 54 mg tablet</i>	1	QPD 2 per day
<i>fenofibrate nanocrystallized 145 mg tablet</i>	1	QPD 1 per day
<i>fenofibrate nanocrystallized 48 mg tablet</i>	1	QPD 2 per day
<i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	1	QPD 1 per day
<i>fenofibrate, micronized 130 mg capsule</i>	NC	QPD 1 per day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>fenofibrate, micronized 30 mg capsule</i>	3	QPD 2.0 per day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>fenofibrate, micronized 43 mg capsule</i>	NC	QPD 2 per day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>fenofibrate, micronized 90 mg capsule</i>	3	QPD 1.0 per day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>fenofibric acid 105 mg tablet</i>	1	QPD 1 per day
<i>fenofibric acid 35 mg tablet</i>	1	QPD 2 per day
<i>fenofibric acid (choline) 135 mg capsule dr</i>	1	QPD 1 per day
<i>fenofibric acid (choline) 45 mg capsule dr</i>	1	QPD 2 per day
FENOGLIDE 120 MG TABLET	NC	QPD 1 per day
		MVB MINIMAL VALUE BRAND
		SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
FENOGLIDE 40 MG TABLET	NC	QPD	2 per day
		MVB	MINIMAL VALUE BRAND
		SBA	SELECT BRAND ALTERNATIVE
FIBRICOR 105 MG TABLET	3	QPD	1 per day
FIBRICOR 35 MG TABLET	3	QPD	2 per day
<i>gemfibrozil</i>	1	QPD	2 per day
LIPOFEN 150 MG CAPSULE	3	PA	
		QPD	1 per day
LIPOFEN 50 MG CAPSULE	3	PA	
		QPD	2 per day
LOPID	NC	QPD	2 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
TRILIPIX DR 135 MG CAPSULE	NC	QPD	1 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
TRILIPIX DR 45 MG CAPSULE	NC	QPD	2 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
HMG-COA REDUCTASE INHIBITORS			
ALTOPREV	NC	ST	
		QPD	1 per day
		MVB	MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate/atorvastatin calcium</i>	NC	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	1	C HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. HCR QPD 1 per day
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	QPD 1 per day
CADUET	NC	QPD 1 per day MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
FLOLIPID 20 MG/5 ML ORAL SUSP	3	ST QPD 10 per day SBA SELECT BRAND ALTERNATIVE
FLOLIPID 40 MG/5 ML ORAL SUSP	3	ST QPD 5 per day
<i>fluvastatin sodium 40 mg capsule</i>	3	QPD 2 per day HCG
<i>fluvastatin sodium (20 mg capsule, 80 mg tab er 24h)</i>	3	QPD 1 per day HCG
LESCOL 20 MG CAPSULE	3	ST QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LESCOL 40 MG CAPSULE	3	ST QPD 2 per day SBA Select Brand Alternative
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	1	C HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. HCR QPD 1 per day
<i>lovastatin 40 mg tablet</i>	1	C HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. HCR QPD 2 per day
<i>pravastatin sodium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	C HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. HCR QPD 1 per day
<i>pravastatin sodium 80 mg tablet</i>	1	C HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. HCR QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rosuvastatin calcium (20 mg tablet, 40 mg tablet)</i>	1	QPD 1 per day
<i>rosuvastatin calcium (5 mg tablet, 10 mg tablet)</i>	1	C HCR QPD 1 per day
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	C HCR QPD 1.5 per day
<i>simvastatin 5 mg tablet</i>	1	C HCR QPD 1 per day
<i>simvastatin 80 mg tablet</i>	1	QPD 1 per day
PCSK9 INHIBITORS		
PRALUENT PEN	4	S PS PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPATHA PUSHTRONEX	4	S PS PA QPD 0.13 per day
REPATHA SURECLICK	4	S PS PA QPD 0.08 per day
REPATHA SYRINGE	4	S PS PA QPD 0.08 per day
ANTIMIGRAINE AGENTS CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG 140 MG/ML AUTOINJECTOR	2	AL PA QPD 0.04 per day At least 18 yrs old
AIMOVIG 70 MG/ML AUTOINJECTOR	2	QL AL PA 2 / 30 days At least 18 yrs old
AJOVY AUTOINJECTOR	2	AL PA QPD 0.057 per day At least 18 yrs old
AJOVY SYRINGE	2	AL PA QPD 0.057 per day At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	2	AL PA QPD At least 18 yrs old 0.1 per day
NURTEC ODT	2	AL PA QPD At least 18 yrs old 0.8 per day
QULIPTA	2	AL PA QPD At least 18 yrs old 1.0 per day
UBRELVY	2	AL PA QPD At least 18 yrs old 0.54 per day
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	3	QPD HCG 0.4 per day
AMERGE	3	ST QPD SBA 0.6 per day Select Brand Alternative
<i>eletriptan hydrobromide</i>	1	QPD 0.4 per day
FROVA	NC	ST QPD MVB SBA 0.6 per day MINIMAL VALUE BRAND Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>frovatriptan succinate</i>	3	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>	NC	PA QPD 0.3 per day HCG MVG MINIMAL VALUE GENERIC
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITUBERCULOSIS AGENTS		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 100 mg/ml vial</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
PASER	3	
<i>pretomanid</i>	3	AL PA QPD At least 18 yrs old 1 per day
PRIFTIN	3	QPD 1.25 per day
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFADIN	3	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	
<i>rifampin 600 mg vial</i>	1	
SIRTURO	4	S PA
TRECTOR	3	
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate 250 mg tablet</i>	4	S PS PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>abiraterone acetate 500 mg tablet</i>	4	S PS PA QPD 2 per day
ABRAXANE	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ADCETRIS	1	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ADRIAMYCIN (10 MG VIAL, 10 MG/5 ML VIAL, 20 MG/10 ML VIAL, 50 MG VIAL, 50 MG/25 ML VIAL, 200 MG/100 ML VIAL)	4	S
ADRUCIL	4	S
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	S PA QPD 2 per day
AFINITOR 2.5 MG TABLET	4	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET)	4	S PA QPD 1 per day
AFINITOR DISPERZ 5 MG TABLET	4	S PA QPD 2 per day
ALECENSA	4	AL At least 18 yrs old S PA QPD 8 per day
ALIQOPA	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ALKERAN 2 MG TABLET	3	
ALKERAN 50 MG VIAL	4	S
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	4	AL At least 18 yrs old S PA QPD 2 per day
ALUNBRIG 180 MG TABLET	4	AL At least 18 yrs old S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALUNBRIG 30 MG TABLET	4	AL S PA QPD At least 18 yrs old 6 per day
<i>anastrozole</i>	1	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
AROMASIN	3	
ARRANON	4	S
<i>arsenic trioxide</i>	4	S
ARZERRA	1	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ASPARLAS	4	S PA
AVASTIN	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AYVAKIT	4	S PA QPD 1 per day
<i>azacitidine</i>	4	S
BALVERSA 3 MG TABLET	4	S PA QPD 3 per day
BALVERSA 4 MG TABLET	4	S PA QPD 2 per day
BALVERSA 5 MG TABLET	4	S PA QPD 1 per day
BAVENCIO	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>bcg live</i>	4	S
BELEODAQ	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bendamustine hcl 25 mg/ml vial</i>	1	S
BENDEKA	1	S
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
BESREMI	4	S
		PA QPD 0.08 per day
<i>bevacizumab 1.25mg/.05 syringe</i>	4	S PA
<i>bexarotene (1 % gel (gram), 75 mg capsule)</i>	4	S PS PA
<i>bicalutamide</i>	1	
BICNU	4	S
BLENREP	4	S
		PA
		QPD 0.142 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bleomycin sulfate</i>	4	S
BLINCYTO (35 MCG VIAL, 35MCG VL W-STABILIZER)	4	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>bortezomib 3.5 mg vial</i>	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>bortezomib 3.5/3.5 ml vial</i>	4	S
BOSULIF (400 MG TABLET, 500 MG TABLET)	4	S PS PA QPD 1 per day
BOSULIF 100 MG TABLET	4	S PS PA QPD 4 per day
BRAFTOVI	4	S PA
BRUKINSA	4	S PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>busulfan</i>	4	S
BUSULFEX	4	S
CABOMETYX	4	S PA QPD 1 per day
CALQUENCE 100 MG CAPSULE	4	AL At least 18 yrs old S PA QPD 2 per day
CALQUENCE 100 MG TABLET	4	AL At least 18 yrs old S PA QPD 2.0 per day
CAMPTOSAR	4	S
<i>capecitabine</i>	4	S PS PA
CAPRELSA 100 MG TABLET	4	S PA QPD 2 per day
CAPRELSA 300 MG TABLET	4	S PA QPD 1 per day
CARAC	NC	PA MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carboplatin (10 mg/ml vial, 150 mg vial)</i>	4	S
<i>carmustine</i>	4	S
CASODEX	3	
<i>cisplatin (1 mg/ml vial, 50 mg vial)</i>	4	S
<i>cladribine</i>	4	S
<i>clofarabine</i>	4	S
CLOLAR	4	S
COMETRIQ 100 MG DAILY-DOSE PK	1	S PA QPD 2 per day
COMETRIQ 140 MG DAILY-DOSE PK	1	S PA QPD 4 per day
COMETRIQ 60 MG DAILY-DOSE PACK	1	S PA QPD 3 per day
COPIKTRA	4	S PA
COSMEGEN	4	S
COTELLIC	4	AL At least 18 yrs old 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclophosphamide (1 g vial, 2 g vial, 200 mg/ml vial, 500 mg vial)</i>	4	S PA
CYRAMZA	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>cytarabine</i>	4	S
<i>cytarabine/pf (cytarabine/pf 2 g/20 ml vial, cytarabine/pf 20 mg/ml vial, cytarabine/pf 100 mg/5ml vial)</i>	4	S
<i>dacarbazine</i>	4	S
DACOGEN	1	S
<i>dactinomycin</i>	4	S
DANYELZA	4	S PA QPD 0.434 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DARZALEX FASPRO	4	S PA QPD 2.15 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>daunorubicin hcl 5 mg/ml vial</i>	4	S
DAURISMO	4	S PA QPD 1 per day
<i>decitabine</i>	1	S
DOCEFREZ	4	S
<i>docetaxel</i>	4	S
DOXIL	4	S
<i>doxorubicin hcl (2 mg/ml vial, 10 mg vial, 10 mg/5 ml vial, 20 mg/10ml vial, 50 mg vial, 50 mg/25ml vial)</i>	4	S
<i>doxorubicin hcl peg-liposomal 2 mg/ml vial</i>	4	S
DROXIA	3	
EFUDEX	3	
ELLENC	4	S
ELZONRIS	4	S PA
EMCYT	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMPLICITI	1	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ENHERTU	4	S
<i>epirubicin hcl (50 mg vial, 50 mg/25ml vial, 200 mg vial, 200mg/0.1l vial)</i>	4	S
ERBITUX	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ERIVEDGE	4	S PA QPD 1 per day
ERLEADA	4	S PA QPD 4 per day
<i>erlotinib hcl</i>	4	S PS PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERWINAZE	1	S
ETOPOPHOS	4	S
<i>etoposide 50 mg capsule</i>	4	S PS
<i>etoposide 20 mg/ml vial</i>	4	S
EULEXIN	3	ST
<i>everolimus (5 mg tablet, 7.5 mg tablet)</i>	4	S PA QPD 2 per day
<i>everolimus 2.5 mg tablet</i>	4	S PA QPD 1 per day
<i>everolimus (2 mg tab susp, 3 mg tab susp)</i>	4	S PA QPD 1.0 per day
<i>everolimus (5 mg tab susp, 10 mg tablet)</i>	4	S PA QPD 2.0 per day
EVOMELA	4	S
<i>exemestane</i>	1	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
EXKIVITY	4	S PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FARYDAK	4	S PA
FASLODEX	4	S PA QPD 1.25 per day
FEMARA	3	PA
<i>floxuridine</i>	4	S
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	4	S
FLUOROPLEX	3	
<i>fluorouracil 0.5 % cream (g)</i>	3	
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	1	
<i>fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)</i>	4	S
<i>flutamide</i>	1	
FOLOTYN	4	S PA
FOTIVDA	4	S PA QPD 0.767 per day
<i>fulvestrant</i>	4	S PA QPD 1.25 per day
FYARRO	4	S PA QPD 0.29 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAVRETO	4	S PA QPD 4 per day
GAZYVA	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>gemcitabine hcl</i>	4	S
GILOTRIF	4	S PA QPD 1 per day
GLEEVEC 100 MG TABLET	4	S PA QPD 8 per day SBA Select Brand Alternative
GLEEVEC 400 MG TABLET	4	S PA QPD 2 per day
GLEOSTINE	4	S
GLIADEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HERCEPTIN (150 MG VIAL, 420 MG VIAL)	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HERCEPTIN HYLECTA	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	4	S
		PA
HYCAMTIN 4 MG VIAL	4	S
		PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE (100 MG CAPSULE, 100 MG TABLET)	4	S
		PS
		PA
		QPD 1.25 per day
IBRANCE (75 MG CAPSULE, 75 MG TABLET)	4	S
		PS
		PA
		QPD 1.667 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBRANCE (125 MG CAPSULE, 125 MG TABLET)	4	S PS PA QPD 1 per day
ICLUSIG (10 MG TABLET, 30 MG TABLET, 45 MG TABLET)	4	S PA QPD 1 per day
ICLUSIG 15 MG TABLET	4	S PA QPD 2 per day
IDAMYCIN PFS	4	S
<i>idarubicin hcl 1 mg/ml vial</i>	4	S
IDHIFA	4	AL At least 18 yrs old S PA QPD 1 per day
IFEX	4	S
<i>ifosfamide (1 g vial, 1 g/20 ml vial, 3 g vial, 3 g/60 ml vial)</i>	4	S
<i>imatinib mesylate 100 mg tablet</i>	4	S PS PA QPD 8 per day
<i>imatinib mesylate 400 mg tablet</i>	4	S PS PA QPD 2 per day
IMBRUVICA 140 MG CAPSULE	4	S PA QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 70 MG CAPSULE	4	S PA QPD 8 per day
IMBRUVICA 70 MG/ML SUSPENSION	4	S PA QPD 6.0 per day
IMBRUVICA 280 MG TABLET	4	S PA QPD 2 per day
IMBRUVICA 420 MG TABLET	4	S PA QPD 1.47 per day
IMBRUVICA 560 MG TABLET	4	S PA QPD 1 per day
IMFINZI	1	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
INLYTA	4	S PA QPD 4 per day
INQOVI	4	S PA QPD 0.18 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INREBIC	4	S PA QPD 4 per day
IRESSA	4	S PA QPD 1 per day
<i>irinotecan hcl</i>	4	S
ISTODAX	4	S PA
IXEMPRA	1	S PA
JAKAFI	4	S PA QPD 2 per day
JELMYTO	4	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
JEMPERLI	4	S PA QPD 0.5 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JEVTANA	4	S
		PA
		QPD 0.15 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KADCYLA	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KANJINTI	4	S
		PS
		PA
KEYTRUDA	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI 200 MG DAILY DOSE	4	S PA QPD 1 per day
KISQALI 400 MG DAILY DOSE	4	S PA QPD 2 per day
KISQALI 600 MG DAILY DOSE	4	S PA QPD 3 per day
KISQALI FEMARA 200 MG CO-PACK	4	S PA QPD 2 per day
KISQALI FEMARA 400 MG CO-PACK	4	S PA QPD 2.5 per day
KISQALI FEMARA 600 MG CO-PACK	4	S PA QPD 3.334 per day
KOSELUGO	4	S PA QPD 4 per day
KYMRIAH	1	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KYPROLIS	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>lapatinib ditosylate</i>	4	S PS PA QPD 6 per day
<i>lenalidomide</i>	4	S PS PA QPD 1.0 per day
LENVIMA	4	S PA QPD 3 per day
<i>letrozole</i>	1	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
LEUKERAN	4	S
LONSURF 15 MG-6.14 MG TABLET	4	S PA QPD 2.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LONSURF 20 MG-8.19 MG TABLET	4	S PA QPD 3 per day
LORBRENA	4	S PA QPD 1 per day
LUMAKRAS	4	S PA QPD 8 per day
LUMOXITI	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
LYNPARZA	4	AL S PA At least 18 yrs old
LYSODREN	4	S PA QPD 3.334 per day
MARGENZA	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MARQIBO	1	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
MATULANE	1	S
MEKINIST 0.5 MG TABLET	4	S PA QPD 4 per day
MEKINIST 2 MG TABLET	4	S PA QPD 1 per day
MEKTOVI	4	S PA
<i>melphalan</i>	1	
<i>melphalan hcl 50 mg vial</i>	4	S
<i>mercaptopurine</i>	1	
<i>methotrexate sodium 2.5 mg tablet</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	1	
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	4	S
<i>mitoxantrone hcl 2 mg/ml vial</i>	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONJUVI	4	S
		PA
		QPD 1.25 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
MUTAMYCIN	4	S
MVASI	4	S
		PS
		PA
MYLERAN	4	S
MYLOTARG	4	S
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
NAVELBINE	4	S
<i>nelarabine</i>	4	S
NERLYNX	4	AL At least 18 yrs old
		S
		PA
		QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXAVAR	4	S PA QPD 4 per day
NILANDRON	4	S SBA Select Brand Alternative
<i>nilutamide</i>	4	S PS
NINLARO	4	AL At least 18 yrs old S PA QPD 0.124 per day
NIPENT	4	S
NUBEQA	4	S PS PA QPD 4 per day
ODOMZO	4	S PA QPD 1 per day
OGIVRI	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONCASPAR	4	S
ONUREG	4	S PA QPD 0.5 per day
OPDIVO (40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 120 MG/12 ML VIAL, 240 MG/24 ML VIAL)	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>oxaliplatin (50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial, 200mg/40ml vial)</i>	4	S
<i>paclitaxel 6 mg/ml vial</i>	4	S
<i>paclitaxel protein-bound</i>	4	S PA
PADCEV	4	S PA
PANRETIN	4	S
PARAPLATIN	4	S
PEMAZYRE	4	S PA QPD 0.67 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERJETA	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
PHOTOFRIN	4	S
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	4	S PA QPD 2.0 per day
PIQRAY 200 MG DAILY DOSE PACK	4	S PA QPD 1 per day
POLIVY	4	S PA QPD 1 per day
POMALYST	4	S PA QPD 1 per day
PROLEUKIN	4	S PA
PURIXAN	1	S PA
QINLOCK	4	S PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RASUVO	3	PA QPD 0.08 per day
RETEVMO 40 MG CAPSULE	4	S PA QPD 2 per day
RETEVMO 80 MG CAPSULE	4	S PA QPD 4 per day
REVLIMID	4	S PA QPD 1 per day
RITUXAN 100 MG/10 ML VIAL	4	S PA QPD 4.3 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RITUXAN 500 MG/50 ML VIAL	4	S PA QPD 14.3 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RITUXAN HYCELA 1,400 MG-23,400	4	S PA QPD 1.7 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RITUXAN HYCELA 1,600 MG-26,800	4	S PA QPD 0.5 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>romidepsin</i>	4	S PA
ROZLYTREK 100 MG CAPSULE	4	S PA QPD 5 per day
ROZLYTREK 200 MG CAPSULE	4	S PA QPD 3 per day
RUBRACA	4	AL At least 18 yrs old S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUXIENCE 100 MG/10 ML VIAL	4	S
		PS
		PA
		QPD 4.3 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RUXIENCE 500 MG/50 ML VIAL	4	S
		PS
		PA
		QPD 14.3 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RYDAPT	4	AL At least 18 yrs old
		S
		PA
		QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SCSEMBLIX 20 MG TABLET	4	S PA QPD 2.0 per day
SCSEMBLIX 40 MG TABLET	4	S PA QPD 10.0 per day
SIKLOS	4	S
SOLARAZE	NC	QL 100 / 30 days PA MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
<i>sorafenib tosylate</i>	4	S PS PA QPD 4.0 per day
SPRYCEL (100 MG TABLET, 140 MG TABLET)	4	S PA QPD 1 per day
SPRYCEL (70 MG TABLET, 80 MG TABLET)	4	S PA QPD 2 per day
SPRYCEL 20 MG TABLET	4	S PA QPD 9 per day
SPRYCEL 50 MG TABLET	4	S PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STIVARGA	4	S PA QPD 4 per day
<i>sunitinib malate</i>	4	S PS PA QPD 1.0 per day
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE)	4	S PA QPD 1.0 per day
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	4	S PA QPD 1 per day
SYLVANT	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
SYNRIBO	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TASIGNA 50 MG CAPSULE	4	S PA QPD 6 per day
TAZVERIK	4	S PA
TECENTRIQ (840 MG/14 ML VIAL, 1,200 MG/20 ML VIAL)	4	S PA
TEMODAR (20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	4	S PA
TEMODAR 100 MG VIAL	4	S PA
<i>temozolomide</i>	4	S PS PA
<i>temsirolimus</i>	4	S PA QPD 0.29 per day
<i>teniposide</i>	4	S
TEPMETKO	4	S PA QPD 2 per day
TIBSOVO	4	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOLAK	3	QPD 1.47 per day
TOPOSAR	4	S
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	4	S
TORISEL	4	S PA QPD 0.29 per day
TRAZIMERA	4	S PS PA
TREANDA	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>tretinoin 10 mg capsule</i>	4	S PS
TREXALL	3	
TRISENOX	4	S
TRODELVY	4	S PA QPD 0.58 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	4	S PA QPD 1.5 per day
TRUSELTIQ 100 MG DAILY DOSE PK	4	S PA QPD 0.75 per day
TRUSELTIQ 75 MG DAILY DOSE PK	4	S PA QPD 2.5 per day
TUKYSA	4	S PA QPD 4 per day
TURALIO	4	S PA QPD 4 per day
TYKERB	1	S PA QPD 6 per day
UKONIQ	4	S PA QPD 4 per day
UNITUXIN	1	S PA
VALCHLOR	4	S PA QPD 3 per day
<i>valrubicin</i>	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALSTAR	4	S
VECTIBIX	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
VELCADE	4	S PA
VENCLEXTA	4	S PA QPD 4 per day
VENCLEXTA STARTING PACK	4	S PA QPD 1.5 per day
VERZENIO	4	S PA QPD 2 per day
VIDAZA	4	S
<i>vinblastine sulfate</i>	4	S
VINCASAR PFS	4	S
<i>vincristine sulfate</i>	4	S
<i>vinorelbine tartrate</i>	4	S
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	4	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIZIMPRO	4	S PA
VONJO	4	S PA QPD 4.0 per day
VOTRIENT	4	S PA QPD 4 per day
WELIREG	4	S PA QPD 3.0 per day
XALKORI	4	S PA QPD 2 per day
XATMEP	3	AL Up to 18 yrs old PA QPD 4 per day
XELODA	4	S PA QPD 4 per day
XOSPATA	4	S PA QPD 3 per day
XPOVIO (40 MG TWICE, 80 MG ONCE)	4	S PA QPD 0.574 per day
XPOVIO 100 MG ONCE WEEKLY DOSE	4	S PA QPD 0.767 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO 40 MG ONCE WEEKLY DOSE	4	S PA QPD 0.286 per day
XPOVIO 60 MG ONCE WEEKLY DOSE	4	S PA QPD 0.434 per day
XPOVIO 60 MG TWICE WEEKLY DOSE	4	S PA QPD 0.86 per day
XPOVIO 80 MG TWICE WEEKLY DOSE	4	S PA QPD 1.25 per day
XTANDI (40 MG CAPSULE, 40 MG TABLET)	4	S PA QPD 4 per day
XTANDI 80 MG TABLET	4	S PA QPD 2 per day
YERVOY	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
YONSA	4	S PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZALTRAP	1	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ZANOSAR	4	S
ZEJULA	4	AL S PA QPD At least 18 yrs old 3 per day
ZELBORAF	4	S PA QPD 8 per day
ZEPZELCA	4	S PA QPD 0.1 per day
ZEVALIN	4	S
ZIRABEV	4	S PS PA
ZOLINZA	4	S PA QPD 4 per day
ZTALMY	4	S PA QPD 36.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYDELIG	4	S PA QPD 2 per day
ZYKADIA	4	AL S PA QPD At least 18 yrs old 8 per day
ZYNLONTA	4	S PA QPD MED PA 0.1 per day Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ZYTIGA 250 MG TABLET	4	S PA QPD 4 per day
ZYTIGA 500 MG TABLET	4	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)	4	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OSMOLEX ER 322 MG DAILY DOSE	4	S PA QPD 2 per day
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate 2 mg/2 ml ampul</i>	3	HCG
