Medical Associates Health Plan
2021 Formulary List

The 2021 Formulary drug list is shown below. The formulary is the list of drugs included in your prescription drug benefit plan. Inclusion on the list does not guarantee coverage. Unless otherwise stated, generic drugs are subject to Tier 1 copayments and formulary brands are subject to tier 2 copayments. Brand name drugs may move to non-formulary status if a generic version becomes available during the year. Not all the drugs are covered by all prescription drug benefit programs. It is important to check your benefit materials for more information on coverage. For specific questions about your coverage, please call MAHP during business hours at 1-866-821-1365 or 1-563-584-4885 or Magellan Rx Management after hours and on holidays at 800-424-5947.

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the provider: Please prescribe preferred products and allow generic substitutions when medically appropriate.

Please note the Quantity Limits may be listed at a per day value (example: inhalers, solutions, and vials). For most products, a month's supply can be calculated by multiplying by 30. Also, quantity limits are typically not listed by the number of packages, but instead by number of tablets, capsules, or milliliters to name a few.

TIER		DESCRIPTION
1	Generics	
2	Preferred Brands	
3	Non-Preferred Brands	
SP	Specialty Drug	
TYPE		**DESCRIPTION**
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.
GL	Gender Limit	This prescription drug is restricted for a single gender.
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions. Some examples of the diseases include; multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
DC	Drug Class	Drug Class.
MED	Medical Drug	This medication is not on our drug list. Click on the THERAPEUTIC CLASS or sub class to find covered alternative medications. If you have questions, please contact member services.
PR	Preventive Medication	Preventive health drugs can help prevent, treat, and manage several health concerns that can lead to serious illness or complications in the future. The copays for these products may vary so check with your plan for further information.

HCR	Health Care Reform Products	The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.
NTI	Narrow Therapeutic Indicator	NTI products may have to be monitored by your doctor or pharmacist more frequently because small changes in doses can have harmful impacts.
PS	Preferred Specialty	Preferred Specialty.
PA	PA Applies	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
QPD	Quantity Per Day	Quantity Per Day.
B4G	Brand For Generic	Brand products that would bypass the DAW penalty. The strategy prefers brands over generics.
HCG	High Cost Generic	High Cost Generic.
MVB	Minimal Value Brand	Minimal Value Brand.
MV	Minimal Value Generic	Minimal Value Generic.
NFD	Non-FDA Approved	Non-FDA Approved.
SBA	Select Brand Alternative	Select Brand Alternative
SDS	Extended Specialty Day Supply	Extended Specialty Day Supply
PS1	Preferred 1st line	
PS2	Preferred 2nd line	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
CAFERGOT	Non-Preferred Brands	SBA Select Brand Alternative
D.H.E.45	Non-Preferred Brands	QL 10 / 30 days DC Injectables MED Medical Drug PA
DIBENZYLINE	Non-Preferred Brands	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
dihydroergotamine 1 mg/ml amp	Generics	DC Injectables PA
dihydroergotamine 4 mg/ml spry	Generics	QL 8 / 30 days PA
ergoloid mesylates	Generics	
ERGOMAR	Non-Preferred Brands	
ergotamine-caffeine	Generics	
MIGERGOT	Non-Preferred Brands	QPD 0.72 per day MVB MINIMAL VALUE BRAND
MIGRANAL	Non-Preferred Brands	QL 8 / 30 days PA MVB MINIMAL VALUE BRAND
phenoxybenzamine hcl	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
phentolamine mesylate	Generics	DC Injectables MED Medical Drug
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
alfuzosin hcl er	Generics	GL Male QPD 1 per day
RAPAFLO	Non-Preferred Brands	GL Male QPD 1 per day SBA Select Brand Alternative
silodosin	Generics	GL Male QPD 1 per day
tamsulosin hcl	Generics	QPD 2.0 per day
UROXATRAL	Non-Preferred Brands	GL Male QPD 1 per day SBA Select Brand Alternative
ANALGESICS AND ANTIPYRETICS ANALGESICS AND ANTIPYRETICS, MISC.		
acetaminophen (500 mg/50 ml bag, 1000mg/100ml bag)	Generics	DC Injectables MED Medical Drug
acetaminophen (325mg/32.5ml syr, 500 mg/50 ml syr, 650 mg/65 ml bag)	Generics	MED Medical Drug
ALLZITAL	Non-Preferred Brands	QPD 12 per day MVB Minimal Value Brand
BUPAP	Generics	QPD 6 per day
butalbital-acetaminophn 50-300	Generics	QPD 6 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
butalbital-acetaminophn 25-325	Generics	QPD 12 per day
butalbital-acetaminophn 50-325	Generics	QPD 6 per day
butalbital-acetaminophen-caffe	Generics	QPD 6 per day
clonidine hcl (1,000 mcg/10 ml vial, 5,000 mcg/10 ml vial)	Generics	DC Injectables MED Medical Drug
DURACLON	Non-Preferred Brands	DC Injectables MED Medical Drug
ESGIC 50-325-40 MG CAPSULE	Generics	QPD 6 per day HCG MVG MINIMAL VALUE GENERIC
ESGIC 50-325-40 MG TABLET	Non-Preferred Brands	QPD 6 per day SBA Select Brand Alternative
GRALISE 300-600 MG SAMPLE PACK	Non-Preferred Brands	ST
GRALISE ER 300 MG TABLET	Non-Preferred Brands	ST QPD 1 per day
GRALISE ER 600 MG TABLET	Non-Preferred Brands	ST QPD 3 per day
pregabalin er (er 82.5 mg tablet, er 165 mg tablet)	Generics	PA QPD 3 per day
pregabalin er 330 mg tablet	Generics	PA QPD 2 per day
PRIALT	Specialty Drug	S DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TENCON	Generics	QPD 6 per day
VANATOL LQ	Non-Preferred Brands	
VTOL LQ	Generics	
ZEBUTAL	Generics	QPD 6 per day
OPIATE AGONISTS		
acetamn-caf-dihydrcodein 320.5	Generics	AL At least 12 yrs old QPD 10 per day
acetamin-caf-dihydrocodein 325	Generics	AL At least 12 yrs old QPD 10 per day HCG MVG MINIMAL VALUE GENERIC
acetamin-codein 300-30 mg/12.5	Generics	AL At least 12 yrs old QPD 139 per day
acetaminop-codeine 120-12 mg/5	Generics	AL At least 12 yrs old QPD 140 per day
acetaminophen-cod #2 tablet	Generics	AL At least 12 yrs old QPD 22 per day
acetaminophen-cod #3 tablet	Generics	AL At least 12 yrs old QPD 12 per day
acetaminophen-cod #4 tablet	Generics	AL At least 12 yrs old QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTIQ	Non-Preferred Brands	AL At least 16 yrs old PA QPD 4 per day SBA Select Brand Alternative
asa-butalb-caffeine-codeine	Generics	AL At least 18 yrs old QPD 6 per day
ASCOMP WITH CODEINE	Generics	AL At least 18 yrs old QPD 6 per day
belladonna-opium 16.2-60 supp	Generics	QPD 1 per day
butalb-acetamin-caf-cod 50-300	Generics	QPD 6 per day HCG MVG MINIMAL VALUE GENERIC
butalb-acetamin-caf-cod 50-325	Generics	QPD 6 per day
butalbital compound-codeine	Generics	AL At least 18 yrs old QPD 6 per day
codeine sulfate	Generics	AL At least 18 yrs old QPD 6 per day
DEMEROL (25 MG/ML CARPUJECT, 25 MG/ML SYRINGE)	Non-Preferred Brands	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 20 per day
DEMEROL (50 MG/ML CARPUJECT, 50 MG/ML SYRINGE, 50 MG/ML VIAL, 100 MG/2 ML AMPUL)	Non-Preferred Brands	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEMEROL 75 MG/ML CARPUJECT	Non-Preferred Brands	AL At least 18 yrs old QPD 7 per day
DEMEROL (100 MG/ML CARPUJECT, 100 MG/ML VIAL)	Non-Preferred Brands	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 5 per day
DSUVIA	Non-Preferred Brands	DC Injectables MED Medical Drug
DURAMORPH 10 MG/10 ML AMPUL	Generics	DC Injectables MED Medical Drug QPD 5 per day
DURAMORPH 5 MG/10 ML AMPUL	Generics	DC Injectables MED Medical Drug QPD 10 per day
DVORAH	Non-Preferred Brands	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)	Generics	AL At least 18 yrs old QPD 12 per day HCG
ENDOCET 2.5-325 MG TABLET	Generics	AL At least 18 yrs old QPD 12 per day
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch)	Generics	PA QPD 0.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fentanyl (37.5 mcg/hr patch, 62.5 mcg/hr patch)	Generics	PA QPD 0.5 per day HCG
fentanyl citrate (100 mcg/2 ml carpujct, 100 mcg/2 ml syringe, 1,500 mcg/30 ml syr)	Generics	DC Injectables MED Medical Drug QPD 8 per day
fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg)	Generics	AL At least 16 yrs old PA QPD 4 per day HCG
fentanyl citrate otfc 800 mcg	Generics	AL At least 16 yrs old PA QPD 4 per day
fentanyl 1,000 mcg/20 ml syrng	Generics	DC Injectables MED Medical Drug
fentanyl citrate-0.9% nacl (50 mcg/5 ml-0.9% nacl, 500 mcg/50ml-0.9%nacl, 1,000 mcg/100 ml-ns, 1,100 mcg/55 ml-ns, 1,250 mcg/25 ml-ns, 1,250 mcg/50-0.9%nacl, 1,250mcg/250-0.9%nacl, 2,500mcg/100-0.9%nacl)	Generics	DC Injectables MED Medical Drug
fentanyl citrate-0.9% nacl (10 mcg/ml-0.9% nacl, 1,000mcg/100-0.9%nacl, 2,500mcg/250-0.9%nacl)	Generics	DC Injectables MED Medical Drug QPD 38 per day
FIORINAL WITH CODEINE #3	Non-Preferred Brands	AL At least 18 yrs old QPD 6 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)	Generics	PA QPD 2 per day
hydrocodone bitartrate er (er 20 mg tablet, er 30 mg tablet, er 40 mg tablet, er 60 mg tablet, er 80 mg tablet, er 100 mg tablet, er 120 mg tablet)	Generics	PA QPD 1 per day
hydrocodone-acetaminophen (2.5-108/5, 5-217/10, 10-325/15)	Generics	AL At least 2 yrs old QPD 90.0 per day
hydrocodone-acetamn 7.5-325/15	Generics	AL At least 2 yrs old QPD 90.0 per day HCG
hydrocodone-acetamin 2.5-325	Generics	AL At least 18 yrs old QPD 20 per day
hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)	Generics	AL At least 18 yrs old QPD 13 per day HCG
hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)	Generics	AL At least 18 yrs old QPD 12 per day
hydrocodone-ibuprofen 10-200	Generics	AL At least 16 yrs old QPD 5 per day HCG
hydrocodone-ibuprofen 5-200 mg	Generics	AL At least 16 yrs old QPD 6 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrocodone-ibuprofen 7.5-200	Generics	AL At least 16 yrs old QPD 5 per day
hydromorphone er	Generics	PA QPD 2 per day HCG
hydromorphone hcl 1 mg/ml amp	Generics	DC Injectables MED Medical Drug QPD 13 per day
hydromorphone 4 mg/ml carpujct	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 3 per day
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	Generics	AL At least 18 yrs old QPD 13 per day HCG
hydromorphone 0.5 mg/0.5 ml	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 50 per day
hydromorphone hcl (1 mg/ml carpujct, 1 mg/ml syringe)	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 13 per day
hydromorphone hcl (2 mg/ml carpujct, 2 mg/ml syringe)	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	Generics	AL At least 18 yrs old QPD 6 per day
hydromorphone hcl (2 mg/ml vial, hcl 2 mg/ml amp)	Generics	DC Injectables MED Medical Drug QPD 6 per day
hydromorphone 25 mg/25 ml-ns	Generics	MED Medical Drug
hydromorphone hcl-0.9% nacl (10 mg/50 ml-ns, 50 mg/50 ml-ns)	Generics	DC Injectables MED Medical Drug QPD 1 per day
hydromorphone hcl-0.9% nacl (15 mg/30 ml-ns, 25 mg/50 ml-ns)	Generics	DC Injectables MED Medical Drug QPD 25 per day
hydromorphone hcl-0.9% nacl (30 mg/30 ml-ns, 55 mg/55 ml-ns)	Generics	DC Injectables MED Medical Drug QPD 13 per day
hydromorphone 0.5 mg/50 ml-ns	Generics	DC Injectables MED Medical Drug QPD 5000 per day
hydromorphone 1 mg/50 ml-ns	Generics	DC Injectables MED Medical Drug QPD 50 per day
hydromorphone 2 mg/50 ml-ns	Generics	DC Injectables MED Medical Drug QPD 313 per day
hydromorphone hcl-0.9% nacl (6 mg/30 ml-ns, 20 mg/100 ml-ns)	Generics	DC Injectables MED Medical Drug QPD 63 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydromorphone 1 mg/5 ml-ns	Generics	DC Injectables MED Medical Drug
LORTAB	Non-Preferred Brands	AL At least 2 yrs old QPD 67.5 per day
meperidine 10 mg/ml cartrdge	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 50 per day
meperidine 50 mg/5 ml solution	Generics	AL At least 18 yrs old QPD 50 per day
meperidine 50 mg tablet	Generics	AL At least 18 yrs old QPD 10 per day
meperidine 100 mg/ml vial	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 5 per day
meperidine 25 mg/ml vial	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 20 per day
meperidine 50 mg/ml vial	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
meperidine hcl-0.9% nacl	Generics	DC Injectables MED Medical Drug QPD 50 per day
methadone 10 mg/ml oral conc	Generics	PA QPD 2 per day
methadone 10 mg/5 ml solution	Generics	PA QPD 8 per day
methadone 5 mg/5 ml solution	Generics	PA QPD 18 per day
methadone hcl 10 mg/ml syringe	Generics	DC Injectables MED Medical Drug PA QPD 2 per day
methadone hcl (5 mg tablet, 10 mg tablet)	Generics	PA QPD 3 per day
methadone hcl (10 mg/ml vial, 200 mg/20 ml vl)	Generics	DC Injectables MED Medical Drug QPD 2 per day
METHADONE INTENSOL	Generics	PA QPD 2 per day
METHADOSE 10 MG/ML ORAL CONC	Non-Preferred Brands	PA QPD 2 per day
morphine 10 mg/0.7 ml auto-inj	Generics	DC Injectables MED Medical Drug PA QPD 3 per day
morphine sulf 10 mg/5 ml soln	Generics	QPD 25 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
morphine sulf 20 mg/5 ml soln	Generics	QPD 13 per day
morphine sulfate (sulf 100 mg/5 ml conc, sulfate ir 15 mg tab)	Generics	QPD 3 per day
morphine sulf 10 mg suppos	Generics	QPD 5 per day
morphine 5 mg/ml syringe	Generics	DC Injectables MED Medical Drug PA QPD 10 per day
morphine sulfate (2 mg/ml carpuject, 2 mg/ml syringe)	Generics	DC Injectables MED Medical Drug PA QPD 25 per day HCG
morphine sulfate (8 mg/ml carpuject, 8 mg/ml syringe, sulfate 8 mg/ml vial)	Generics	DC Injectables MED Medical Drug PA QPD 6 per day
morphine sulfate ir 30 mg tab	Generics	QPD 2 per day
morphine sulfate (1 mg/2 ml syringe, 5 mg/10 ml vial)	Generics	DC Injectables MED Medical Drug PA QPD 100 per day
morphine sulfate (10 mg/10 ml vial, 30 mg/30 ml pca vial)	Generics	DC Injectables MED Medical Drug PA QPD 50 per day
morphine sulfate (10 mg/ml carpuject, 10 mg/ml syringe, sulfate 10 mg/ml vial, 100 mg/10 ml vial)	Generics	DC Injectables MED Medical Drug PA QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
morphine sulfate (4 mg/ml carpuject, 4 mg/ml syringe, sulfate 4 mg/ml vial)	Generics	DC Injectables MED Medical Drug PA QPD 13 per day
morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 100 mg cap)	Generics	PA QPD 2 per day
morphine sulfate er (er 30 mg cap, er 45 mg cap)	Generics	PA QPD 1 per day
morphine sulfate er (er 60 mg cap, er 80 mg cap, er 90 mg cap, er 120 mg cap)	Generics	PA QPD 1 per day HCG
morphine sulfate er (er 40 mg cap, er 75 mg cap)	Generics	PA QPD 1 per day HCG
morphine sulf er 200 mg tablet	Generics	PA QPD 3 per day HCG
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet)	Generics	PA QPD 3 per day
morphine 500mg/100ml-0.9% nacl	Generics	DC Injectables MED Medical Drug PA QPD 10 per day
morphine sulfate-0.9% nacl (1 mg/ml-0.9% syr, 2 mg/2 ml-0.9%, 30 mg/30 ml-0.9%, 50 mg/50 ml-0.9%, 100mg/100ml-0.9%)	Generics	DC Injectables MED Medical Drug PA QPD 50 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
morphine sulfate-0.9% nacl (150 mg/30 ml-0.9%nacl, 250 mg/50ml-0.9% nacl, 275 mg/55 ml-0.9%nacl)	Generics	DC Injectables MED Medical Drug PA
morphine sulfate-nacl (2 mg/2 syring, 50 mg/50 syrg)	Generics	DC Injectables MED Medical Drug PA QPD 50 per day
NALOCET	Non-Preferred Brands	AL At least 18 yrs old QPD 12 per day MVB Minimal Value Brand
OLINVYK (1 MG/ML VIAL, 2 MG/2 ML VIAL, 30 MG/30 ML PCA VIAL)	Generics	MED Medical Drug
oxycodone hcl (ir) 5 mg cap	Generics	AL At least 18 yrs old QPD 8 per day HCG
oxycodone hcl 100 mg/5 ml conc	Generics	QPD 2 per day HCG
oxycodone hcl 5 mg/5 ml soln	Generics	QPD 33 per day HCG
oxycodone hcl (5 mg tablet, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	Generics	AL At least 18 yrs old QPD 8 per day
oxycodone hcl-aspirin	Generics	AL At least 18 yrs old QPD 7 per day
oxycodone-acetaminophn 5-325/5	Generics	AL At least 18 yrs old QPD 60.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 7.5-325)	Generics	AL At least 18 yrs old QPD 12 per day
oxycodone-acetaminophn 2.5-325	Generics	AL At least 18 yrs old QPD 12 per day HCG
oxymorphone hcl	Generics	AL At least 18 yrs old QPD 12 per day
oxymorphone hcl er (er 5 mg tablet, er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 40 mg tab)	Generics	AL At least 18 yrs old PA QPD 2 per day HCG
oxymorphone hcl er 7.5 mg tab	Generics	AL At least 18 yrs old PA QPD 2 per day
PRIMLEV 10-300 MG TABLET	Non-Preferred Brands	AL At least 18 yrs old QPD 3 per day MVB MINIMAL VALUE BRAND
PRIMLEV 5-300 MG TABLET	Non-Preferred Brands	AL At least 18 yrs old QPD 7 per day MVB MINIMAL VALUE BRAND
PRIMLEV 7.5-300 MG TABLET	Non-Preferred Brands	AL At least 18 yrs old QPD 4 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROLATE 10 MG-300 MG/5 ML SOLN	Non-Preferred Brands	AL At least 18 yrs old QPD 30 per day
PROLATE (5-300 MG TABLET, 7.5-300 MG TABLET)	Non-Preferred Brands	AL At least 18 yrs old QPD 13 per day MVB Minimal Value Brand SBA Select Brand Alternative
PROLATE 10-300 MG TABLET	Non-Preferred Brands	AL At least 18 yrs old QPD 13 per day MVB Minimal Value Brand
tramadol hcl 100 mg tablet	Generics	AL At least 18 yrs old QPD 4 per day
tramadol hcl 50 mg tablet	Generics	AL At least 18 yrs old QPD 8 per day
tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 200 mg tablet, hcl er 300 mg tablet)	Generics	AL At least 18 yrs old PA QPD 1 per day
tramadol hcl-acetaminophen	Generics	AL At least 18 yrs old QPD 8 per day
TREZIX	Non-Preferred Brands	AL At least 12 yrs old QPD 10 per day
XTAMPZA ER	Preferred Brands	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIATE PARTIAL AGONISTS		
BELBUCA	Preferred Brands	AL At least 18 yrs old PA QPD 2 per day
BUNAVAIL (2.1-0.3 MG FILM, 6.3-1 MG FILM)	Non-Preferred Brands	PA QPD 3 per day
BUNAVAIL 4.2-0.7 MG FILM	Non-Preferred Brands	PA QPD 2 per day
BUPRENEX	Non-Preferred Brands	DC Injectables MED Medical Drug QPD 17 per day
buprenorphine	Generics	PA QPD 0.144 per day
buprenorphine 0.3 mg/ml crpjct	Generics	QPD 17 per day
buprenorphine hcl (75 mcg film, 150 mcg film, 300 mcg film, 450 mcg film, 600 mcg film, 750 mcg film, 900 mcg film)	Generics	AL At least 18 yrs old PA QPD 2.0 per day
buprenorphine hcl (2 mg tablet, 8 mg tablet)	Generics	PA QPD 3 per day
buprenorphine 0.3 mg/ml vial	Generics	DC Injectables MED Medical Drug QPD 17 per day
buprenorphine-naloxone (4-1mg film, 12-3mg flm)	Generics	PA QPD 2 per day
buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb, 8-2 mg tab, 8-2mg film)	Generics	PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
butorphanol 10 mg/ml spray	Generics	AL At least 18 yrs old QPD 0.3 per day
butorphanol 1 mg/ml vial	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 7 per day
butorphanol tartrate (2 mg/ml vial, 4 mg/2 ml vial)	Generics	AL At least 18 yrs old DC Injectables MED Medical Drug QPD 4 per day
BUTRANS 7.5 MCG/HR PATCH	Non-Preferred Brands	PA QPD 0.144 per day
nalbuphine hcl (10 mg/ml ampul, 100 mg/10 ml vial)	Generics	DC Injectables QPD 5 per day
nalbuphine hcl (20 mg/ml ampul, 200 mg/10 ml vial)	Generics	DC Injectables QPD 3 per day
pentazocine-naloxone hcl	Generics	AL At least 12 yrs old QPD 12 per day
SUBLOCADE 100 MG/0.5 ML SYRING	Specialty Drug	S MED Medical Drug PA QPD 0.02 per day
SUBLOCADE 300 MG/1.5 ML SYRING	Specialty Drug	S MED Medical Drug PA QPD 0.057 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZUBSOLV	Preferred Brands	PA QPD 3 per day
ANOREXIGENIC AGENTS AMPHETAMINE DERIVATIVES		
diethylpropion hcl	Generics	AL At least 16 yrs old DC Anorexiants PA QPD 3 per day
diethylpropion hcl er	Generics	DC Anorexiants PA QPD 1 per day
LOMAIRA	Non-Preferred Brands	AL At least 17 yrs old DC Anorexiants PA QPD 3 per day
phendimetrazine tartrate	Generics	DC Anorexiants PA QPD 3 per day
phendimetrazine tartrate er	Generics	DC Anorexiants PA QPD 1 per day
phentermine hcl (15 mg capsule, 30 mg capsule)	Generics	DC Anorexiants PA QPD 1 per day
phentermine hcl (37.5 mg capsule, 37.5 mg tablet)	Generics	AL At least 17 yrs old DC Anorexiants PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANOREXIGENIC AGENTS, MISCELLANEOUS		
IMCIVREE	Specialty Drug	S PA QPD 0.3 per day
QSYMIA	Non-Preferred Brands	AL At least 12 yrs old DC Anorexiants PA QPD 1 per day
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS AMPHETAMINES		
ADZENYS ER	Non-Preferred Brands	ST DC ADD Drugs QPD 15 per day
ADZENYS XR-ODT	Non-Preferred Brands	ST DC ADD Drugs QPD 1 per day
amphetamine	Non-Preferred Brands	ST DC ADD Drugs QPD 15 per day
amphetamine sulfate	Generics	DC ADD Drugs QPD 6 per day
benzphetamine hcl	Generics	DC Anorexiants PA QPD 3 per day
DESOXYN	Non-Preferred Brands	ST DC ADD Drugs QPD 5 per day MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXEDRINE SPANSULE 10 MG	Non-Preferred Brands	ST DC ADD Drugs QPD 5 per day
DEXEDRINE SPANSULE 15 MG	Non-Preferred Brands	ST DC ADD Drugs QPD 4 per day
DEXEDRINE SPANSULE 5 MG	Non-Preferred Brands	ST DC ADD Drugs QPD 2 per day
dextroamphetamine 5 mg/5 ml	Generics	DC ADD Drugs QPD 60 per day
dextroamphetamine 10 mg tab	Generics	DC ADD Drugs QPD 6 per day
dextroamphetamine 20 mg tab	Generics	DC ADD Drugs QPD 3.0 per day
dextroamphetamine 5 mg tab	Generics	DC ADD Drugs QPD 2 per day
dextroamphetamine sulfate (15 mg tab, 30 mg tab)	Generics	DC ADD Drugs QPD 2.0 per day
dextroamphetamine er 10 mg cap	Generics	DC ADD Drugs QPD 5 per day
dextroamphetamine er 15 mg cap	Generics	DC ADD Drugs QPD 4 per day
dextroamphetamine er 5 mg cap	Generics	DC ADD Drugs QPD 2 per day
dextroamphetamine-amphet er	Generics	DC ADD Drugs QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dextroamp-amphetamin 30 mg tab	Generics	DC ADD Drugs QPD 2 per day
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)	Generics	DC ADD Drugs QPD 3 per day
DYANAVEL XR 2.5 MG/ML SUSP	Non-Preferred Brands	ST DC ADD Drugs QPD 8 per day
DYANAVEL XR (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	Non-Preferred Brands	ST DC ADD Drugs QPD 1.0 per day
methamphetamine hcl	Generics	DC ADD Drugs QPD 5 per day HCG
MYDAYIS	Non-Preferred Brands	ST DC ADD Drugs QPD 1 per day
PROCENTRA	Non-Preferred Brands	ST DC ADD Drugs QPD 60 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	Preferred Brands	DC ADD Drugs QPD 1 per day
ZENZEDI (2.5 MG TABLET, 20 MG TABLET)	Non-Preferred Brands	ST DC ADD Drugs QPD 3 per day
ZENZEDI (5 MG TABLET, 15 MG TABLET, 30 MG TABLET)	Non-Preferred Brands	ST DC ADD Drugs QPD 2 per day
ZENZEDI 10 MG TABLET	Non-Preferred Brands	ST DC ADD Drugs QPD 6 per day
ZENZEDI 7.5 MG TABLET	Non-Preferred Brands	ST DC ADD Drugs QPD 8 per day
RESPIRATORY AND CNS STIMULANTS		
APTENSIO XR	Non-Preferred Brands	ST DC ADD Drugs QPD 1 per day
AZSTARYS	Non-Preferred Brands	ST DC ADD Drugs QPD 1.0 per day
caffeine cit 60 mg/3 ml oral	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COTEMPLA XR-ODT	Non-Preferred Brands	ST DC ADD Drugs QPD 1 per day
DAYTRANA	Non-Preferred Brands	ST DC ADD Drugs QPD 1 per day
dexmethylphenidate 10 mg tab	Generics	DC ADD Drugs QPD 2 per day
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)	Generics	DC ADD Drugs QPD 3 per day
dexmethylphenidate er 20 mg cp	Generics	DC ADD Drugs QPD 2 per day
dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)	Generics	DC ADD Drugs QPD 1 per day
DOPRAM	Non-Preferred Brands	MED Medical Drug
doxapram hcl	Generics	MED Medical Drug
JORNAY PM	Non-Preferred Brands	ST DC ADD Drugs QPD 1 per day
METADATE ER	Generics	DC ADD Drugs QPD 3 per day
METHYLIN 10 MG/5 ML SOLUTION	Non-Preferred Brands	ST DC ADD Drugs QPD 30 per day
METHYLIN 5 MG/5 ML SOLUTION	Non-Preferred Brands	ST DC ADD Drugs QPD 60 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methylphenidate	Generics	ST DC ADD Drugs QPD 1.0 per day
methylphenidate er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap, er 40 mg cap, er 50 mg cap, er 60 mg cap)	Generics	ST DC ADD Drugs QPD 1 per day
methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)	Generics	DC ADD Drugs QPD 2 per day
methylphenidate er (er 54 mg tab, er 72 mg tab)	Generics	DC ADD Drugs QPD 1 per day
methylphenidate er 10 mg tab	Generics	DC ADD Drugs QPD 5 per day
methylphenidate er 20 mg tab	Generics	DC ADD Drugs QPD 3 per day
methylphenidate er (la) (10mg cp, 20mg cp, 40mg cp)	Generics	DC ADD Drugs QPD 1 per day
methylphenidate er(la) 30mg cp	Generics	DC ADD Drugs QPD 2 per day
methylphenidate 10 mg/5 ml sol	Generics	DC ADD Drugs QPD 30 per day
methylphenidate 5 mg/5 ml soln	Generics	DC ADD Drugs QPD 60 per day
methylphenidate 2.5 mg chew tb	Generics	DC ADD Drugs
methylphenidate hcl (5 mg chew tab, 10 mg chew tab, 20 mg tablet)	Generics	DC ADD Drugs QPD 3 per day
methylphenidate 10 mg tablet	Generics	DC ADD Drugs QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methylphenidate 5 mg tablet	Generics	DC ADD Drugs QPD 3 per day
methylphenidate cd 30 mg cap	Generics	DC ADD Drugs QPD 2 per day
methylphenidate hcl cd (10 mg cap, 20 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)	Generics	DC ADD Drugs QPD 1 per day
methylphenidate er(cd) 30mg cp	Generics	DC ADD Drugs QPD 2 per day
methylphenidate hcl er (cd) (10mg cp, 20mg cp, 40mg cp, 50mg cp, 60mg cp)	Generics	DC ADD Drugs QPD 1 per day
methylphenidate la (10 mg cap, 20 mg cap, 40 mg cap, 60 mg cap)	Generics	DC ADD Drugs QPD 1 per day
methylphenidate la 30 mg cap	Generics	DC ADD Drugs QPD 2 per day
QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)	Non-Preferred Brands	ST DC ADD Drugs QPD 1 per day
QUILLICHEW ER 30 MG CHEW TAB	Non-Preferred Brands	ST DC ADD Drugs QPD 2 per day
QUILLIVANT XR	Non-Preferred Brands	ST DC ADD Drugs QPD 12 per day
RELEXXII ER 72 MG TABLET	Generics	DC ADD Drugs QPD 1 per day