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>benztropine mesylate 2 mg/2 ml vial</i>	1	HCG
COGENTIN	3	
<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>	3	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUOPA	4	S PA QPD 1 per day
INBRIJA	4	S PA QPD 1 per day
RYTARY	3	
SINEMET 10-100	3	
SINEMET 25-100	3	
SINEMET 25-250	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZELAPAR	3	
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 375 CAPSULE	3	
FLAGYL 500 MG TABLET	3	SBA Select Brand Alternative
IMPAVIDO	4	S
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
METRO IV	3	
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	1	
<i>metronidazole in sodium chloride</i>	1	
NEBUPENT	3	SBA SELECT BRAND ALTERNATIVE
<i>nitazoxanide</i>	1	PA
PENTAM 300	3	
<i>pentamidine isethionate 300 mg vial</i>	1	
<i>pentamidine isethionate 300 mg vial-neb</i>	1	
SOLOSEC	3	QL 1/ fill
<i>tinidazole</i>	1	
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE	3	AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loxapine succinate</i>	1	AL At least 18 yrs old
<i>molindone hcl</i>	1	
<i>pimozide</i>	1	
ATYPICAL ANTIPSYCHOTICS		
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	3	AL At least 18 yrs old PA QPD 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 At least 18 yrs old PA QPD 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 At least 18 yrs old PA QPD 1 per day
<i>aripiprazole 1 mg/ml solution</i>	1	AL At least 6 yrs old QPD 30 per day
<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 At least 6 yrs old QPD 1 per day
ARISTADA ER 1064 MG/3.9 ML SYR	3	AL At least 18 yrs old PA QPD 0.15 per day
ARISTADA ER 441 MG/1.6 ML SYRN	3	AL At least 18 yrs old PA QPD 0.07 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ARISTADA ER 662 MG/2.4 ML SYRN	3	AL PA QPD	At least 18 yrs old 0.08 per day
ARISTADA ER 882 MG/3.2 ML SYRN	3	AL PA QPD	At least 18 yrs old 0.12 per day
ARISTADA INITIO	3	AL PA QPD	At least 18 yrs old 0.08 per day
<i>asenapine maleate</i>	1	AL QPD	At least 10 yrs old 2 per day
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	3	AL PA QPD	At least 18 yrs old 1.0 per day
CAPLYTA 42 MG CAPSULE	3	AL PA QPD	At least 18 yrs old 1 per day
<i>clozapine 200 mg tablet</i>	1	AL QPD	At least 18 yrs old 4 per day
<i>clozapine 25 mg tablet</i>	1	AL QPD	At least 18 yrs old 18 per day
<i>clozapine (100 mg tab rapdis, 100 mg tablet)</i>	1	AL QPD	At least 18 yrs old 9 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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 QPD	At least 18 yrs old 3 per day
CLOZARIL 100 MG TABLET	3	ST AL QPD	At least 18 yrs old 9 per day
CLOZARIL 200 MG TABLET	3	ST AL QPD	At least 18 yrs old 4 per day
CLOZARIL 25 MG TABLET	3	ST AL QPD	At least 18 yrs old 18 per day
CLOZARIL 50 MG TABLET	3	ST AL QPD	At least 18 yrs old 3 per day
FANAPT TITRATION PACK	3	QL ST AL	8 / rx At least 18 yrs old
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 QPD	At least 18 yrs old 2 per day
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	3	ST AL QPD	At least 18 yrs old 2 per day

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA 234 MG/1.5 ML	3	AL PA QPD At least 18 yrs old 0.057 per day
INVEGA SUSTENNA 39 MG/0.25 ML	3	AL PA QPD At least 18 yrs old 0.012 per day
INVEGA SUSTENNA 78 MG/0.5 ML	3	AL PA QPD At least 18 yrs old 0.02 per day
INVEGA TRINZA 273 MG/0.88 ML	3	AL PA QPD At least 18 yrs old 0.034 per day
INVEGA TRINZA 410 MG/1.32 ML	3	AL PA QPD At least 18 yrs old 0.057 per day
INVEGA TRINZA 546 MG/1.75 ML	3	AL PA QPD At least 18 yrs old 0.067 per day
INVEGA TRINZA 819 MG/2.63 ML	3	AL PA QPD At least 18 yrs old 0.1 per day
LATUDA	3	AL QPD At least 10 yrs old 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	4	S PA QPD 1 per day
<i>olanzapine (15 mg tab rapdis, 15 mg tablet)</i>	1	QPD 2 per day
<i>olanzapine 7.5 mg tablet</i>	1	QPD 4 per day
<i>olanzapine (10 mg tab rapdis, 10 mg tablet)</i>	1	QPD 3 per day
<i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	1	QPD 6 per day
<i>olanzapine (20 mg tab rapdis, 20 mg tablet)</i>	1	QPD 1 per day
<i>olanzapine 10 mg vial</i>	1	
<i>paliperidone 1.5 mg tab er 24</i>	1	AL At least 12 yrs old QPD 8 per day
<i>paliperidone 3 mg tab er 24</i>	1	AL At least 12 yrs old QPD 4 per day
<i>paliperidone 6 mg tab er 24</i>	1	AL At least 12 yrs old QPD 2 per day
<i>paliperidone 9 mg tab er 24</i>	1	AL At least 12 yrs old QPD 1 per day
PERSERIS	3	AL At least 18 yrs old PA QPD 0.034 per day
<i>quetiapine fumarate 150 mg tab er 24h</i>	1	AL At least 10 yrs old QPD 5 per day
<i>quetiapine fumarate 200 mg tab er 24h</i>	1	AL At least 10 yrs old QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>quetiapine fumarate (25 mg tablet, 50 mg tab er 24h, 50 mg tablet)</i>	1	AL 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 QPD	At least 10 yrs old 2 per day
<i>quetiapine fumarate 100 mg tablet</i>	1	AL QPD	At least 10 yrs old 3 per day
<i>quetiapine fumarate 150 mg tablet</i>	1	AL QPD	At least 10 yrs old 2.0 per day
<i>quetiapine fumarate 200 mg tablet</i>	1	AL QPD	At least 10 yrs old 1.5 per day
<i>quetiapine fumarate 300 mg tablet</i>	1	AL QPD	At least 10 yrs old 1 per day
REXULTI	3	AL QPD	At least 13 yrs old 1 per day
RISPERDAL CONSTA	3	AL PA QPD	At least 18 yrs old 0.1 per day
<i>risperidone 1 mg/ml solution</i>	1	AL QPD	At least 5 yrs old 16 per day
<i>risperidone (4 mg tab rapdis, 4 mg tablet)</i>	1	AL 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 QPD	At least 5 yrs old 8 per day
<i>risperidone (3 mg tab rapdis, 3 mg tablet)</i>	1	AL QPD	At least 5 yrs old 5 per day
SEROQUEL XR SAMPLE KIT	3	AL	At least 10 yrs old
VERSACLOZ	3	AL QPD	At least 18 yrs old 20 per day
VRAYLAR 1.5 MG-3 MG PACK	3	AL 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 QPD	At least 18 yrs old 1 per day
<i>ziprasidone hcl</i>	1	AL QPD	At least 18 yrs old 2 per day
<i>ziprasidone mesylate</i>	1		
ZYPREXA RELPREVV	3	AL PA QPD	At least 18 yrs old 0.08 per day
ZYPREXA ZYDIS 10 MG TABLET	3	ST AL QPD SBA	At least 13 yrs old 3 per day Select Brand Alternative
ZYPREXA ZYDIS 15 MG TABLET	3	ST AL 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 QPD SBA At least 13 yrs old 1 per day Select Brand Alternative
ZYPREXA ZYDIS 5 MG TABLET	3	ST AL QPD SBA At least 13 yrs old 6 per day Select Brand Alternative
BUTYROPHENONES		
HALDOL	3	
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
<i>haloperidol (0.5 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>haloperidol 1 mg tablet</i>	1	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml ampul, 100 mg/ml vial)</i>	1	
<i>haloperidol lactate (5 mg/ml ampul, 5 mg/ml vial)</i>	1	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	
<i>haloperidol lactate 5 mg/ml syringe</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl 25 mg/ml ampul</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl 5 mg/ml oral conc</i>	1	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 10 mg tablet)</i>	1	
<i>fluphenazine hcl 2.5 mg/ml vial</i>	1	
<i>perphenazine</i>	1	AL At least 12 yrs old
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	4	S QPD 2 per day
<i>maraviroc</i>	4	S PS
RUKOBIA	4	S
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	4	S
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
DOVATO	4	S QPD 1 per day
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	4	S
ISENTRESS HD	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JULUCA	4	S QPD 1 per day
TIVICAY	4	S
TIVICAY PD	4	S
VOCABRIA	4	S PA QPD 1 per day
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.		
DELSTRIGO	4	S
EDURANT	4	S
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	4	S PS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	S PS
<i>etravirine</i>	4	S PS
INTELENCE	4	S
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>	4	S PS
PIFELTRO	4	S
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	4	S
SYMFI	4	S
SYMFI LO	4	S
VIRAMUNE	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIRAMUNE XR	4	S
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	4	S PS
<i>abacavir sulfate/lamivudine</i>	4	S PS
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	S PS
ATRIPLA	4	ST S
BIKTARVY	4	S
CIMDUO	4	ST S
COMBIVIR	4	S
COMPLERA	4	ST S
DESCOVY 120-15 MG TABLET	4	S
DESCOVY 200-25 MG TABLET	4	C S HCR QPD 1 per day HCR: Preventive use only. Quantity Limits may apply. Must try generic Truvada first.
<i>didanosine</i>	4	S PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	ST S PS
<i>emtricitabine</i>	4	S
<i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>	4	C S HCR PS HCR: Preventive use only. Quantity Limits may apply.
<i>emtricitabine/tenofovir disoproxil fumarate (emtricitabine/tenofovir 100-150 mg tablet, emtricitabine/tenofovir 133-200 mg tablet, emtricitabine/tenofovir 167-250 mg tablet)</i>	4	S PS
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	S
EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)	4	S
EPIVIR HBV (25 MG/5 ML SOLN, 100 MG TABLET)	4	S
EPZICOM	4	S
GENVOYA	4	S
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	4	S PS
<i>lamivudine 100 mg tablet</i>	4	S PS
<i>lamivudine/zidovudine</i>	4	S PS
ODEFSEY	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)	4	S
RETROVIR 200 MG/20 ML VIAL	4	S
<i>stavudine</i>	4	S PS
STRIBILD	4	S
TEMIXYS	4	S QPD 1 per day
<i>tenofovir disoproxil fumarate</i>	4	S PS
TRIUMEQ	4	S
TRIUMEQ PD	4	S
TRIZIVIR	4	S
TRUVADA	4	S
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	4	S
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	4	S
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	4	S PS
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	4	S
<i>atazanavir sulfate</i>	4	S PS
CRIXIVAN	4	S
EVOTAZ	4	S
<i>fosamprenavir calcium</i>	4	S PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVIRASE	4	S
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	4	S
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	4	S
<i>lopinavir/ritonavir (lopinavir/ritonavir 100mg-25mg tablet, lopinavir/ritonavir 200mg-50mg tablet, lopinavir/ritonavir 400-100/5 solution)</i>	4	S PS
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET, 100 MG TABLET)	4	S
PREZCOBIX	4	S
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	4	S
REYATAZ (50 MG POWDER PACKET, 150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	S
<i>ritonavir</i>	4	S PS
SYMTUZA	4	S
VIRACEPT	4	S
ANTITHROMBOTIC AGENTS		
ANTICOAGULANTS		
TRICITRASOL	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
CABLIVI (11 MG KIT, 11 MG VIAL)	4	S
PLATELET-AGGREGATION INHIBITORS		
AGGRASTAT (3.75 MG/15 ML VIAL, 5 MG/100 ML IV SOLN, 5 MG/100 ML VIAL, 12.5 MG/250 ML)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRILINTA	2	QPD 2 per day
<i>cilostazol</i>	1	QPD 2 per day
<i>clopidogrel bisulfate 300 mg tablet</i>	1	QPD 1 per day
<i>clopidogrel bisulfate 75 mg tablet</i>	1	QPD 1 per day
EFFIENT	3	QPD 1 per day SBA Select Brand Alternative
<i>eptifibatide</i>	1	
INTEGRILIN	3	
KENGREAL	3	
<i>prasugrel hcl</i>	1	QPD 1 per day
ZONTIVITY	3	PA QPD 1 per day
PLATELET-REDUCING AGENTS		
AGRYLIN	3	QPD 4 per day
<i>anagrelide hcl</i>	1	QPD 4 per day
THROMBOLYTIC AGENTS		
ACTIVASE	4	S
CATHFLO ACTIVASE	4	S
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
ALLERGENIC EXTRACTS (THERAPEUTIC)		
<i>allergenic extract tree pollen-american elm</i>	3	
<i>allergenic extract, grass pollen-bermuda, standard</i>	3	
<i>allergenic extract, grass pollen-orchard grass, standard</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>allergenic extract, mite-d.farinae-d.pteronyssinus, standard</i>	3	
<i>allergenic extract, grass pollen-june(kentucky blue), standard</i>	3	
<i>allergenic extract, grass pollen-redtop, standard</i>	3	
<i>allergenic extract, grass pollen-timothy, standard</i>	3	QPD 1 per day
<i>allergenic extract, mite-dermatophagoides pteronyssinus, std</i>	3	
<i>allergenic extract-acremonium strictum</i>	3	
<i>allergenic extract-alternaria alternata</i>	3	
<i>allergenic extract-american cockroach</i>	3	
<i>allergenic extract-aspergillus fumigatus</i>	3	
<i>allergenic extract-aureobasidium pullulans</i>	3	
<i>allergenic extract-botrytis cinerea</i>	3	
<i>allergenic extract-candida albicans</i>	3	
<i>allergenic extract-cattle epithelium</i>	3	
<i>allergenic extract-cladosporium cladosporioides</i>	3	
<i>allergenic extract-cockroach (american and german)</i>	3	
<i>allergenic extract-corn smut</i>	3	
<i>allergenic extract-cultivated crop pollen-corn</i>	3	
<i>allergenic extract-dog epithelium</i>	3	
<i>allergenic extract-epicoccum nigrum</i>	3	
<i>allergenic extract-fire ant</i>	3	
<i>allergenic extract-german cockroach</i>	3	
<i>allergenic extract-grass pollen-bahia</i>	3	
<i>allergenic extract-grass pollen-johnson</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>allergenic extract-grass pollen-meadow fescue, standardized</i>	3	
<i>allergenic extract-grass pollen-perennial rye, standard</i>	3	
<i>allergenic extract-grass pollen-quack</i>	3	
<i>allergenic extract-grass pollen-smooth brome</i>	3	
<i>allergenic extract-horse epithelium</i>	3	
<i>allergenic extract-mixed feathers, chicken, duck, goose</i>	3	
<i>allergenic extract-mixed weed pollen-short and tall ragweed</i>	3	
<i>allergenic extract-mosquito</i>	3	
<i>allergenic extract-mouse epithelium</i>	3	
<i>allergenic extract-mucor plumbeus</i>	3	
<i>allergenic extract-penicillium notatum</i>	3	
<i>allergenic extract-rabbit epithelium</i>	3	
<i>allergenic extract-saccharomyces cerevisiae</i>	3	
<i>allergenic extract-sweet vernal, standardized</i>	3	
<i>allergenic extract-tree pollen-acacia</i>	3	
<i>allergenic extract-tree pollen-alder white</i>	3	
<i>allergenic extract-tree pollen-american beech</i>	3	
<i>allergenic extract-tree pollen-american sycamore</i>	3	
<i>allergenic extract-tree pollen-arizona cypress</i>	3	
<i>allergenic extract-tree pollen-australian pine</i>	3	
<i>allergenic extract-tree pollen-bald cypress</i>	3	
<i>allergenic extract-tree pollen-bayberry</i>	3	
<i>allergenic extract-tree pollen-black walnut</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>allergenic extract-tree pollen-box elder</i>	3	
<i>allergenic extract-tree pollen-eastern cottonwood</i>	3	
<i>allergenic extract-tree pollen-elm, cedar</i>	3	
<i>allergenic extract-tree pollen-hackberry</i>	3	
<i>allergenic extract-tree pollen-juniper, western</i>	3	
<i>allergenic extract-tree pollen-melaleuca</i>	3	
<i>allergenic extract-tree pollen-mesquite</i>	3	
<i>allergenic extract-tree pollen-mountain cedar</i>	3	
<i>allergenic extract-tree pollen-mulberry, red</i>	3	
<i>allergenic extract-tree pollen-mulberry, white</i>	3	
<i>allergenic extract-tree pollen-olive</i>	3	
<i>allergenic extract-tree pollen-palm, queen</i>	3	
<i>allergenic extract-tree pollen-pecan</i>	3	
<i>allergenic extract-tree pollen-pepper tree, california</i>	3	
<i>allergenic extract-tree pollen-pine, white</i>	3	
<i>allergenic extract-tree pollen-privet</i>	3	
<i>allergenic extract-tree pollen-red birch</i>	3	
<i>allergenic extract-tree pollen-red cedar</i>	3	
<i>allergenic extract-tree pollen-red maple</i>	3	
<i>allergenic extract-tree pollen-red oak</i>	3	
<i>allergenic extract-tree pollen-shagbark hickory</i>	3	
<i>allergenic extract-tree pollen-sweet gum</i>	3	
<i>allergenic extract-tree pollen-virginia live oak</i>	3	
<i>allergenic extract-tree pollen-white ash</i>	3	
<i>allergenic extract-tree pollen-white birch</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>allergenic extract-tree pollen-white oak</i>	3	
<i>allergenic extract-trichophyton mentagrophytes</i>	3	
<i>allergenic extract-venom-mixed vespid protein</i>	1	
<i>allergenic extract-venom-wasp protein</i>	1	
<i>allergenic extract-venom-white-faced hornet protein</i>	3	
<i>allergenic extract-venom-yellow hornet protein</i>	1	
<i>allergenic extract-venom-yellow jacket protein</i>	1	
<i>allergenic extract-weed pollen-carelessweed</i>	3	
<i>allergenic extract-weed pollen-cocklebur</i>	3	
<i>allergenic extract-weed pollen-dog fennel</i>	3	
<i>allergenic extract-weed pollen-english plantain</i>	3	
<i>allergenic extract-weed pollen-giant (tall) ragweed</i>	3	
<i>allergenic extract-weed pollen-goldenrod</i>	3	
<i>allergenic extract-weed pollen-kochia (firebush)</i>	3	
<i>allergenic extract-weed pollen-lambsquarters</i>	3	
<i>allergenic extract-weed pollen-mugwort</i>	3	
<i>allergenic extract-weed pollen-rough pigweed</i>	3	
<i>allergenic extract-weed pollen-russian thistle</i>	3	
<i>allergenic extract-weed pollen-sagebrush</i>	3	
<i>allergenic extract-weed pollen-sheep sorrel</i>	3	
<i>allergenic extract-weed pollen-sheep sorrel,yellow dock</i>	3	
<i>allergenic extract-weed pollen-short ragweed</i>	3	
<i>allergenic extract-weed pollen-spiny pigweed</i>	3	
<i>allergenic extract-weed pollen-true marsh elder</i>	3	
<i>allergenic extract-weed pollen-western ragweed</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>allergenic extract-weed pollen-yellow dock</i>	3	
<i>cat hair standardized allergenic extract</i>	3	
GRASTEK	3	PA QPD 1 per day
<i>mite-dermatophagoides farinae, standardized</i>	3	
ORALAIR	4	S PA
PALFORZIA (3 MG 1), 12 MG 3))	4	S PA QPD 3.0 per day
PALFORZIA (40 MG 5), 120 MG 7), 200 MG 9))	4	S PA QPD 2.0 per day
PALFORZIA (80 MG 6), 160 MG 8), 240 MG 10))	4	S PA QPD 4.0 per day
PALFORZIA 6 MG (LEVEL 2)	4	S PA QPD 6.0 per day
PALFORZIA INITIAL DOSE PACK	4	QL 21 / fill S PA
PALFORZIA (20 MG (LEVEL 4), 300 MG (LEVEL 11), 300 MG (MAINTENANCE))	4	S PA QPD 1.0 per day
RAGWITEK	3	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITOXINS AND IMMUNE GLOBULINS		
ANASCORP	3	
<i>antivenin, latrodectus mactans</i>	1	
<i>antivenin, micrurus fulvius</i>	1	
ASCENIV	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL, LIQUID 10% VIAL)	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
CROFAB	3	
CUTAQUIG	4	S PS PA
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL, 10 GRAM/50 ML VIAL)	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYTOGAM	4	S
DIGIFAB	3	
FLEBOGAMMA DIF	4	S PA
GAMASTAN	4	S
GAMASTAN S-D	4	S
		S PA
GAMMAGARD LIQUID	4	MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
		S PA
GAMMAGARD S-D	4	MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
		S PA
GAMMAKED	4	MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	4	S
		PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
GAMUNEX-C	4	S
		PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HEPAGAM B	4	S
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)	4	S
		PA
HYPERHEP B (NEONATAL SYRINGE, SYRINGE, VIAL)	4	S
HYPERRAB	4	S
HYPERRAB S-D	4	S
HYPERRHO S-D	4	S
HYPERTET	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYQVIA IG COMPONENT	4	S PA
IMOGAM RABIES-HT	4	S
KEDRAB	4	S
MICRHOGAM ULTRA-FILTERED PLUS	4	S
NABI-HB	4	S
OCTAGAM	4	S
		PS
		PA
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
PANZYGA	4	S
		PA
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
PRIVIGEN	4	S
		PA
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RHOGAM ULTRA-FILTERED PLUS	4	S
RHOPHYLAC	4	S
VARIZIG	4	S
WINRHO SDF	4	S
XEMBIFY	4	S PA
TOXOIDS		
ADACEL TDAP (SYRINGE, VIAL)	2	HCR
BOOSTRIX TDAP (SYRINGE, VIAL)	2	HCR
DAPTACEL DTAP	2	HCR
INFANRIX DTAP (SYRINGE, VIAL)	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		
ACTHIB	2	HCR
AFLURIA QUAD 2020-2021	2	C HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2021-2022	2	C HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2021-22 (3YR UP)	2	AL C HCR At least 3 yrs old HCR: Age edits may apply. One fill per year.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFLURIA QUAD 2021-22 (6-35MO)	2	AL C HCR Up to 3 yrs old HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2022-2023	2	C HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2022-23 (3YR UP)	2	AL C HCR At least 3 yrs old HCR: Age edits may apply. One fill per year.
<i>bcg vaccine, live/pf</i>	3	
BEXSERO	2	HCR
BIOTHRAX	2	
COMIRNATY	2	HCR
DENGVAIXA	2	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	2	HCR
ENGERIX-B PEDIATRIC-ADOLESCENT	2	HCR
FLUAD 2020-2021	2	AL C HCR At least 65 yrs old HCR: Age edits may apply. One fill per year.
FLUAD QUAD 2021-2022	2	AL C HCR At least 65 yrs old HCR: Age edits may apply. One fill per year.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
FLUAD QUAD 2022-2023	2	AL C HCR	At least 65 yrs old HCR: Age edits may apply. One fill per year.
FLUARIX QUAD 2021-2022	2	C HCR	HCR: Age edits may apply. One fill per year.
FLUARIX QUAD 2022-2023	2	C HCR	HCR: Age edits may apply. One fill per year.
FLUBLOK QUAD 2021-2022	2	AL C HCR	At least 18 yrs old HCR: Age edits may apply. One fill per year.
FLUBLOK QUAD 2022-2023	2	AL C HCR	At least 18 yrs old HCR: Age edits may apply. One fill per year.
FLUCELVAX QUAD 2020-2021 VIAL	2	AL C HCR	At least 4 yrs old HCR: Age edits may apply. One fill per year.
FLUCELVAX QUAD 2021-2022 (2021-2022 SYR, 2021-2022 VIAL)	2	AL C HCR	At least 2 yrs old HCR: Age edits may apply. One fill per year.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUCELVAX QUAD 2022-2023 (2022-2023 SYR, 2022-2023 VIAL)	2	C HCR HCR: Age edits may apply. One fill per year.
FLULAVAL QUAD 2021-2022	2	C HCR HCR: Age edits may apply. One fill per year.
FLULAVAL QUAD 2022-2023	2	C HCR HCR: Age edits may apply. One fill per year.
FLUMIST QUAD 2020-2021	2	AL C HCR 2 to 49 yrs old HCR: Age edits may apply. One fill per year.
FLUMIST QUAD 2021-2022	2	AL C HCR 2 to 49 yrs old HCR: Age edits may apply. One fill per year.
FLUMIST QUAD 2022-2023	2	AL C HCR 2 to 49 yrs old HCR: Age edits may apply. One fill per year.
FLUZONE HIGH-DOSE QUAD 2021-22	2	AL C HCR At least 65 yrs old HCR: Age edits may apply. One fill per year.
FLUZONE HIGH-DOSE QUAD 2022-23	2	AL C HCR At least 65 yrs old HCR: Age edits may apply. One fill per year.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUZONE QUAD 2021-2022 (2021-2022 SYRINGE, 2021-2022 VIAL)	2	C HCR HCR: Age edits may apply. One fill per year.
FLUZONE QUAD 2022-2023 (2022-2023 SYRINGE, 2022-2023 VIAL)	2	C HCR HCR: Age edits may apply. One fill per year.
GARDASIL 9 (9 SYRINGE, 9 VIAL)	2	HCR
HAVRIX	2	HCR
HEPLISAV-B	2	HCR
HIBERIX	2	HCR
IMOVAX RABIES VACCINE	2	
IPO (SINGLE DOSE SYRINGE, VIAL)	2	HCR
IXIARO	2	
JANSSEN COVID-19 VACCINE (EUA)	2	HCR
KINRIX (TIP-LOK SYRINGE, VIAL)	2	HCR
M-M-R II VACCINE	2	HCR
MENACTRA	2	HCR
MENQUADFI	2	HCR
MENVEO A-C-Y-W KIT (2 VIALS)	2	C HCR HCR: Age edits apply.
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2	HCR
MENVEO MENA COMPONENT	2	HCR
MENVEO MENCYW-135 COMPONENT	2	HCR
MODERNA COVID (12Y UP)VAC(EUA)	2	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MODERNA COVID BIVAL (6Y UP)EUA	2	HCR
MODERNA COVID(6M-5Y) VACC(EUA)	2	HCR
MODERNA COVID-19 BOOSTER (EUA)	2	HCR
NOVAVAX COVID-19 VACC,ADJ(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 (12Y UP) VAC(EUA)	2	HCR
PFIZER COVID (5-11Y) VAC (EUA)	2	HCR
PFIZER COVID (6M-4Y) VACC(EUA)	2	HCR
PFIZER COVID BIVAL (12Y UP)EUA	2	HCR
PFIZER COVID BIVAL (5-11YR)EUA	2	HCR
PFIZER COVID BIVAL (6MO-4Y)EUA	2	HCR
PFIZER COVID-19 VACCINE (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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	2	HCR
ROTATEQ	2	HCR
SHINGRIX	2	AL C HCR At least 18 yrs old HCR: Age edits apply.
SHINGRIX GE ANTIGEN COMPONENT	2	AL C HCR At least 18 yrs old HCR: Age edits apply.
SPIKEVAX COVID (18Y UP) VACC	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
VAXCHORA ACTIVE COMPONENT	2	
VAXCHORA VACCINE	2	
VAXNEUVANCE	2	HCR
VIVOTIF	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<i>famotidine 40mg/5ml susp recon</i>	3	HCG
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>famotidine 10 mg/ml vial</i>	1	
<i>famotidine in sodium chloride, iso-osmotic/pf</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>famotidine/pf</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>	3	HCG
PEPCID	NC	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROSTAGLANDINS		
CYTOTEC	3	
<i>misoprostol</i>	1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	3	
<i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>	1	
PROTON-PUMP INHIBITORS		
ACIPHEX SPRINKLE	3	ST QPD 1 per day
DEXILANT	2	ST QPD 1 per day
<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>	3	QPD HCG 1 per day
<i>esomeprazole sodium</i>	1	
<i>esomeprazole strontium</i>	NC	ST QPD HCG MVG 1 per day 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
NEXIUM (DR 10 MG PACKET, DR 40 MG PACKET)	3	ST QPD SBA 1 per day Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	3	ST QPD 1 per day
NEXIUM I.V.	3	
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
<i>pantoprazole sodium 40 mg vial</i>	1	
PRILOSEC	3	ST
PROTONIX 40 MG SUSPENSION	3	ST QPD 1 per day
PROTONIX IV	3	
<i>rabeprazole sodium 20 mg tablet dr</i>	1	QPD 2 per day
ANTIVIRALS (SYSTEMIC)		
ADAMANTANE ANTIVIRALS		
FLUMADINE	NC	MVB Minimal Value Brand SBA Select Brand Alternative
<i>rimantadine hcl</i>	1	
ANTIVIRALS, MISCELLANEOUS		
<i>foscarnet sodium (24 mg/ml infus. btl, 24 mg/ml plast. bag)</i>	3	
FOSCAVIR (MG/250 ML BAG, MG/250 ML BTTL)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVTENCITY	4	S PA QPD 4.0 per day
PAXLOVID 150-100 MG PACK (EUA)	2	QL 21 / fill AL At least 12 yrs old QPD 4.0 per day
PAXLOVID 300-100 MG PACK (EUA)	2	QL 30 / fill AL At least 12 yrs old QPD 6.0 per day
PREVYMIS (240 MG TABLET, 480 MG TABLET)	4	AL At least 18 yrs old S PA
PREVYMIS (240 MG/12 ML VIAL, 480 MG/24 ML VIAL)	4	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		
ALFERON N	4	S
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	4	S PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	4	S PA
PEGINTRON	4	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOCLONAL ANTIBODY ANTIVIRALS		
SYNAGIS	1	S
		PA
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
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
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir sodium (50 mg/ml vial, 500 mg vial, 1000 mg vial)</i>	1	
<i>acyclovir sodium in 0.9 % sodium chloride</i>	1	
<i>adefovir dipivoxil</i>	4	S PS
BARACLUDE 0.05 MG/ML SOLUTION	4	S PA QPD 20 per day
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	4	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cidofovir</i>	4	S
CYTOVENE	4	S
<i>entecavir</i>	4	S PS QPD 1 per day
<i>famciclovir</i>	1	
<i>ganciclovir</i>	4	S
<i>ganciclovir sodium (500 mg vial, 500mg/10ml vial)</i>	4	S
HEPSERA	4	S PA QPD 1 per day
LAGEVRIO (EUA)	2	QL 40 / fill AL At least 18 yrs old QPD 8.0 per day
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	4	S PS PA QPD 6 per day
<i>ribavirin 6 g vial-neb</i>	1	
SITAVIG	NC	QL 2 / fill AL At least 18 yrs old PA MVB MINIMAL VALUE BRAND
<i>valacyclovir hcl</i>	1	
VALCYTE 50 MG/ML SOLUTION	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALCYTE 450 MG TABLET	3	QPD SBA 4 per day 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	4	AL S PA QPD At least 18 yrs old 1 per day
VIRAZOLE	3	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
<i>buspirone hcl</i>	1	
<i>dexmedetomidine hcl 200mcg/2ml vial</i>	1	
<i>droperidol</i>	1	
EDLUAR	NC	ST QPD MVB 1 per day 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 QPD Up to 65 yrs old 1 per day
HETLIOZ	1	S PA QPD 1 per day
HETLIOZ LQ	4	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 hcl (25 mg/ml vial, 50 mg/ml vial)</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	
INTERMEZZO	NC	ST
		QPD 1 per day
		MVB MINIMAL VALUE BRAND
		SBA Select Brand Alternative
<i>meprobamate</i>	1	
PRECEDEX (80 MCG/20 ML VIAL, 200 MCG/2 ML VIAL, 200 MCG/50 ML BOTTLE, 400 MCG/100 ML BOTTLE, 1,000 MCG/250 ML BTL)	3	
<i>ramelteon</i>	1	QPD 1 per day
ROZEREM	3	ST
		QPD 1 per day
		SBA Select Brand Alternative
VISTARIL	NC	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl)</i>	3	QPD 1 per day HCG
ZOLPIMIST	NC	QPD 0.257 per day MVB Minimal Value Brand
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
NEMBUTAL SODIUM	3	
<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	
<i>phenobarbital sodium</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
ATIVAN (4 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL)	3	
ATIVAN 2 MG/ML VIAL	3	SBA Select Brand Alternative
BYFAVO	3	
<i>chlordiazepoxide hcl 10 mg capsule</i>	1	QPD 30 per day
<i>chlordiazepoxide hcl 25 mg capsule</i>	1	QPD 12 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 (5 mg/ml cartridge, 5 mg/ml syringe, 5 mg/ml vial)</i>	1	
<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
<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
<i>lorazepam (2 mg/ml cartridge, 2 mg/ml syringe, 4 mg/ml cartridge, 4 mg/ml vial)</i>	1	
<i>lorazepam 2 mg/ml vial</i>	1	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>midazolam hcl (2 mg/2 ml vial, 5 mg/5 ml vial, 5 mg/ml vial, 5 mg/ml(1) vial, 10 mg/10ml vial, 10 mg/2 ml vial)</i>	1	
<i>midazolam hcl in 0.9 % sodium chloride (in 0.9 % 2 mg/2 ml syringe, in 0.9 % 5 mg/5 ml syringe)</i>	1	
<i>midazolam hcl in 0.9 % sodium chloride/pf (in 0.9 % nacl/pf 2 mg/2 ml syringe, in 0.9 % nacl/pf 5 mg/5 ml syringe)</i>	1	
<i>midazolam hcl/pf (hcl/pf 2 mg/2 ml cartridge, hcl/pf 2 mg/2 ml syringe, hcl/pf 2 mg/2 ml vial, hcl/pf 5 mg/5 ml vial, hcl/pf 5 mg/ml cartridge, hcl/pf 5 mg/ml syringe, hcl/pf 5 mg/ml(1) vial, hcl/pf 10 mg/2 ml syringe, hcl/pf 10 mg/2 ml vial)</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
QUVIVIQ	3	PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTONOMIC DRUGS		
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX STARTING MONTH BOX	3	
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	3	QPD 2 per day
NICOTROL	3	C HCR QPD 16 per day HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
NICOTROL NS	3	C HCR QPD 20 per day HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
TYRVAYA	3	AL PA QPD 0.28 per day At least 18 yrs old
<i>varenicline tartrate 0.5 (11)-1 tab ds pk</i>	1	C HCR HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>varenicline tartrate (0.5 mg tablet, 1 mg tablet)</i>	1	C	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
		HCR	
		QPD	2.0 per day
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)			
ADLARITY	3	AL	At least 40 yrs old
ARICEPT	3	AL	At least 40 yrs old
<i>bethanechol chloride</i>	1		
BLOXIVERZ	3		
<i>cevimeline hcl</i>	1		
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 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
<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
<i>guanidine hcl</i>	1		
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	3	SBA	Select Brand Alternative
<i>neostigmine methylsulfate (0.5 mg/ml vial, 1 mg/ml vial, 2 mg/2 ml syringe, 5 mg/5 ml syringe)</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	3	HCG
<i>pyridostigmine bromide 180 mg tablet er</i>	3	HCG
RAZADYNE ER	3	AL At least 40 yrs old
REGONOL	3	
<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		
NON-SELECTIVE BETA-ADRENERGIC AGONISTS		
ISUPREL	3	
SELECTIVE BETA-1-ADRENERGIC AGONISTS		
<i>dobutamine hcl</i>	1	
<i>dobutamine hcl in dextrose 5 % in water</i>	1	
<i>dopamine hcl</i>	1	
<i>dopamine hcl in dextrose 5 % in water</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol hfa 90 mcg inhaler (gen proair)</i>	1	QPD 0.8 per day
<i>albuterol hfa 90 mcg inhaler (gen proventil)</i>	1	QPD 0.6 per day
<i>albuterol sulfate 90 mcg hfa aer ad</i>	1	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	
<i>albuterol sulfate (2 mg tablet, 4 mg tablet)</i>	1	
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb)</i>	1	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	QPD 18 per day
<i>arformoterol tartrate</i>	1	QPD 4 per day
<i>formoterol fumarate</i>	1	QL 120 / 30 days
<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	
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	3	QL 120 / 30 days
SEREVENT DISKUS	2	QPD 2 per day
STRIVERDI RESPIMAT	2	QPD 0.144 per day
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	3	HCG
<i>terbutaline sulfate 1 mg/ml vial</i>	1	
XOPENEX	3	SBA Select Brand Alternative
XOPENEX CONCENTRATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD DERIVATIVES		
ALBUKED-25	1	
ALBUKED-5	1	
albumin human	1	
ALBUMINEX	3	
ALBURX	1	
ALBUTEIN (5% IV SOLUTION, 5% VIAL, 25% IV SOLUTION, 25% VIAL)	1	
FLEXBUMIN	1	
OCTAPLAS (BLOOD A IV BAG, BLOOD AB IV BAG, BLOOD B IV BAG, BLOOD O IV BAG)	3	
PLASBUMIN-25	1	
PLASBUMIN-5	1	
PLASMANATE	3	
		S
		PA
		QPD 5.5 per day
RYPLAZIM	4	MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
BLOOD FORMATION, COAGULATION, THROMBOSIS		
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		

ADAKVEO	4	S MED PA	Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
OXBRYTA 500 MG TABLET	4	S PA QPD	3 per day
OXBRYTA 300 MG TABLET FOR SUSP	4	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)	4	S PA QPD	1.0 per day
PYRUKYND (5 MG TABLET, 20 MG TABLET, 50 MG TABLET)	4	S PA QPD	2.0 per day
TAVALISSE	4	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)	4	S
		PS
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
DOPTelet	4	S
		PA
EPOGEN	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
FULPHILA	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	4	S PA
LEUKINE	4	S PA
MIRCERA	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
MOZOBIL	4	S PA
MULPLETA	4	S PA QPD 1 per day
NEULASTA	4	S PS PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	4	S
		PS
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	4	S
		PS
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
NPLATE (125 MCG VIAL, 250 MCG VIAL, 500 MCG VIAL)	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCRIT	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	4	S PA
REBLOZYL	4	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)	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	4	S PS PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UDENYCA	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ZARXIO	4	S PA
ZIEXTENZO	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CALAN SR	3	QPD SBA 1 per day Select Brand Alternative
CARDIZEM	3	QPD SBA 4 per day Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	QPD 4 per day
CARTIA XT 180 MG CAPSULE	1	QPD 3 per day
CARTIA XT 240 MG CAPSULE	1	QPD 2 per day
CARTIA XT 300 MG CAPSULE	1	QPD 1 per day
DILT XR 120 MG CAPSULE	3	QPD 4 per day
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	1	
<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	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	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	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl (240 mg cap er 24h, 240 mg tab er 24h)</i>	1	QPD 2 per day
<i>diltiazem hcl (5 mg/ml vial, 100 mg vial port)</i>	1	
<i>diltiazem hcl in 0.9 % sodium chloride</i>	1	
<i>diltiazem hcl/dextrose 5 % in water</i>	1	
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1	QPD 1 per day
MATZIM LA 180 MG TABLET	1	QPD 3 per day
MATZIM LA 240 MG TABLET	1	QPD 2 per day
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	1	
TAZTIA XT 120 MG CAPSULE	1	QPD 4 per day
TAZTIA XT 180 MG CAPSULE	1	QPD 3 per day
TIADYLT ER (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	1	
TIADYLT ER 120 MG CAPSULE	1	QPD 4 per day
TIADYLT ER 180 MG CAPSULE	1	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
TIAZAC ER 180 MG CAPSULE	3	QPD 3 per day SBA Select Brand Alternative
<i>verapamil hcl (2.5 mg/ml ampul, 2.5 mg/ml syringe, 2.5 mg/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	QPD 1 per day
<i>verapamil hcl 360 mg cap24h pel</i>	3	QPD 1 per day HCG
<i>verapamil hcl (80 mg tablet, 120 mg tablet)</i>	1	QPD 3 per day
<i>verapamil hcl 40 mg tablet</i>	1	
VERELAN (120 MG CAP PELLETT, 180 MG CAP PELLETT, 360 MG CAP PELLETT)	NC	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
VERELAN 240 MG CAP PELLETT	NC	QPD 1 per day MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
VERELAN PM	NC	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	1	QPD 1 per day
<i>amlodipine besylate/benazepril hcl</i>	1	QPD 1 per day
<i>amlodipine besylate/olmesartan medoxomil</i>	1	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	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate/valsartan 5 mg-160mg tablet</i>	1	QPD 2 per day
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	1	QPD 1 per day
CARDENE I.V. (CARDENE I.V. 25 MG/10 ML AMPUL, CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	3	
CLEVIPREX	3	
<i>felodipine</i>	1	QPD 1 per day
<i>isradipine 2.5 mg capsule</i>	1	QPD 2.0 per day
<i>isradipine 5 mg capsule</i>	1	QPD 4.0 per day
<i>nicardipine hcl 20 mg capsule</i>	3	HCG
<i>nicardipine hcl 30 mg capsule</i>	3	HCG
<i>nicardipine hcl 2.5 mg/ml syringe</i>	1	
<i>nicardipine hcl (25 mg/10ml ampul, 25 mg/10ml vial)</i>	1	
<i>nicardipine hcl in 0.9 % sodium chloride</i>	1	
<i>nicardipine in sodium chloride, iso-osmotic</i>	1	
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	1	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	QPD 1 per day
<i>nifedipine (60 mg tab er 24, 60 mg tablet er)</i>	1	QPD 2 per day
<i>nimodipine</i>	1	
<i>nisoldipine</i>	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCARDIA	NC	QPD MVB SBA 4 per day Minimal Value Brand SELECT BRAND ALTERNATIVE
PROCARDIA XL (30 MG TABLET, 90 MG TABLET)	3	QPD SBA 1 per day Select Brand Alternative
PROCARDIA XL 60 MG TABLET	3	QPD SBA 2 per day Select Brand Alternative
SULAR	3	QPD 1 per day
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
ASPRUZYO SPRINKLE	3	QPD 2.0 per day
CAMZYOS	4	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	
DIGOX	1	
<i>digoxin 50 mcg/ml solution</i>	3	HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>digoxin (250 mcg/ml ampul, 250 mcg/ml syringe)</i>	1	
<i>digoxin (125 mcg tablet, 250 mcg tablet)</i>	1	
<i>digoxin 62.5 mcg tablet</i>	1	
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	3	
<i>milrinone lactate 1 mg/ml vial</i>	1	
<i>milrinone lactate/dextrose 5 % in water</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	NC	MVB Minimal Value Brand SBA Select Brand Alternative
CARDURA XL	3	ST QPD 1 per day
<i>doxazosin mesylate</i>	1	
MINIPRESS	NC	MVB Minimal Value Brand SBA Select Brand Alternative
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	
<i>atenolol (25 mg tablet, 50 mg tablet)</i>	1	
<i>atenolol 100 mg tablet</i>	1	
<i>atenolol/chlorthalidone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETAPACE	3	SBA Select Brand Alternative
BETAPACE AF	3	SBA Select Brand Alternative
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BREVIBLOC (100 MG/10 ML VIAL, 2,000 MG/100 ML BAG, 2,500 MG/250 ML BAG)	3	
<i>carvedilol</i>	1	
<i>carvedilol phosphate (10 mg cpmp 24hr, 20 mg cpmp 24hr, 40 mg cpmp 24hr)</i>	3	QPD 2 per day HCG
<i>carvedilol phosphate 80 mg cpmp 24hr</i>	3	QPD 1 per day HCG
CORGARD	3	SBA Select Brand Alternative
DUTOPROL	NC	MVB MINIMAL VALUE BRAND
<i>esmolol hcl 100mg/10ml vial</i>	1	
<i>esmolol hcl in sodium chloride, iso-osmotic</i>	1	
HEMANGEOL	4	S
<i>labetalol hcl (5 mg/ml vial, 20 mg/4 ml cartridge, 20 mg/4 ml syringe)</i>	1	
<i>labetalol hcl 25 mg/5 ml syringe</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>labetalol hcl in dextrose, iso-osmotic</i>	1	
<i>labetalol in nacl, iso-osmotic 1 mg/ml plast. bag</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOPRESSOR 5 MG/5 ML AMPUL	3	SBA Select Brand Alternative
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	3	SBA Select Brand Alternative
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet)</i>	1	
<i>metoprolol tartrate (37.5 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	
<i>metoprolol tartrate 5 mg/5 ml vial</i>	1	
<i>metoprolol tartrate/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nebivolol hcl (5 mg tablet, 10 mg tablet)</i>	1	QPD 3.0 per day
<i>nebivolol hcl 2.5 mg tablet</i>	1	QPD 1.0 per day
<i>nebivolol hcl 20 mg tablet</i>	1	QPD 2.0 per day
<i>pindolol</i>	1	
<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	
<i>propranolol hcl 1 mg/ml vial</i>	1	
<i>propranolol hcl/hydrochlorothiazide</i>	1	
SORINE	1	
SOTALOL AF	1	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	1	
<i>sotalol hcl 150mg/10ml vial</i>	1	
SOTYLIZE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TENORETIC 100	3	SBA Select Brand Alternative
TENORETIC 50	NC	MVB Minimal Value Brand SBA Select Brand Alternative
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
ZIAC	NC	MVB Minimal Value Brand SBA Select Brand Alternative
SCLEROSING AGENTS		
ETHAMOLIN	3	
SCLEROSOL	3	
<i>sodium tetradecyl sulfate</i>	1	
SOTRADECOL 1% VIAL	3	
SOTRADECOL 3% VIAL	1	
<i>talc</i>	3	
CELLULAR AND GENE THERAPY		
CELLULAR THERAPY		
PROVENGE	1	S PA QPD 18 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENE THERAPY		
LUXTURNA	1	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
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	
LITHOBID	3	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	1	
<i>atomoxetine hcl</i>	1	QPD 2 per day
<i>carbidopa</i>	1	
<i>flumazenil 0.1 mg/ml vial</i>	1	
<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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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
NOURIANZ	4	S PA QPD 1 per day
NUEDEXTA	3	PA
RADICAVA ORS 105 MG/5 ML SUSP	4	S PA QPD 1.8 per day
RADICAVA ORS STARTER KIT SUSP	4	S PA QPD 2.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>riluzole</i>	1	
TIGLUTIK	3	PA
XYREM	4	S PA QPD 18 per day
XYWAV	4	S PA QPD 18 per day
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
VIVITROL	4	S PA
ZIMHI	3	QL 1 / rx
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO	4	AL At least 18 yrs old S PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	4	AL S PA QPD At least 18 yrs old 1 per day
INGREZZA 40 MG CAPSULE	4	AL S PA QPD At least 18 yrs old 2 per day
INGREZZA INITIATION PACK	4	AL S PA QPD At least 18 yrs old 1 per day
<i>tetrabenazine</i>	4	S PS PA
XENAZINE	4	S PA SBA Select Brand Alternative
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>cefazolin sodium (1 g vial, 1 g vial port, 2 g vial, 10 g vial, 20 g vial, 100 g bulkbaginj, 300g bulkbaginj, 500 mg vial)</i>	1	
<i>cefazolin sodium in 0.9 % sodium chloride (in 0.9 % 2 g/100 ml plast. bag, in 0.9 % 3 g/100 ml piggyback)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefazolin sodium/dextrose 5 % in water</i>	1	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose, iso 1 g/50 ml froz. piggy, sodium/dextrose, iso 1 g/50 ml piggyback, sodium/dextrose, iso 2 g/100 ml froz. piggy, sodium/dextrose, iso 2 g/50 ml piggyback)</i>	1	
<i>cefazolin sodium/water for injection, sterile (sodium/water 1 g/10 ml syringe, sodium/water 2 g/20 ml syringe)</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	
KEFLEX	3	
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	
<i>cefuroxime sodium</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
AVYCAZ	3	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	1	
<i>cefditoren pivoxil</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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>cefotaxime sodium 1 g vial</i>	1		
<i>cefepodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	1		
<i>ceftazidime</i>	1		
<i>ceftazidime in dextrose 5% and water</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		
<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		
CLAFORAN (1 GM ADD-VANTAGE VL, 1 GM VIAL, 2 GM ADD-VANTAGE VL, 2 GM VIAL, 10 GM VIAL)	3		
FORTAZ	3		
SPECTRACEF	3		
SUPRAX 400 MG CAPSULE	3	SBA	Select Brand Alternative
SUPRAX (100 MG/5 ML SUSPENSION, 200 MG/5 ML SUSPENSION)	3	QL	1200 / 90 days
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION)	3		
TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 2 GM ADD-VANTAGE VIAL, 2 GRAM VIAL, 6 GRAM VIAL)	1		
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS			
<i>cefepime hcl (1 g vial, 2 g vial)</i>	1		
<i>cefepime hcl in dextrose 5 % in water</i>	1		
<i>cefepime hcl in iso-osmotic dextrose</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS		
TEFLARO	3	PA
SIDEROPHORE CEPHALOSPORINS		
FETROJA	3	
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS	2	QPD 2 per day
ADVAIR HFA	2	QPD 0.4 per day
ARNUITY ELLIPTA 100 MCG INH	2	QPD 2 per day
ARNUITY ELLIPTA 200 MCG INH	2	QPD 1 per day
ARNUITY ELLIPTA 50 MCG INH	2	QPD 4 per day
BREO ELLIPTA	2	QPD 2 per day
BREZTRI AEROSPHERE	2	QPD 0.36 per day