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STROMECTOL	Non-Preferred Brands	PA
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	Generics	
FURADANTIN	Non-Preferred Brands	
HIPREX	Non-Preferred Brands	
MACROBID	Non-Preferred Brands	SBA Select Brand Alternative
MACRODANTIN	Non-Preferred Brands	SBA Select Brand Alternative
methenamine hippurate	Generics	
methenamine mandelate	Generics	
MONUROL	Non-Preferred Brands	
nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)	Generics	
nitrofurantoin mono-macro	Generics	
trimethoprim	Generics	
UROGESIC-BLUE	Non-Preferred Brands	
ANTI-INFECTIVES (EENT) ANTIBACTERIALS (EENT)		
AK-POLY-BAC	Generics	QPD 0.434 per day
AZASITE	Non-Preferred Brands	QPD 0.36 per day
bacitracin 500 unit/gm ophth	Generics	QPD 0.434 per day HCG
bacitracin-polymyxin	Generics	QPD 0.434 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BESIVANCE	Non-Preferred Brands	QPD 0.767 per day
BLEPH-10	Non-Preferred Brands	QL 5 / fill SBA Select Brand Alternative
BLEPHAMIDE	Non-Preferred Brands	QL 5 / fill
BLEPHAMIDE S.O.P.	Non-Preferred Brands	QL 4 / fill
CETRAXAL	Non-Preferred Brands	ST QPD 0.567 per day MVB Minimal Value Brand
CILOXAN (EYE DROPS, OINTMENT)	Non-Preferred Brands	QPD 0.767 per day
CIPRO HC	Non-Preferred Brands	ST QPD 0.434 per day
ciprofloxacin 0.2% otic soln	Generics	QPD 0.567 per day
ciprofloxacin 0.3% eye drop	Generics	QPD 0.767 per day
ciprofloxacin hcl-fluocinolone	Generics	
ciprofloxacin-dexamethasone	Generics	QPD 0.257 per day
CORTISPORIN-TC	Non-Preferred Brands	QL 10/ fill
doxycycline hyclate 20 mg tab	Generics	HCG MVG MINIMAL VALUE GENERIC
erythromycin 0.5% eye ointment	Generics	QPD 0.54 per day
gatifloxacin	Generics	QPD 0.36 per day HCG
GENTAK	Generics	QPD 0.54 per day
gentamicin 0.3% eye drop	Generics	QPD 2.143 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levofloxacin (0.5% drops, 1.5% drops)	Generics	QPD 0.767 per day
MAXITROL EYE DROPS	Non-Preferred Brands	QL 5 / fill
MAXITROL EYE OINTMENT	Non-Preferred Brands	QL 4 / fill
MOXEZA	Preferred Brands	QPD 0.434 per day
moxifloxacin (drops, drp-visc)	Generics	QPD 0.434 per day
NEO-POLYCIN	Generics	QPD 0.124 per day
NEO-POLYCIN HC	Generics	QL 4 / fill HCG
neomycin-bacitracin-poly-hc	Generics	QL 4 / fill
neomycin-bacitracin-polymyxin	Generics	QPD 0.124 per day
neomyc-polym-dexameth eye drop	Generics	QL 5 / fill
neomyc-polym-dexamet eye ointm	Generics	QL 4 / fill
neomycin-polymyxin-gramicidin	Generics	QPD 1.47 per day
neomycin-poly-hc eye drops	Generics	QL 10/ fill
neomycin-polymyxin-hc ear susp	Generics	QL 10 / fill
neomycin-polymyxin-hydrocort	Generics	QL 10 / fill
OCUFLOX	Non-Preferred Brands	QPD 1.47 per day
ofloxacin 0.3% ear drops	Generics	QL 10 / 30 days
ofloxacin 0.3% eye drops	Generics	QPD 1.47 per day
OTIPRIO	Non-Preferred Brands	MVB MINIMAL VALUE BRAND
OTOVEL	Non-Preferred Brands	ST QPD 0.473 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLYCIN	Generics	QPD 0.434 per day
polymyxin b sul-trimethoprim	Generics	QPD 1.47 per day
POLYTRIM	Non-Preferred Brands	QPD 1.47 per day
PRED-G 1% EYE DROPS	Non-Preferred Brands	QL 5 / fill
PRED-G S.O.P. EYE OINTMENT	Non-Preferred Brands	QL 4 / fill
sulfacetamide 10% eye drops	Generics	QL 5 / fill
sulfacetamide 10% eye ointment	Generics	QL 4 / fill
sulfacetamide-prednisolone	Generics	QL 5 / fill
TOBRADEX EYE OINTMENT	Non-Preferred Brands	QL 4 / fill
TOBRADEX ST	Non-Preferred Brands	QL 5 / fill
tobramycin 0.3% eye drop	Generics	QPD 2.143 per day
tobramycin-dexamethasone	Generics	QL 5 / fill
TOBREX 0.3% EYE DROP	Non-Preferred Brands	QPD 2.143 per day
TOBREX 0.3% EYE OINTMENT	Non-Preferred Brands	QPD 0.54 per day
ZYLET	Non-Preferred Brands	QL 5 / fill
ZYMAXID	Non-Preferred Brands	QPD 0.36 per day
ANTIFUNGALS (EENT)		
NATACYN	Non-Preferred Brands	QPD 0.767 per day
ANTIVIRALS (EENT)		
trifluridine	Generics	
ZIRGAN	Non-Preferred Brands	QPD 0.167 per day
EENT ANTI-INFECTIVES, MISCELLANEOUS		
acetic acid 2% ear solution	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETADINE 5% EYE SOLUTION	Non-Preferred Brands	
chlorhexidine 0.12% rinse	Generics	
hydrocortisone-acetic acid	Generics	
PAROEX	Generics	
PERIDEX	Non-Preferred Brands	
PERIOGARD	Generics	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX	Non-Preferred Brands	PA
AMZEEQ	Non-Preferred Brands	QPD 1 per day
CENTANY	Non-Preferred Brands	PA
CLEOCIN T (LOION, SOLUION)	Non-Preferred Brands	
CLINDACIN ETZ 1% PLEDGET	Generics	HCG
CLINDACIN P	Generics	HCG
clind ph-benzoyl perox 1.2-5%	Generics	DC Acne QPD 1.5 per day
clind ph-benzoyl pero 1.2-2.5%	Generics	DC Acne QPD 1.667 per day
clindamycin phos-tretinoin	Generics	DC Acne QPD 2 per day HCG MVG MINIMAL VALUE GENERIC
clindamycin phosphate 1% foam	Generics	QPD 1.667 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clindamycin ph 1% gel	Generics	QL 75 / 30 days
clindamycin phosphate 1% gel	Generics	QL 75 / 30 days PA HCG MVG MINIMAL VALUE GENERIC
clindamycin phosphate (phos 1% pledget, phosp 1% lotion, 2% vaginal cream)	Generics	
clindamycin ph 1% solution	Generics	QPD 2 per day
clindamycin-benzoyl perox 1-5%	Generics	DC Acne QPD 1.667 per day
clindamycin-bnz perox 1-5% pmp	Generics	DC Acne QPD 1.667 per day HCG MVG MINIMAL VALUE GENERIC
CLINDESSE	Non-Preferred Brands	
CORTISPORIN CREAM	Non-Preferred Brands	QPD 0.25 per day
CORTISPORIN OINTMENT	Non-Preferred Brands	QPD 0.5 per day
ERY	Generics	
ERYGEL	Non-Preferred Brands	QPD 1 per day
erythromycin 2% gel	Generics	QPD 1 per day
erythromycin 2% solution	Generics	QPD 2 per day
erythromycin-benzoyl peroxide	Generics	QPD 1.6 per day
gentamicin sulfate (cream, ointment)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METROCREAM	Non-Preferred Brands	SBA Select Brand Alternative
METROGEL-VAGINAL	Non-Preferred Brands	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
METROLOTION	Non-Preferred Brands	
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel, vaginal 0.75% gl)	Generics	
mupirocin 2% cream	Generics	QPD 2 per day
mupirocin 2% ointment	Generics	QPD 2.5 per day
NEO-SYNALAR 0.5%-0.025% CREAM	Non-Preferred Brands	MVB Minimal Value Brand
NEUAC GEL	Generics	DC Acne QPD 1.5 per day
ONEXTON 1.2%-3.75% GEL	Non-Preferred Brands	DC Acne QPD 1.667 per day
ONEXTON GEL PUMP	Non-Preferred Brands	DC Acne QPD 1.967 per day
ROSADAN (CREAM, GEL)	Generics	
ROSADAN 0.75% CREAM KIT	Non-Preferred Brands	MVB MINIMAL VALUE BRAND
ROSADAN 0.75% GEL KIT	Non-Preferred Brands	
VANDAZOLE	Non-Preferred Brands	
XEPI	Non-Preferred Brands	PA
ZILXI	Non-Preferred Brands	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
acyclovir 5% cream	Generics	AL At least 12 yrs old PA QPD 0.167 per day
acyclovir 5% ointment	Generics	AL At least 18 yrs old
DENAVIR	Non-Preferred Brands	AL At least 12 yrs old PA QPD 0.167 per day
XERESE	Non-Preferred Brands	AL At least 6 yrs old PA QPD 0.167 per day MVB MINIMAL VALUE BRAND
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
iodine (2% mild tincture, 5% strong solution, mild tincture, strong solution)	Generics	
IODOFLEX	Non-Preferred Brands	
IODOSORB	Non-Preferred Brands	
KLARON	Non-Preferred Brands	DC Acne QPD 4 per day
LUGOL'S	Generics	
silver sulfadiazine	Generics	
sodium sulfacetamide 10% wash	Generics	QPD 12 per day
SSD	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sulfacetamide sodium (sod top susp, sodium lotn)	Generics	DC Acne QPD 4 per day
SULFAMYLON 8.5% CREAM	Non-Preferred Brands	
SCABICIDES AND PEDICULICIDES		
CROTAN	Generics	
ELIMITE	Non-Preferred Brands	
EURAX (CREAM, LOTION)	Non-Preferred Brands	ST
ivermectin 0.5% lotion	Generics	
lindane	Generics	HCG
malathion	Generics	HCG
OVIDE	Non-Preferred Brands	ST
permethrin	Generics	
SKLICE	Non-Preferred Brands	ST
ULESFIA	Non-Preferred Brands	ST
ANTI-INFLAMMATORY AGENTS (EENT) CORTICOSTEROIDS (EENT)		
ALREX	Non-Preferred Brands	QPD 0.5 per day MVB Minimal Value Brand
DERMOTIC	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
dexamethasone 0.1% eye drop	Generics	QL 10 / fill
difluprednate	Generics	QL 10 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUREZOL	Non-Preferred Brands	QL 10 / 30 days
FLAC OTIC OIL	Generics	
FLAREX	Non-Preferred Brands	QL 10 / fill
flunisolide	Generics	QPD 0.834 per day
fluocinolone acetonide oil	Generics	HCG
fluorometholone	Generics	QL 10 / fill
fluticasone prop 50 mcg spray	Generics	QPD 0.6 per day
FML	Non-Preferred Brands	QL 10 / fill MVB Minimal Value Brand SBA Select Brand Alternative
FML FORTE	Non-Preferred Brands	QL 10 / fill
FML S.O.P.	Non-Preferred Brands	QL 4 / fill
ILUVIEN	Specialty Drug	QL max 1 per 365 days S MED Medical Drug
LOTEMAX 0.5% OPHTHALMIC GEL	Non-Preferred Brands	QL 10 / fill
LOTEMAX 0.5% EYE OINTMENT	Non-Preferred Brands	QL 4 / fill
LOTEMAX SM	Non-Preferred Brands	QL 10 / fill
loteprednol 0.5% ophthalmc gel	Generics	QL 10 / fill
loteprednol etabonate 0.5% drp	Generics	QL 21 / fill
MAXIDEX	Non-Preferred Brands	QL 10 / fill MVB MINIMAL VALUE BRAND
mometasone furoate 50 mcg spry	Generics	QPD 0.567 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNARIS	Non-Preferred Brands	QPD 0.434 per day
OZURDEX	Specialty Drug	S DC Injectables MED Medical Drug QPD 0.04 per day
PRED MILD	Non-Preferred Brands	QL 21 / fill
prednisolone ac 1% eye drop	Generics	QL 21 / fill
prednisolone sod 1% eye drop	Generics	QL 20 / 30 days
QNASL	Non-Preferred Brands	QPD 0.4 per day
QNASL CHILDREN	Non-Preferred Brands	QPD 0.3 per day
RETISERT	Specialty Drug	QL max 1 per 365 days S DC Injectables MED Medical Drug
triamcinolone 55 mcg nasal spr	Generics	QPD 0.55 per day
TRIESENCE	Non-Preferred Brands	DC Injectables MED Medical Drug QPD 1 per day
YUTIQ	Specialty Drug	S DC Injectables MED Medical Drug
ZETONNA	Non-Preferred Brands	QPD 0.22 per day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	Preferred Brands	PA QPD 2 per day B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RESTASIS MULTIDOSE	Preferred Brands	PA QPD 0.2 per day
VERKAZIA	Specialty Drug	S PA QPD 4.0 per day
XIIDRA	Preferred Brands	AL At least 17 yrs old PA QPD 2 per day
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	Non-Preferred Brands	QL 15 / 30 days MVB Minimal Value Brand SBA Select Brand Alternative
ACULAR LS	Non-Preferred Brands	QL 5 / fill
ACUVAIL	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand
bromfenac sodium	Generics	QL 8 / rx HCG
diclofenac 0.1% eye drops	Generics	QL 5 / fill
flurbiprofen sodium	Generics	QL 3/ fill
ketorolac 0.4% ophth solution	Generics	QL 5 / fill
ketorolac 0.5% ophth solution	Generics	QL 15 / 30 days
PROLENSA	Preferred Brands	QL 3/ fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
INTERLEUKIN ANTAGONISTS		
DUPIXENT 100 MG/0.67 ML SYRING	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.05 per day
FASENRA	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day SDS Extended Specialty Day Supply
FASENRA PEN	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day SDS Extended Specialty Day Supply
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCALA 40 MG/0.4 ML SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.015 per day
NUCALA 100 MG/ML POWDER VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day
SKYRIZI 600 MG/10 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.72 per day SDS Extended Specialty Day Supply
SKYRIZI 360 MG/2.4 ML ON-BODY	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.043 per day SDS Extended Specialty Day Supply
LEUKOTRIENE MODIFIERS		
ACCOLATE	Non-Preferred Brands	PR QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
montelukast sod 4 mg granules	Generics	PR QPD 1 per day HCG
montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)	Generics	PR QPD 1 per day
zafirlukast	Generics	PR QPD 2 per day
zileuton er	Generics	ST QPD 4 per day HCG
ZYFLO	Non-Preferred Brands	ST QPD 4 per day
MAST-CELL STABILIZERS		
ALOCRIL	Non-Preferred Brands	QL 5 / fill MVB MINIMAL VALUE BRAND
cromolyn 20 mg/2 ml neb soln	Generics	PR
cromolyn 4% eye drops	Generics	QL 10 / fill
cromolyn 100 mg/5 ml oral conc	Generics	
GASTROCROM	Non-Preferred Brands	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS) ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA	Preferred Brands	ST QPD 2.143 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ALA-CORT	Generics	HCG MVG MINIMAL VALUE GENERIC
alclometasone dipro 0.05% crm	Generics	HCG
alclometasone dipr 0.05% oint	Generics	
amcinonide (cream, lotion)	Generics	HCG MVG MINIMAL VALUE GENERIC
ANALPRAM HC 1% CREAM	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
ANALPRAM HC 2.5%-1% LOTION	Non-Preferred Brands	MVB Minimal Value Brand
ANUCORT-HC	Generics	
ANUSOL-HC 2.5% CREAM	Non-Preferred Brands	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
ANUSOL-HC 25 MG SUPPOSITORY	Generics	HCG MVG MINIMAL VALUE GENERIC
BESER	Generics	HCG MVG MINIMAL VALUE GENERIC
betamethasone diprop augmented (crm, gel, lot, oin)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
betamethasone dipropionate (crm, lot, oint)	Generics	
betamethasone valer 0.12% foam	Generics	HCG
betamethasone valerate (va cream, va lotion, valer ointm)	Generics	
BRYHALI	Non-Preferred Brands	PA
clobetasol emollient 0.05% crm	Generics	
clobetasol emollnt 0.05% foam	Generics	HCG
clobetasol emulsion	Generics	HCG
clobetasol propionate (cream, gel, ointment, shampoo, solution)	Generics	
clobetasol propionate (prop spray, topical lotn)	Generics	HCG
clocortolone pivalate	Generics	HCG
CLODAN 0.05% SHAMPOO	Generics	HCG
CORTENEMA	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
CORTIFOAM	Non-Preferred Brands	MVB MINIMAL VALUE BRAND
CUTIVATE 0.05% CREAM	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
CUTIVATE 0.05% LOTION	Non-Preferred Brands	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
DERMA-SMOOTHE-FS BODY OIL	Non-Preferred Brands	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMA-SMOOTHE-FS SCALP OIL	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
desonide (cream, gel, lotion, ointment)	Generics	
DESOWEN	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
desoximetasone (cream, ointment)	Generics	HCG
desoximetasone (0.05% gel, 0.25% cream, 0.25% ointment, 0.25% spray)	Generics	
DESRX	Generics	
DIPROLENE	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
EPIFOAM	Non-Preferred Brands	
fluocinolone acetonide (0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)	Generics	HCG
fluocinolone acetonide (body oil, cream)	Generics	
fluocinonide 0.1% cream	Generics	HCG MVG MINIMAL VALUE GENERIC
fluocinonide (cream, gel, ointment, solution)	Generics	
fluocinonide-e	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fluticasone prop 0.05% lotion	Generics	HCG MVG MINIMAL VALUE GENERIC
fluticasone propionate (0.005% oint, 0.05% cream)	Generics	
halcinonide	Generics	PA
halobetasol propionate (cream, ointmnt)	Generics	
hydrocortisone (1% cream, 1% ointment, 2.5% cream, 2.5% lotion, 2.5% ointment, 100 mg/60 ml)	Generics	
hydrocortisone acetate (25 mg, 30 mg)	Generics	
hydrocortisone butyrate (lipid crm, lipo cream)	Generics	HCG MVG MINIMAL VALUE GENERIC
hydrocortisone butyrate (buty cream, butyr lotn, butyr oint, butyr soln)	Generics	
hydrocortisone valerate (cream, ointmt)	Generics	
hydrocortisone-pramoxine (1%-1% crm, 2.5%-1% cm, 2.5-1% crm)	Generics	
LOCOID	Non-Preferred Brands	SBA Select Brand Alternative
LUXIQ	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
mometasone furoate (cream, oint, soln)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OLUX	Non-Preferred Brands	SBA Select Brand Alternative
OLUX-E	Non-Preferred Brands	SBA Select Brand Alternative
ORALONE	Generics	
PRAMOSONE 1%-1% CREAM	Non-Preferred Brands	MVB Minimal Value Brand
PRAMOSONE (1% LOTION, 2.5%-1% LOTION)	Non-Preferred Brands	
prednicarbate (cream, ointment)	Generics	
PROCTO-MED HC	Generics	
PROCTO-PAK	Generics	
PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY)	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
PROCTOFOAM-HC	Preferred Brands	
PROCTOSOL-HC	Generics	
PROCTOZONE-HC	Generics	HCG
SANADERMRX	Generics	
SCALACORT	Generics	
SERNIVO	Non-Preferred Brands	
SYNALAR (0.01% SOLUTION, 0.025% CREAM)	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
TEMOVATE (CREAM, OINTMENT)	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEXACORT	Non-Preferred Brands	MVB Minimal Value Brand
TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT)	Non-Preferred Brands	SBA Select Brand Alternative
TOVET EMOLLIENT	Generics	HCG
triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.1% paste, 0.5% cream, 0.5% ointment)	Generics	
TRIDERM	Generics	
TRIDESILON	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
VANOS	Non-Preferred Brands	MVB MINIMAL VALUE BRAND
ANTIANEMIA DRUGS IRON PREPARATIONS		
FERAHEME	Specialty Drug	S DC Injectables MED Medical Drug
FERRLECIT	Specialty Drug	S DC Injectables MED Medical Drug
ferumoxytol	Specialty Drug	S DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOLIVANE-PLUS	Non-Preferred Brands	DC Vitamins (Not Prenatal)
HEMATINIC PLUS	Generics	DC Vitamins (Not Prenatal)
HEMATINIC WITH FOLIC ACID	Generics	DC Vitamins (Not Prenatal)
INFED	Specialty Drug	S DC Injectables MED Medical Drug
INJECTAFER (750 MG/15 ML VIAL, 1,000 MG/20 ML VIAL)	Specialty Drug	S DC Injectables
INJECTAFER 100 MG/2 ML VIAL	Specialty Drug	S
IRO-PLEX CAPLET	Non-Preferred Brands	DC Vitamins (Not Prenatal)
MONOFERRIC	Specialty Drug	S DC Injectables MED Medical Drug
SIDEROL	Non-Preferred Brands	DC Vitamins (Not Prenatal)
sod ferric gluconate complex	Specialty Drug	S DC Injectables MED Medical Drug
TRIFERIC (27.2 MG/5 ML AMPULE, 272 MG POWDER PACKET)	Specialty Drug	S MED Medical Drug
VENOFER	Specialty Drug	S DC Injectables MED Medical Drug
VIRT-FEFA PLUS	Non-Preferred Brands	DC Vitamins (Not Prenatal)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
disopyramide phosphate	Generics	
NORPACE	Non-Preferred Brands	
NORPACE CR	Non-Preferred Brands	
procainamide hcl (1 gram/2 ml vial, 1,000 mg/2 ml vl)	Generics	DC Injectables MED Medical Drug
quinidine gluconate	Generics	
quinidine sulfate	Generics	
CLASS IB ANTIARRHYTHMICS		
lidocaine hcl (hcl 1% abboject, hcl 1% syringe, hcl 2% abboject, hcl 2% luer-jet, hcl 2% syringe, hcl 2% vial, 100 mg/5 ml (2%) syr)	Generics	DC Injectables MED Medical Drug
lidocaine hcl in 5% dextrose	Generics	DC Injectables MED Medical Drug
mexiletine hcl	Generics	
XYLOCAINE IV	Non-Preferred Brands	DC Injectables MED Medical Drug
CLASS IC ANTIARRHYTHMICS		
flecainide acetate	Generics	
propafenone hcl	Generics	
propafenone hcl er	Generics	
RYTHMOL SR (SR 225 MG CAPSULE, SR 425 MG CAPSULE)	Non-Preferred Brands	
RYTHMOL SR 325 MG CAPSULE	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLASS III ANTIARRHYTHMICS		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	Generics	
amiodarone hcl (150 mg/3 ml syringe, 150 mg/3 ml vial, 450 mg/9 ml vial, 900 mg/18 ml vial)	Generics	DC Injectables MED Medical Drug
bretylium tosylate	Generics	DC Injectables MED Medical Drug
CORVERT	Non-Preferred Brands	DC Injectables MED Medical Drug
dofetilide	Specialty Drug	S PS
ibutilide fumarate	Generics	DC Injectables MED Medical Drug
MULTAQ	Non-Preferred Brands	PA
NEXTERONE	Non-Preferred Brands	DC Injectables MED Medical Drug
PACERONE	Generics	
CLASS IV ANTIARRHYTHMICS		
adenosine (6 mg/2 ml syringe, 6 mg/2 ml vial, 12 mg/4 ml syringe, 12 mg/4 ml vial)	Generics	DC Injectables MED Medical Drug
ANTIBACTERIALS AMINOGLYCOSIDE ANTIBIOTICS		
amikacin sulfate	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARIKAYCE	Specialty Drug	S PA QPD 9 per day
BETHKIS	Specialty Drug	S PA
gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	Generics	DC Injectables
gentamicin sulfate in ns (70 mg/ns 50 ml, 90 mg/ns 100 ml)	Generics	DC Injectables
gentamicin sulfate in ns (iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, isoton 100 mg/50 ml)	Generics	DC Injectables MED Medical Drug
KITABIS PAK	Specialty Drug	S PA
neomycin sulfate	Generics	
streptomycin sulfate	Generics	DC Injectables MED Medical Drug
TOBI	Specialty Drug	S PA SBA Select Brand Alternative SDS Extended Specialty Day Supply
TOBI PODHALER	Specialty Drug	S PA SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tobramycin (300 mg/4 ml ampule, pak 300 mg/5 ml)	Specialty Drug	S PS PA
tobramycin 300 mg/5 ml ampule	Specialty Drug	S PS PA SDS Extended Specialty Day Supply
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	Generics	DC Injectables MED Medical Drug
tobramycin sulfate in ns	Generics	DC Injectables MED Medical Drug
CHLORAMPHENICOL ANTIBIOTICS		
chloramphenicol sod succinate	Generics	DC Injectables MED Medical Drug
QUINOLONE ANTIBIOTICS		
AVELOX IV	Non-Preferred Brands	DC Injectables MED Medical Drug
BAXDELA 450 MG TABLET	Non-Preferred Brands	QL max 14 days PA
BAXDELA 300 MG VIAL	Non-Preferred Brands	QL max 14 days MED Medical Drug PA
CIPRO 10% SUSPENSION	Non-Preferred Brands	QPD 10 per day
CIPRO 5% SUSPENSION	Non-Preferred Brands	QPD 7 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIPRO (250 MG TABLET, 500 MG TABLET)	Non-Preferred Brands	QPD 2 per day
ciprofloxacin 250 mg/5 ml susp	Generics	QPD 7 per day
ciprofloxacin 500 mg/5 ml susp	Generics	QPD 10 per day
ciprofloxacin hcl (100 mg tab, 250 mg tab, 750 mg tab)	Generics	QPD 2 per day
ciprofloxacin hcl 500 mg tab	Generics	QPD 2 per day
ciprofloxacin-d5w	Generics	DC Injectables MED Medical Drug
FACTIVE	Non-Preferred Brands	PA QPD 7 per day
levofloxacin 25 mg/ml solution	Generics	
levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)	Generics	QL 30 / fill
levofloxacin (500 mg/20 ml vial, 750 mg/30 ml vial)	Generics	DC Injectables MED Medical Drug
levofloxacin-d5w	Generics	DC Injectables MED Medical Drug
moxifloxacin 400 mg/250 ml bag	Generics	DC Injectables MED Medical Drug
moxifloxacin hcl	Generics	QL 21 / fill
ofloxacin (300 mg tablet, 400 mg tablet)	Generics	QL 56 / fill
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
BACTRIM	Non-Preferred Brands	
BACTRIM DS	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sulfadiazine	Generics	
sulfamethoxazole-tmp ds tablet	Generics	
sulfamethoxazole-trimethoprim (ss tablet, susp)	Generics	
sulfamethoxazole-tmp iv vial	Generics	DC Injectables MED Medical Drug
SULFATRIM	Generics	
TETRACYCLINE ANTIBIOTICS		
AVIDOXY	Generics	
COREMINO (ER 90 MG TABLET, ER 135 MG TABLET)	Generics	ST DC Acne QPD 1 per day
COREMINO ER 45 MG TABLET	Generics	ST DC Acne QPD 3 per day
demeclocycline hcl	Generics	
DOXY 100	Generics	DC Injectables MED Medical Drug
doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)	Generics	
doxycycline 50 mg tablet	Generics	ST QPD 6.0 per day HCG MVG MINIMAL VALUE GENERIC
doxycycline hyclate (75 mg tab, 150 mg tab)	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
doxycycline hyclate 100 mg vl	Generics	DC Injectables MED Medical Drug
doxycycline ir-dr	Generics	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
doxycycline monohydrate (75 mg capsule, 75 mg tablet, 150 mg cap, 150 mg tablet)	Generics	HCG MVG MINIMAL VALUE GENERIC
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 100 mg cap, mono 100 mg tablet)	Generics	
MINOCIN	Non-Preferred Brands	DC Injectables MED Medical Drug MVB MINIMAL VALUE BRAND
minocycline er (er 105 mg tablet, er 135 mg tablet)	Generics	ST DC Acne QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	Generics	
minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)	Generics	ST HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
minocycline er 45 mg tablet	Generics	ST DC Acne QPD 3 per day HCG MVG MINIMAL VALUE GENERIC
minocycline hcl er (er 55 mg tablet, er 65 mg tablet, er 80 mg tablet, er 90 mg tablet, er 115 mg tablet)	Generics	ST DC Acne QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
MONDOXYNE NL 100 MG CAPSULE	Generics	
MONDOXYNE NL 75 MG CAPSULE	Generics	HCG MVG MINIMAL VALUE GENERIC
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	Generics	
tetracycline hcl	Generics	
ANTIBACTERIALS, MISCELLANEOUS BACITRACIN ANTIBIOTICS		
bacitracin 50,000 unit vial	Generics	DC Injectables MED Medical Drug
CYCLIC LIPOPEPTIDE ANTIBIOTICS		
CUBICIN	Non-Preferred Brands	DC Injectables MED Medical Drug SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CUBICIN RF	Non-Preferred Brands	DC Injectables MED Medical Drug
daptomycin 500 mg vial	Generics	DC Injectables
GLYCOPEPTIDE ANTIBIOTICS		
VANCOCIN HCL	Non-Preferred Brands	
vancomycin	Generics	DC Injectables MED Medical Drug
vancomycin hcl (125 mg capsule, 250 mg capsule)	Generics	
vancomycin hcl (1 gram/200 ml bag, hcl 1g/200 ml bag, 1.25 gm/250 ml bag, hcl 1.25 gram vial, 1.5 gram/300 ml bag, hcl 1.5 gram vial, 1.75 gm/350 ml bag, 2 gram/400 ml bag, hcl 10 gm vial, hcl 100 gm smartpak, hcl 250 mg vial, 500 mg add-van vial, 500 mg vial, 500 mg/100 ml bag, 750 mg add-van vial, 750 mg/150 ml bag, hcl 750 mg vial)	Generics	DC Injectables MED Medical Drug
vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 5 gm vial)	Generics	DC Injectables
vancomycin hcl-0.9% nacl (vanco 1 gram/250 ml-0.9%, vanco 1.25 gm/250 ml-0.9%, vanco 1.5 gm/250 ml-0.9%, vanco 1.5 gm/500 ml-0.9%, vanco 1.75 g/250 ml-0.9%, vanco 2 gram/500 ml-0.9%, vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vanco 750 mg/250 ml-0.9%, vancomycin 1 g/200ml-0.9%)	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vancomycin hcl-d5w (vancomycin 1.25 gram/250ml-d5w, vancomycin 1.5 gram/250 ml-d5w, vancomycin-d5w 500 mg/100 ml)	Generics	DC Injectables MED Medical Drug
VIBATIV	Non-Preferred Brands	DC Injectables MED Medical Drug
LINCOMYCIN ANTIBIOTICS		
CLEOCIN HCL	Non-Preferred Brands	QPD 4 per day
CLEOCIN PEDIATRIC	Non-Preferred Brands	QPD 70 per day
CLEOCIN PHOSPHATE	Non-Preferred Brands	DC Injectables MED Medical Drug
clindamycin (pediatric)	Generics	QPD 70 per day
clindamycin hcl	Generics	QPD 4 per day
clindamycin phosphate (9 g/60 ml vial, 300 mg/2 ml vl, 600 mg/4 ml vl, 900 mg/6 ml vl)	Generics	DC Injectables MED Medical Drug
clindamycin phosphate-d5w	Generics	DC Injectables MED Medical Drug
clindamycin-0.9% nacl	Generics	DC Injectables MED Medical Drug
LINCOCIN	Non-Preferred Brands	DC Injectables MED Medical Drug
lincomycin hcl	Generics	DC Injectables MED Medical Drug QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTHER MISC. ANTIBACTERIAL AGENTS		
HELIDAC	Non-Preferred Brands	QL max 1 per 365 days
PYLERA	Preferred Brands	QL 120 / 365 days
OXAZOLIDINONE ANTIBIOTICS		
linezolid 100 mg/5 ml susp	Generics	QL 900 / rx
linezolid 600 mg tablet	Generics	QPD 2 per day
linezolid-0.9% nacl	Generics	DC Injectables MED Medical Drug
linezolid-d5w	Generics	DC Injectables MED Medical Drug
SIVEXTRO 200 MG TABLET	Non-Preferred Brands	QL 6 / 30 days PA
SIVEXTRO 200 MG VIAL	Non-Preferred Brands	QL 6 / 30 days DC Injectables MED Medical Drug PA
ZYVOX (200 MG/100, 600 MG/300)	Non-Preferred Brands	DC Injectables MED Medical Drug PA
ZYVOX 100 MG/5 ML SUSPENSION	Non-Preferred Brands	QL 900 / rx PA
ZYVOX 600 MG TABLET	Non-Preferred Brands	PA QPD 2 per day
PLEUROMUTILINS		
XENLETA 600 MG TABLET	Specialty Drug	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XENLETA 150 MG/15 ML VIAL	Specialty Drug	S MED Medical Drug
POLYMYXIN ANTIBIOTICS		
colistimethate	Generics	DC Injectables MED Medical Drug
COLY-MYCIN M PARENTERAL	Non-Preferred Brands	DC Injectables MED Medical Drug
polymyxin b sulfate	Generics	DC Injectables MED Medical Drug
RIFAMYCIN ANTIBIOTICS		
AEMCOLO	Non-Preferred Brands	
XIFAXAN 200 MG TABLET	Non-Preferred Brands	PA
XIFAXAN 550 MG TABLET	Non-Preferred Brands	PA
STREPTOGRAMIN ANTIBIOTICS		
SYNERCID	Non-Preferred Brands	DC Injectables MED Medical Drug
ANTICHOLINERGIC AGENTS ANTIMUSCARINICS/ANTISPASMODICS		
ANASPAZ	Non-Preferred Brands	
ANORO ELLIPTA	Preferred Brands	PR QPD 2 per day
atropine sulfate (0.4 mg/ml vial, 1 mg/ml vial)	Generics	DC Injectables MED Medical Drug
ATROVENT HFA	Non-Preferred Brands	PR QPD 1.29 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENTYL	Non-Preferred Brands	DC Injectables MED Medical Drug
chlordiazepoxide-clidinium	Generics	
COMBIVENT RESPIMAT	Preferred Brands	PR QPD 0.267 per day
CUVPOSA	Non-Preferred Brands	
dicyclomine 20 mg/2 ml ampul	Generics	DC Injectables MED Medical Drug
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	Generics	
dicyclomine 20 mg/2 ml vial	Generics	MED Medical Drug
DONNATAL ELIXIR	Non-Preferred Brands	SBA Select Brand Alternative
DONNATAL TABLET	Non-Preferred Brands	
ED-SPAZ	Generics	
GLYCATE	Non-Preferred Brands	
glycopyrrolate (0.2 mg/ml syrng, 0.2 mg/ml vial, 0.4 mg/2 ml syr, 0.4 mg/2 ml vl, 1 mg/5 ml syrng, 1 mg/5 ml vial, 4 mg/20 ml vial)	Generics	DC Injectables MED Medical Drug
glycopyrrolate 0.6 mg/3 ml syr	Generics	DC Injectables MED Medical Drug NFDA NON-FDA APPROVED
glycopyrrolate (1 mg tablet, 1 mg/5 ml soln, 2 mg tablet)	Generics	
glycopyrrolate 1.5 mg tablet	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glycopyrrolate-water	Generics	DC Injectables MED Medical Drug
GLYRX-PF (0.2 MG/ML VIAL, 0.4 MG/2 ML VIAL, 0.6 MG/3 ML SYRINGE, 1 MG/5 ML SYRINGE)	Non-Preferred Brands	DC Injectables MED Medical Drug
hyoscyamine sulfate (0.125 mg odt, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)	Generics	
hyoscyamine 0.125 mg tab sl	Generics	
hyoscyamine sulfate er	Generics	
hyoscyamine sulfate sr	Generics	
HYOSYNE (0.125 MG/ML DROP, 125 MCG/5 ML ELIXIR)	Generics	
ipratropium br 0.02% soln	Generics	PR QPD 12.5 per day
ipratropium-albuterol	Generics	PR
LEVSIN 0.125 MG TABLET	Non-Preferred Brands	
LEVSIN-SL	Non-Preferred Brands	
LIBRAX	Non-Preferred Brands	SBA Select Brand Alternative
LONHALA MAGNAIR REFILL	Non-Preferred Brands	PR PA QPD 2 per day
LONHALA MAGNAIR STARTER	Non-Preferred Brands	PR PA QPD 2 per day
methscopolamine bromide	Generics	
NULEV	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OSCIMIN	Generics	
OSCIMIN SL	Generics	
OSCIMIN SR	Generics	
phenobarbital-belladonna	Generics	
phenobarbital-hyosc-atrop-scop (phenobarb-hyo-atrop-scop elix, phenobarb-hyosc-atrop-scop tab)	Generics	
PHENOHYTRO TABLET	Generics	HCG
propantheline bromide	Generics	
QBREXZA	Non-Preferred Brands	PA QPD 1 per day
ROBINUL	Non-Preferred Brands	
ROBINUL FORTE	Non-Preferred Brands	
SPIRIVA HANDIHALER	Preferred Brands	PR QPD 1 per day
SPIRIVA RESPIMAT	Preferred Brands	PR QPD 1 per day
STIOLTO RESPIMAT	Preferred Brands	PR QPD 0.134 per day
SYMAX DUOTAB	Non-Preferred Brands	
ANTICOAGULANTS ANTICOAGULANTS, MISCELLANEOUS		
ARIXTRA	Specialty Drug	S
fondaparinux sodium	Specialty Drug	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COUMARIN DERIVATIVES		
JANTOVEN (1 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	Generics	PR NTI
JANTOVEN (2 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	Generics	PR NTI
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)	Generics	PR NTI
warfarin sodium (6 mg tablet, 7.5 mg tablet, 10 mg tablet)	Generics	PR NTI
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT-PE TREAT START 5MG	Preferred Brands	QL 100 / 30 days PR
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	Preferred Brands	PR QPD 2 per day
SAVAYSA	Non-Preferred Brands	PR PA QPD 1 per day
XARELTO 1 MG/ML SUSPENSION	Preferred Brands	PR QPD 20.7 per day
XARELTO DVT-PE TREAT START 30D	Preferred Brands	QL 56 / fill PR
XARELTO (10 MG TABLET, 20 MG TABLET)	Preferred Brands	PR QPD 1 per day
XARELTO (2.5 MG TABLET, 15 MG TABLET)	Preferred Brands	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIRECT THROMBIN INHIBITORS		
ANGIOMAX	Non-Preferred Brands	DC Injectables MED Medical Drug
argatroban	Generics	DC Injectables MED Medical Drug
argatroban-0.9% nacl	Generics	DC Injectables MED Medical Drug
argatroban-sodium chloride	Generics	DC Injectables MED Medical Drug
bivalirudin rtu 250 mg/50 ml	Generics	MED Medical Drug
bivalirudin (250 mg add-vant vl, 250 mg vial)	Generics	DC Injectables MED Medical Drug
bivalirudin-0.9% nacl	Generics	DC Injectables MED Medical Drug
dabigatran etexilate	Generics	PR QPD 2.0 per day
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	Preferred Brands	PR QPD 2 per day B4G
PRADAXA 110 MG CAPSULE	Preferred Brands	PR QPD 2 per day
HEPARINS		
enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)	Specialty Drug	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
enoxaparin 300 mg/3 ml vial	Specialty Drug	S DC Injectables
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)	Specialty Drug	S
hep-lock flush 100 unit/ml kit	Generics	DC Injectables MED Medical Drug
heparin flush (iv flush 1 unit/ml syr, 2 unit/2 ml (1/ml) syr, 3 unit/3 ml (1/ml) syr, 5 unit/5 ml (1/ml) syr, 10 unit/10 ml (1/ml), flush 10 units/ml syr, lock flush 10 units/ml, 20 units/2 ml (10/ml), 30 units/3 ml (10/ml), 50 units/5 ml (10/ml), 60 units/6 ml (10/ml), 100 unit/10 ml (10/ml), iv flush 100 units/ml, 200 unit/2 ml (100/ml), 300 unit/3 ml (100/ml), 500 unit/5 ml (100/ml), 1,000 unit/10 (100/ml))	Generics	DC Injectables
heparin lock	Generics	DC Injectables
heparin 5,000 unit/ml carpujct	Generics	
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)	Generics	DC Injectables

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
heparin sodium in 0.45% nacl	Generics	DC Injectables
heparin sodium-0.45% nacl	Generics	DC Injectables
heparin sodium-0.9% nacl (4,000 unit/1,000 ml-ns, 5,000 unit/1,000 ml-ns, 5,000 unit/500 ml-ns, 30,000 unit/1,000-ns)	Generics	DC Injectables
heparin sodium-0.9% nacl (2,500 unit/5 ml-ns syr, 6,000 unit/3 ml-ns syr)	Generics	DC Injectables MED Medical Drug
heparin sodium-d5w	Generics	DC Injectables
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)	Specialty Drug	S SBA Select Brand Alternative
ANTICONVULSANTS ANTICONVULSANTS, MISCELLANEOUS		
APTIOM (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Non-Preferred Brands	QPD 2 per day
APTIOM 200 MG TABLET	Non-Preferred Brands	QPD 3 per day
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	Non-Preferred Brands	PA
BRIVIACT 10 MG/ML ORAL SOLN	Non-Preferred Brands	PA QPD 20 per day
BRIVIACT (10 MG TABLET, 50 MG TABLET)	Non-Preferred Brands	PA QPD 4 per day
BRIVIACT 100 MG TABLET	Non-Preferred Brands	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRIVIACT 25 MG TABLET	Non-Preferred Brands	PA QPD 8 per day
BRIVIACT 75 MG TABLET	Non-Preferred Brands	PA QPD 3 per day
BRIVIACT 50 MG/5 ML VIAL	Non-Preferred Brands	MED Medical Drug PA QPD 20 per day
carbamazepine 200 mg/10 ml cup	Generics	NTI
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)	Generics	NTI
carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)	Generics	NTI
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	Specialty Drug	S PA QPD 2 per day
divalproex sodium (dr 125 mg cap sprnk, dr 125 mg cp(sprnk), sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)	Generics	NTI
divalproex sodium er	Generics	NTI
EPIDIOLEX	Specialty Drug	S PA
EPITOL	Generics	NTI
EQUETRO	Non-Preferred Brands	NTI
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	Non-Preferred Brands	PA
FINTEPLA	Specialty Drug	S PA QPD 12 per day
FYCOMPA 0.5 MG/ML ORAL SUSP	Non-Preferred Brands	QPD 6 per day
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Non-Preferred Brands	QPD 1 per day
gabapentin (100 mg capsule, 400 mg capsule)	Generics	QPD 9 per day
gabapentin 300 mg capsule	Generics	QPD 9.0 per day
gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)	Generics	QPD 72 per day
gabapentin 600 mg tablet	Generics	QPD 6 per day
gabapentin 800 mg tablet	Generics	QPD 5 per day
GABITRIL	Non-Preferred Brands	
HORIZANT ER 300 MG TABLET	Non-Preferred Brands	PA QPD 4 per day
HORIZANT ER 600 MG TABLET	Non-Preferred Brands	PA QPD 2 per day
lacosamide 10 mg/ml solution	Generics	QPD 50.0 per day
lacosamide (150 mg tablet, 200 mg tablet)	Generics	QPD 2.0 per day
lacosamide (50 mg tablet, 100 mg tablet)	Generics	QPD 4.0 per day
lacosamide 200 mg/20 ml vial	Generics	MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	Generics	NTI
lamotrigine (blue)	Generics	NTI
lamotrigine (green)	Generics	NTI
lamotrigine (orange)	Generics	NTI
lamotrigine er	Generics	NTI
lamotrigine odt	Generics	NTI
lamotrigine odt (blue)	Generics	NTI
lamotrigine odt (green)	Generics	NTI
lamotrigine odt (orange)	Generics	NTI
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet)	Generics	NTI
levetiracetam 500 mg/5 ml vial	Generics	DC Injectables MED Medical Drug
levetiracetam er	Generics	NTI
levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)	Generics	DC Injectables MED Medical Drug
levetiracetam-nacl 250 mg/50ml	Generics	MED Medical Drug
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)	Generics	NTI
pregabalin (225 mg capsule, 300 mg capsule)	Generics	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	Generics	QPD 3 per day
pregabalin 20 mg/ml solution	Generics	QPD 30 per day
ROWEEPRA	Generics	NTI
ROWEEPRA XR	Generics	NTI
rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)	Generics	PA
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	Specialty Drug	S PA QPD 6 per day
SPRITAM	Non-Preferred Brands	AL At least 4 yrs old NTI QPD 3 per day
SUBVENITE	Generics	NTI
SUBVENITE (BLUE)	Generics	NTI
SUBVENITE (GREEN)	Generics	NTI
SUBVENITE (ORANGE)	Generics	NTI
tiagabine hcl	Generics	
topiramate 15 mg sprinkle cap	Generics	NTI
topiramate (25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	Generics	NTI
topiramate er	Generics	NTI
TROKENDI XR	Non-Preferred Brands	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
valproate sodium	Generics	DC Injectables MED Medical Drug NTI
valproic acid (250 mg capsule, 250 mg/5 ml soln)	Generics	NTI
valproic acid 500 mg/10 ml sol	Generics	NTI
vigabatrin (500 mg powder packt, 500 mg tablet)	Specialty Drug	S PS PA QPD 6 per day
VIGADRONE	Specialty Drug	S PS PA QPD 6 per day
VIMPAT 10 MG/ML SOLUTION	Non-Preferred Brands	QPD 50 per day B4G
VIMPAT STARTER KIT	Non-Preferred Brands	QPD 2 per day
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	Non-Preferred Brands	PA QPD 1 per day
XCOPRI (150 MG TABLET, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	Non-Preferred Brands	PA QPD 2 per day
XCOPRI (50 MG TABLET, 100 MG TABLET)	Non-Preferred Brands	PA QPD 4 per day
zonisamide (25 mg capsule, 100 mg capsule)	Generics	NTI
zonisamide 50 mg capsule	Generics	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE	Non-Preferred Brands	
primidone	Generics	
BENZODIAZEPINES (ANTICONVULSANTS)		
clobazam 2.5 mg/ml suspension	Specialty Drug	S PS PA
clobazam (10 mg tablet, 20 mg tablet)	Generics	PA
clonazepam (2 mg odt, 2 mg tablet)	Generics	QPD 10 per day
clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)	Generics	QPD 3 per day
NAYZILAM	Non-Preferred Brands	QL 10 / 30 days
HYDANTOINS		
CEREBYX	Non-Preferred Brands	DC Injectables MED Medical Drug
DILANTIN 30 MG CAPSULE	Non-Preferred Brands	NTI
fosphenytoin sodium	Generics	DC Injectables MED Medical Drug
PHENYTEK	Non-Preferred Brands	NTI
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)	Generics	NTI
phenytoin sodium (50 mg/ml ampul, 50 mg/ml syringe, 50 mg/ml vial, 100 mg/2 ml vial, 250 mg/5 ml vial)	Generics	DC Injectables MED Medical Drug NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
phenytoin sodium extended	Generics	NTI
SUCCINIMIDES		
CELONTIN	Non-Preferred Brands	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	Generics	NTI
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	Non-Preferred Brands	NTI
ANTIDEPRESSANTS ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN	Non-Preferred Brands	ST QPD 1 per day MVB Minimal Value Brand
bupropion hcl 100 mg tablet	Generics	QPD 5 per day
bupropion hcl 75 mg tablet	Generics	QPD 6 per day
bupropion hcl sr (sr 150 mg tablet, sr 200 mg tablet)	Generics	QPD 2 per day
bupropion hcl sr 100 mg tablet	Generics	QPD 4 per day
bupropion hcl sr 150 mg tablet (ndc: 00591354360)	Generics	DC Smoking Deterrent HCR QPD 2 per day
bupropion hcl sr 150 mg tablet (ndc: 00591354376)	Generics	DC Smoking Deterrent HCR QPD 2 per day
bupropion hcl sr 150 mg tablet (ndc: 43598086360)	Generics	DC Smoking Deterrent HCR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bupropion hcl xl 150 mg tablet	Generics	QPD 3.0 per day
bupropion hcl xl 300 mg tablet	Generics	QPD 1 per day
mirtazapine 7.5 mg tablet	Generics	QPD 2 per day
mirtazapine (15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)	Generics	QPD 1 per day
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	Non-Preferred Brands	QPD 1 per day SBA Select Brand Alternative
SPRAVATO (28 MG NASAL SPRAY, 84 MG DOSE PACK)	Specialty Drug	S PA QPD 0.87 per day
SPRAVATO 56 MG DOSE PACK	Specialty Drug	S PA QPD 0.58 per day
MONOAMINE OXIDASE INHIBITORS		
MARPLAN	Non-Preferred Brands	QPD 6 per day
NARDIL	Non-Preferred Brands	QPD 6 per day
PARNATE	Non-Preferred Brands	QPD 6 per day
phenelzine sulfate	Generics	QPD 6 per day
tranylcypromine sulfate	Generics	QPD 6 per day
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
desvenlafaxine er	Generics	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
desvenlafaxine succinate er	Generics	QPD 1 per day
DRIZALMA SPRINKLE	Non-Preferred Brands	QPD 2 per day
duloxetine hcl (dr 20 mg cap, dr 40 mg cap, dr 60 mg cap)	Generics	QPD 2 per day
duloxetine hcl dr 30 mg cap	Generics	QPD 4 per day
FETZIMA 20-40 MG TITRATION PAK	Non-Preferred Brands	ST QPD 1 per day
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	Non-Preferred Brands	ST QPD 1 per day
venlafaxine besylate er	Non-Preferred Brands	QPD 1.0 per day HCG MVG MINIMAL VALUE GENERIC
venlafaxine hcl (37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)	Generics	
venlafaxine hcl 25 mg tablet	Generics	
venlafaxine hcl er (er 37.5 mg cap, er 150 mg cap)	Generics	QPD 1 per day
venlafaxine hcl er 75 mg cap	Generics	QPD 3 per day
venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab, er 150 mg tab, er 225 mg tab)	Generics	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
citalopram hbr 30 mg capsule	Non-Preferred Brands	PR QPD 1.0 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml sol)	Generics	PR QPD 20 per day
citalopram hbr (10 mg tablet, 20 mg tablet)	Generics	PR QPD 1 per day
citalopram hbr 40 mg tablet	Generics	PR QPD 1.0 per day
escitalopram oxalate 5 mg/5 ml	Generics	PR QPD 20 per day
escitalopram 20 mg tablet	Generics	PR QPD 1 per day
escitalopram oxalate (5 mg tablet, 10 mg tablet)	Generics	PR QPD 1.5 per day
fluoxetine dr	Generics	PR QPD 0.15 per day HCG
fluoxetine hcl 10 mg capsule	Generics	PR QPD 1 per day
fluoxetine hcl 20 mg capsule	Generics	PR QPD 4 per day
fluoxetine hcl 40 mg capsule	Generics	PR QPD 2 per day
fluoxetine 20 mg/5 ml solution	Generics	PR QPD 20 per day
fluoxetine hcl 10 mg tablet	Generics	PR QPD 1.5 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fluoxetine hcl 20 mg tablet	Generics	PR QPD 4 per day HCG
fluoxetine hcl 60 mg tablet	Generics	PR QPD 1.5 per day HCG
fluvoxamine maleate (25 mg tab, 50 mg tab)	Generics	PR QPD 1 per day
fluvoxamine maleate 100 mg tab	Generics	PR QPD 3 per day
fluvoxamine maleate er	Generics	PR QPD 2 per day
olanzapine-fluoxetine hcl	Generics	AL At least 10 yrs old PR QPD 1 per day
paroxetine cr (cr 25 mg tablet, cr 37.5 mg tablet)	Generics	PR QPD 2 per day
paroxetine cr 12.5 mg tablet	Generics	PR QPD 1 per day
paroxetine er (er 25 mg tablet, er 37.5 mg tablet)	Generics	PR QPD 2 per day
paroxetine er 12.5 mg tablet	Generics	PR QPD 1 per day
paroxetine hcl 10 mg/5 ml susp	Generics	PA QPD 42.0 per day
paroxetine hcl 10 mg tablet	Generics	PR QPD 1.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
paroxetine hcl 20 mg tablet	Generics	PR QPD 1 per day
paroxetine hcl 30 mg tablet	Generics	PR QPD 2 per day
paroxetine hcl 40 mg tablet	Generics	PR QPD 1 per day
paroxetine mesylate	Generics	QPD 1 per day
PAXIL 10 MG/5 ML SUSPENSION	Non-Preferred Brands	PA QPD 42 per day
PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	Non-Preferred Brands	PA QPD 1 per day
PEXEVA 40 MG TABLET	Non-Preferred Brands	PA QPD 1 per day MVB Minimal Value Brand
sertraline 20 mg/ml oral conc	Generics	PR QPD 10 per day
sertraline hcl (25 mg tablet, 50 mg tablet)	Generics	PR QPD 1.5 per day
sertraline hcl 100 mg tablet	Generics	PR QPD 2 per day
SYMBYAX	Non-Preferred Brands	AL At least 10 yrs old PR QPD 1 per day
SEROTONIN MODULATORS		
nefazodone hcl 100 mg tablet	Generics	QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nefazodone hcl 150 mg tablet	Generics	QPD 4 per day
nefazodone hcl 200 mg tablet	Generics	QPD 3 per day
nefazodone hcl 250 mg tablet	Generics	QPD 2.5 per day
nefazodone hcl 50 mg tablet	Generics	QPD 12 per day
trazodone 100 mg tablet	Generics	QPD 4 per day
trazodone 150 mg tablet	Generics	QPD 2 per day
trazodone 300 mg tablet	Generics	QPD 1 per day
trazodone 50 mg tablet	Generics	QPD 3 per day
TRINTELLIX	Non-Preferred Brands	ST QPD 1 per day
VIIBRYD 10-20 MG STARTER PACK	Non-Preferred Brands	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	Non-Preferred Brands	QPD 1 per day B4G
vilazodone hcl	Generics	QPD 1.0 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
amitriptyline hcl	Generics	
amoxapine	Generics	
ANAFRANIL	Non-Preferred Brands	SBA Select Brand Alternative
chlordiazepoxide-amitriptyline	Generics	
clomipramine hcl	Generics	
desipramine hcl	Generics	
doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 100 mg capsule)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
doxepin hcl (10 mg/ml oral conc, 75 mg capsule, 150 mg capsule)	Generics	
doxepin hcl (3 mg tablet, 6 mg tablet)	Generics	QPD 1 per day
ELAVIL	Non-Preferred Brands	
imipramine hcl	Generics	
imipramine pamoate	Generics	
NORPRAMIN	Non-Preferred Brands	
nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)	Generics	
PAMELOR (10 MG CAPSULE, 25 MG CAPSULE, 75 MG CAPSULE)	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
PAMELOR 50 MG CAPSULE	Non-Preferred Brands	SBA Select Brand Alternative
perphenazine-amitriptyline	Generics	
protriptyline hcl	Generics	
SILENOR	Non-Preferred Brands	QPD 1 per day SBA Select Brand Alternative
trimipramine maleate	Generics	
ANTIDIABETIC AGENTS ALPHA-GLUCOSIDASE INHIBITORS		
acarbose 100 mg tablet	Generics	PR QPD 3 per day
acarbose 25 mg tablet	Generics	PR QPD 12 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
acarbose 50 mg tablet	Generics	PR QPD 6 per day
miglitol	Generics	PR QPD 3 per day
PRECOSE 100 MG TABLET	Non-Preferred Brands	PR QPD 3 per day MVB Minimal Value Brand SBA Select Brand Alternative
PRECOSE 25 MG TABLET	Non-Preferred Brands	PR QPD 12 per day MVB Minimal Value Brand SBA Select Brand Alternative
PRECOSE 50 MG TABLET	Non-Preferred Brands	PR QPD 6 per day MVB Minimal Value Brand SBA Select Brand Alternative
AMYLINOMIMETICS		
SYMLINPEN 120	Preferred Brands	PR PA QPD 0.4 per day
SYMLINPEN 60	Preferred Brands	PR PA QPD 0.2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDIABETIC AGENTS, MISCELLANEOUS		
KORLYM	Specialty Drug	S PA
BIGUANIDES		
metformin hcl (500 mg/5 ml soln, 850 mg/8.5ml cup)	Generics	PR QPD 25 per day
metformin hcl 1,000 mg tablet	Generics	PR QPD 2.5 per day
metformin hcl 500 mg tablet	Generics	PR QPD 5 per day
metformin hcl 625 mg tablet	Generics	PR QPD 4.0 per day HCG MVG MINIMAL VALUE GENERIC
metformin hcl 850 mg tablet	Generics	PR QPD 3 per day
metformin hcl er 500 mg tablet	Generics	PR QPD 5 per day
metformin hcl er 750 mg tablet	Generics	PR QPD 3 per day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
JANUMET	Preferred Brands	ST PR QPD 2 per day
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	Preferred Brands	ST PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANUMET XR 100-1,000 MG TABLET	Preferred Brands	ST PR QPD 1 per day
JANUVIA	Preferred Brands	ST PR QPD 1 per day
JENTADUETO	Preferred Brands	ST PR QPD 2 per day
JENTADUETO XR 2.5 MG-1,000 MG	Preferred Brands	ST PR QPD 2 per day
JENTADUETO XR 5 MG-1,000 MG TB	Preferred Brands	ST PR QPD 1 per day
TRADJENTA	Preferred Brands	ST PR QPD 1 per day
INCRETIN MIMETICS		
BYDUREON BCISE	Preferred Brands	PR PA QPD 0.15 per day
BYDUREON PEN	Preferred Brands	PR PA QPD 0.15 per day
BYETTA 10 MCG DOSE PEN INJ	Preferred Brands	PR PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BYETTA 5 MCG DOSE PEN INJ	Preferred Brands	PR PA QPD 0.04 per day
MOUNJARO	Preferred Brands	PR 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))	Preferred Brands	PR PA QPD 0.124 per day
OZEMPIC 0.25-0.5 MG/DOSE PEN	Preferred Brands	PR PA QPD 0.067 per day
RYBELSUS	Preferred Brands	PR PA QPD 1 per day
SAXENDA	Non-Preferred Brands	AL At least 12 yrs old DC Anti-Obesity PA QPD 0.5 per day
TRULICITY	Preferred Brands	PR PA QPD 0.08 per day
VICTOZA 2-PAK	Preferred Brands	PR PA QPD 0.3 per day
VICTOZA 3-PAK	Preferred Brands	PR PA QPD 0.3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN)	Non-Preferred Brands	AL At least 18 yrs old DC Anti-Obesity PA QPD 0.072 per day
WEGOVY (1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)	Non-Preferred Brands	AL At least 18 yrs old DC Anti-Obesity PA QPD 0.108 per day
MEGLITINIDES		
nateglinide	Generics	PR QPD 3 per day
repaglinide (0.5 mg tablet, 1 mg tablet)	Generics	PR QPD 4 per day
repaglinide 2 mg tablet	Generics	PR QPD 8 per day
repaglinide-metformin hcl	Generics	PR QPD 5 per day
STARLIX	Non-Preferred Brands	PR QPD 3 per day MVB Minimal Value Brand SBA Select Brand Alternative
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	Preferred Brands	ST PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYXAMBI	Preferred Brands	ST PR QPD 1 per day
JARDIANCE	Preferred Brands	ST PR QPD 1 per day
SYNJARDY	Preferred Brands	ST PR QPD 2 per day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	Preferred Brands	ST PR QPD 2 per day
SYNJARDY XR 25-1,000 MG TABLET	Preferred Brands	ST PR QPD 1 per day
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	Preferred Brands	ST PR QPD 1 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	Preferred Brands	ST PR QPD 2 per day
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	Preferred Brands	ST PR QPD 2 per day
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	Preferred Brands	ST PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFONYLUREAS		
AMARYL	Non-Preferred Brands	PR MVB Minimal Value Brand SBA Select Brand Alternative
glimepiride	Generics	PR
glipizide	Generics	PR
glipizide er	Generics	PR
glipizide xl	Generics	PR
glipizide-metformin (2.5-500 mg, 5-500 mg)	Generics	PR QPD 4 per day
glipizide-metformin 2.5-250 mg	Generics	PR QPD 8 per day
GLUCOTROL	Non-Preferred Brands	PR MVB Minimal Value Brand SBA Select Brand Alternative
GLUCOTROL XL	Non-Preferred Brands	PR MVB Minimal Value Brand SBA Select Brand Alternative
glyburide	Generics	PR
glyburide micronized	Generics	PR
glyburid-metformin 1.25-250 mg	Generics	PR QPD 8 per day
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	Generics	PR QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYNASE	Non-Preferred Brands	PR MVB Minimal Value Brand SBA Select Brand Alternative
THIAZOLIDINEDIONES		
ACTOPLUS MET	Non-Preferred Brands	PR QPD 3 per day MVB Minimal Value Brand SBA Select Brand Alternative
ACTOS	Non-Preferred Brands	PR QPD 1 per day SBA Select Brand Alternative
AVANDIA 2 MG TABLET	Non-Preferred Brands	PR PA QPD 3 per day
AVANDIA 4 MG TABLET	Non-Preferred Brands	PR PA QPD 2 per day
DUETACT	Non-Preferred Brands	PR QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
pioglitazone hcl	Generics	PR QPD 1 per day
pioglitazone-glimepiride	Generics	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pioglitazone-metformin	Generics	PR QPD 3 per day
ANTIEMETICS 5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET	Non-Preferred Brands	QPD 2.0 per day
granisetron hcl 1 mg tablet	Generics	QL 6 / 30 days
granisetron hcl (0.1 mg/ml vial, 1 mg/ml vial, 4 mg/4 ml vial)	Specialty Drug	S DC Injectables MED Medical Drug
ondansetron hcl (hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, 40 mg/20 ml vial)	Specialty Drug	S DC Injectables PS
ondansetron 4 mg/5 ml solution	Generics	QPD 20 per day
ondansetron hcl (4 mg tablet, 8 mg tablet)	Generics	QL 24 / 30 days
ondansetron hcl-0.9% nacl (8mg/50ml-0.9% nacl, 16mg/50ml-0.9%nacl)	Specialty Drug	S DC Injectables PS
ondansetron odt	Generics	QL 24 / 30 days
ZOFRAN	Non-Preferred Brands	QL 24 / 30 days SBA Select Brand Alternative
ZUPLENZ	Non-Preferred Brands	QL 24 / 30 days MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIEMETICS, MISCELLANEOUS		
dronabinol	Generics	QPD 5 per day
MARINOL	Non-Preferred Brands	PA QPD 5 per day
scopolamine	Generics	
SYNDROS	Non-Preferred Brands	AL At least 18 yrs old PA QPD 13 per day
TRANSDERM-SCOP	Non-Preferred Brands	SBA Select Brand Alternative
ANTIHISTAMINES (GI DRUGS)		
ANTIVERT (25 MG CHEWABLE TABLET, 50 MG TABLET)	Non-Preferred Brands	
BONJESTA	Non-Preferred Brands	PA QPD 2 per day
COMPAZINE 25 MG SUPPOSITORY	Generics	
COMPAZINE (5 MG TABLET, 10 MG TABLET)	Non-Preferred Brands	
COMPRO	Generics	
DICLEGIS	Non-Preferred Brands	PA QPD 4 per day MVB Minimal Value Brand SBA Select Brand Alternative
dimenhydrinate 50 mg/ml vial	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
doxylamine succ-pyridoxine hcl	Generics	PA QPD 4 per day
meclizine hcl (12.5 mg tablet, 25 mg tablet)	Generics	
prochlorperazine	Generics	
prochlorperazine 10 mg/2 ml vl	Generics	DC Injectables MED Medical Drug
prochlorperazine 50 mg/10 ml	Generics	
prochlorperazine maleate	Generics	
TIGAN 300 MG CAPSULE	Non-Preferred Brands	
TIGAN 100 MG/ML VIAL	Non-Preferred Brands	DC Injectables MED Medical Drug
trimethobenzamide hcl	Generics	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO 300-0.5 MG CAPSULE	Non-Preferred Brands	PA QPD 0.15 per day
aprepitant 125-80-80 mg pack	Generics	QL 3/ fill HCG
aprepitant (40 mg capsule, 125 mg capsule)	Generics	QPD 0.08 per day
aprepitant 80 mg capsule	Generics	QPD 0.15 per day
CINVANTI	Specialty Drug	S DC Injectables MED Medical Drug
EMEND TRIPACK	Non-Preferred Brands	QL 3/ fill SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMEND 40 MG CAPSULE	Non-Preferred Brands	QPD 0.08 per day SBA Select Brand Alternative
EMEND 80 MG CAPSULE	Non-Preferred Brands	QPD 0.15 per day SBA Select Brand Alternative
EMEND 125 MG POWDER PACKET	Non-Preferred Brands	QPD 0.08 per day
EMEND 150 MG VIAL	Specialty Drug	QL 2 / fill S DC Injectables MED Medical Drug
fosaprepitant dimeglumine	Specialty Drug	QL 2 / fill S DC Injectables MED Medical Drug
VARUBI	Specialty Drug	S PA QPD 0.15 per day
ANTIFUNGAL (SYSTEMIC) ALLYLAMINE ANTIFUNGALS		
terbinafine hcl	Generics	
ANTIFUNGALS, MISCELLANEOUS		
griseofulvin 125 mg/5 ml susp	Generics	
griseofulvin micro 500 mg tab	Generics	HCG
griseofulvin ultramicrosize	Generics	HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AZOLE ANTIFUNGALS		
CRESEMBA 186 MG CAPSULE	Non-Preferred Brands	PA
CRESEMBA 372 MG VIAL	Specialty Drug	S MED Medical Drug PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	Non-Preferred Brands	
DIFLUCAN 150 MG TABLET	Non-Preferred Brands	QPD 1 per day
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)	Generics	
fluconazole 150 mg tablet	Generics	QPD 1 per day
fluconazole-nacl	Generics	DC Injectables MED Medical Drug
itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)	Generics	
ketoconazole 200 mg tablet	Generics	
NOXAFIL 40 MG/ML SUSPENSION	Non-Preferred Brands	
NOXAFIL DR 100 MG TABLET	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
NOXAFIL 300 MG/16.7 ML VIAL	Non-Preferred Brands	DC Injectables MED Medical Drug
posaconazole	Generics	
VFEND 40 MG/ML SUSPENSION	Specialty Drug	S QPD 20 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VFEND (50 MG TABLET, 200 MG TABLET)	Non-Preferred Brands	QPD 4 per day
VFEND IV	Non-Preferred Brands	DC Injectables MED Medical Drug
VIVJOA	Non-Preferred Brands	QL 18 / 365 days PA
voriconazole 40 mg/ml susp	Specialty Drug	S QPD 20 per day
voriconazole (50 mg tablet, 200 mg tablet)	Generics	QPD 4 per day
voriconazole 200 mg vial	Generics	DC Injectables MED Medical Drug
ECHINOCANDIN ANTIFUNGALS		
CANCIDAS	Non-Preferred Brands	DC Injectables MED Medical Drug
caspofungin acetate	Generics	DC Injectables MED Medical Drug
ERAXIS (WATER DILUENT)	Non-Preferred Brands	DC Injectables MED Medical Drug
micafungin	Generics	DC Injectables MED Medical Drug
MYCAMINE	Non-Preferred Brands	DC Injectables MED Medical Drug
POLYENE ANTIFUNGALS		
ABELCET	Non-Preferred Brands	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMBISOME	Non-Preferred Brands	DC Injectables MED Medical Drug
amphotericin b	Generics	DC Injectables MED Medical Drug
amphotericin b liposome	Generics	DC Injectables MED Medical Drug
nystatin (100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup)	Generics	
PYRIMIDINE ANTIFUNGALS		
ANCOBON	Non-Preferred Brands	
flucytosine	Generics	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE) ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
naftifine hcl (1% cream, 2% cream)	Generics	ST HCG MVG MINIMAL VALUE GENERIC
naftifine hcl 1% gel	Generics	ST HCG MVG MINIMAL VALUE GENERIC
AZOLES (SKIN AND MUCOUS MEMBRANE)		
clotrimazole (1% solution, 1% topical cream, 10 mg troche)	Generics	
clotrimazole-betamethasone crm	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
econazole nitrate	Generics	
GYNAZOLE 1	Non-Preferred Brands	
ketoconazole 2% cream	Generics	QPD 2 per day
ketoconazole 2% shampoo	Generics	
luliconazole	Generics	PA QPD 2 per day
miconazole 3 200 mg vag supp	Non-Preferred Brands	GL Female
ORAVIG	Non-Preferred Brands	
oxiconazole nitrate	Generics	ST HCG MVG MINIMAL VALUE GENERIC
terconazole (0.4% cream, 0.8% cream)	Generics	GL Female QPD 1.5 per day
terconazole 80 mg suppository	Generics	GL Female QPD 1.5 per day HCG
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN 8% SOLUTION	Generics	QPD 0.22 per day
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)	Generics	
ciclopirox 8% solution	Generics	QPD 0.22 per day
LOPROX 1% SHAMPOO	Non-Preferred Brands	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXABOROLES		
KERYDIN	Non-Preferred Brands	AL At least 6 yrs old PA QPD 0.67 per day B4G
tavaborole	Generics	AL At least 6 yrs old PA QPD 0.67 per day
POLYENES (SKIN AND MUCOUS MEMBRANE)		
NYAMYC	Generics	
nystatin (unit/gm cream, unit/gm oint)	Generics	
nystatin 100,000 unit/gm powd	Generics	QPD 1 per day
nystatin-triamcinolone cream	Generics	
nystatin-triamcinolone ointm	Generics	HCG
NYSTOP	Generics	
ANTIGLAUCOMA AGENTS ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS	Preferred Brands	QPD 0.4 per day
brimonidine 0.2% eye drop	Generics	QPD 0.4 per day
brimonidine tartrate 0.15% drp	Generics	QPD 0.4 per day HCG
brimonidine tartrate-timolol	Generics	QPD 0.334 per day
COMBIGAN	Preferred Brands	QPD 0.334 per day B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
betaxolol hcl 0.5% eye drop	Generics	QPD 0.54 per day
BETIMOL 0.25% EYE DROPS	Non-Preferred Brands	QPD 0.286 per day
BETIMOL 0.5% EYE DROPS	Non-Preferred Brands	QPD 0.334 per day
BETOPTIC S	Non-Preferred Brands	QPD 0.54 per day
carteolol hcl	Generics	QPD 0.334 per day
ISTALOL	Non-Preferred Brands	QPD 0.286 per day SBA SELECT BRAND ALTERNATIVE
levobunolol hcl	Generics	QPD 0.4 per day
metipranolol	Generics	QPD 0.334 per day
timolol 0.5% eye drop	Generics	QPD 0.334 per day HCG MVG MINIMAL VALUE GENERIC
timolol maleate 0.5% eye drop	Generics	QPD 2 per day
timolol maleate 0.25% eye drop	Generics	QPD 2.0 per day
timolol maleate 0.5% eye drops	Generics	QPD 0.334 per day
timolol maleate (0.25%, 0.25% gfs, 0.5%, 0.5% gfs)	Generics	QPD 0.286 per day
CARBONIC ANHYDRASE INHIBITORS (EENT)		
acetazolamide	Generics	
acetazolamide er	Generics	
acetazolamide sodium	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
brinzolamide	Generics	QPD 0.5 per day
dorzolamide hcl	Generics	QPD 0.4 per day
dorzolamide-timolol 2%-0.5%	Generics	QPD 2 per day
dorzolamide-timolol eye drops	Generics	QPD 0.334 per day
methazolamide 25 mg tablet	Generics	
methazolamide 50 mg tablet	Generics	HCG
SIMBRINZA 1%-0.2% EYE DROPS	Preferred Brands	QPD 0.4 per day
SIMBRINZA 1%-0.2% EYE DROPS (NDC: 00065414727)	Preferred Brands	QPD 0.4 per day
TRUSOPT	Non-Preferred Brands	QPD 0.4 per day
MIOTICS		
ISOPTO CARPINE	Non-Preferred Brands	QPD 0.54 per day
MIOCHOL-E	Non-Preferred Brands	DC Injectables MED Medical Drug
MIOSTAT	Non-Preferred Brands	DC Injectables MED Medical Drug
PHOSPHOLINE IODIDE	Non-Preferred Brands	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	Generics	QPD 0.54 per day
PROSTAGLANDIN ANALOGS		
bimatoprost 0.03% eye drops	Generics	QPD 0.13 per day HCG
bimatoprost 0.03% eyelash soln	Generics	DC Hair Growth Stimulants HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
latanoprost 0.005% eye drops	Generics	QPD 0.13 per day
LUMIGAN	Preferred Brands	QPD 0.13 per day
travoprost	Generics	QPD 0.13 per day
XELPROS	Preferred Brands	QPD 0.13 per day
RHO KINASE INHIBITORS		
RHOPRESSA	Non-Preferred Brands	QPD 0.1 per day
ROCKLATAN	Non-Preferred Brands	QPD 0.1 per day
ANTIHEMORRHAGIC AGENTS ANTIHEPARIN AGENTS		
protamine sulfate	Generics	DC Injectables MED Medical Drug
HEMOSTATICS		
ADVATE	Specialty Drug	S DC Blood/Blood Products PA
ADYNOVATE	Specialty Drug	S DC Blood/Blood Products PA
AFSTYLA	Specialty Drug	S DC Blood/Blood Products PA
ALPHANATE	Specialty Drug	S DC Blood/Blood Products PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHANINE SD	Specialty Drug	S DC — Blood/Blood Products
ALPROLIX	Specialty Drug	S DC — Blood/Blood Products PA
AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET, 1,000 MG TABLET)	Non-Preferred Brands	MVB — MINIMAL VALUE BRAND SBA — SELECT BRAND ALTERNATIVE
aminocaproic acid (0.25 gram/ml, 500 mg tab, 1,000 mg tab)	Generics	
BENEFIX	Specialty Drug	S DC — Blood/Blood Products PA
COAGADEX	Specialty Drug	S DC — Blood/Blood Products PA
CORIFACT	Specialty Drug	S DC — Blood/Blood Products
ELOCTATE	Specialty Drug	S DC — Blood/Blood Products PA
ESPEROCT	Specialty Drug	S DC — Blood/Blood Products PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FEIBA NF	Specialty Drug	S DC Blood/Blood Products PA
HEMLIBRA	Specialty Drug	S DC Blood/Blood Products PA QPD 12 per day
HEMOFIL M	Specialty Drug	S DC Blood/Blood Products PA
HUMATE-P	Specialty Drug	S DC Blood/Blood Products PA
IDELVION	Specialty Drug	S DC Blood/Blood Products PA
IXINITY	Specialty Drug	S DC Blood/Blood Products PA
JIVI	Specialty Drug	S DC Blood/Blood Products PA
KCENTRA	Non-Preferred Brands	DC Blood/Blood Products MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOATE	Specialty Drug	S DC PA Blood/Blood Products
KOGENATE FS	Specialty Drug	S DC PA Blood/Blood Products
KOVALTRY	Specialty Drug	S DC PA Blood/Blood Products
LYSTEDA	Non-Preferred Brands	GL QPD Female 6 per day
MONONINE	Specialty Drug	S DC PA Blood/Blood Products
NOVOEIGHT	Specialty Drug	S DC PA Blood/Blood Products
NOVOSEVEN RT	Specialty Drug	S DC PA Blood/Blood Products
NUWIQ	Specialty Drug	S DC PA Blood/Blood Products
OBIZUR	Specialty Drug	S DC PA Blood/Blood Products