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb)</i>	1	QL 120 / 30 days
<i>budesonide 1 mg/2 ml ampul-neb</i>	3	QL 120 / 30 days HCG
FLOVENT 250 MCG DISKUS	2	QPD 8 per day
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QPD 4 per day
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	2	QPD 0.8 per day
FLOVENT HFA 44 MCG INHALER	2	QPD 0.767 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone propionate/salmeterol xinafoate</i> <i>(propion/salmeterol 100-50 mcg blst w/dev,</i> <i>propion/salmeterol 250-50 mcg blst w/dev,</i> <i>propion/salmeterol 500-50 mcg blst w/dev)</i>	1	QPD 2 per day
PULMICORT FLEXHALER	2	QPD 0.07 per day
SYMBICORT	2	QPD 0.4 per day
TRELEGY ELLIPTA	2	QPD 2 per day
WIXELA INHUB	1	QPD 2 per day
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
SYMDEKO	4	S
		PA
		QPD 2 per day
TRIKAFTA	4	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)	4	S
		PA
		QPD 2 per day
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	4	S
		PA
		QPD 2 per day
ORKAMBI 75-94 MG GRANULE PKT	4	S
		PA
		QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORKAMBI (100 MG TABLET, 200 MG TABLET)	4	S PA QPD 4 per day
DENTAL AGENTS		
ORAQIX	3	
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS		
<i>methoxsalen</i>	1	
OXSORALEN-ULTRA	3	
UVADEX	4	S
DEVICES		
AMVISC 12 MG/ML SYRINGE	3	
AMVISC PLUS 16 MG/ML SYRINGE	3	
APLIGRAF	3	
AQUORAL	3	
ATOPICLAIR	3	
ATRAPRO DERMAL SPRAY	3	
BIONECT (FOAM, GEL)	3	
<i>blade lancet, safety (0.8 mmx2mm each, 1.2 mm each, 1.5 mmx2mm each)</i>	2	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>blood-glucose meter (each, kit)</i>	2		
<i>blood-glucose meter, wireless</i>	2		
<i>blood-glucose meter, continuous each</i>	2	AL	At least 2 yrs old
<i>blood-glucose sensor</i>	2	AL	At least 2 yrs old
<i>blood-glucose transmitter</i>	2	AL	At least 2 yrs old
CAPHOSOL	3		
<i>conception assistance supplies combination no.1</i>	1		
CONTOUR METER (NDC: 00193955601)	3		
CONTOUR NEXT EZ METER SYSTEM (NDC: 00193962801)	3		
CONTOUR NEXT LINK 2.4 METER KIT (NDC: 00193626201)	3		
CONTOUR NEXT ONE METER (NDC: 00193781801)	2		
<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		
DISCOVISC	3		
DUOVISC	3		
DUROLANE	4	S PA	
ELETONE	3		
EPISIL	3		
EUFLEXXA	4	S PS PA	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>facial mask</i>	3	
GEL-ONE	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
GELFOAM JMI SPONGE KIT	3	
GENVISC 850	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>gloves, latex package</i>	1	
<i>glucose sensor,implantable,continuous/dexamethasone acetate</i>	3	
HYALGAN (20 MG/2 ML SYRINGE, 20 MG/2 ML VIAL)	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hyaluronate sodium 10 mg/ml syringe</i>	4	S PA
HYLATOPICPLUS (CREAM, LOTION)	3	
HYMOVIS	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>	2	QL 10 / 30 days
<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	QL 10 / 30 days
<i>insulin syringe-needle, safety, disposal unit, 0.5 ml</i>	2	
<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	
<i>lancing device each</i>	2	
<i>lancing device, vacuum/lancets</i>	2	
<i>lancing device/lancets</i>	2	
LIDOTREX 2% WOUND GEL	3	
MICROCYN	3	
MICROCYN HYDROGEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOVISC	4	S
		PA
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
MUCOSITISRX	3	
<i>needles, disposable 22gx1" dis needle</i>	2	
NEOSALUS (CREAM, FOAM, LOTION)	3	
NEOSALUS CP	3	
NUMOISYN (LIQUID, LOZENGE)	3	
NUVAIL	3	
ORTHOVISC	4	S
		PA
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
PAIN EASE MEDIUM STREAM SPRAY	3	
PAIN EASE MIST SPRAY	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 31gx5/32" 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 32gx5/32" 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	
<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	
<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	
<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 31gx 5/32" dis needle, pen 32gx 5/32" dis needle)</i>	2	
PRESERA	3	
PROMISEB	3	
<i>prothrombin time test strips</i>	3	QPD 0.434 per day
<i>prothrombin time/inr test meter</i>	3	
PROVISC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SALIVAMAX	3	
SILVASORB	3	
SILVRSTAT	3	
<i>sodium chloride 0.9 % vial</i>	1	
<i>sodium chloride 0.9 % (flush) 0.9 % syringe cp</i>	1	
SPRAY AND STRETCH	3	
		S
		PA
SUPARTZ FX	4	MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
SWABFLUSH	1	
SYNOJOYNT	4	S PA
SYNVISC	4	S PS PA
SYNVISC-ONE	4	S PS PA
<i>syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit</i>	2	
<i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit</i>	2	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with needle, insulin, safety, 0.5 ml (29 g x1/2" disp syrin, 30 gx5/16" disp syrin, 31gx15/64" disp syrin)</i>	2	
<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	
<i>syringe with needle, insulin, 1 ml and sharps container</i>	2	
<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	
<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	
<i>syringe with needle, insulin 0.5 ml (half unit mark)</i>	2	
<i>syringe with needle, insulin disposable</i>	2	
<i>syringe with needle, insulin disposable, 0.3 ml/empty containr</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 31gx15/64" disp syrin, ml 31gx3/8" disp syrin)</i>	2	
<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	
<i>syringe without needle,insulin disposable, 1 ml</i>	2	
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	2	
<i>syringe-needle,insulin,0.5 ml/container,empty</i>	2	
THROMBI-GEL	3	
THROMBI-PAD	3	
TRILURON	4	S PA
TRIVISC	4	S PA
VISCOAT	3	
XCLAIR	3	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		

ACTHAR	4	S	Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
		PA	
		MED PA	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTROPHIN	4	S PA QPD 0.75 per day
CORTROSYN	3	
<i>cosyntropin</i>	1	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
<i>almond extract</i>	3	
<i>apple extract</i>	3	
<i>avocado extract</i>	3	
<i>banana extract</i>	3	
<i>beef extract</i>	3	
<i>cantaloupe extract</i>	3	
<i>casein extract</i>	3	
<i>chicken meat extract</i>	3	
<i>cocoa extract</i>	3	
<i>corn extract</i>	3	
<i>crab extract</i>	3	
<i>egg extract</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>egg yolk extract</i>	3	
<i>oats extract</i>	3	
<i>orange extract</i>	3	
<i>peanut extract</i>	3	
<i>pecan extract</i>	3	
<i>pistachio nut extract</i>	3	
<i>pork extract</i>	3	
<i>rice extract</i>	3	
<i>sesame seed extract</i>	3	
<i>shrimp extract</i>	3	
<i>soybean extract</i>	3	
<i>strawberry extract</i>	3	
CARDIAC FUNCTION		
LEXISCAN	3	
DIABETES MELLITUS		
<i>blood sugar diagnostic</i>	2	QPD 10 per day
CONTOUR NEXT TEST STRIP (NDC: 00193727735)	3	QPD 10 per day
CONTOUR NEXT TEST STRIP (NDC: 00193727870)	3	QPD 10 per day
CONTOUR NEXT TEST STRIP (NDC: 00193730850)	3	QPD 10 per day
CONTOUR NEXT TEST STRIP (NDC: 00193731025)	2	QPD 10 per day
CONTOUR NEXT TEST STRIP (NDC: 00193731150)	2	QPD 10 per day
CONTOUR NEXT TEST STRIP (NDC: 00193731221)	2	QPD 10 per day
CONTOUR NEXT TEST STRIP (NDC: 00193731310)	3	QPD 10 per day
DEFINITY	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEFINITY RT	3	
<i>histamine dihydrochloride 10 mg/ml vial</i>	3	
OPTISON	3	
TOXICOLOGY SALIVA COLLECTION	3	
DIAGNOSTIC AGENTS, MISCELLANEOUS		
T.R.U.E. TEST	3	
DRUG HYPERSENSITIVITY		
PRE-PEN	3	
FUNGI		
CANDIN	3	
SPHERUSOL	3	
GALLBLADDER FUNCTION		
KINEVAC	3	
LIVER FUNCTION		
EOVIST	3	
OCULAR DISORDERS		
AK-FLUOR 10% VIAL	1	
AK-FLUOR 25% VIAL	3	
FLUORESCITE	3	
MEMBRANEBLUE	3	
TISSUEBLUE	3	
VISIONBLUE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PANCREATIC FUNCTION		
CHIRHOSTIM	3	
PITUITARY FUNCTION		
ACTHREL	4	S
MACRILEN	4	S PA
METOPIRONE	3	
R-GENE 10	3	
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
CLARISCAN (2.5 MMOL/5 ML VIAL, 5 MMOL/10 ML VIAL, 7.5 MMOL/15 ML VIAL, 10 MMOL/20 ML VIAL, 50 MMOL/100 ML VIAL)	1	
DOTAREM (2.5 MMOL/5 ML VIAL, 5 MMOL/10 ML SYRINGE, 5 MMOL/10 ML VIAL, 7.5 MMOL/15 ML SYRINGE, 7.5 MMOL/15 ML VIAL, 10 MMOL/20 ML SYRINGE, 10 MMOL/20 ML VIAL, 50 MMOL/100 ML VIAL)	3	
<i>gadoterate meglumine</i>	1	
MAGNEVIST (BULK VIAL, SYRINGE, VIAL)	3	
MULTIHANCE	3	
MULTIHANCE MULTIPACK	3	
OMNISCAN (287 MG/ML SYRINGE, 287 MG/ML VIAL)	3	
PROHANCE (279.3 MG/ML SYRINGE, 279.3 MG/ML VIAL)	3	
PROHANCE MULTIPACK	3	
THYROID FUNCTION		
THYROGEN	4	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUBERCULOSIS		
APLISOL	3	
TUBERSOL	3	
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>	3	HCG
<i>bumetanide 0.5 mg tablet</i>	1	
<i>bumetanide 0.25 mg/ml vial</i>	1	
EDECRIN	NC	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>furosemide (10 mg/ml syringe, 10 mg/ml vial)</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>furosemide in 0.9 % sodium chloride</i>	1	
SODIUM EDECRIN	3	
<i>torsemide</i>	1	
OSMOTIC DIURETICS		
<i>mannitol (5 % iv soln, 10 % iv soln, 20 % iv soln, 25 % vial)</i>	1	
OSMITROL	1	
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>amiloride hcl/hydrochlorothiazide</i>	1	
DYRENIUM	NC	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		
<i>chlorothiazide sodium</i>	1	
DIURIL	3	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 50 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrochlorothiazide 25 mg tablet</i>	1	
SODIUM DIURIL	3	
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
THALITONE	3	
VASOPRESSIN ANTAGONISTS		
JYNARQUE 15 MG TABLET	4	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)	4	S PA QPD 2 per day
SAMSCA 15 MG TABLET	4	S PA QPD 1 per day
SAMSCA 30 MG TABLET	4	S PA QPD 2 per day
<i>tolvaptan 15 mg tablet</i>	4	S PA QPD 1 per day
<i>tolvaptan 30 mg tablet</i>	4	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAPRISOL-5% DEXTROSE	3	
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	3	HCG
<i>cabergoline</i>	1	
CYCLOSET	3	PA QPD 6 per day
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN	4	S PA QPD 2 per day
<i>apomorphine hcl</i>	4	S PS PA QPD 2.0 per day
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	4	S PA QPD 5 per day
KYNMOBI TITRATION KIT	4	QL 10 / 30 days S PA
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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		
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		
THAM	3		
UROCIT-K (SR 5 TABLET, SR 10 TABLET)	3		
UROCIT-K ER 15 MEQ TABLET	3	SBA	Select Brand Alternative
AMMONIA DETOXICANTS			
AMMONUL	3		
BUPHENYL (500 MG TABLET, POWDER)	4	S	
CARBAGLU	1	S	
<i>carglumic acid</i>	4	S	PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONSTULOSE	1	
ENULOSE	1	
GENERLAC	1	
KRISTALOSE	1	
<i>lactulose 10 g packet</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	1	
LITHOSTAT	3	
RAVICTI	4	S PA QPD 20 per day
<i>sodium benzoate/sodium phenylacetate</i>	1	
<i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>	4	S PS
CALORIC AGENTS		
ACD SOLUTION A	1	
ACD-A 30 ML VIAL	1	
AMINOSYN (8.5% IV SOLUTION, 10% IV SOLUTION)	3	
AMINOSYN II (7% IV SOLUTION, 8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	3	
AMINOSYN II WITH ELECTROLYTES	1	
AMINOSYN M	3	
AMINOSYN 7%-ELECTROLYTE SOL	3	
AMINOSYN 8.5%-ELECTROLYTES SOL	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMINOSYN-HBC	3	
AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION)	3	
AMINOSYN-RF	3	
CLINIMIX (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	3	
CLINIMIX E (2.75%-5% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	3	
CLINISOL	1	
CLINOLIPID	3	
<i>dextrose 10 % and 0.2 % sodium chloride</i>	1	
<i>dextrose 10 % and 0.45 % sodium chloride</i>	1	
<i>dextrose 10 % in water (10 % in 10 % dehp fr bg, 10 % in 10 % iv soln)</i>	1	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	1	
<i>dextrose 20 % in water</i>	1	
<i>dextrose 25 % in water</i>	1	
<i>dextrose 30 % in water</i>	1	
<i>dextrose 40 % in water</i>	1	
<i>dextrose 5 % and 0.2 % sodium chloride</i>	1	
<i>dextrose 5 % and 0.3 % sodium chloride</i>	1	
<i>dextrose 5 % and 0.45 % sodium chloride</i>	1	
<i>dextrose 5 % and 0.9 % sodium chloride</i>	1	
<i>dextrose 5 % in water (5 % in pggybk prt, 5 % in pgy vl prt, 5 % in 5 % iv soln)</i>	1	
<i>dextrose 5 % in water 5 % vial</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextrose 50 % in water (50 % in 50 % iv soln, 50 % in 50 % syringe, 50 % in 50 % vial)</i>	1	
<i>dextrose 70 % in water</i>	1	
DOJOLVI	4	S PA
FREAMINE III	3	
INTRALIPID 20% IV FAT EMUL	1	
INTRALIPID 30% IV FAT EMUL	3	
NUTRILIPID	1	
OMEGAVEN	3	
PLENAMINE	1	
PREMASOL	3	
PROCALAMINE	3	
PROSOL	3	
SMOFLIPID	3	
TRAVASOL	3	
TROPHAMINE	3	
IRRIGATING SOLUTIONS		
<i>acetic acid 0.25 % irrig soln</i>	1	
AMINOACETIC ACID	1	
CURITY (SALINE 0.9% IRR, WATER,IRRIGATIO)	1	
DELFLEX WITH 1.5% DEXTROSE	3	
DELFLEX WITH 2.5% DEXTROSE	3	
DELFLEX WITH 4.25% DEXTROSE	3	
DELFLEX-2.5% DEXTROSE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIANEAL PD-2 W-1.5% DEXTROSE	3	
DIANEAL PD-2 W-2.5% DEXTROSE	3	
DIANEAL PD-2 W-4.25% DEXTROSE	3	
DIANEAL WITH 1.5% DEXTROSE	3	
DIANEAL WITH 2.5% DEXTROSE	3	
DIANEAL WITH 4.25% DEXTROSE	3	
EXTRANEAL ICODextrin DIALYSIS	3	
<i>glycine urologic solution</i>	1	
<i>mannitol/sorbitol solution</i>	1	
PHYSIOLYTE	1	
PHYSIOSOL	1	
RIMSO-50	3	
<i>ringer's solution irrig soln</i>	1	
<i>ringer's solution, lactated irrig soln</i>	1	
<i>sodium chloride irrig solution 0.9 % irrig soln</i>	1	
<i>sorbitol solution (solution 3 % irrig soln, solution 3.3 % irrig soln)</i>	1	
<i>water for irrigation, sterile</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 % cartridge, 0.9 % 0.9 % iv soln, 0.9 % 0.9 % syringe, 0.9 % 0.9 % vial)	1	
<i>bacteriostatic sodium chloride</i>	1	
<i>calcium acetate 667 mg tablet</i>	1	
<i>calcium chloride 100 mg/ml syringe</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>calcium gluconate</i>	1	
<i>calcium gluconate in 0.9% nacl 1 g/100 ml plast. bag</i>	1	
<i>calcium gluc in nacl, iso-osm 1 g/100 ml plast. bag</i>	1	
<i>calcium gluconate in sodium chloride, iso-osmotic (in 1 g/50 ml plast. bag, in 2 g/100 ml plast. bag)</i>	1	
<i>cardioplegic solution no.1</i>	1	
<i>chromic chloride</i>	1	
<i>cupric chloride</i>	1	
<i>dextrose 5 % in lactated ringers</i>	1	
<i>dextrose 5 % in ringer's</i>	1	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	3	
EFFER-K 25 MEQ TABLET EFF	1	
<i>electrolyte-48 solution/dextrose 5 % in water</i>	1	
HESPAN	3	
<i>hetastarch in 0.9 % sodium chloride</i>	1	
HEXTEND LACTATED ELECTROLYTE	3	QPD 3 per day
HYPER-SAL 7% VIAL	3	
IONOSOL B WITH DEXTROSE 5%	3	
IONOSOL MB-DEXTROSE 5%	3	
ISOLYTE P WITH DEXTROSE	3	
ISOLYTE S (IV OLN PH7.4, IV OLUTION-EXCEL)	3	
KLOR-CON	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KLOR-CON M15	3	
KLOR-CON M20	1	
KLOR-CON-EF	1	
LMD 10% WITH 0.9% SOD CHLORIDE	3	
LMD 10% WITH 5% DEXTROSE	3	
<i>manganese chloride</i>	1	
MONOJECT 0.9% SODIUM CHLORIDE	1	
MONOJECT PREFILL ADVANCED	1	
MONOJECT SODIUM CHLORIDE FLUSH	1	
NEBUSAL 3% VIAL	1	
NEBUSAL 6% VIAL	3	
NORMOSOL-M AND DEXTROSE	1	
NORMOSOL-R	3	
NORMOSOL-R AND DEXTROSE	3	
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A PH 7.4	3	
PLEGISOL	3	
<i>potassium acetate 2 meq/ml vial</i>	1	
<i>potassium chloride (2 meq/ml ampul, 2 meq/ml iv soln, 2 meq/ml vial)</i>	1	
<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>	3	HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride in 0.45 % sodium chloride</i>	1	
<i>potassium chloride in 5 % dextrose in water</i>	1	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride</i>	1	
<i>potassium chloride in dextrose 5 %-0.2 % sodium chloride (chloride/d5-0.2%nacl 10 meq/l iv soln, chloride/d5-0.2%nacl 20 meq/l iv soln, chloride/d5-0.2%nacl 30 meq/l iv soln, chloride/d5-0.2%nacl 40 meq/l iv soln)</i>	1	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride (chloride/d5-0.45nacl 10 meq/l iv soln, chloride/d5-0.45nacl 20 meq/l iv soln, chloride/d5-0.45nacl 30 meq/l iv soln, chloride/d5-0.45nacl 40 meq/l iv soln)</i>	1	
<i>potassium chloride/d5-0.3%nacl 20 meq/l iv soln</i>	1	
<i>potassium chloride in lactated ringers and 5 % dextrose</i>	1	
<i>potassium chloride in water for injection, sterile (in 10meq/0.1l piggyback, in 10meq/50ml piggyback, in 20meq/0.1l piggyback, in 20meq/50ml piggyback, in 30meq/0.1l piggyback, in 40meq/0.1l piggyback)</i>	1	
<i>potassium chloride/lidocaine hcl in 0.9 % sodium chloride</i>	1	
<i>potassium phos,m-basic-d-basic 3mmol/ml vial</i>	1	
PRISMASOL (B22GK 2/0, BGK 4/2.5)	3	
PRISMASOL (B22GK 4/0, BGK 0/2.5, BGK 2/0, BGK 2/3.5, BGK 4/0/1.2, BK 0/0/1.2)	3	
PULMOSAL	1	
<i>ringer's solution iv soln</i>	1	
<i>ringer's solution,lactated iv soln</i>	1	
<i>sodium acetate</i>	1	
<i>sodium chloride (2.5 meq/ml vial, 4 meq/ml syringe, 4 meq/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>sodium chloride for inhalation</i>	1	
<i>sod phosphate,monobasic-dibas 3mmol/ml vial</i>	1	
TPN ELECTROLYTES	1	
TPN ELECTROLYTES II	1	
<i>zinc chloride</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
ENZYMES		
ALDURAZYME	4	S PA
AMPHADASE	3	
CEREZYME	1	S PA
ELAPRASE	1	S PA
ELELYSO	4	S PS PA
ELITEK	4	S
FABRAZYME	4	S PA
HYLENEX	3	
HYQVIA HY COMPONENT	4	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KANUMA	1	S
LUMIZYME	1	S PA
MEPSEVII	4	S PA
NAGLAZYME	4	S PA
NEXVIAZYME	4	S
		PA
		QPD 1.65 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
PALYNZIQ (10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	4	S
		PA
		QPD 2 per day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	4	S
		PA
		QPD 8 per day
REVCovi	4	S
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STRENSIQ	1	S PS PA
SUCRAID	4	S PA
VIMIZIM	4	S
VITRASE	3	
VPRIV	1	S PA
XIAFLEX	4	S PA
ESTROGENS AND ANTIESTROGENS ESTROGEN AGONIST-ANTAGONISTS		
EVISTA	3	QPD 1 per day
FARESTON	4	S SBA Select Brand Alternative
OSPHENA	3	QPD 1.0 per day
<i>raloxifene hcl</i>	1	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
SOLTAMOX	3	
<i>tamoxifen citrate</i>	1	C HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>toremifene citrate</i>	4	S
ESTROGENS		
ACTIVELLA	NC	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
ALORA	3	ST QPD 0.29 per day
AMABELZ	1	QPD 1 per day
ANGELIQ	3	QPD 1 per day
BIJUVA	3	QPD 1 per day
CLIMARA PRO	2	QPD 0.15 per day
COMBIPATCH	3	QPD 0.29 per day
DEPO-ESTRADIOL	3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	3	QPD 1 per day
DIVIGEL 1.25 MG GEL PACKET	3	QPD 1.25 per day
DOTTI	1	QPD 0.29 per day
DUAVEE	2	
ELESTRIN	3	QPD 1.73 per day
<i>estradiol 0.01 % cream/appl</i>	1	QPD 4 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	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, 0.1mg/24hr patch tdwk)</i>	1	QPD 0.15 per day
<i>estradiol .075mg/24h patch tdwk</i>	3	QPD 0.15 per day HCG
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1	QPD 1 per day
<i>estradiol 10 mcg tablet</i>	1	QPD 0.643 per day
<i>estradiol 2 mg tablet</i>	1	QPD 1 per day
<i>estradiol valerate</i>	3	HCG
<i>estradiol/norethindrone acetate</i>	1	QPD 1 per day
ESTRING	3	QL 90 days
ESTROGEL	3	QPD 1.667 per day
EVAMIST	2	QPD 0.54 per day
FEMHRT	3	QPD 1 per day
FEMRING	3	ST QPD 0.02 per day
FYAVOLV	1	QPD 1 per day
IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	2	QPD 1 per day
JINTELI	1	QPD 1 per day
LYLLANA	NC	QPD 0.29 per day
		HCG
		MVG MINIMAL VALUE GENERIC
MENEST	3	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENOSTAR	3	ST QPD 0.15 per day
MIMVEY	NC	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
MINIVELLE	3	ST 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	QPD 1 per day
PREMARIN VAGINAL CREAM-APPL	2	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	QPD 1 per day
PREMARIN 25 MG VIAL	2	
PREMPHASE	2	QPD 1 per day
PREMPRO	2	QPD 1 per day
YUVAFEM	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine hcl</i>	1	QPD 0.8 per day
<i>balanced salt irrig soln no.2</i>	1	
BSS	1	
BSS PLUS	3	
CELLUGEL	3	
CYSTADROPS	4	S PA QPD 0.72 per day
CYSTARAN	1	S PA QPD 1 per day
DEBACTEROL SWABSTICK	3	
GELFILM	3	
IOPIDINE	3	QPD 0.8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ipratropium bromide (21 mcg spray, 42 mcg spray)</i>	1	QPD 2 per day
LACRISERT	3	
OCUCOAT	1	
OXERVATE	4	S PA QPD 1 per day
TEPEZZA	4	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
VISUDYNE	1	S
LOCAL ANESTHETICS (EENT)		
AKTEN	3	
ALCAINE	3	
GLYDO	NC	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>	NC	HCG MVG MINIMAL VALUE GENERIC
NUMBRINO	3	
<i>proparacaine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
CYCLOGYL	3	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl (0.5 % drops, 1 % drops, 2 % drops)</i>	1	
MYDRIACYL	3	
OMIDRIA	3	
PAREMYD	3	
<i>tropicamide (0.5 % drops, 1 % drops)</i>	1	
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
BEOVU (6 MG/0.05 ML SYRINGE, 6 MG/0.05 ML VIAL)	4	QL S PA 1 / rx
EYLEA (2 MG/0.05 ML SYRINGE, 2 MG/0.05 ML VIAL)	4	S PA QPD 0.04 per day
LUCENTIS (0.3 MG/0.05 ML SYRING, 0.3 MG/0.05 ML VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	4	S PA QPD 0.04 per day
VABYSMO	4	S PA QPD 0.036 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

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>	NC	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			
PHENERGAN (25 MG/ML AMPUL, 25 MG/ML VIAL, 50 MG/ML AMPUL, 50 MG/ML VIAL)	3	AL	At least 2 yrs old
<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		
CONEX SOLUTION	3		
<i>dexchlorpheniramine maleate</i>	NC	AL	At least 2 yrs old
		HCG	
		MVG	MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
RESPA A.R.	3		
RYCLORA	NC	AL	At least 2 yrs old
		MVB	Minimal Value Brand
GASTROINTESTINAL DRUGS			
ANTI-INFLAMMATORY AGENTS (GI DRUGS)			
<i>alosetron hcl</i>	1	AL	At least 18 yrs old
APRISO	2		
<i>balsalazide disodium</i>	1		
COLAZAL	3	SBA	Select Brand Alternative
DIPENTUM	3	PA	
LOTRONEX	3	AL	At least 18 yrs old
		PA	
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 400 mg cap(dr tab), 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>	3	HCG	
PENTASA 250 MG CAPSULE	3		
PENTASA 500 MG CAPSULE	3		
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	3		
SFROWASA	3		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ANTIDIARRHEA AGENTS			
diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)	1		
LOMOTIL	3		
loperamide hcl 2 mg capsule	1		
MYTESI	4	S	
opium tincture	1	QPD	5 per day
XERMELO	1	AL	At least 18 yrs old
		S	
		PA	
CATHARTICS AND LAXATIVES			
CLENPIQ	3	QPD	11 per day
GAVILYTE-C	1	C	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
		HCR	
GAVILYTE-G	1	C	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
		HCR	
GAVILYTE-N	NC	C	HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
		HCR	
		HCG	
		MVG	MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCIL INSTANT POWDER	3	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	1	C HCR HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	1	C HCR HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
PEG-PREP	1	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	1	C HCR HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	QL ST 354 / fill
SUPREP	3	QL 354 / fill
SUTAB	3	QPD 0.8 per day
TRILYTE WITH FLAVOR PACKETS	1	C HCR HCR: Age edits (45 to 75) apply. Multi-source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