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROFILNINE	Specialty Drug	S DC Blood/Blood Products PA
REBINYN	Specialty Drug	S DC Blood/Blood Products PA
RECOMBINATE	Specialty Drug	S DC Blood/Blood Products PA
RIXUBIS	Specialty Drug	S DC Blood/Blood Products PA
SEVENFACT	Specialty Drug	S DC Blood/Blood Products PA
tranexamic acid 650 mg tablet	Generics	GL Female QPD 6 per day
tranexamic acid-nacl	Specialty Drug	S DC Injectables MED Medical Drug
TRETTEN	Specialty Drug	S DC Blood/Blood Products PA
VISTASEAL FIBRIN SEALANT	Non-Preferred Brands	MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VONVENDI	Specialty Drug	S PA
WILATE	Specialty Drug	S DC Blood/Blood Products PA
XYNTHA	Specialty Drug	S DC Blood/Blood Products PA
XYNTHA SOLOFUSE	Specialty Drug	S DC Blood/Blood Products PA
ANTIHISTAMINE DRUGS SECOND GENERATION ANTIHISTAMINES		
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)	Generics	QPD 10 per day
desloratadine 5 mg tablet	Generics	QPD 1 per day
desloratadine (2.5 mg odt, 5 mg odt)	Generics	QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
levocetirizine 2.5 mg/5 ml sol	Generics	QPD 30 per day
levocetirizine 5 mg tablet	Generics	QPD 1 per day
QUZYTTIR	Non-Preferred Brands	DC Injectables MED Medical Drug
SEMPREX-D	Non-Preferred Brands	QPD 4 per day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYZAL 2.5 MG/5 ML SOLUTION	Non-Preferred Brands	QPD 30 per day
ANTIHYPOGLYCEMIC AGENTS ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
diazoxide	Generics	
PROGLYCEM	Non-Preferred Brands	
GLYCOGENOLYTIC AGENTS		
BAQSIMI	Preferred Brands	
GLUCAGON 1 MG EMERGENCY KIT (AMPHASTAR)	Preferred Brands	
GLUCAGON 1 MG EMERGENCY KIT (FRESENIUS)	Preferred Brands	
glucagon hcl	Generics	MED Medical Drug
ZEGALOGUE AUTOINJECTOR	Preferred Brands	
ZEGALOGUE SYRINGE	Preferred Brands	
ANTILIPEMIC AGENTS ANTILIPEMIC AGENTS, MISCELLANEOUS		
icosapent ethyl 1 gram capsule	Generics	PR PA QPD 4 per day
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	Specialty Drug	S PA QPD 1 per day
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	Specialty Drug	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXLETOL	Preferred Brands	PA QPD 1 per day
NEXLIZET	Preferred Brands	PA QPD 1 per day
niacin er (er 750 mg tablet, er 1,000 mg tablet)	Generics	PR QPD 2 per day HCG
niacin er 500 mg tablet	Generics	PR QPD 3 per day HCG
NIACOR	Non-Preferred Brands	PR QPD 12 per day
cvs omega-3 gummy fish	Generics	
omega-3 acid ethyl esters	Generics	PR QPD 4 per day
THEROMEGA SPORT	Generics	
VASCEPA 0.5 GM CAPSULE	Preferred Brands	PR PA QPD 4 per day B4G
VASCEPA 1 GM CAPSULE	Preferred Brands	PR PA QPD 4 per day B4G
BILE ACID SEQUESTRANTS		
cholestyramine powder	Generics	QPD 24 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cholestyramine packet	Generics	QPD 4 per day
cholestyramine light powder	Generics	QPD 24 per day
cholestyramine light packet	Generics	QPD 4 per day
colesevelam hcl 3.75 g packet	Generics	QPD 1 per day
colesevelam 625 mg tablet	Generics	QPD 6 per day
colestipol hcl (granules, granules packet)	Generics	QPD 6 per day HCG
colestipol hcl 1 gm tablet	Generics	QPD 4 per day HCG
PREVALITE POWDER	Generics	QPD 24 per day
PREVALITE PACKET	Generics	QPD 4 per day
CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	Generics	PR QPD 1 per day
ezetimibe-simvastatin	Generics	PR QPD 1 per day
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAPSULE	Non-Preferred Brands	PR PA QPD 2 per day
ANTARA 90 MG CAPSULE	Non-Preferred Brands	PR PA QPD 1 per day
fenofibrate (120 mg tablet, 130 mg capsule, 150 mg capsule)	Generics	PR QPD 1 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fenofibrate (43 mg capsule, 50 mg capsule)	Generics	PR QPD 2 per day HCG MVG MINIMAL VALUE GENERIC
fenofibrate (67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	Generics	PR QPD 1 per day
fenofibrate 30 mg capsule	Non-Preferred Brands	PR QPD 2.0 per day HCG MVG MINIMAL VALUE GENERIC
fenofibrate 90 mg capsule	Non-Preferred Brands	PR QPD 1.0 per day HCG MVG MINIMAL VALUE GENERIC
fenofibrate (48 mg tablet, 54 mg tablet)	Generics	PR QPD 2 per day
fenofibrate 40 mg tablet	Generics	PR QPD 2 per day HCG MVG MINIMAL VALUE GENERIC
fenofibric acid (105 mg tablet, dr 135 mg cap)	Generics	PR QPD 1 per day
fenofibric acid (35 mg tablet, dr 45 mg cap)	Generics	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENOGLIDE 120 MG TABLET	Non-Preferred Brands	PR QPD 1 per day MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
FENOGLIDE 40 MG TABLET	Non-Preferred Brands	PR QPD 2 per day MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
FIBRICOR 105 MG TABLET	Non-Preferred Brands	PR QPD 1 per day
FIBRICOR 35 MG TABLET	Non-Preferred Brands	PR QPD 2 per day
gemfibrozil	Generics	PR QPD 2 per day
LIPOFEN 150 MG CAPSULE	Non-Preferred Brands	PR PA QPD 1 per day
LIPOFEN 50 MG CAPSULE	Non-Preferred Brands	PR PA QPD 2 per day
LOPID	Non-Preferred Brands	PR QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRILIPIX DR 135 MG CAPSULE	Non-Preferred Brands	PR QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
TRILIPIX DR 45 MG CAPSULE	Non-Preferred Brands	PR QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	Non-Preferred Brands	ST PR QPD 1 per day MVB MINIMAL VALUE BRAND
amlodipine-atorvastatin	Generics	PR QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
atorvastatin calcium (10 mg tablet, 20 mg tablet)	Generics	PR HCR QPD 1 per day
atorvastatin calcium (40 mg tablet, 80 mg tablet)	Generics	PR QPD 1 per day
CADUET	Non-Preferred Brands	QPD 1 per day MVB MINIMAL VALUE BRAND SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLOLIPID 20 MG/5 ML ORAL SUSP	Non-Preferred Brands	ST PR QPD 10 per day SBA SELECT BRAND ALTERNATIVE
FLOLIPID 40 MG/5 ML ORAL SUSP	Non-Preferred Brands	ST PR QPD 5 per day
fluvastatin er	Generics	PR QPD 1 per day HCG
fluvastatin sodium 20 mg cap	Generics	PR QPD 1 per day HCG
fluvastatin sodium 40 mg cap	Generics	PR QPD 2 per day HCG
LESCOL 20 MG CAPSULE	Non-Preferred Brands	ST PR QPD 1 per day SBA Select Brand Alternative
LESCOL 40 MG CAPSULE	Non-Preferred Brands	ST PR QPD 2 per day SBA Select Brand Alternative
lovastatin (10 mg tablet, 20 mg tablet)	Generics	PR HCR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lovastatin 40 mg tablet	Generics	PR HCR QPD 2 per day
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	Generics	PR HCR QPD 1 per day
pravastatin sodium 80 mg tab	Generics	PR HCR QPD 1.0 per day
rosuvastatin calcium (20 mg tab, 40 mg tab)	Generics	PR QPD 1 per day
rosuvastatin calcium (5 mg tab, 10 mg tab)	Generics	PR HCR QPD 1 per day
simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	Generics	PR HCR QPD 1.5 per day
simvastatin 5 mg tablet	Generics	PR HCR QPD 1 per day
simvastatin 80 mg tablet	Generics	PR QPD 1 per day
PCSK9 INHIBITORS		
PRALUENT PEN	Specialty Drug	S PS PA QPD 0.08 per day

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
frovatriptan succinate	Generics	QPD 0.6 per day HCG
naratriptan hcl	Generics	QPD 0.6 per day
rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)	Generics	QPD 0.6 per day
sumatriptan	Generics	QL 6 / 30 days
sumatriptan succ-naproxen sod	Generics	PA QPD 0.3 per day HCG MVG MINIMAL VALUE GENERIC
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml inject, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial)	Generics	DC Imitrex Injectable w/Std Qty Limit QPD 0.167 per day
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	Generics	QPD 0.3 per day
zolmitriptan (2.5 mg nasal spry, 5 mg nasal spray)	Non-Preferred Brands	ST QPD 0.2 per day
zolmitriptan (2.5 mg tablet, 5 mg tablet)	Generics	QPD 0.2 per day
zolmitriptan odt	Generics	QPD 0.2 per day
ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)	Non-Preferred Brands	ST QPD 0.2 per day
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
dapsone (25 mg tablet, 100 mg tablet)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITUBERCULOSIS AGENTS		
CAPASTAT SULFATE	Non-Preferred Brands	DC Injectables MED Medical Drug
cycloserine	Generics	
ethambutol hcl	Generics	
isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)	Generics	
isoniazid 100 mg/ml vial	Generics	DC Injectables MED Medical Drug
MYAMBUTOL	Non-Preferred Brands	
MYCOBUTIN	Non-Preferred Brands	
PASER	Non-Preferred Brands	
pretomanid	Non-Preferred Brands	AL At least 18 yrs old PA QPD 1 per day
PRIFTIN	Non-Preferred Brands	QPD 1.25 per day
pyrazinamide	Generics	
rifabutin	Generics	
RIFADIN	Non-Preferred Brands	DC Injectables MED Medical Drug
rifampin (150 mg capsule, 300 mg capsule)	Generics	
rifampin iv 600 mg vial	Generics	DC Injectables MED Medical Drug
SIRTURO	Specialty Drug	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRECATOR	Non-Preferred Brands	
ANTINEOPLASTIC AGENTS		
abiraterone acetate 250 mg tab	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 4 per day
abiraterone acetate 500 mg tab	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 2 per day
ABRAXANE	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
ADCETRIS	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
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)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ADRUCIL	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
AFINITOR 2.5 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
AFINITOR DISPERZ 5 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
ALECENSA	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 8 per day
ALIQOPA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALKERAN 2 MG TABLET	Non-Preferred Brands	DC Antineoplastics /Chemo
ALKERAN 50 MG VIAL	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 2 per day
ALUNBRIG 180 MG TABLET	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 1 per day
ALUNBRIG 30 MG TABLET	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 6 per day
anastrozole	Generics	DC Antineoplastics /Chemo PR HCR
AROMASIN	Non-Preferred Brands	DC Antineoplastics /Chemo PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARRANON	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
arsenic trioxide	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ARZERRA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
ASPARLAS	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
AVASTIN	Specialty Drug	S DC Antineoplastics /Chemo PA
AYVAKIT	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
azacitidine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA 3 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
BALVERSA 4 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
BALVERSA 5 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
BAVENCIO	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
bcg (tice strain)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
BELEODAQ	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
bendamustine 100 mg/4 ml vial	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BESREMI	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.08 per day
bevacizumab 1.25 mg/0.05 ml	Specialty Drug	S MED Medical Drug PA
bexarotene (1% gel, 75 mg capsule)	Specialty Drug	S DC Antineoplastics /Chemo PS PA
bicalutamide	Generics	DC Antineoplastics /Chemo
BICNU	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
BLENREP	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.142 per day
bleomycin sulfate	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
BLINCYTO (35 MCG VIAL, 35MCG VL W-STABILIZER)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bortezomib 3.5 mg vial	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
BOSULIF (400 MG TABLET, 500 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 1 per day
BOSULIF 100 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 4 per day
BRAFTOVI	Specialty Drug	S DC Antineoplastics /Chemo PA
BRUKINSA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
busulfan	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
BUSULFEX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CABOMETYX	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
CALQUENCE 100 MG CAPSULE	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 2 per day
CALQUENCE 100 MG TABLET	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 2.0 per day
CAMPTOSAR	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
capecitabine	Specialty Drug	S DC Antineoplastics /Chemo PS PA
CAPRELSA 100 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPRELSA 300 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
CARAC	Non-Preferred Brands	PA MVB MINIMAL VALUE BRAND
carboplatin (50 mg/5 ml vial, 150 mg vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
carmustine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
CASODEX	Non-Preferred Brands	DC Antineoplastics /Chemo
cisplatin (50 mg vial, 50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
cladribine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
clofarabine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
CLOLAR	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMETRIQ 100 MG DAILY-DOSE PK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
COMETRIQ 140 MG DAILY-DOSE PK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
COMETRIQ 60 MG DAILY-DOSE PACK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
COPIKTRA	Specialty Drug	S DC Antineoplastics /Chemo PA
COSMEGEN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
COTELLIC	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 2.5 per day
cyclophosphamide (25 mg capsule, 50 mg capsule)	Generics	DC Antineoplastics /Chemo PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cyclophosphamide (25 mg tablet, 50 mg tablet)	Non-Preferred Brands	DC Antineoplastics /Chemo PA
cyclophosphamide (1 gm vial, 1 gm/5 ml vl, 2 gm vial, 2 gm/10 ml vl, 500 mg vial, 500 mg/2.5 ml)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
CYRAMZA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
cytarabine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
dacarbazine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
DACOGEN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
dactinomycin	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
DANYELZA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.434 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DARZALEX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
DARZALEX FASPRO	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 2.15 per day
daunorubicin hcl	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
DAURISMO	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
decitabine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
diclofenac sodium 3% gel	Generics	QL 100 / 30 days PA HCG MVG MINIMAL VALUE GENERIC
DOCEFREZ	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
docetaxel	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
DOXIL	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
doxorubicin hcl (10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
doxorubicin hcl liposome	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
DROXIA	Non-Preferred Brands	
EFUDEX	Non-Preferred Brands	
ELLENCE	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ELZONRIS	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
EMCYT	Specialty Drug	S DC Antineoplastics /Chemo
ENHERTU	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
epirubicin hcl (50 mg/25 ml vial, hcl 50 mg vial, 200 mg/100 ml vial, hcl 200 mg vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ERBITUX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
ERIVEDGE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
ERLEADA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
erlotinib hcl	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 1 per day
ERWINAZE	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ETOPOPHOS	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
etoposide 50 mg capsule	Specialty Drug	S DC Antineoplastics /Chemo PS
etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
EULEXIN	Non-Preferred Brands	ST DC Antineoplastics /Chemo
everolimus (5 mg tablet, 7.5 mg tablet)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
everolimus 2.5 mg tablet	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
everolimus (2 mg tab susp, 3 mg tab susp)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1.0 per day
everolimus (5 mg tab for susp, 10 mg tablet)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVOMELA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
exemestane	Generics	DC Antineoplastics /Chemo PR HCR
EXKIVITY	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4.0 per day
FARYDAK	Specialty Drug	S DC Antineoplastics /Chemo PA
FASLODEX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 1.25 per day
FEMARA	Non-Preferred Brands	DC Antineoplastics /Chemo PR PA
floxuridine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
FLUOROPLEX	Non-Preferred Brands	
fluorouracil 0.5% cream	Non-Preferred Brands	
fluorouracil (2% topical soln, 5% cream, 5% topical soln)	Generics	
fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
flutamide	Generics	DC Antineoplastics /Chemo
FOLOTYN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
FOTIVDA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.767 per day
fulvestrant	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 1.25 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAVRETO	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
GAZYVA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
gemcitabine hcl (1 gram/26.3 ml vl, hcl 1 gram vial, hcl 1 gram/10 ml, hcl 1.5 gram/15 ml, 2 gram/52.6 ml vl, hcl 2 gram vial, hcl 2 gram/20 ml, 200 mg/5.26 ml vl, hcl 200 mg vial, hcl 200 mg/2 ml vl)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
GILOTRIF	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
GLEEVEC 100 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 8 per day SBA Select Brand Alternative
GLEEVEC 400 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLEOSTINE	Specialty Drug	S DC Antineoplastics /Chemo
GLIADEL	Non-Preferred Brands	DC Antineoplastics /Chemo MED Medical Drug
HALAVEN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
HERCEPTIN	Specialty Drug	S DC Antineoplastics /Chemo PA
HERCEPTIN HYLECTA	Specialty Drug	S DC Antineoplastics /Chemo PA
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	Specialty Drug	S DC Antineoplastics /Chemo PA
HYCAMTIN 4 MG VIAL	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
HYDREA	Non-Preferred Brands	DC Antineoplastics /Chemo
hydroxyurea	Generics	DC Antineoplastics /Chemo