CHOLELITHOLYTIC AGENTS			
ACTIGALL	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative
CHENODAL	4	S	
URSO	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative
URSO FORTE	3		
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	1		
DIGESTANTS			
CREON	2		
ZENPEP	2		
GI DRUGS, MISCELLANEOUS			
alvimopan	1	PA	
		S	
BYLVAY (200 MCG PELLET, 400 MCG CAPSULE)	4	PA	
		QPD	2.0 per day
		S	
BYLVAY 1,200 MCG CAPSULE	4	PA	
		QPD	5.0 per day
		S	
BYLVAY 600 MCG PELLET	4	PA	
		QPD	10.0 per day
		S	
CHOLBAM 250 MG CAPSULE	4	PA	
		QPD	7 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHOLBAM 50 MG CAPSULE	4	S PA QPD 4 per day
ENDARI	4	S PA QPD 6 per day
ENTEREG	3	PA
ENTYVIO	4	QL 2/ 30 days S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
GATTEX 5 MG 30-VIAL KIT	4	S PA QPD 0.034 per day
GATTEX 5 MG ONE-VIAL KIT	4	S PA QPD 1 per day
HUMIRA(CF) PEDI CROHN 80-40 MG	4	S PS PA QPD 0.22 per day
LINZESS	2	ST AL At least 18 yrs old QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVMARLI	4	S PA QPD 3.0 per day
OCALIVA	4	S PA QPD 1 per day
SYMPROIC	2	AL At least 18 yrs old PA QPD 1 per day
VIBERZI	2	PA QPD 2 per day
PROKINETIC AGENTS		
GIMOTI	4	AL At least 18 yrs old S PA QPD 0.334 per day
<i>metoclopramide hcl 10 mg/2 ml syringe</i>	1	
<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	
<i>metoclopramide hcl 5 mg/ml vial</i>	1	
MOTEGRITY	3	AL At least 18 yrs old PA QPD 1 per day
REGLAN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZELNORM	3	AL PA QPD Up to 65 yrs old 2 per day
GENERAL ANESTHETICS		
BARBITURATES (GENERAL ANESTHETICS)		
BREVITAL SODIUM	3	
<i>methohexital sodium in sterile water for injection/pf</i>	1	
GENERAL ANESTHETICS, MISCELLANEOUS		
AMIDATE (20 MG/10 ML AMPUL, 20 MG/10 ML VIAL, 40 MG/20 ML VIAL)	3	
DIPRIVAN	3	
<i>etomidate 2 mg/ml vial</i>	1	
KETALAR	3	
<i>ketamine hcl (10 mg/ml vial, 50 mg/ml vial, 100 mg/ml vial)</i>	1	
<i>propofol 10 mg/ml vial</i>	1	
INHALATION ANESTHETICS		
FORANE	3	
<i>isoflurane</i>	1	
<i>sevoflurane</i>	1	
TERRELL	1	
ULTANE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>	1	QPD 2 per day
TOVIAZ	3	QPD 1 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	4	S
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
FIRMAGON	4	S PA
MYFEMBREE	2	AL At least 18 yrs old PA QPD 1.0 per day
ORGOVYX	4	S PS PA
ORIAHNN	2	AL At least 18 yrs old PA QPD 2 per day
ORILISSA 150 MG TABLET	2	AL At least 18 yrs old PA QPD 1 per day
ORILISSA 200 MG TABLET	2	AL At least 18 yrs old PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GONADOTROPINS		
ELIGARD	4	S PA
<i>leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial)</i>	4	S PA
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	4	S PA
LUPRON DEPOT 11.25 MG 3MO KIT	4	S PA
LUPRON DEPOT 3.75 MG KIT	4	S PA
LUPRON DEPO 11.25MG (LUPANETA)	4	S PA
LUPRON DEPOT 3.75MG (LUPANETA)	4	S PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	4	S PA
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	4	S PA
SUPPRELIN LA	4	S PA
SYNAREL	4	S PA
TRELSTAR	4	S PA
VANTAS	1	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOLADEX	4	S PA
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA 150-37.5 MG PELLET PKT	4	S PS PA QPD 1.0 per day
EPCLUSA 200-50 MG PELLET PACK	4	S PS PA QPD 2.0 per day
EPCLUSA (200 MG-50 MG TABLET, 400 MG-100 MG TABLET)	4	S PS PA QPD 1 per day
HARVONI (33.75-150 MG PELLET PK, 45-200 MG TABLET, 90-400 MG TABLET)	4	S PS PA QPD 1 per day
HARVONI 45-200 MG PELLET PACKT	4	S PS PA QPD 2 per day
<i>ledipasvir/sofosbuvir</i>	4	S PS PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sofosbuvir/velpatasvir</i>	4	S PS PA QPD 1 per day
SOVALDI 200 MG PELLET PACKET	4	S PS PA QPD 2 per day
SOVALDI (150 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET)	4	S PS PA QPD 1 per day
VOSEVI	4	S PS PA QPD 1 per day
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET 50-20 MG PELLET PACKET	4	S PS PA QPD 5.0 per day
MAVYRET 100-40 MG TABLET	4	S PS PA QPD 3 per day
HCV REPLICATION COMPLEX INHIBITORS		
VIEKIRA PAK	4	S PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPATIER	4	S PA QPD 1 per day
HEAVY METAL ANTAGONISTS		
BAL IN OIL	3	
CHEMET	4	S
CUPRIMINE	4	S PA
D-PENAMINE	4	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>	4	S PS PA
<i>deferiprone (500 mg tablet, 1000 mg tablet)</i>	4	S PS PA
<i>deferoxamine mesylate</i>	1	
DEPEN	4	S PA SBA SELECT BRAND ALTERNATIVE
DESFERAL	3	
DESFERAL MESYLATE	3	
<i>edetate calcium disodium</i>	1	
EXJADE	4	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	1	S PA
FERRIPROX 1,000 MG TABLET	4	S PA
FERRIPROX (2 TIMES A DAY)	4	S PA
FERRIPROX (3 TIMES A DAY)	4	S PA
GALZIN	3	
JADENU	4	S PA
JADENU SPRINKLE	4	S PA
<i>penicillamine (250 mg capsule, 250 mg tablet)</i>	4	S PA
<i>pentetate calcium trisodium</i>	1	
<i>pentetate zinc trisodium</i>	1	
<i>trientine hcl</i>	4	S PS PA
WILZIN	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
A-HYDROCORT	3	
<i>betamethasone acetate/betamethasone sodium phosphate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide 3 mg capdr - er</i>	3	HCG
<i>budesonide 9 mg tabdr - er</i>	1	PA
CELESTONE	3	
DEPO-MEDROL	3	
<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)	4	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	
KENALOG-80	3	
MEDROL (2 MG TABLET, 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>methylprednisolone (4 mg tab ds pk, 4 mg tablet, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	1		
<i>methylprednisolone acetate (40 mg/ml vial, 80 mg/ml vial)</i>	1		
<i>methylprednisolone sodium succinate</i>	1		
MILLIPRED	NC	MVB	Minimal Value Brand
MILLIPRED DP	NC	MVB	Minimal Value Brand
ORAPRED ODT	3		
PEDIAPRED	3		
<i>prednisolone</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		
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	3		
TARPEYO	4	S PA QPD	4.0 per day
<i>triamcinolone acetonide (10 mg/ml vial, 40 mg/ml vial)</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UCERIS 2 MG RECTAL FOAM	3	
VERIPRED 20	3	
ANDROGENS		
ANADROL-50	3	
ANDRODERM 2 MG/24HR PATCH	2	PA QPD 1 per day
ANDRODERM 4 MG/24HR PATCH	2	PA QPD 1 per day
ANDROID	NC	PA MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
<i>danazol</i>	1	
<i>estrogens, esterified/methyltestosterone</i>	1	
METHITEST	NC	PA MVB Minimal Value Brand
<i>methyltestosterone</i>	NC	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
<i>testosterone 12.5/1.25g gel md pmp</i>	1	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	QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>testosterone 25mg(1%) gel packet</i>	1	QPD 2.5 per day
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	1	
<i>testosterone enanthate 200 mg/ml vial</i>	1	
TESTRED	NC	PA MVB SBA Minimal Value Brand SELECT BRAND ALTERNATIVE
XYOSTED	3	PA
CONTRACEPTIVES		
AFIRMELLE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ALTAVERA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMETHIA	1	QL 91 days C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
AMETHIA LO	1	QL 91 days C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
AMETHYST	1	C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
APRI	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ARANELLE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ASHLYNA	1	QL C HCR 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUBRA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUBRA EQ	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUROVELA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUROVELA 24 FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUROVELA FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVIANE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AYUNA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AZURETTE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BALCOLTRA	3	
BALZIVA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BEKYREE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BLISOVI 24 FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BLISOVI FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BRIELLYN	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMILA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAMRESE	1	QL C HCR 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAMRESE LO	1	QL C HCR 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAZANT	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHARLOTTE 24 FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CHATEAL	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CHATEAL EQ	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CRYSSELLE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYCLAFEM	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CYRED	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CYRED EQ	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DASETТА	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DAYSEE	1	QL 91 days C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
DEBLITANE	1	C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
<i>desogestrel-ethinyl estradiol</i>	1	C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOLISHALE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>drospir/eth estra/levomefol ca 3-0.02(24) tablet</i>	3	C HCR HCG HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>drospir/eth estra/levomefol ca 3-0.03(21) tablet</i>	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ELINEST	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELLA	3	C HCR QPD HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. 1 per day
ELURYNG	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
EMOQUETTE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ENPRESSE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSKYCE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ERRIN	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ESTARYLLA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>ethinyl estradiol/drospirenone</i>	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethynodiol diacetate-ethinyl estradiol</i>	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>etonogestrel/ethinyl estradiol</i>	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
FALMINA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
FEMYNOR	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
FINZALA	1	C	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
			HCR
GEMMILY	1	C	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
			HCR
GIANVI	1	C	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
			HCR
HAILEY	1	C	HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
			HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HAILEY 24 FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
HAILEY FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
HEATHER	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ICLEVIA	1	QL C HCR 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCASSIA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ISIBLOOM	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JAIMIESS	1	QL C HCR 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JASMIEL	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENCYCLA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JOLESSA	1	QL C HCR 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JULEBER	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JUNEL	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUNEL FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JUNEL FE 24	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KAITLIB FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KALLIGA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KARIVA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KELNOR 1-35	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KELNOR 1-50	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KURVELO	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KYLEENA	1	C S HCR PS HCR: Gender Edits (Females) may apply.
LARIN	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LARIN 24 FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LARIN FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LARISSIA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LAYOLIS FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEENA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LESSINA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVONEST	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<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	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo</i>	1	QL C 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	1	QL C 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVORA-28	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LILETTA	4	S
LILLOW	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LO-ZUMANDIMINE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LOJAIMIESS	1	QL C HCR 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LORYNA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LOW-OGESTREL	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LUTERA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LYLEQ	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYZA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MARLISSA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MELODETTA 24 FE	3	C HCR HCG HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MERZEE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIBELAS 24 FE	3	C HCR HCG HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MICROGESTIN	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MICROGESTIN 24 FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MICROGESTIN FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MILI	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MIRENA	1	C S HCR PS HCR: Gender Edits (Females) may apply.
MONO-LINYAH	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NATAZIA	2	HCR
NECON	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXPLANON	1	C S HCR HCR: Gender Edits (Females) may apply.
NIKKI	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NORA-BE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>norethindrone</i>	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) capsule, 1.5-30(21) tablet)</i>	1	C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR
<i>norethindrone-e.estradiol-iron 1mg-20(24) tab chew</i>	NC	C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR HCG MVG MINIMAL VALUE GENERIC
<i>norethindrone-e.estradiol-iron 5-7-9-7 tablet</i>	1	C HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NORLYDA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NORTREL	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NYLIA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NYMYO	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
OCELLA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ORSYTHIA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PARAGARD T 380-A	4	C S HCR HCR: Gender Edits (Females) may apply.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIMTREA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PIRMELLA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PORTIA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PREVIFEM	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RECLIPSEN	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
RIVELSA	NC	QL 91 days C HCR HCG MVG MINIMAL VALUE GENERIC HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SETLAKIN	1	QL 91 days C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMLIYA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SIMPESSE	1	QL C HCR 91 days HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SKYLA	1	C S HCR PS HCR: Gender Edits (Females) may apply.
SPRINTEC	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SRONYX	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SYEDA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TARINA 24 FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TARINA FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TARINA FE 1-20 EQ	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TAYSOFY	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TAYTULLA	NC	ST MVB SBA Minimal Value Brand Select Brand Alternative
TILIA FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-ESTARYLLA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LEGEST FE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LINYAH	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-ESTARYLLA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-LO-MARZIA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-MILI	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-SPRINTEC	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-MILI	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-NYMYO	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-PREVIFEM	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-SPRINTEC	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-VYLIBRA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-VYLIBRA LO	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRIVORA-28	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TULANA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TYBLUME	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYDEMY	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VELIVET	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VESTURA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VIENVA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIORLE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VOLNEA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VYFEMLA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VYLIBRA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WERA	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
WYMZYA FE	3	C HCR HCG HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
XULANE	3	C HCR QPD HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. 0.12 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZARAH	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ZOVIA 1-35	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ZOVIA 1-35E	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ZUMANDIMINE	1	C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEPTINS		
MYALEPT	4	S PA
PITUITARY		
DDAVP (0.1 MG TABLET, 0.2 MG TABLET, 10 MCG/0.1 ML SOLUTION)	3	
DDAVP (4 MCG/ML AMPUL, 40 MCG/10 ML VIAL)	3	
<i>desmopressin acetate 4 mcg/ml ampul</i>	1	
<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 4 mcg/ml vial</i>	3	HCG
<i>desmopressin acetate (non-refrigerated)</i>	1	
NOC DURNA	3	PA QPD 1 per day
NORDITROPIN FLEXPRO	4	S PS PA
SEROSTIM	4	S PA QPD 1 per day
ZORBTIVE	4	S PA QPD 1 per day
PROGESTINS		
AYGESTIN	3	
CRINONE 4% GEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEPO-PROVERA 150 MG/ML SYRINGE	3	QL 90 days
DEPO-PROVERA 150 MG/ML VIAL	3	
DEPO-SUBQ PROVERA 104	3	QL 90 days C HCR PA HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>hydroxyprogesterone caproate 250 mg/ml vial</i>	4	S PS PA
<i>hydroxyprogesterone caproate/pf</i>	4	S PS PA
MAKENA 275 MG/1.1 ML AUTOINJCT	4	S PS PA
MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)	4	S PS PA
<i>medroxyprogesterone acetate 150 mg/ml syringe</i>	1	QL 90 days C HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>medroxyprogesterone acetate 150 mg/ml vial</i>	1	C 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	
<i>progesterone</i>	1	
<i>progesterone, micronized</i>	1	
PROVERA	3	
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
CATAPRES	3	SBA Select Brand Alternative
<i>clonidine (0.2mg/24hr patch tdwk, 0.3mg/24hr patch tdwk)</i>	3	QPD 0.4 per day HCG
<i>clonidine 0.1mg/24hr patch tdwk</i>	3	QPD 0.15 per day HCG
<i>clonidine hcl 0.1 mg tab er 12h</i>	3	QPD 4 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl 0.17 mg tab er 24h</i>	3	QPD 3.0 per day
<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	
<i>methyldopate hcl</i>	1	
NEXICLON XR	NC	QPD 3.0 per day MVB Minimal Value Brand
DIRECT VASODILATORS		
BIDIL	3	QPD 6 per day
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>hydralazine hcl 20 mg/ml vial</i>	1	
<i>isosorbide dinitrate/hydralazine hcl</i>	1	QPD 6.0 per day
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	1	
NITROPRESS	1	
<i>nitroprusside sodium</i>	1	
HYPOTENSIVE AGENTS, MISCELLANEOUS		
CORLOPAM	3	
VECAMYL	4	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULINS		
INTERMEDIATE-ACTING INSULINS		
HUMULIN 70-30	2	QL 90 days
HUMULIN 70/30 KWIKPEN	2	QL 90 days
HUMULIN N	2	QL 90 days
HUMULIN N KWIKPEN	2	QL 90 days
NOVOLIN 70-30 100 UNIT/ML VIAL	3	QL 90 days PA
NOVOLIN N 100 UNIT/ML VIAL	3	QL 90 days PA
LONG-ACTING INSULINS		
LANTUS	2	QL 90 days
LANTUS SOLOSTAR	2	QL 90 days
SOLIQUA 100-33	2	PA QPD 0.6 per day
TOUJEO MAX SOLOSTAR	2	QL 90 days
TOUJEO SOLOSTAR	2	QL 90 days
XULTOPHY 100-3.6	3	PA QPD 0.5 per day
RAPID-ACTING INSULINS		
AFREZZA	3	QL 90 days PA
APIDRA	3	QL 90 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
APIDRA SOLOSTAR	3	QL 90 days PA
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL 90 days
HUMALOG 100 UNIT/ML VIAL	2	QL 90 days
HUMALOG JUNIOR KWIKPEN	2	QL 90 days
HUMALOG KWIKPEN U-100	2	QL 90 days
HUMALOG KWIKPEN U-200	2	QL 90 days
HUMALOG MIX 50-50	2	QL 90 days
HUMALOG MIX 50-50 KWIKPEN	2	QL 90 days
HUMALOG MIX 75-25	2	QL 90 days
HUMALOG MIX 75-25 KWIKPEN	2	QL 90 days
LYUMJEV	2	QL 90 days
LYUMJEV KWIKPEN U-100	2	QL 90 days
LYUMJEV KWIKPEN U-200	2	QL 90 days
NOVOLOG	3	QL 90 days PA
NOVOLOG FLEXPEN	3	QL 90 days PA
NOVOLOG MIX 70-30	3	QL 90 days PA
NOVOLOG MIX 70-30 FLEXPEN	3	QL 90 days PA
NOVOLOG PENFILL	3	QL 90 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
SHORT-ACTING INSULINS			
HUMULIN R	2	QL	90 days
HUMULIN R U-500	2	QL	90 days
HUMULIN R U-500 KWIKPEN	2	QL	90 days
MYXREDLIN	3	QL	90 days
NOVOLIN R 100 UNIT/ML VIAL	3	QL PA	90 days
ION-REMOVING AGENTS			
OTHER ION-REMOVING AGENTS			
RADIOGARDASE	3		
PHOSPHATE-REMOVING AGENTS			
AURYXIA	3		
<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
FOSRENOL 1,000 MG TABLET CHEW	NC	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>	NC	HCG MVG	MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSLYRA	3	
REVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET, 800 MG TABLET)	3	
<i>sevelamer carbonate 2.4 g powd pack</i>	3	HCG
<i>sevelamer carbonate (0.8 g powd pack, 800 mg tablet)</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	3	
POTASSIUM-REMOVING AGENTS		
KIONEX	1	
LOKELMA	3	QPD 1 per day
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, powder)</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	4	S PA QPD 1.29 per day
<i>icatibant acetate</i>	4	S PS PA QPD 1.29 per day
SAJAZIR	4	S PS PA QPD 1.29 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPLEMENT INHIBITORS		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
CINRYZE	1	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HAEGARDA	1	S
		PA
		QPD 1.25 per day
RUCONEST	1	S
		PA