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBRANCE (100 MG CAPSULE, 100 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 1.25 per day
IBRANCE (75 MG CAPSULE, 75 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 1.667 per day
IBRANCE (125 MG CAPSULE, 125 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 1 per day
ICLUSIG (10 MG TABLET, 30 MG TABLET, 45 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
ICLUSIG 15 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
IDAMYCIN PFS	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
idarubicin hcl	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
IDHIFA	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 1 per day
IFEX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
imatinib mesylate 100 mg tab	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 8 per day
imatinib mesylate 400 mg tab	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 2 per day
IMBRUVICA 140 MG CAPSULE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 70 MG CAPSULE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 8 per day
IMBRUVICA 70 MG/ML SUSPENSION	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 6.0 per day
IMBRUVICA 280 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
IMBRUVICA 420 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1.47 per day
IMBRUVICA 560 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
IMFINZI	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
INLYTA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INQOVI	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.18 per day
INREBIC	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
IRESSA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
irinotecan hcl	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ISTODAX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
IXEMPRA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
JAKAFI	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JELMYTO	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
JEMPERLI	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.5 per day
JEVTANA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.15 per day
KADCYLA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
KANJINTI	Specialty Drug	S DC Antineoplastics /Chemo PS PA
KEYTRUDA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI 200 MG DAILY DOSE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
KISQALI 400 MG DAILY DOSE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
KISQALI 600 MG DAILY DOSE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
KISQALI FEMARA 200 MG CO-PACK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
KISQALI FEMARA 400 MG CO-PACK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2.5 per day
KISQALI FEMARA 600 MG CO-PACK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3.334 per day
KOSELUGO	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KYPROLIS	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
lapatinib	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 6 per day
lenalidomide	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 1.0 per day
LENVIMA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
letrozole	Generics	DC Antineoplastics /Chemo PR HCR
LEUKERAN	Specialty Drug	S DC Antineoplastics /Chemo
LONSURF 15 MG-6.14 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LONSURF 20 MG-8.19 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
LORBRENA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
LUMAKRAS	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 8 per day
LUMOXITI	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
LYNPARZA	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA
LYSODREN	Specialty Drug	S DC Antineoplastics /Chemo
MARGENZA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 3.334 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MARQIBO	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
MATULANE	Specialty Drug	S DC Antineoplastics /Chemo
MEKINIST 0.5 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
MEKINIST 2 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
MEKTOVI	Specialty Drug	S DC Antineoplastics /Chemo PA
melphalan	Generics	DC Antineoplastics /Chemo
melphalan hcl	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
mercaptopurine	Generics	DC Antineoplastics /Chemo
methotrexate 2.5 mg tablet	Generics	DC Antineoplastics /Chemo