		QPD 0.87 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLIRIS	1	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ULTOMIRIS (300 MG/3 ML VIAL, 300 MG/30 ML VIAL, 1,100 MG/11 ML VIAL)	4	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KALLIKREIN INHIBITORS		
KALBITOR	1	S
		PA
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ORLADEYO	4	S
		PA
		QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAKHZYRO 300 MG/2 ML SYRINGE	4	S PA QPD 0.114 per day
TAKHZYRO 300 MG/2 ML VIAL	4	S PA QPD 0.144 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
LOCAL ANESTHETICS (PARENTERAL)		
<i>bupivacaine hcl in dextrose/pf</i>	1	
<i>bupivacaine hcl/epinephrine</i>	1	
<i>bupivacaine hcl/epinephrine bitartrate</i>	1	
<i>bupivacaine hcl/epinephrine/pf</i>	1	
CARBOCAINE (1% VIAL, 1.5% VIAL, 2% VIAL)	3	
<i>chloroprocaine hcl/pf</i>	1	
EXPAREL	3	
<i>lidocaine hcl (5 mg/ml vial, 10 mg/ml vial, 20 mg/ml vial)</i>	1	
<i>lidocaine hcl buffered with 8.4 % sodium bicarbonate</i>	3	
<i>lidocaine hcl in 0.9 % sodium chloride/pf</i>	1	
<i>lidocaine hcl in dextrose 7.5 % in water/pf</i>	1	
<i>lidocaine hcl/epinephrine</i>	1	
<i>lidocaine hcl/epinephrine bitartrate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl/epinephrine/pf (hcl/epinephrine/pf 1.5-1:200k ampul, hcl/epinephrine/pf 1.5-1:200k vial, hcl/epinephrine/pf 2%-1:200k vial)</i>	1	
<i>lidocaine hcl/pf (hcl/pf 5 mg/ml vial, hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml syringe, hcl/pf 10 mg/ml vial, hcl/pf 15 mg/ml ampul, hcl/pf 20 mg/ml ampul, hcl/pf 40 mg/ml ampul, hcl/pf 200mg/10ml syringe)</i>	1	
MARCAINE (0.25% VIAL, 0.5% VIAL, 0.75% VIAL)	3	
MARCAINE SPINAL	3	
MARCAINE-EPINEPHRINE (0.25%-EPI, 0.5%-EPI VL)	3	
<i>mepivacaine hcl</i>	1	
NAROPIN (0.5% 1,000 MG/200 ML, 0.5% 100 MG/20 ML VIAL, 0.5% 150 MG/30 ML VIAL, 0.5% 500 MG/100 ML BTL, 0.75% 150 MG/20 ML AMP, 0.75% 150 MG/20 ML VL, 1% 100 MG/10 ML AMPULE, 1% 100 MG/10 ML VIAL, 1% 200 MG/20 ML VIAL)	3	
NESACAINE	3	
NESACAINE-MPF	3	
POLOCAINE (1% VIAL, 2% VIAL)	1	
POLOCAINE-MPF	1	
<i>ropivacaine hcl/pf 2 mg/ml plast. bag</i>	1	
<i>ropivacaine hcl/pf (hcl/pf 2 mg/ml vial, hcl/pf 5 mg/ml plast. bag, hcl/pf 5 mg/ml vial, hcl/pf 7.5 mg/ml vial, hcl/pf 10 mg/ml vial)</i>	1	
SENSORCAINE	1	
SENSORCAINE WITH DEXTROSE	1	
SENSORCAINE-EPINEPHRINE	1	
SENSORCAINE-MPF (0.25% AMPUL, 0.25% VIAL, 0.5% AMPUL, 0.5% VIAL, 0.75% AMPUL, 0.75% VIAL)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
SENSORC MPF 0.75%-EPI 1:200000	3		
SENSORCAINE-MPF EPINEPHRINE (SENSORC-MPF 0.25%-EPI, SENSORCN-MPF 0.5%-EPI)	1		
VIVACAINE	1		
XARACOLL	3		
XYLOCAINE	3		
XYLOCAINE DENTAL-EPINEPHRINE	1		
XYLOCAINE WITH EPINEPHRINE (0.5%-EPI 1:200,000, 1%-EPI 1:100,000, 2%-EPI 1:100,000, 2%-EPI 1:200,000)	3		
XYLOCAINE-MPF (0.5% VIAL, 1% AMPUL, 1% VIAL, 1.5% AMPUL, 2% AMPUL, 2% VIAL)	3		
XYLOCAINE-MPF WITH EPINEPHRINE	3		
ZYNRELEF	3		
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 LACTOBIONATE (1 GM ADDVANT VIAL, 500 MG ADDVAN VIAL, LACT 500 MG VIAL)	3		
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		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)</i>	1	
<i>erythromycin lactobionate</i>	3	
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>azithromycin (500 mg vial, 500 mg vial port)</i>	1	
<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	
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 I.V. 500 MG VIAL	3	
ZITHROMAX TRI-PAK	3	
MISC. BETA-LACTAM ANTIBIOTICS		
CARBAPENEM ANTIBIOTICS		
<i>imipenem/cilastatin sodium</i>	1	
INVANZ	3	SBA Select Brand Alternative
<i>meropenem</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meropenem in 0.9 % sodium chloride</i>	1	
MERREM	3	
PRIMAXIN	3	
RECARBRIO	3	
CEPHAMYCIN ANTIBIOTICS		
CEFOTAN	3	
<i>cefotetan disodium</i>	1	
<i>cefotetan disodium in iso-osmotic dextrose</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefoxitin sodium/dextrose, iso-osmotic</i>	1	
MONOBACTAM ANTIBIOTICS		
AZACTAM	3	
<i>aztreonam</i>	1	
CAYSTON	4	S PA
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	QPD 1 per day
<i>dutasteride/tamsulosin hcl</i>	1	QPD 1 per day
<i>finasteride 5 mg tablet</i>	1	QPD 1 per day
JALYN	3	QPD 1 per day SBA Select Brand Alternative
PROSCAR	3	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALCOHOL DETERRENTS		
<i>disulfiram</i>	1	
ANTIDOTES		
ACETADOTE	3	
CYANOKIT	3	
DUODOTE	3	
<i>fomepizole</i>	1	
FUSILEV	1	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KHAPZORY	4	S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	1	
<i>leucovorin calcium (10 mg/ml vial, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	4	S
<i>levoleucovorin calcium</i>	4	S
NITHIODOTE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pralidoxime chloride</i>	1	
PROTOPAM CHLORIDE	3	
<i>sodium nitrite</i>	1	
<i>sodium thiosulfate</i>	1	
VISTOGARD	1	S
VORAXAZE	4	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>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine 0.6 mg tablet</i>	1	QPD 4 per day
<i>febuxostat</i>	1	ST QPD 1 per day
KRYSTEXXA	4	S
		PA
		QPD 0.07 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ULORIC	3	ST QPD 1 per day
ZYLOPRIM 100 MG TABLET	NC	QPD 3 per day
		MVB Minimal Value Brand
		SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ZYLOPRIM 300 MG TABLET	3	QPD SBA	2 per day Select Brand Alternative
ANTISENSE OLIGONUCLEOTIDES			
EXONDYS-51	1	S	
		S PA	
TEGSEDI	4	MED PA	Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
BONE ANABOLIC AGENTS			
EVENITY	4	S PA	
EVENITY (2 SYRINGES)	4	S PA	
BONE RESORPTION INHIBITORS			
ACTONEL 150 MG TABLET	3	QPD SBA	0.04 per day Select Brand Alternative
ACTONEL 35 MG TABLET	3	QPD SBA	0.15 per day Select Brand Alternative
<i>alendronate sodium 70 mg/75ml solution</i>	1	QPD	12.5 per day
<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	1	QPD	0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alendronate sodium (5 mg tablet, 10 mg tablet)</i>	1	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 (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	4	S
<i>ibandronate sodium 150 mg tablet</i>	1	QPD 0.04 per day
<i>pamidronate disodium (30 mg vial, 30mg/10ml vial, 60 mg/10ml vial, 90 mg vial, 90 mg/10ml vial)</i>	4	S
PROLIA	4	S
		PA
		QPD 0.13 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RECLAST	4	S
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risedronate sodium 150 mg tablet</i>	3	QPD 0.04 per day HCG
<i>risedronate sodium 30 mg tablet</i>	1	
<i>risedronate sodium 35 mg tablet</i>	1	QPD 0.15 per day
<i>risedronate sodium 5 mg tablet</i>	1	QPD 1 per day
<i>risedronate sodium 35 mg tablet dr</i>	3	HCG
XGEVA	4	S
		PA
		QPD 0.07 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>zoledronic acid (4 mg vial, 4 mg/5 ml vial)</i>	4	S PS
<i>zoledronic acid in mannitol and 0.9 % sodium chloride</i>	4	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>	4	S PS
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
KEVEYIS	4	S
		PA
		QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
CARIOSTATIC AGENTS			
CLINPRO 5000	1		
DENTA 5000 PLUS	1		
DENTAGEL	1		
fluoride (sodium) (0.2 % solution, 1.1 % cream (g), 1.1 % paste (ml))	1		
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)	1	HCR	
FLUORIDEX	1		
FLUORITAB	1	HCR	
JUSTRIGHT 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		
SODIUM FLUORIDE 5000 DRY MOUTH	1		
sodium fluoride/potassium nitrate	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE	4	S PS PA QPD 0.15 per day
ACTEMRA 200 MG/10 ML VIAL	4	S PS PA QPD 0.36 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ACTEMRA 400 MG/20 ML VIAL	4	S PS PA QPD 1.5 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA ACTPEN	4	S PS PA QPD 0.15 per day
ARAVA	NC	MVB Minimal Value Brand SBA Select Brand Alternative
AVSOLA	4	QL 10 / 30 days S PS PA
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	3	
CIBINQO	4	S PS PA QPD 1.0 per day
CIMZIA (2X200 MG/ML SYRINGE KIT, 200 MG VIAL KIT)	4	S PS PA QPD 0.08 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	4	S PA QPD 0.29 per day
ENBREL MINI	4	S PA QPD 0.15 per day
ENBREL SURECLICK	4	S PA QPD 0.15 per day
HUMIRA	4	S PS PA QPD 0.22 per day
HUMIRA PEN	4	S PS PA QPD 0.22 per day
HUMIRA PEN CROHN'S-UC-HS	4	S PS PA QPD 0.22 per day
HUMIRA PEN PSOR-UEITS-ADOL HS	4	S PS PA QPD 0.22 per day
HUMIRA(CF)	4	S PS PA QPD 0.22 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	S PS PA QPD 0.22 per day
HUMIRA(CF) PEN	4	S PS PA QPD 0.22 per day
HUMIRA(CF) PEN CROHN'S-UC-HS	4	S PS PA QPD 0.22 per day
HUMIRA(CF) PEN PEDIATRIC UC	4	S PS PA QPD 0.22 per day
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	S PS PA QPD 0.22 per day
INFLECTRA	4	S PS PA QPD 0.5 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

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)	4	S PA QPD 0.1 per day
KINERET	4	S PA QPD 10 per day
<i>leflunomide</i>	1	
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	4	S PS PA QPD 0.15 per day
ORENCIA 250 MG VIAL	4	S PS PA QPD 0.15 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ORENCIA CLICKJECT	4	S PS PA QPD 0.15 per day
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	4	S PS PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)	4	S PS PA QPD 1.0 per day
RINVOQ ER 15 MG TABLET	4	S PS PA QPD 1 per day
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	4	S PS PA QPD 0.04 per day
SIMPONI ARIA	4	S PS PA QPD 1.5 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	1	
XELJANZ 1 MG/ML SOLUTION	4	S PS PA QPD 10 per day
XELJANZ (5 MG TABLET, 10 MG TABLET)	4	S PS PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ XR	4	S
		PS
		PA
		QPD 1 per day
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	4	S
		PA
AUBAGIO	4	S
		PA
		QPD 1 per day
AVONEX PREFILLED SYR 30 MCG KT	4	S
		PS
		PA
		QPD 0.15 per day
AVONEX PEN 30 MCG/0.5 ML KIT	4	S
		PS
		PA
		QPD 0.15 per day
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	4	S
		PS
		PA
		QPD 0.5 per day
COPAXONE 20 MG/ML SYRINGE	4	S
		PS
		PA
		QPD 1 per day
COPAXONE 40 MG/ML SYRINGE	4	S
		PS
		PA
		QPD 0.434 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dimethyl fumarate</i>	4	S PS PA QPD 2 per day
ENSPRYNG	4	S PA QPD 0.11 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	4	S PA QPD 0.5 per day
<i>fingolimod hcl</i>	4	S PS PA QPD 1.0 per day
GILENYA 0.25 MG CAPSULE	4	S PA QPD 2 per day
<i>glatiramer acetate 20 mg/ml syringe</i>	4	S PS PA QPD 1 per day
<i>glatiramer acetate 40 mg/ml syringe</i>	4	S PS PA QPD 0.434 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLATOPA 20 MG/ML SYRINGE	4	S PA QPD 1.0 per day
GLATOPA 40 MG/ML SYRINGE	4	S PA QPD 0.434 per day
KESIMPTA PEN	4	S PS PA QPD 0.057 per day
LEMTRADA	1	QL 6 / 365 days S MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
MAYZENT 0.25MG START-1MG MAINT	4	S PS PA QPD 1.75 per day
MAYZENT 0.25MG START-2MG MAINT	4	S PS PA QPD 2.5 per day
MAYZENT 0.25 MG TABLET	4	S PS PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT 1 MG TABLET	4	S PS PA QPD 1.0 per day
MAYZENT 2 MG TABLET	4	S PS PA QPD 1 per day
PLEGRIDY 125 MCG/0.5 ML SYRINGE	4	S PS PA QPD 0.04 per day
PLEGRIDY SYRINGE STARTER PACK	4	QL 1/ lifetime S PS PA
PLEGRIDY 125 MCG/0.5 ML PEN	4	S PS PA QPD 0.04 per day
PLEGRIDY PEN INJ STARTER PACK	4	QL 1/ lifetime S PS PA
PONVORY (14-DAY STARTER PACK, 20 MG TABLET)	4	S PA QPD 1 per day
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	4	S PA QPD 0.22 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF TITRATION PACK	4	QL 4.2 / 365 days S PA
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	4	S PA QPD 0.22 per day
REBIF REBIDOSE TITRATION PACK	4	QL 4.2 / 365 days S PA
TASCENSO ODT	4	S PA QPD 1.0 per day
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	4	S PA QPD 2 per day
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	4	S PA QPD 1 per day
TYSABRI	4	S PA QPD 0.6 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
UPLIZNA	4	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VUMERITY	4	S PS PA QPD 4 per day
VYVGART	4	S PA QPD 8.6 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAPSULE	4	S PA QPD 15 per day
ASTAGRAF XL 1 MG CAPSULE	4	S PA QPD 30 per day
ASTAGRAF XL 5 MG CAPSULE	4	S PA QPD 6 per day
ATGAM	4	S
AZASAN 100 MG TABLET	3	
AZASAN 75 MG TABLET	3	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azathioprine</i>	1	
<i>azathioprine sodium</i>	1	
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	4	S PA
BENLYSTA 120 MG VIAL	4	S PA QPD 0.25 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
BENLYSTA 400 MG VIAL	4	S PA QPD 0.334 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	4	S
CELLCEPT 500 MG VIAL	4	S
<i>cyclosporine 250 mg/5ml ampul</i>	4	S
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	4	S PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	4	S PS
ENVARUSUS XR	4	S PA QPD 1 per day
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	4	S PS PA
<i>everolimus 1 mg tablet</i>	4	S PA
GAMIFANT	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	4	S PS
IMURAN	3	
LUPKYNIS	4	S PA QPD 6 per day
MAVENCLAD	4	QL 20 / 30 days S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	4	S PS
<i>mycophenolate mofetil hcl</i>	4	S
<i>mycophenolate sodium</i>	4	S PS
MYFORTIC	4	S
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	4	S
NULOJIX	4	S PA
PROGRAF 5 MG/ML AMPULE	4	S
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	4	S
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	4	S
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	4	S
SANDIMMUNE 50 MG/ML AMPUL	4	S
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	4	S
SAPHNELO	4	S
		PA
		QPD 0.072 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMULECT	3	
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	4	S PS
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	4	S PS
THYMOGLOBULIN	3	
ZORTRESS	4	S PA
KALLIKREIN-KININ SYSTEM INHIBITORS		
EMPAVELI	4	S PA QPD 6 per day
TAVNEOS	4	S PA QPD 6.0 per day
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA	4	S PA QPD 2 per day
ARCALYST	4	S PA
<i>betaine</i>	4	S PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butylated hydroxytoluene powder</i>	3	
CERDELGA	4	S PA
<i>cinnamon</i>	1	
<i>cranberry fruit extract 50 mg tab chew</i>	3	
CYSTADANE	1	S
CYSTAGON 150 MG CAPSULE	4	S PA QPD 13 per day
CYSTAGON 50 MG CAPSULE	4	S PA QPD 40 per day
<i>dalfampridine</i>	4	S PA QPD 2 per day
DEMSEER	3	
<i>dimethyl sulfoxide</i>	3	
DYSPORT	4	S PS PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
EPIFIX AMNIOTIC MEMBRANE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethyl alcohol 98 % vial</i>	1	
EVRYSDI	4	S PA QPD 6.67 per day
FIRDAPSE	4	S PA
<i>flaxseed oil oil</i>	1	
GALAFOLD	4	S PA
GRAFIX CORE 5CM X 5CM MATRIX	3	
GRAFIX PRIME 5CM X 5CM MATRIX	3	
ILARIS	4	S PA QPD 0.08 per day
ISTURISA 1 MG TABLET	4	S PA QPD 8 per day
ISTURISA 10 MG TABLET	4	S PA QPD 6 per day
ISTURISA 5 MG TABLET	4	S PA QPD 2 per day
JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET)	4	S PS PA
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	4	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levocarnitine (100 mg/ml solution, 330 mg tablet)</i>	1	
<i>levocarnitine (with sugar)</i>	1	
<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>	4	S PA
MYOBLOC	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>nitisinone</i>	4	S PS PA
NITYR	1	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NULIBRY	4	S PA QPD 10 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	4	S PA
PANHEMATIN	4	S
POTABA	3	
PROCYSBI DR 25 MG CAPSULE	4	S PA QPD 4 per day
PROCYSBI DR 75 MG CAPSULE	4	S PA QPD 72 per day
PROCYSBI (DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	4	S PA
RECORLEV	4	S PA QPD 8.0 per day
REZUROCK	4	S PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rosemary oil</i>	1	
RUZURGI	4	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>	4	S PS PA
STRAVIX 3CM X 6CM MATRIX	3	
THIOLA	4	S PA
THIOLA EC	4	S PA
<i>tiopronin</i>	4	S PS PA
TYBOST	4	S
VIJOICE (50 MG TABLET, 125 MG TABLET)	4	S PA QPD 1.0 per day
VIJOICE 250 MG DAILY DOSE PACK	4	S PA QPD 2.0 per day
VOXZOGO	4	S PA QPD 1.0 per day
VYNDAMAX	4	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYNDAQEL	4	S PA QPD 4 per day
XEOMIN	4	S PA MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
XURIDEN	4	S
ZAVESCA	4	S PA
ZOKINVY 50 MG CAPSULE	4	S PA QPD 6 per day
ZOKINVY 75 MG CAPSULE	4	S PA QPD 4 per day
PROTECTIVE AGENTS		
COSELA	4	S PA QPD 0.5 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexrazoxane hcl</i>	4	S PA
ETHYOL	4	S
<i>mesna</i>	4	S
MESNEX 400 MG TABLET	4	S
MESNEX 1 GRAM/10 ML VIAL	4	S
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	NC	MVB SBA MINIMAL VALUE BRAND SELECT BRAND ALTERNATIVE
CALDOLOR (800 MG/200 ML BAG, 800 MG/8 ML VIAL)	3	
CATAFLAM	NC	HCG MVG MINIMAL VALUE GENERIC
DAYPRO	3	
<i>diclofenac epolamine</i>	3	QPD 2 per day HCG
<i>diclofenac potassium 50 mg tablet</i>	1	
<i>diclofenac sodium 1.5 % drops</i>	NC	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	3	HCG
<i>diclofenac sodium/misoprostol</i>	1	
<i>diflunisal</i>	1	
EC-NAPROSYN	NC	MVB Minimal Value Brand SBA Select Brand Alternative
<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>	NC	HCG MVG MINIMAL VALUE GENERIC
FELDENE	3	
<i>fenoprofen calcium 400 mg capsule</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>fenoprofen calcium 600 mg tablet</i>	1	
FENORTHO	NC	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibuprofen lysine/pf</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 sodium</i>	1	
<i>ketoprofen 200 mg cap24h pel</i>	3	HCG
<i>ketoprofen (25 mg capsule, 75 mg capsule)</i>	1	
<i>ketoprofen 50 mg capsule</i>	3	HCG
<i>ketorolac tromethamine 30 mg/ml cartridge</i>	1	QL 20 / 30 days QPD 4.0 per day
<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 cartridge, 15 mg/ml syringe, 15 mg/ml vial)</i>	1	QL 40 / 23 days QPD 8.0 per day
<i>ketorolac tromethamine (60 mg/2 ml cartridge, 60 mg/2 ml vial)</i>	1	QL 20 / 30 days QPD 2.0 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LODINE	3	
<i>meclofenamate sodium</i>	3	HCG
<i>mefenamic acid</i>	NC	QPD 5 per day HCG MVG MINIMAL VALUE GENERIC
<i>meloxicam 7.5 mg/5ml oral susp</i>	3	QPD 5.0 per day
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	QPD 1 per day
<i>meloxicam, submicronized</i>	NC	AL At least 18 yrs old QPD 1 per day HCG MVG 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	NC	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
NAPROSYN 500 MG TABLET	NC	MVB Minimal Value Brand SBA Select Brand Alternative
<i>naproxen (375 mg tablet, 500 mg tablet)</i>	1	
<i>naproxen 250 mg tablet</i>	1	
<i>naproxen 375 mg tablet dr</i>	NC	MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naproxen 500 mg tablet dr</i>	NC	HCG MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
<i>naproxen sodium (275 mg tablet, 500 mg tbmp 24hr, 550 mg tablet)</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>naproxen sodium 375 mg tbmp 24hr</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>naproxen sodium 750 mg tbmp 24hr</i>	3	HCG MVG MINIMAL VALUE GENERIC
NEOPROFEN	3	
<i>oxaprozin 600 mg tablet</i>	3	HCG
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium 200 mg tablet</i>	1	
<i>tolmetin sodium 600 mg tablet</i>	3	HCG
VIVLODEX	NC	AL At least 18 yrs old PA QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
VOLTAREN-XR	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	NC	PA QPD 1 per day MVB MINIMAL VALUE BRAND
FIORINAL	3	QPD 6 per day SBA Select Brand Alternative
GOODY'S EXTRA STRENGTH	3	
<i>salsalate</i>	1	
OXYTOCICS		
METHERGINE	1	QPD 6 per day
<i>methylergonovine maleate (.2mg/ml(1) ampul, .2mg/ml(1) vial)</i>	1	
<i>methylergonovine maleate 0.2 mg tablet</i>	1	QPD 6 per day
<i>oxytocin 10 unit/ml vial</i>	1	
<i>oxytocin/0.9 % sodium chloride 10/500ml plast. bag</i>	1	
<i>oxytocin/ringer's lactate 30/500 ml plast. bag</i>	1	
PITOCIN	3	
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>	4	S PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cinacalcet hcl</i>	4	S PS PA QPD 2 per day
MIACALCIN	4	S
PARATHYROID AGENTS		
FORTEO	4	S PA
NATPARA	4	S PA
<i>teriparatide</i>	4	S PS PA
TYMLOS	4	AL At least 18 yrs old S PA QPD 1.6 per day
PENICILLIN ANTIBIOTICS		
AMINOPENICILLIN ANTIBIOTICS		
<i>amoxicillin (125 mg tab chew, 250 mg tab chew, 250 mg/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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 sodium (1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 10 g vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	1	
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 g vial, sodium/sulbactam 1.5 g vial port, sodium/sulbactam 3 g vial, sodium/sulbactam 3 g vial port, sodium/sulbactam 15 g vial)</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	
UNASYN	3	
EXTENDED-SPECTRUM PENICILLINS		
<i>piperacillin sodium/tazobactam 13.5 g vial</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>piperacillin sodium/tazobactam sodium</i> (<i>sodium/tazobactam 2.25 g vial, sodium/tazobactam 2.25 g vial port, sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port, sodium/tazobactam 40.5 g vial</i>)	1	
ZOSYN	3	
NATURAL PENICILLIN ANTIBIOTICS		
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g potassium/dextrose-water</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</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	
PFIZERPEN	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium 250 mg capsule</i>	1	
<i>dicloxacillin sodium 500 mg capsule</i>	1	
<i>nafcillin in dextrose, iso-osmotic</i>	3	
<i>nafcillin sodium (1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 10 g vial)</i>	1	
<i>oxacillin sodium (1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 10 g vial)</i>	1	
<i>oxacillin sodium in iso-osmotic dextrose</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHARMACEUTICAL AIDS		
<i>alcohol</i>	1	
BACTERIOSTATIC WATER-TRAZIMERA	4	S
<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	
<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	
<i>diluent for artesunate (sodium phosphate)</i>	3	
<i>diluent, carmustine (ethanol) vial</i>	3	
<i>diluent for decitabine (potass ph monobasic,sodium hydrox)</i>	4	S
<i>diluent for dexrazoxane (sodium lactate)</i>	4	S
DILUENT FOR ELIGARD	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DILUENT FOR ELITEK	4	S
<i>diluent for epoprostenol sodium (glycine)</i>	4	S
DILUENT FOR ISTODAX	4	S
DILUENT FOR JEVTANA	4	S
DILUENT FOR LEFAMULIN(XENLETA)	4	S
DILUENT FOR NOVOSEVEN RT	4	S
<i>diluent for romidepsin (propylene glycol)</i>	4	S
<i>diluent for treprostinil (glycine)</i>	1	
DILUENT FOR VIVITROL	4	S
DILUENT FOR ZILRETTA	4	S
ELLIOTTS B	3	
<i>eucalyptol</i>	1	
<i>gelatin (each, gel (gram), powder)</i>	3	
<i>guar gum</i>	3	
<i>hydroxypropyl cellulose</i>	3	
<i>hypromellose</i>	3	
<i>isopropyl palmitate</i>	1	
<i>lanolin, anhydrous</i>	1	
<i>methanol</i>	1	
<i>oleic acid</i>	1	
<i>paraffin</i>	1	
PH 12 DILUENT FOR FLOLAN	4	S
<i>pine needle oil</i>	1	
<i>raspberry flavor</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rose oil</i>	1	
<i>sassafras</i>	1	
SHINGRIX ADJUVANT COMPONENT	2	AL C HCR At least 18 yrs old HCR: Age edits apply.
<i>sodium succinate</i>	1	
<i>spearmint oil</i>	1	
<i>stabilizer for moxetumomab pasudotox-tdfk</i>	4	S PA
<i>stearyl alcohol</i>	1	
STERILE WATER DILUENT-CABLIVI	4	S
STERILE WATER FOR IC-GREEN	1	
STERILE WATER FOR KCENTRA	1	
<i>tragacanth</i>	1	
VAXCHORA BUFFER COMPONENT	3	
<i>water for inj.,bacteriostatic</i>	1	
<i>water for injection,sterile iv soln</i>	1	
<i>water for injection,sterile vial</i>	1	
RADIOACTIVE AGENTS		
HICON	4	S
QUADRAMET	4	S
<i>sodium iodide-123</i>	1	
<i>sodium iodide-131</i>	4	S
XOFIGO	4	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	3	QPD 1 per day SBA Select Brand Alternative
ATACAND HCT 16-12.5 MG TAB	3	QPD 2 per day SBA Select Brand Alternative
AVALIDE 150-12.5 MG TABLET	3	QPD 2 per day SBA Select Brand Alternative
AVALIDE 300-12.5 MG TABLET	3	QPD 1 per day SBA Select Brand Alternative
<i>candesartan cilexetil</i>	1	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	QPD 1 per day
<i>candesartan/hydrochlorothiazid 16-12.5mg tablet</i>	1	QPD 2 per day
EDARBI	3	ST QPD 1 per day
EDARBYCLOR	3	ST QPD 1 per day
ENTRESTO	2	QPD 2 per day
<i>eprosartan mesylate</i>	1	QPD 1 per day
<i>irbesartan</i>	1	QPD 1 per day
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	1	QPD 1 per day
<i>losartan potassium (25 mg tablet, 50 mg tablet)</i>	1	QPD 2.0 per day
<i>losartan potassium 100 mg tablet</i>	1	QPD 1.0 per day
<i>losartan potassium/hydrochlorothiazide (losartan/hydrochlorothiazide 100-12.5mg tablet, losartan/hydrochlorothiazide 100mg-25mg tablet)</i>	1	QPD 1.0 per day
<i>losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	1	QPD 2.0 per day
<i>olmesartan medoxomil</i>	1	QPD 3 per day
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	1	QPD 1 per day
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QPD 1 per day
<i>telmisartan</i>	1	QPD 1 per day
<i>telmisartan/amlodipine besylate</i>	1	QPD 1 per day
<i>telmisartan/hydrochlorothiazid 80-12.5mg tablet</i>	1	QPD 2 per day
<i>telmisartan/hydrochlorothiazide (telmisartan/hydrochlorothiazid 40-12.5 mg tablet, telmisartan/hydrochlorothiazid 80 mg-25mg tablet)</i>	1	QPD 1 per day
TWINSTA	NC	QPD 1 per day
		MVB Minimal Value Brand
		SBA Select Brand Alternative
<i>valsartan 4 mg/ml solution</i>	1	AL Up to 16 yrs old
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QPD 2.0 per day
<i>valsartan 320 mg tablet</i>	1	QPD 1.0 per day
<i>valsartan/hydrochlorothiazide (valsartan/hydrochlorothiazide 320-12.5mg tablet, valsartan/hydrochlorothiazide 320mg-25mg tablet)</i>	1	QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan/hydrochlorothiazide</i> (<i>valsartan/hydrochlorothiazide 80-12.5mg tablet,</i> <i>valsartan/hydrochlorothiazide 160-12.5mg tablet,</i> <i>valsartan/hydrochlorothiazide 160mg-25mg tablet</i>)	1	QPD 2.0 per day
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	NC	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	NC	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
ACCURETIC 20-25 MG TABLET	NC	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
<i>benazepril hcl (10 mg tablet, 40 mg tablet)</i>	1	QPD 2 per day
<i>benazepril hcl 20 mg tablet</i>	1	QPD 4 per day
<i>benazepril hcl 5 mg tablet</i>	1	QPD 3 per day
<i>benazepril hcl/hydrochlorothiazide</i>	3	QPD 1 per day HCG
<i>captopril</i>	3	QPD 4 per day HCG
<i>captopril/hydrochlorothiazide</i>	1	QPD 2 per day
<i>enalapril maleate 1 mg/ml solution</i>	1	QPD 5 per day
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enalapril/hydrochlorothiazide 10 mg-25mg tablet</i>	1	QPD 2 per day
<i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet</i>	1	
<i>enalaprilat dihydrate 1.25 mg/ml vial</i>	1	
EPANED	3	QPD 5 per day
<i>fosinopril sodium</i>	1	QPD 2 per day
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QPD 2 per day
<i>lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QPD 2.0 per day
<i>lisinopril (5 mg tablet, 30 mg tablet)</i>	1	QPD 2.0 per day
<i>lisinopril 40 mg tablet</i>	1	QPD 2 per day
<i>lisinopril/hydrochlorothiazide</i> <i>(lisinopril/hydrochlorothiazide 10-12.5mg tablet,</i> <i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet)</i>	1	QPD 2 per day
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	QPD 2 per day
LOTENSIN (10 MG TABLET, 40 MG TABLET)	NC	QPD 2 per day
		MVB Minimal Value Brand
		SBA Select Brand Alternative
LOTENSIN 20 MG TABLET	NC	QPD 4 per day
		MVB Minimal Value Brand
		SBA Select Brand Alternative
LOTENSIN HCT	NC	QPD 1 per day
		MVB Minimal Value Brand
		SBA Select Brand Alternative
<i>moexipril hcl</i>	1	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>perindopril erbumine</i>	1	QPD 1 per day
PRESTALIA	3	ST QPD 1 per day
QBRELIS	3	QPD 40 per day
<i>quinapril hcl</i>	1	QPD 2 per day
<i>quinapril hcl/hydrochlorothiazide</i> (<i>quinapril/hydrochlorothiazide 10-12.5mg tablet,</i> <i>quinapril/hydrochlorothiazide 20-12.5 mg tablet</i>)	1	QPD 2 per day
<i>quinapril/hydrochlorothiazide 20 mg-25mg tablet</i>	1	QPD 1 per day
<i>ramipril</i>	1	QPD 2 per day
TARKA	3	QPD 1.0 per day SBA Select Brand Alternative
<i>trandolapril</i>	1	QPD 2 per day
<i>trandolapril/verapamil hcl</i>	1	QPD 1.0 per day
VASERETIC	NC	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
VASOTEC	3	QPD 2 per day SBA Select Brand Alternative
ZESTORETIC	NC	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEKTURNA HCT	NC	QPD MVB 1 per day Minimal Value Brand
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	4	S PA QPD 9 per day
ESBRIET 801 MG TABLET	4	S PA QPD 3 per day
OFEV	4	S PA QPD 2 per day
<i>pirfenidone (534 mg tablet, 801 mg tablet)</i>	4	S PS PA QPD 3.0 per day
<i>pirfenidone 267 mg tablet</i>	4	S PS PA QPD 9.0 per day
ANTITUSSIVES		
<i>benzonatate (150 mg capsule, 200 mg capsule)</i>	3	AL HCG At least 10 yrs old
<i>benzonatate 100 mg capsule</i>	1	AL At least 10 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
BROMFED DM	1	AL	At least 2 yrs old
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	1	AL	At least 2 yrs old
<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-1.5 MG/5 ML SOLN	NC	AL	At least 18 yrs old
		QPD	30 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
HYCODAN 5 MG-1.5 MG TABLET	NC	AL	At least 18 yrs old
		QPD	6.0 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
<i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i>	1	AL QPD	At least 2 yrs old 30 per day
<i>hydrocodone bit/homatrop me-br 5 mg-1.5mg tablet</i>	3	AL QPD HCG	At least 6 yrs old 6 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
NEOTUSS PLUS	3		
OBREDON	NC	AL	At least 18 yrs old
		QPD	60 per day
		MVB	Minimal Value Brand
		SBA	Select Brand Alternative
<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
TESSALON PERLE	3	AL	At least 11 yrs old
		SBA	SELECT BRAND ALTERNATIVE
TUSNEL CAPLET	3		
TUSNEL DM PEDIATRIC DROPS	3		
TUSSICAPS	NC	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	NC	AL	At least 18 yrs old
		QPD	20 per day
		MVB	Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EXPECTORANTS		
GILPHEX TR TABLET	3	
GILTUSS TR	3	
TUSNEL PEDIATRIC DROPS	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	4	S PA QPD 5 per day
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP	3	PA QPD 1 per day
PULMONARY SURFACTANTS		
CUROSURF	3	
INFASURF	3	
SURFAXIN	3	
SURVANTA	3	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP	4	S PA
BRONCHITOL	4	S PA QPD 20 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLASSIA	4	S PA
PROLASTIN C	4	S PA
XOLAIR 150 MG/ML SYRINGE	4	S PS PA QPD 0.15 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
XOLAIR 75 MG/0.5 ML SYRINGE	4	S PS PA QPD 0.04 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEMAIRA	4	S PA
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	4	S PA QPD 3 per day
<i>ambrisentan</i>	4	S PA QPD 1 per day
<i>bosentan</i>	4	S PA QPD 2 per day
<i>epoprostenol sodium</i>	4	S PA
<i>epoprostenol sodium (glycine)</i>	4	S PA
FLOLAN	4	S PA
LETAIRIS	4	S PA QPD 1 per day
OPSUMIT	4	S PA QPD 1 per day
ORENITRAM ER	4	S PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REMODULIN	4	S PA
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	4	S PA QPD 2 per day
<i>treprostinil sodium</i>	4	S PA
TYVASO	4	S PA QPD 1 per day
TYVASO DPI (16 MCG CARTRIDGE, 32 MCG CARTRIDGE, 48 MCG CARTRIDGE, 64 MCG CARTRIDGE)	4	S PA QPD 4.0 per day
TYVASO DPI 16-32 MCG TITR KIT	4	S PA QPD 7.0 per day
TYVASO DPI 16-32-48 MCG TITRAT	4	S PA QPD 9.0 per day
TYVASO DPI 32-48 MCG MAINT KIT	4	S PA QPD 8.0 per day
TYVASO INSTITUTIONAL START KIT	4	S PA QPD 1 per day
TYVASO REFILL KIT	4	S PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO STARTER KIT	4	S PA QPD 3 per day
UPTRAVI 200-800 TITRATION PACK	4	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)	4	AL S PA QPD At least 18 yrs old 2 per day
UPTRAVI 1,800 MCG VIAL	4	AL S PA QPD At least 18 yrs old 2.0 per day
VELETRI	1	S PA
VENTAVIS	1	S PA QPD 9 per day
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
<i>carisoprodol 250 mg tablet</i>	3	HCG
<i>carisoprodol 350 mg tablet</i>	1	
<i>carisoprodol/aspirin</i>	1	
<i>carisoprodol/aspirin/codeine phosphate</i>	1	QPD 21 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>chlorzoxazone (375 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1		
<i>cyclobenzaprine hcl (15 mg cap er 24h, 30 mg cap er 24h)</i>	3	HCG	
<i>cyclobenzaprine hcl 10 mg tablet</i>	1		
<i>cyclobenzaprine hcl 5 mg tablet</i>	1		
FEXMID	NC	MVB SBA	Minimal Value Brand SELECT BRAND ALTERNATIVE
LORZONE	1		
METAXALL	1		
<i>metaxalone 400 mg tablet</i>	3	HCG	
<i>methocarbamol (500 mg tablet, 750 mg tablet, 1000 mg tablet)</i>	1		
<i>methocarbamol 100 mg/ml vial</i>	1		
ROBAXIN	3		
ROBAXIN-750	3	SBA	Select Brand Alternative
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	3	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		
DANTRIUM 20 MG VIAL	3		
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	3	HCG	
<i>dantrolene sodium 20 mg vial</i>	1		
REVONTO	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
LYVISPAH	3	PA
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
<i>orphenadrine citrate</i>	1	
<i>orphenadrine/aspirin/caffeine 25-385-30 tablet</i>	1	
<i>orphenadrine/aspirin/caffeine 50-770-60 tablet</i>	3	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>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>lidocaine hcl 4 % solution</i>	NC	HCG MVG MINIMAL VALUE GENERIC
<i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 cream (g), lidocaine/prilocaine 2.5 kit)</i>	1	
LIDOPIN 3% CREAM	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIDOPRIL	1	
LIDTOPIC MAX	3	
NUMBONEX	3	
<i>phenazopyridine hcl</i>	1	
PONTOCAINE	3	
<i>pramoxine hcl 1 % foam</i>	1	
PRE-ATTACHED LTA KIT	3	
PRIKAAN	NC	HCG MVG MINIMAL VALUE GENERIC
PRIKAAN LITE	1	
PRUDOXIN	NC	QL 49 / fill PA MVB MINIMAL VALUE BRAND
PYRIDIUM 200 MG TABLET	3	SBA Select Brand Alternative
RADIAGUARD	3	
SYNERA	NC	MVB Minimal Value Brand
WAL-DRYL 2%-0.1% CREAM	1	
ZONALON	3	QL 49 / fill PA
ASTRINGENTS		
DRYSOL	3	
XERAC AC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO	3	PA QPD 1.5 per day
ATRALIN	3	PA QPD 1.5 per day
KEPIVANCE	4	S
REGRANEX	3	QPD 1 per day
RETIN-A MICRO PUMP (PUMP 0.06% GEL, PUMP 0.08% GEL)	2	QL 50 / 30 days AL Up to 25 yrs old
TRETIN-X 0.075% CREAM	3	PA
<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>	NC	PA QPD 1.667 per day HCG MVG MINIMAL VALUE GENERIC
TWYNEO	3	QPD 2.0 per day
DETERGENTS		
<i>octoxynol 9</i>	3	
<i>polysorbate 60</i>	1	
<i>polysorbate 80 solution</i>	1	
<i>stabilizer for blinatumomab</i>	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
KERATOLYTIC AGENTS			
AVAR	1		
AVAR LS	3		
AVAR-E	1		
AVAR-E GREEN	3	HCG	
AVAR-E LS	3		
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	NC	HCG	MINIMAL VALUE GENERIC
		MVG	
PACNEX	1		
PLEXION (9.8-4.8% CLEANSER, 9.8-4.8% CLNSING CLOTH, 9.8-4.8% CREAM, 9.8-4.8% LOTION)	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative
ROSULA 10%-4.5% WASH	3		
ROSULA 10%-5% CLOTHS	1		
SALEX	NC	MVB	Minimal Value Brand
		SBA	Select Brand Alternative
<i>salicylic acid (6 % cream (g), 6 % crm er (g), 6 % lotion, 6 % lotion er)</i>	1		
<i>salicylic acid (6 % foam, 6 % gel (gram), 28.5 % sol-filmer)</i>	NC	HCG	MINIMAL VALUE GENERIC
		MVG	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>salicylic acid (26 % liquid, 27.5 % liq-film)</i>	NC	HCG MVG	MINIMAL VALUE GENERIC
SALIMEZ FORTE	3		
SSS 10-5 (10-5 CREAM, 10-5 FOAM)	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 %-2 % cream (g), sodium/sulfur 10-5%(w/v) lotion, sodium/sulfur 10-5%(w/w) cream (g), sodium/sulfur 10-5%(w/w) lotion, sodium/sulfur 10-5%(w/w) suspension)</i>	3	HCG MVG	MINIMAL VALUE GENERIC
<i>sulfacetamide sodium/sulfur 10 %-2 % cleanser</i>	NC	HCG MVG	MINIMAL VALUE GENERIC
<i>sulfacetamide sodium/sulfur (sodium/sulfur 10 %-4 % med. pad, sodium/sulfur 10-5%(w/w) cleanser)</i>	1		
SULFACLEANSE 8-4	1		
SUMADAN 9%-4.5% WASH	3		
SUMAXIN (9%-4% WASH, CLEANSING PADS)	3		
SUMAXIN TS	3		
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acitretin 10 mg capsule</i>	1	QPD 4 per day
ACZONE 7.5% GEL PUMP	3	PA QPD 3 per day
<i>adapalene (0.1 % cream (g), 0.1 % gel (gram), 0.3 % gel (gram), 0.3 % gel w/pump)</i>	1	QPD 1.5 per day
<i>adapalene 0.1 % med. swab</i>	NC	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	4	S PS PA QPD 0.22 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ALDARA	3	AL At least 12 yrs old QPD 0.434 per day
AMNESTEEM	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARTISS	3	
<i>azelaic acid</i>	3	QL PA 50 / 30 days
AZELEX	NC	QPD MVB 1.667 per day Minimal Value Brand
<i>benzoin compound</i>	1	
<i>calcipotriene (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>	NC	QPD HCG MVG 3.334 per day MINIMAL VALUE GENERIC
CLARAVIS	1	PA
CONDYLOX	NC	MVB Minimal Value Brand
<i>dapsone 5 % gel (gram)</i>	3	QPD HCG MVG 3 per day MINIMAL VALUE GENERIC
<i>dapsone 7.5 % gel w/pump</i>	1	QPD 3 per day
DOVONEX	NC	PA QPD MVB SBA 2 per day MINIMAL VALUE BRAND SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT PEN	4	S PS PA QPD 0.15 per day
DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	4	S PS PA QPD 0.15 per day
ENSTILAR	3	QPD 2 per day
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>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
OPZELURA	4	QL 720 / 365 days AL At least 12 yrs old S PA QPD 8.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pimecrolimus</i>	1	ST AL QPD At least 2 yrs old 2.5 per day
PODOCON-25	3	
<i>podofilox</i>	1	
PROTOPIC 0.03% OINTMENT	3	QL ST AL QPD 100 / 30 days At least 2 yrs old 2.5 per day
PROTOPIC 0.1% OINTMENT	3	QL ST AL QPD 100 / 30 days At least 16 yrs old 2.5 per day
QUTENZA	1	S
RECTIV	3	
RHOFADE	3	QPD 1.25 per day
SANTYL	3	
SILIQ	4	S PA QPD 0.22 per day
SKYRIZI 150 MG/ML SYRINGE	4	S PS PA QPD 0.012 per day
SKYRIZI 75 MG/0.83 ML SYRINGE	4	S PS PA QPD 0.02 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI (2 SYRINGES) KIT	4	S PS PA QPD 0.012 per day
SKYRIZI PEN	4	S PS PA QPD 0.012 per day
SOOLANTRA	3	QPD 1.5 per day
SORIATANE 10 MG CAPSULE	3	QPD 4 per day
SORIATANE 25 MG CAPSULE	3	QPD 2 per day
STELARA 90 MG/ML SYRINGE	4	S PS PA QPD 0.018 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	4	S PS PA QPD 0.006 per day MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STELARA 130 MG/26 ML VIAL	4	S
		PS
		PA
		QPD 1.86 per day
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
TACLONEX 0.005%-0.064% SUSPENS	3	QPD 4 per day
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	1	QL 100 / 30 days ST
TALTZ AUTOINJECTOR	4	S
		PS
		PA
		QPD 0.04 per day
TALTZ AUTOINJECTOR (2 PACK)	4	S
		PS
		PA
		QPD 0.04 per day
TALTZ AUTOINJECTOR (3 PACK)	4	S
		PS
		PA
		QPD 0.04 per day
TALTZ SYRINGE	4	S
		PS
		PA
		QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tazarotene 0.1 % cream (g)</i>	1	QPD 1.47 per day
TISSEEL VHSD (2 ML KIT, FROZEN 2 ML SYR, 4 ML KIT, FROZEN 4 ML SYR, 10 ML KIT, FROZEN 10 ML SYR)	3	
TREMFYA 100 MG/ML INJECTOR	4	S PS PA QPD 0.02 per day
TREMFYA 100 MG/ML SYRINGE	4	S PS PA QPD 0.04 per day
<i>trichloroacetic acid</i>	1	
VENELEX OINTMENT	3	
VEREGEN	NC	MVB MINIMAL VALUE BRAND
ZENATANE	1	PA
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline (250mg/10ml vial, 500mg/20ml ampul, 500mg/20ml vial)</i>	1	
ELIXOPHYLLIN	3	
THEO-24	3	
<i>theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 300 mg tab er 12h, 450 mg tab er 12h)</i>	1	
<i>theophylline anhydrous (400 mg tab er 24h, 600 mg tab er 24h)</i>	1	
<i>theophylline in dextrose 5 % in water</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
BYNFEZIA	4	S PA QPD 0.6 per day
<i>lanreotide acetate</i>	4	S PA QPD 0.02 per day
MYCAPSSA	4	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>	4	S PS PA
SANDOSTATIN 0.05 MG/ML AMPUL	4	S PA QPD 30 per day SBA Select Brand Alternative
SANDOSTATIN 0.1 MG/ML AMPUL	4	S PA QPD 15 per day SBA Select Brand Alternative
SANDOSTATIN 0.5 MG/ML AMPUL	4	S PA QPD 3 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 30 MG KT, 30 MG VL)	4	S
		PA
		QPD 0.04 per day
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	4	S
		PA
		QPD 0.07 per day
		MED PA
		Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
SIGNIFOR	4	S PA
SIGNIFOR LAR	4	S PA
SOMATULINE DEPOT	4	S
		PA
		QPD 0.02 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
EGRIFTA SV	4	S PA QPD 2 per day
INCRELEX	4	S PA
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	4	S
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
ADRENALIN	3	
<i>droxidopa</i>	4	S PS PA QPD 6 per day
<i>ephedrine sulfate (50mg/ml(1) ampul, 50mg/ml(1) vial)</i>	1	
<i>ephedrine sulfate/0.9% nacl/pf 25 mg/5 ml syringe</i>	1	
<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
<i>epinephrine (0.1 mg/ml syringe, 1 mg/ml(1) ampul, 1 mg/ml(1) vial)</i>	1	
<i>epinephrine (1 mg/10 ml vial, 1 mg/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>epinephrine hcl in 0.9 % sodium chloride (in 0.9 % 1 mg/10 ml syringe, in 0.9 % 100 mcg/10 syringe, in 0.9 % 2mg/250ml plast. bag, in 0.9 % 4mg/250ml plast. bag, in 0.9 % 8 mg/250ml plast. bag)</i>	1	
<i>epinephrine hcl in dextrose 5 % in water (in 2mg/250ml plast. bag, in 4mg/250ml plast. bag, in 100 mcg/10 syringe)</i>	1	
<i>epinephrine hcl/pf</i>	1	
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
LEVOPHED	3	
<i>norepinephrine bitartrate (1 mg/ml ampul, 1 mg/ml vial)</i>	1	
<i>norepinephrine bitartrate in 0.9 % sodium chloride (bit/0.9 % 16mg/250ml infus. btl, bit/0.9 % 16mg/250ml plast. bag, bit/0.9 % 4mg/250ml infus. btl, bit/0.9 % 4mg/250ml plast. bag, bit/0.9 % 8 mg/250ml plast. bag, bit/0.9 % 8 mg/500ml plast. bag)</i>	1	
<i>norepinephrine bitartrate in 5 % dextrose in water (bitartrate/d5w 16mg/250ml plast. bag, bitartrate/d5w 4mg/250ml plast. bag, bitartrate/d5w 8 mg/250ml plast. bag)</i>	1	
NORTHERA	4	S PA QPD 6 per day
SYMJEPI	3	QL 2 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC AGONISTS		
BIORPHEN	3	
LUCEMYRA	3	QL PA 48 tablets/180 days
<i>midodrine hcl</i>	1	
<i>phenylephrine hcl 10 mg/ml vial</i>	1	
<i>phenylephrine hcl in 0.9 % sodium chloride (in 0.4mg/10ml syringe, in 0.5 mg/5ml syringe, in 0.8mg/10ml syringe, in 1 mg/10 ml syringe, in 1 mg/10 ml vial, in 5 mg/50 ml syringe, in 10mg/250ml plast. bag, in 20mg/250ml plast. bag, in 25mg/250ml plast. bag, in 40mg/250ml plast. bag, in 50mg/250ml plast. bag, in 80mg/250ml plast. bag, in 100 mcg/10 syringe)</i>	1	
VAZCULEP	3	
TETRACYCLINE ANTIBIOTICS		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TABLET	3	PA
NUZYRA 100 MG VIAL	3	
SEYSARA	3	PA QPD 1 per day