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methotrexate (1 gm vial, 50 mg/2 ml vial, 250 mg/10 ml vial)	Generics	DC Antineoplastics /Chemo
methotrexate sodium	Generics	DC Antineoplastics /Chemo
mitomycin (5 mg vial, 20 mg vial, 40 mg vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
mitoxantrone hcl	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
MONJUVI	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 1.25 per day
MUTAMYCIN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
MVASI	Specialty Drug	S DC Antineoplastics /Chemo PS PA
MYLERAN	Specialty Drug	S DC Antineoplastics /Chemo
MYLOTARG	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NAVELBINE	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
nelarabine	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
NERLYNX	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 6 per day
NEXAVAR	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
NILANDRON	Specialty Drug	S DC Antineoplastics /Chemo SBA Select Brand Alternative
nilutamide	Specialty Drug	S DC Antineoplastics /Chemo PS
NINLARO	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 0.124 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIPENT	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
NUBEQA	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 4 per day
ODOMZO	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
OGIVRI	Specialty Drug	S DC Antineoplastics /Chemo PA
ONCASPAR	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ONUREG	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.5 per day
OPDIVO	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
paclitaxel	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
paclitaxel protein-bound	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
PADCEV	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
PANRETIN	Specialty Drug	S
PARAPLATIN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
PEMAZYRE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.67 per day
PEPAXTO	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERJETA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
PHOTOFRIN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2.0 per day
PIQRAY 200 MG DAILY DOSE PACK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
POLIVY	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 1 per day
POMALYST	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
PROLEUKIN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURIXAN	Specialty Drug	S DC Antineoplastics /Chemo PA
QINLOCK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
RASUVO	Non-Preferred Brands	PA QPD 0.08 per day
RETEVMO 40 MG CAPSULE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
RETEVMO 80 MG CAPSULE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
REVLIMID	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
RITUXAN 100 MG/10 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PA QPD 4.3 per day SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RITUXAN 500 MG/50 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PA QPD 14.3 per day SDS Extended Specialty Day Supply
RITUXAN HYCELA 1,400 MG-23,400	Specialty Drug	S DC Autoimmune Drugs PA QPD 1.7 per day SDS Extended Specialty Day Supply
RITUXAN HYCELA 1,600 MG-26,800	Specialty Drug	S DC Autoimmune Drugs PA QPD 0.5 per day SDS Extended Specialty Day Supply
romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
ROZLYTREK 100 MG CAPSULE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROZLYTREK 200 MG CAPSULE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
RUBRACA	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 2 per day
RUXIENCE 100 MG/10 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 4.3 per day SDS Extended Specialty Day Supply
RUXIENCE 500 MG/50 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 14.3 per day SDS Extended Specialty Day Supply
RYDAPT	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYLAZE	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 1.29 per day
SCEMBLIX 20 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2.0 per day
SCEMBLIX 40 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 10.0 per day
SIKLOS	Specialty Drug	S
SOLARAZE	Non-Preferred Brands	QL 100 / 30 days PA MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
sorafenib	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 4.0 per day
SPRYCEL (100 MG TABLET, 140 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRYCEL (70 MG TABLET, 80 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
SPRYCEL 20 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 9 per day
SPRYCEL 50 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
STIVARGA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
sunitinib malate	Specialty Drug	S DC Antineoplastics /Chemo PS PA QPD 1.0 per day
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1 per day
SYLVANT	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
SYNRIBO	Specialty Drug	S DC Antineoplastics /Chemo PA
TABLOID	Specialty Drug	S DC Antineoplastics /Chemo
TABRECTA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
TAFINLAR 50 MG CAPSULE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 6 per day
TAFINLAR 75 MG CAPSULE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAZVERIK	Specialty Drug	S DC Antineoplastics /Chemo PA
TECENTRIQ	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
TEMODAR (20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	Specialty Drug	S DC Antineoplastics /Chemo PA
TEMODAR 100 MG VIAL	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
temozolomide	Specialty Drug	S DC Antineoplastics /Chemo PS PA
temsirolimus	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.29 per day
teniposide	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEPMETKO	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
TIBSOVO	Specialty Drug	S DC Antineoplastics /Chemo PA
TIVDAK	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.24 per day
TOLAK	Non-Preferred Brands	QPD 1.47 per day
TOPOSAR	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
topotecan hcl (4 mg vial, 4 mg/4 ml vial)	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
TORISEL	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.29 per day
TRAZIMERA	Specialty Drug	S DC Antineoplastics /Chemo PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREANDA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
tretinoin 10 mg capsule	Specialty Drug	S DC Antineoplastics /Chemo PS
TREXALL	Non-Preferred Brands	DC Antineoplastics /Chemo
TRISENOX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
TRODELVY	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.58 per day
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1.5 per day
TRUSELTIQ 100 MG DAILY DOSE PK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.75 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ 75 MG DAILY DOSE PK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2.5 per day
TUKYSA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
TURALIO	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
TYKERB	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 6 per day
UKONIQ	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
UNITUXIN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
VALCHLOR	Specialty Drug	S PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
valrubicin	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
VALSTAR	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
VECTIBIX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
VELCADE	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
VENCLEXTA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
VENCLEXTA STARTING PACK	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1.5 per day
VERZENIO	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIDAZA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
vinblastine sulfate	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
VINCASAR PFS	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
vincristine sulfate	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
vinorelbine tartrate	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
VIZIMPRO	Specialty Drug	S DC Antineoplastics /Chemo PA
VONJO	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOTRIENT	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
WELIREG	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3.0 per day
XALKORI	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
XATMEP	Non-Preferred Brands	AL Up to 18 yrs old DC Antineoplastics /Chemo PA QPD 4 per day
XELODA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
XOSPATA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 3 per day
XPOVIO (40 MG TWICE, 80 MG ONCE)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.574 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO 100 MG ONCE WEEKLY DOSE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.767 per day
XPOVIO 40 MG ONCE WEEKLY DOSE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.286 per day
XPOVIO 60 MG ONCE WEEKLY DOSE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.434 per day
XPOVIO 60 MG TWICE WEEKLY DOSE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 0.86 per day
XPOVIO 80 MG TWICE WEEKLY DOSE	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 1.25 per day
XTANDI (40 MG CAPSULE, 40 MG TABLET)	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
XTANDI 80 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YERVOY	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
YONSA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
ZALTRAP	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
ZANOSAR	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ZEJULA	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 3 per day
ZELBORAF	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEVALIN	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
ZIRABEV	Specialty Drug	S DC Antineoplastics /Chemo PS PA
ZOLINZA	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
ZTALMY	Specialty Drug	S PA QPD 36.0 per day
ZYDELIG	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
ZYKADIA	Specialty Drug	AL At least 18 yrs old S DC Antineoplastics /Chemo PA QPD 8 per day
ZYNLONTA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA QPD 0.1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYTIGA 250 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 4 per day
ZYTIGA 500 MG TABLET	Specialty Drug	S DC Antineoplastics /Chemo PA QPD 2 per day
ANTIPARKINSONIAN AGENTS (CNS) ADAMANTANES (CNS)		
amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)	Generics	
OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET)	Specialty Drug	S PA QPD 1 per day
OSMOLEX ER 322 MG DAILY DOSE	Specialty Drug	S PA QPD 2 per day
ANTICHOLINERGIC AGENTS (CNS)		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	Generics	
benztropine mesylate (2 mg/2 ml ampule, 2 mg/2 ml vial)	Generics	DC Injectables MED Medical Drug HCG
COGENTIN	Non-Preferred Brands	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)	Generics	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
COMTAN	Non-Preferred Brands	
entacapone	Generics	HCG
ONGENTYS	Non-Preferred Brands	
TASMAR	Non-Preferred Brands	
tolcapone	Generics	
DOPAMINE PRECURSORS		
carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)	Generics	
carbidopa-levodopa er	Generics	
carbidopa-levodopa-entacapone	Generics	
DUOPA	Specialty Drug	S PA QPD 1 per day
INBRIJA	Specialty Drug	S PA QPD 1 per day
RYTARY	Non-Preferred Brands	
SINEMET 10-100	Non-Preferred Brands	
SINEMET 25-100	Non-Preferred Brands	
SINEMET 25-250	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STALEVO 100	Non-Preferred Brands	
STALEVO 125	Non-Preferred Brands	
STALEVO 150	Non-Preferred Brands	
STALEVO 200	Non-Preferred Brands	
STALEVO 50	Non-Preferred Brands	
STALEVO 75	Non-Preferred Brands	
MONOAMINE OXIDASE B INHIBITORS		
AZILECT	Non-Preferred Brands	
EMSAM	Non-Preferred Brands	ST QPD 1 per day
rasagiline mesylate	Generics	
selegiline hcl (5 mg capsule, 5 mg tablet)	Generics	
XADAGO	Non-Preferred Brands	AL At least 18 yrs old PA QPD 1 per day
ZELAPAR	Non-Preferred Brands	
ANTIPROTOZOALS AMEBICIDES		
HUMATIN	Non-Preferred Brands	
paromomycin sulfate	Generics	
ANTIMALARIALS		
ARAKODA	Non-Preferred Brands	PA
atovaquone-proguanil hcl	Generics	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
chloroquine phosphate	Generics	
COARTEM	Non-Preferred Brands	
hydroxychloroquine sulfate	Generics	
KRINTAFEL	Non-Preferred Brands	
MALARONE	Non-Preferred Brands	PA
mefloquine hcl	Generics	
primaquine	Generics	
QUALAQUIN	Non-Preferred Brands	QL 42 / 365 days PA
quinine sulfate	Generics	QL 42 / 365 days PA
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	Non-Preferred Brands	PA
atovaquone	Generics	PA
benznidazole	Non-Preferred Brands	QL max 60 days AL 2 to 12 yrs old
FLAGYL 375 CAPSULE	Non-Preferred Brands	
FLAGYL 500 MG TABLET	Non-Preferred Brands	SBA Select Brand Alternative
IMPAVIDO	Specialty Drug	S
LAMPIT 120 MG TABLET	Non-Preferred Brands	AL Up to 17 yrs old PA QPD 7.5 per day
LAMPIT 30 MG TABLET	Non-Preferred Brands	AL Up to 17 yrs old PA QPD 12 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEPRON	Non-Preferred Brands	PA
METRO IV	Non-Preferred Brands	DC Injectables MED Medical Drug
metronidazole 500 mg/100 ml	Generics	DC Injectables MED Medical Drug
metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)	Generics	
NEBUPENT	Non-Preferred Brands	SBA SELECT BRAND ALTERNATIVE
nitazoxanide	Generics	PA
PENTAM 300	Non-Preferred Brands	DC Injectables MED Medical Drug
pentamidine 300 mg vial	Generics	DC Injectables MED Medical Drug
pentamidine 300 mg inhal powdr	Generics	
SOLOSEC	Non-Preferred Brands	QL 1/ fill GL Female
tinidazole	Generics	
ANTIPSYCHOTIC AGENTS ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE	Non-Preferred Brands	AL At least 18 yrs old PR
loxapine	Generics	AL At least 18 yrs old PR
molindone hcl	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pimozide	Generics	
ATYPICAL ANTIPSYCHOTICS		
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	Non-Preferred Brands	AL At least 18 yrs old PR 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)	Non-Preferred Brands	AL At least 18 yrs old PR 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)	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 1 per day
aripiprazole 1 mg/ml solution	Generics	AL At least 6 yrs old PR QPD 30 per day
aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	Generics	AL At least 6 yrs old PR QPD 1 per day
aripiprazole odt	Generics	AL At least 6 yrs old PR QPD 1 per day
ARISTADA ER 1064 MG/3.9 ML SYR	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARISTADA ER 441 MG/1.6 ML SYRN	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 0.07 per day
ARISTADA ER 662 MG/2.4 ML SYRN	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 0.08 per day
ARISTADA ER 882 MG/3.2 ML SYRN	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 0.12 per day
ARISTADA INITIO	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 0.08 per day
asenapine maleate	Generics	AL At least 10 yrs old PR QPD 2 per day
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 1.0 per day
CAPLYTA 42 MG CAPSULE	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clozapine 100 mg tablet	Generics	AL At least 18 yrs old PR QPD 9 per day
clozapine 200 mg tablet	Generics	AL At least 18 yrs old PR QPD 4 per day
clozapine 25 mg tablet	Generics	AL At least 18 yrs old PR QPD 18 per day
clozapine 50 mg tablet	Generics	AL At least 18 yrs old PR QPD 3 per day
clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 150 mg tablet, odt 200 mg tablet)	Generics	AL At least 18 yrs old PR QPD 3 per day
clozapine odt 100 mg tablet	Generics	AL At least 18 yrs old PR QPD 9 per day
CLOZARIL 100 MG TABLET	Non-Preferred Brands	ST AL At least 18 yrs old PR QPD 9 per day
CLOZARIL 200 MG TABLET	Non-Preferred Brands	ST AL At least 18 yrs old PR QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLOZARIL 25 MG TABLET	Non-Preferred Brands	ST AL At least 18 yrs old PR QPD 18 per day
CLOZARIL 50 MG TABLET	Non-Preferred Brands	ST AL At least 18 yrs old PR QPD 3 per day
FANAPT TITRATION PACK	Non-Preferred Brands	QL 8 / rx ST AL At least 18 yrs old PR
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Non-Preferred Brands	ST AL At least 18 yrs old PR QPD 2 per day
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	Non-Preferred Brands	ST AL At least 18 yrs old PR QPD 2 per day
GEODON 20 MG/ML VIAL	Non-Preferred Brands	ST PR
INVEGA ER 1.5 MG TABLET	Non-Preferred Brands	ST AL At least 12 yrs old PR QPD 8 per day