GLYCYLCYCLINE ANTIBIOTICS		
<i>tigecycline</i>	1	
TYGACIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE 10 MG TABLET	3	
TAPAZOLE 5 MG TABLET	3	SBA Select Brand Alternative
THYROID AGENTS		
EUTHYROX	1	
LEVO-T	1	
<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	
<i>levothyroxine sodium (75 mcg tablet, 88 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
<i>levothyroxine sodium (100 mcg vial, 200 mcg vial, 500 mcg vial)</i>	1	
<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	
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	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	1	
<i>liothyronine sodium 10 mcg/ml vial</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NP THYROID	1	
TRIOSTAT	3	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET)	1	
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	
URINE AND FECES CONTENTS		
KETONES		
<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		
<i>yohimbine hcl</i>	1	
VASODILATING AGENTS		
NITRATES AND NITRITES		
DILATRATE-SR	NC	QPD 4 per day MVB Minimal Value Brand
GONITRO	3	AL At least 18 yrs old PA QPD 1.25 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ISORDIL	3	QPD	12 per day
		SBA	SELECT BRAND ALTERNATIVE
ISORDIL TITRADOSE	3	QPD	12 per day
		SBA	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)	NC	QPD	1 per day
		MVB	Minimal Value Brand
		SBA	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
<i>nitroglycerin 50 mg/10ml vial</i>	1		
<i>nitroglycerin in 5 % dextrose in water</i>	1		
NITROLINGUAL	3	QPD	0.8 per day
NITROMIST	3	QPD	0.3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	4	S PA QPD 2 per day SBA Select Brand Alternative
ALYQ	4	S PS PA QPD 2 per day
REVATIO 10 MG/ML ORAL SUSP	4	AL At least 18 yrs old S PA QPD 6 per day
REVATIO 20 MG TABLET	4	AL At least 18 yrs old S PA QPD 3 per day
REVATIO 10 MG/12.5 ML VIAL	4	AL At least 18 yrs old S PA
<i>sildenafil citrate 10 mg/ml susp recon</i>	4	AL At least 18 yrs old S PS PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sildenafil citrate 20 mg tablet</i>	4	S PS PA QPD 3 per day
<i>sildenafil citrate 10 mg/12.5 vial</i>	4	AL At least 18 yrs old S PA
<i>tadalafil 20 mg tablet</i>	4	S PS PA QPD 2 per day
VASODILATING AGENTS, MISCELLANEOUS		
<i>alprostadil</i>	1	
<i>aspirin/dipyridamole</i>	1	QPD 2 per day
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	QPD 4.0 per day
<i>dipyridamole 5 mg/ml vial</i>	1	
<i>papaverine hcl</i>	1	
PROSTIN VR PEDIATRIC	3	
VERQUVO	2	PA QPD 1 per day
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MULTIVITAMIN PREPARATIONS		
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ELITE-OB	3	
M-NATAL PLUS	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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MYNATAL PLUS	3	
MYNATAL-Z	3	
NEWGEN	3	
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PNV 29-1	3	
PNV-OMEGA	3	
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PRENA1 PEARL	3	
PRENA1 TRUE	3	
PRENATABS RX	3	
<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i>	3	
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R-NATAL OB	3	
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DODEX	1	
<i>folic acid 1 mg tablet</i>	1	
<i>folic acid 5 mg/ml vial</i>	1	
<i>hydroxocobalamin</i>	1	
NASCOBAL	3	
<i>pyridoxine hcl (vitamin b6) 100 mg/ml vial</i>	1	
<i>thiamine hcl 100 mg/ml vial</i>	1	
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ASCOR	3	
<i>ascorbic acid 500 mg/ml vial</i>	1	
VITAMIN D		
<i>calcitriol 1 mcg/ml ampul</i>	1	
<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>	4	S PS
<i>doxercalciferol 4mcg/2ml vial</i>	4	S
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	1	
HECTOROL	4	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	S PS
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial)</i>	4	S
RAYALDEE	4	S
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)	4	S PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	4	S PA
VITAMIN E		
<i>wheat germ oil</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON	3	SBA Select Brand Alternative
<i>phytonadione (vit k1) (1mg/0.5ml ampul, 1mg/0.5ml syringe, 10 mg/ml ampul, 10 mg/ml vial)</i>	1	
<i>phytonadione (vit k1) 5 mg tablet</i>	1	
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LEENA	304	lidocaine hcl buffered with 8.4 % sodium bicarbonate	338
leflunomide	353	lidocaine hcl in 0.9 % sodium chloride/pf	338
LEMTRADA	357	lidocaine hcl in dextrose 5% in water/pf	49
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LOTRONEX	266	magnesium sulfate in sterile water	66
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MARINOL	82	mepivacaine hcl	339
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melphalan	135	methenamine mandelate	28
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molindone hcl	158	MYCAMINE	86
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MONOJECT SODIUM CHLORIDE FLUSH	252	MYFEMBREE	274
MONONINE	97	MYFORTIC	363
MONOVISC	233	MYLERAN	136
montelukast sodium	42	MYLOTARG	136
MONUROL	28	MYNATAL	420
MORGIDOX	55	MYNATAL PLUS	420
morphine sulfate	15,16	MYNATAL-Z	420
morphine sulfate in 0.9 % sodium chloride	16,17	MYOBLOC	367
morphine sulfate in 0.9 % sodium chloride/pf	17	MYORISAN	405
morphine sulfate/pf	17	MYRBETRIQ	203
MOTEGRITY	271	MYSOLINE	68
MOUNJARO	78	MYTESI	267
MOXATAG	378	MYXREDLIN	334
MOXEZA	30		
moxifloxacin hcl	30,52	N	
moxifloxacin hcl in sodium acetate and sulfate,water,iso-osm	53	NABI-HB	182
moxifloxacin hcl in sodium chloride, iso- osmotic	53	nabumetone	374
MOZOBIL	208	nadolol	219
MUCOSITISRX	233	nafcillin in dextrose, iso-osmotic	379
MULPLETA	208	nafcillin sodium	379
MULTAQ	50	naftifine hcl	87
MULTIHANCE	241	NAGLAZYME	256
MULTIHANCE MULTIPACK	241	nalbuphine hcl	21
multivitamin combination no.51/ferrous fumarate/folic acid	420	NALOCET	17
		naloxone hcl	223
		naltrexone hcl	223
		NAMENDA	222

NAMENDA XR	222	NEOSALUS CP	233
NAMZARIC	222	neostigmine methylsulfate	202
NAPRELAN	374	NEOTUSS PLUS	391
NAPROSYN	374	NERLYNX	136
naproxen	374,375	NESACAINE	339
naproxen sodium	375	NESACAINE-MPF	339
naratriptan hcl	111	NEUAC	34
NARCAN	223	NEULASTA	208
NARDIL	70	NEULASTA ONPRO	209
NAROPIN	339	NEUPOGEN	209
NASCOBAL	421	NEUPRO	245
NATACYN	32	nevirapine	168
NATAZIA	310	NEWGEN	420
nateglinide	79	NEXAVAR	137
NATPARA	377	NEXICLON XR	331
NAVELBINE	136	NEXIUM	191,192
NAYZILAM	69	NEXIUM I.V.	192
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NEBUPENT	157	NEXLIZET	102
NEBUSAL	252	NEXPLANON	311
NECON	310	NEXTERONE	50
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nefazodone hcl	74	niacin	102
nelarabine	136	NIACOR	102
NEMBUTAL SODIUM	198	nicardipine hcl	215
NEO-POLYCIN	30	nicardipine hcl in 0.9 % sodium chloride	215
NEO-POLYCIN HC	30	nicardipine in sodium chloride, iso-osmotic	215
NEO-SYNALAR	34	NICOTROL	201
neomycin sulfate	51	NICOTROL NS	201
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	30	nifedipine	215
neomycin sulfate/bacitracin/polymyxin b	30	NIKKI	311
neomycin sulfate/polymyxin b sulfate	34	NILANDRON	137
neomycin sulfate/polymyxin b sulfate/gramicidin d	30	nilutamide	137
neomycin sulfate/polymyxin b sulfate/hydrocortisone	30	nimodipine	215
neomycin/polymyxin b sulfate/dexamethasone	31	NINLARO	137
NEOPROFEN	375	NIPENT	137
NEORAL	363	nisoldipine	215
NEOSALUS	233	nitazoxanide	157
		NITHIODOTE	343
		nitisinone	367
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nitrofurantoin monohydrate/macrocrystals	28	NOVOLIN 70-30	332
nitroglycerin	417	NOVOLIN N	332
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NITROLINGUAL	417	NOVOLOG	333
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norepinephrine bitartrate in 0.9 % sodium chloride	413	NUDEXTA	222
norepinephrine bitartrate in 5 % dextrose in water	413	NULEV	60
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norethindrone acetate	330	NULOJIX	363
norethindrone acetate-ethinyl estradiol	260,312	NUMBONEX	399
norethindrone acetate-ethinyl estradiol/ferrous fumarate	312	NUMBRINO	262
norethindrone-ethinyl estradiol/ferrous fumarate	313	NUMOISYN	233
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NORMOSOL-R	252	NUVAIL	233
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NORPACE	49	NYAMYC	88
NORPACE CR	49	NYLIA	313
NORPRAMIN	75	NYMALIZE	215
NORTHERA	413	NYMYO	314
NORTREL	313	nystatin	86,88
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		NYSTOP	88
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O

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OBIZUR	97	ondansetron odt (4mg odt tablet, 8mg odt tablet)	82
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OBTREX DHA	420	ONGENTYS	154
OALIVA	271	ONUREG	138
OCELLA	314	OPDIVO	138
OCTAGAM	182	opium tincture	267
OCTAPLAS	205	opium/belladonna alkaloids	17
octoxynol 9	400	OPSUMIT	394
octreotide acetate	410	OPTISON	240
OCUCOAT	262	OPZELURA	405
OCUFLOX	31	ORALAIR	178
ODEFSEY	170	ORALONE	47
ODOMZO	137	orange extract	239
OFEV	389	ORAPRED ODT	281
OFIRMEV	7	ORAQIX	229
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OGIVRI	137	ORENCIA	353
olanzapine	163	ORENCIA CLICKJECT	353
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olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	384	ORIAHNN	274
olmesartan medoxomil/hydrochlorothiazide	384	ORILISSA	274
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OMECLAMOX-PAK	192	orphenadrine citrate/aspirin/caffeine	398
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OMEGAVEN	249	OSCIMIN	60
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OMIDRIA	263	OSCIMIN SR	60
OMNARIS	39	oseltamivir phosphate	194
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OXBRYTA.....	206	PARNATE.....	70
oxcarbazepine.....	66	PAROEX.....	32
OXERVATE.....	262	paromomycin sulfate.....	156
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oxybutynin chloride.....	273	PASER.....	112
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oxycodone hcl/aspirin.....	18	PAXLOVID (EUA).....	193
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penicillin g sodium	379	sulf/scopolamine hb	60
penicillin v potassium	379	PHENOHYTRO	60
PENTACEL	188	phenol	37
PENTACEL ACTHIB COMPONENT	188	phenoxybenzamine hcl	5
PENTACEL DTAP-IPV COMPONENT	188	phentolamine mesylate	5
PENTAM 300	157	phenylephrine hcl	264,414
pentamidine isethionate	157	phenylephrine hcl in 0.9 % sodium chloride	414
PENTASA	266	phenylephrine hcl/promethazine hcl	265
pentazocine hcl/naloxone hcl	21	PHENYTEK	69
pentetate calcium trisodium	279	phenytoin	69
pentetate zinc trisodium	279	phenytoin sodium	69
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PEPAXTO	139	PHILITH	315
PEPCID	190	PHOSLYRA	335
PERFOROMIST	204	PHOSPHOLINE IODIDE	90
PERIDEX	32	PHOSPHOROUS	246
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PERIOGARD	32	PHYSIOLYTE	250
PERJETA	139	PHYSIOSOL	250
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perphenazine	167	PIFELTRO	168
perphenazine/amitriptyline hcl	75	pilocarpine hcl	90,203
PERSERIS	163	pimecrolimus	406
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PFIZER COVID BIVAL (6MO-4Y)EUA	188	pioglitazone hcl/metformin hcl	81
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PFIZERPEN	379	PIQRAY	139
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PHARMABASE BARRIER	255	PIRMELLA	315
phenazopyridine hcl	399	piroxicam	375
phenelzine sulfate	70	pistachio nut extract	239
PHENERGAN	265	PITOCIN	376
phenobarbital	198	PLASBUMIN-25	205
phenobarbital sodium	198	PLASBUMIN-5	205
		PLASMA-LYTE 148	252

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PLASMANATE	205	potassium chloride in water for injection, sterile	253
PLEGISOL	252	potassium chloride/lidocaine hcl in 0.9 % sodium chloride	253
PLEGRIDY	358	potassium citrate	246
PLEGRIDY PEN	358	potassium phosphate,monobasic-dibasic	253
PLENAMINE	249	PRADAXA	62
PLEXION	401	pralidoxime chloride	344
PNEUMOVAX 23	188	PRALUENT PEN	108
PNV 29-1	420	pramipexole di-hcl	246
PNV-OMEGA	420	PRAMOSONE	47
PODOCON-25	406	pramoxine hcl	399
podofilox	406	prasugrel hcl	173
POLIVY	139	pravastatin sodium	107
POLOCAINE	339	praziquantel	27
POLOCAINE-MPF	339	prazosin hcl	217
POLYCIN	31	PRE-ATTACHED LTA KIT	399
polymyxin b sulfate	57	PRE-PEN	240
polymyxin b sulfate/trimethoprim	31	PRECEDEX	197
polysorbate 60	400	PRECOSE	76
polysorbate 80	400	PRED MILD	39
POLYTRIM	31	PRED-G	31
POMALYST	139	prednicarbate	47
PONTOCAINE	399	prednisolone	281
PONVORY	358	prednisolone acetate	39
pork extract	239	prednisolone sodium phosphate	39,281
PORTIA	315	prednisone	281
posaconazole	86	PREDNISONE INTENSOL	281
POTABA	368	PREFEST	260
potassium acetate	252	pregabalin	7,66,67
potassium chloride	252	PREHEVBRIO	188
potassium chloride in 0.45 % sodium chloride	253	PREMARIN	260
potassium chloride in 5 % dextrose in water	253	PREMASOL	249
potassium chloride in dextrose 5 % and 0.9 % sodium chloride	253	PREMPHASE	260
potassium chloride in dextrose 5 %-0.2 % sodium chloride	253	PREMPRO	260
potassium chloride in dextrose 5 %-0.45 % sodium chloride	253	PRENA1 CHEW	420
potassium chloride in dextrose 5% and 0.3 % sodium chloride	253	PRENA1 PEARL	420
		PRENA1 TRUE	420
		PRENATABS RX	420

prenatal vits with calcium no.74/ferrous fumarate/folic acid	420	prochlorperazine edisylate	83
PREPLUS	420	prochlorperazine maleate	83
PRESERA	234	PROCRT	210
PRESTALIA	387	PROCTO-MED HC	47
PRETAB	420	PROCTO-PAK	47
pretomanid	112	PROCTOCORT	47
PREVALITE	103	PROCTOFOAM-HC	47
PREVIDENT	348	PROCTOSOL-HC	47
PREVIDENT 5000 DRY MOUTH	348	PROCTOZONE-HC	47
PREVIDENT 5000 ENAMEL PROTECT	348	PROCYSBI	368
PREVIDENT 5000 ORTHO DEFENSE	348	PROFILNINE	98
PREVIDENT 5000 PLUS	348	progesterone	330
PREVIDENT 5000 SENSITIVE	348	progesterone, micronized	330
PREVIFEM	315	PROGLYCEM	101
PREVNAR 13	188	PROGRAF	363
PREVNAR 20	188	PROHANCE	241
PREVYMIS	193	PROHANCE MULTIPACK	241
PREZCOBIX	172	PROLASTIN C	393
PREZISTA	172	PROLATE	19
PRIALT	7	PROLENSA	41
PRIFTIN	112	PROLEUKIN	139
PRIKAAN	399	PROLIA	346
PRIKAAN LITE	399	PROMACTA	210
PRILOSEC	192	promethazine hcl	265
primaquine phosphate	156	promethazine hcl in 0.9 % sodium chloride	265
PRIMAXIN	342	promethazine hcl/codeine	391
primidone	68	promethazine hcl/dextromethorphan hbr	391
PRIMLEV	18,19	promethazine/phenylephrine hcl/codeine	391
PRIMSOL	28	PROMETHEGAN	265
PRIORIX	188	PROMISEB	234
PRISMASOL	253	propafenone hcl	49
PRIVIGEN	182	propantheline bromide	60
probenecid	254	proparacaine hcl	262
probenecid/colchicine	254	propofol	272
procainamide hcl	49	propranolol hcl	219
PROCALAMINE	249	propranolol hcl/hydrochlorothiazide	219
PROCARDIA	216	propylthiouracil	415
PROCARDIA XL	216	PROQUAD	188
PROCENTRA	24	PROSCAR	342
prochlorperazine	83	PROSOL	249
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protamine sulfate	91	quinine sulfate	156
prothrombin time test strips	234	QULIPTA	110
prothrombin time/inr test meter	234	QUTENZA	406
PROTONIX	192	QUVIVIQ	200
PROTONIX IV	192	QUZYTIR	101
PROTOPAM CHLORIDE	344		
PROTOPIC	406	R	
protriptyline hcl	75	R-GENE 10	241
PROVENGE	220	R-NATAL OB	420
PROVERA	330	RABAVERT	189
PROVIDA OB	420	rabeprazole sodium	192
PROVISC	234	RADIAGUARD	399
PRUDOXIN	399	RADICAVA ORS	222
PULMICORT FLEXHALER	228	RADIOGARDASE	334
PULMOSAL	253	RAGWITEK	178
PULMOZYME	392	raloxifene hcl	257
PURIXAN	139	ramelteon	197
PYLERA	57	ramipril	387
pyrazinamide	112	ranolazine	216
PYRIDIUM	399	RAPAFLO	6
pyridostigmine bromide	203	RAPAMUNE	363
pyridoxine hcl (vitamin b6)	421	rasagiline mesylate	155
PYRUKYND	206	raspberry flavor	381
		RASUVO	140
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QBRELIS	387	RAYALDEE	422
QBREXZA	60	RAZADYNE ER	203
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QNASL	39	REBIF REBIDOSE	359
QNASL CHILDREN	39	REBINYN	98
QUADRACEL DTAP-IPV	188	REBLOZYL	210
QUADRAMET	382	RECARBRIO	342
QUALAQUIN	156	RECLAST	346
quazepam	200	RECLIPSEN	316
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QUILLICHEW ER	26	RECOMBIVAX HB	189
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quinapril hcl	387	RECOTHROM	98
quinapril hcl/hydrochlorothiazide	387	RECTIV	406
quinidine gluconate	49	REGLAN	271
quinidine sulfate	49	REGONOL	203

REGRANEX	400	RIMSO-50	250
RELENZA	194	ringer's solution	250,253
RELEUKO	210	ringer's solution,lactated	250,253
RELEXXII	26	RINVOQ	354
REMERON	70	risedronate sodium	347
remifentanil hcl	19	RISPERDAL CONSTA	164
REMODULIN	395	risperidone	164,165
RENEVA	335	ritonavir	172
repaglinide	79	RITUXAN	140
repaglinide/metformin hcl	79	RITUXAN HYCELA	141
REPATHA PUSHTRONEX	109	rivastigmine	203
REPATHA SURECLICK	109	rivastigmine tartrate	203
REPATHA SYRINGE	109	RIVELSA	316
RESPA A.R.	266	RIXUBIS	99
RESTASIS	40	rizatriptan benzoate	111
RESTASIS MULTIDOSE	40	ROBAXIN	397
RETACRIT	210	ROBAXIN-750	397
RETEVMO	140	ROBINUL	60
RETIN-A MICRO PUMP	400	ROBINUL FORTE	60
RETISERT	39	ROCALTROL	422
RETROVIR	171	ROCKLATAN	91
REVATIO	418	romidepsin	141
REVCIVI	256	ropinirole hcl	246
REVLIMID	140	ropivacaine hcl/pf	339
REVONTO	397	ROSDAN	34
REXULTI	164	rose oil	382
REYATAZ	172	rosemary oil	369
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RHOPRESSA	91	ROWASA	266
RIASTAP	98	ROWEEPRA	67
ribavirin	195	ROWEEPRA XR	67
rice extract	239	ROZEREM	197
RIDAURA	274	ROZLYTREK	141
rifabutin	112	RUBRACA	141
RIFADIN	112	RUCONEST	336
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riluzole	223	RUKOBIA	167
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S		sesame seed extract	239
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sage leaf	369	sevelamer carbonate	335
SAJAZIR	335	sevelamer hcl	335
SALAGEN	203	SEVENFACT	99
SALEX	401	sevoflurane	272
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SALIMEZ FORTE	402	SF	348
SALIVAMAX	235	SF 5000 PLUS	348
salsalate	376	SFROWASA	266
SAMSCA	244	SHAROBEL	317
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SANDIMMUNE	363	SHINGRIX ADJUVANT COMPONENT	382
SANDOSTATIN	410	SHINGRIX GE ANTIGEN COMPONENT	189
SANDOSTATIN LAR DEPOT	411	shrimp extract	239
SANTYL	406	SIGNIFOR	411
SAPHNELO	363	SIGNIFOR LAR	411
sapropterin dihydrochloride	369	SIKLOS	143
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SAVAYSA	61	SILENOR	75
SAVELLA	223	SILIQ	406
SCALACORT	47	silodosin	6
SCEMBLIX	143	SILVASORB	235
SCLEROSOL	220	silver sulfadiazine	37
scopolamine	82	SILVRSTAT	235
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		simvastatin	108

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SINEMET 25-100	155	sodium thiosulfate	344
SINEMET 25-250	155	sofosbuvir/velpatasvir	277
sirolimus	364	SOLARAZE	143
SIRTURO	112	solifenacin succinate	273
SITAVIG	195	SOLQUA 100-33	332
SIVEXTRO	57	SOLIRIS	337
SKLICE	37	SOLOSEC	157
SKYLA	317	SOLTAMOX	257
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SKYRIZI ON-BODY	42	SOMATULINE DEPOT	411
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SMOFLIPID	249	SOOLANTRA	407
sodium acetate	253	sorafenib tosylate	143
sodium benzoate/sodium phenylacetate	247	sorbitol	254
sodium bicarbonate	246	sorbitol solution	250
sodium chloride	235,253	SORIATANE	407
sodium chloride 0.45 %	254	SORINE	219
sodium chloride 0.9 % (flush)	235,254	SOTALOL AF	219
sodium chloride 3 %	254	sotalol hcl	219
sodium chloride 5 %	254	SOTRADECOL	220
sodium chloride for inhalation	254	SOTYLIZE	219
sodium chloride irrigating solution	250	SOVALDI	277
sodium chloride/sodium bicarbonate/potassium chloride/peg	268	soybean extract	239
sodium citrate	61	spearmint oil	382
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SODIUM EDECRIN	243	SPHERUSOL	240
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sodium nitrite	344	SPRAVATO	70
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