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LATUDA	Non-Preferred Brands	AL At least 10 yrs old PR QPD 1 per day
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	Specialty Drug	S PA QPD 1 per day
olanzapine (2.5 mg tablet, 5 mg tablet)	Generics	PR QPD 6 per day
olanzapine 10 mg tablet	Generics	PR QPD 3 per day
olanzapine 15 mg tablet	Generics	PR QPD 2 per day
olanzapine 20 mg tablet	Generics	PR QPD 1 per day
olanzapine 7.5 mg tablet	Generics	PR QPD 4 per day
olanzapine 10 mg vial	Generics	PR
olanzapine odt 10 mg tablet	Generics	PR QPD 3 per day
olanzapine odt 15 mg tablet	Generics	PR QPD 2 per day
olanzapine odt 20 mg tablet	Generics	PR QPD 1 per day
olanzapine odt 5 mg tablet	Generics	PR QPD 6 per day
paliperidone er 1.5 mg tablet	Generics	AL At least 12 yrs old PR QPD 8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
paliperidone er 3 mg tablet	Generics	AL At least 12 yrs old PR QPD 4 per day
paliperidone er 6 mg tablet	Generics	AL At least 12 yrs old PR QPD 2 per day
paliperidone er 9 mg tablet	Generics	AL At least 12 yrs old PR QPD 1 per day
PERSERIS	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 0.034 per day
quetiapine 150 mg tablet	Generics	AL At least 10 yrs old PR QPD 2.0 per day
quetiapine fumarate (25 mg tab, 50 mg tab)	Generics	AL At least 10 yrs old PR QPD 6 per day
quetiapine fumarate 100 mg tab	Generics	AL At least 10 yrs old PR QPD 3 per day
quetiapine fumarate 200 mg tab	Generics	AL At least 10 yrs old PR QPD 1.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate 300 mg tab	Generics	AL At least 10 yrs old PR QPD 1 per day
quetiapine fumarate 400 mg tab	Generics	AL At least 10 yrs old PR QPD 2 per day
quetiapine er 150 mg tablet	Generics	AL At least 10 yrs old PR QPD 5 per day
quetiapine er 200 mg tablet	Generics	AL At least 10 yrs old PR QPD 4 per day
quetiapine er 50 mg tablet	Generics	AL At least 10 yrs old PR QPD 6 per day
quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)	Generics	AL At least 10 yrs old PR QPD 2 per day
REXULTI	Non-Preferred Brands	AL At least 13 yrs old PR QPD 1 per day
RISPERDAL CONSTA	Non-Preferred Brands	AL At least 18 yrs old PR PA QPD 0.1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
risperidone 1 mg/ml solution	Generics	AL At least 5 yrs old PR QPD 16 per day
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)	Generics	AL At least 5 yrs old PR QPD 8 per day
risperidone 3 mg tablet	Generics	AL At least 5 yrs old PR QPD 5 per day
risperidone 4 mg tablet	Generics	AL At least 5 yrs old PR QPD 4 per day
risperidone 3 mg odt	Generics	AL At least 5 yrs old PR QPD 5 per day
risperidone 4 mg odt	Generics	AL At least 5 yrs old PR QPD 4 per day
risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt)	Generics	AL At least 5 yrs old PR QPD 8 per day
SEROQUEL XR SAMPLE KIT	Non-Preferred Brands	AL At least 10 yrs old
VERSACLOZ	Non-Preferred Brands	AL At least 18 yrs old PR QPD 20 per day

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYPREXA ZYDIS 20 MG TABLET	Non-Preferred Brands	ST AL At least 13 yrs old PR QPD 1 per day SBA Select Brand Alternative
ZYPREXA ZYDIS 5 MG TABLET	Non-Preferred Brands	ST AL At least 13 yrs old PR QPD 6 per day SBA Select Brand Alternative
BUTYROPHENONES		
HALDOL	Non-Preferred Brands	DC Injectables MED Medical Drug
HALDOL DECANOATE 100	Non-Preferred Brands	PR
HALDOL DECANOATE 50	Non-Preferred Brands	PR
haloperidol (0.5 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	Generics	PR
haloperidol 1 mg tablet	Generics	PR
haloperidol decanoate (dec 50 mg/ml vial, dec 100 mg/ml amp, dec 100 mg/ml vial, dec 250 mg/5 ml vl, dec 500 mg/5 ml vl, decan 50 mg/ml amp)	Generics	PR
haloperidol decanoate 100	Generics	PR
haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)	Generics	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
haloperidol lac 5 mg/ml syring	Generics	PR
haloperidol lactate (5 mg/ml ampul, 5 mg/ml vial, 50 mg/10 ml vl)	Generics	DC Injectables MED Medical Drug
PHENOTHIAZINES		
chlorpromazine hcl (25 mg/ml amp, 25 mg/ml ampule, 50 mg/2 ml amp)	Generics	DC Injectables MED Medical Drug
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	Generics	PR
fluphenazine decanoate	Generics	DC Injectables PR
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 5 mg tablet, 10 mg tablet)	Generics	PR
fluphenazine 5 mg/ml conc	Generics	PR
fluphenazine 2.5 mg/ml vial	Generics	DC Injectables PR
perphenazine	Generics	AL At least 12 yrs old PR
thioridazine hcl	Generics	PR
trifluoperazine hcl	Generics	PR
THIOXANTHENES		
thiothixene	Generics	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	Specialty Drug	S DC HIV PR QPD 2 per day
maraviroc	Specialty Drug	S DC HIV PR PS
RUKOBIA	Specialty Drug	S DC HIV PR
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	Specialty Drug	S DC HIV PR
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
DOVATO	Specialty Drug	S DC HIV PR QPD 1 per day
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	Specialty Drug	S DC HIV PR
ISENTRESS HD	Specialty Drug	S DC HIV PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JULUCA	Specialty Drug	S DC HIV PR QPD 1 per day
TIVICAY	Specialty Drug	S DC HIV PR
TIVICAY PD	Specialty Drug	S DC HIV PR
VOCABRIA	Specialty Drug	S DC HIV PR PA QPD 1 per day
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.		
DELSTRIGO	Specialty Drug	S DC HIV PR
EDURANT	Specialty Drug	S DC HIV PR
efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)	Specialty Drug	S DC HIV PR PS
efavirenz-lamivu-tenofov disop	Specialty Drug	S DC HIV PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
etravirine	Specialty Drug	S DC PR PS HIV
INTELENCE	Specialty Drug	S DC PR HIV
nevirapine (50 mg/5 ml susp, 200 mg tablet)	Specialty Drug	S DC PR PS HIV
nevirapine er	Specialty Drug	S DC PR PS HIV
PIFELTRO	Specialty Drug	S DC PR HIV
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	Specialty Drug	S DC PR HIV
SYMFI	Specialty Drug	S DC PR HIV
SYMFI LO	Specialty Drug	S DC PR HIV
VIRAMUNE	Specialty Drug	S DC PR HIV

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIRAMUNE XR	Specialty Drug	S DC PR HIV
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
abacavir (20 mg/ml solution, 300 mg tablet)	Specialty Drug	S DC PR PS HIV
abacavir-lamivudine	Specialty Drug	S DC PR PS HIV
abacavir-lamivudine-zidovudine	Specialty Drug	S DC PR PS HIV
ATRIPLA	Specialty Drug	ST S DC PR HIV
BIKTARVY	Specialty Drug	S DC PR HIV
CIMDUO	Specialty Drug	ST S DC PR HIV
COMBIVIR	Specialty Drug	S DC PR HIV

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPLERA	Specialty Drug	ST S DC HIV PR
DESCOVY 120-15 MG TABLET	Specialty Drug	S DC HIV PR
DESCOVY 200-25 MG TABLET	Specialty Drug	S DC HIV PR HCR QPD 1 per day
didanosine	Specialty Drug	S DC HIV PR PS
efavirenz-emtric-tenofov disop	Specialty Drug	ST S DC HIV PR PS
emtricitabine	Specialty Drug	S DC HIV PR
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)	Specialty Drug	S DC HIV PR PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
emtricitabine-tenofv 200-300mg	Specialty Drug	S DC HIV PR HCR PS
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	Specialty Drug	S DC HIV PR
EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)	Specialty Drug	S DC HIV PR
EPIVIR HBV (25 MG/5 ML SOLN, 100 MG TABLET)	Specialty Drug	S
EPZICOM	Specialty Drug	S DC HIV PR
GENVOYA	Specialty Drug	S DC HIV PR
lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)	Specialty Drug	S DC HIV PR PS
lamivudine hbv	Specialty Drug	S PS
lamivudine-zidovudine	Specialty Drug	S DC HIV PR PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODEFSEY	Specialty Drug	S DC HIV PR
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)	Specialty Drug	S DC HIV PR
RETROVIR 200 MG/20 ML VIAL	Specialty Drug	S DC HIV MED Medical Drug
stavudine	Specialty Drug	S DC HIV PR PS
STRIBILD	Specialty Drug	S DC HIV PR
TEMIXYS	Specialty Drug	S DC HIV PR QPD 1 per day
tenofovir disoproxil fumarate	Specialty Drug	S DC HIV PR PS
TRIUMEQ	Specialty Drug	S DC HIV PR
TRIUMEQ PD	Specialty Drug	S DC HIV PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIZIVIR	Specialty Drug	S DC HIV PR
TRUVADA	Specialty Drug	S DC HIV PR
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	Specialty Drug	S DC HIV PR
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	Specialty Drug	S DC HIV PR
zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)	Specialty Drug	S DC HIV PR PS
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	Specialty Drug	S DC HIV PR
atazanavir sulfate	Specialty Drug	S DC HIV PR PS
CRIXIVAN	Specialty Drug	S DC HIV PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVOTAZ	Specialty Drug	S DC PR HIV
fosamprenavir calcium	Specialty Drug	S DC PR PS HIV
INVIRASE	Specialty Drug	S DC PR HIV
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	Specialty Drug	S DC PR HIV
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	Specialty Drug	S DC PR HIV
lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavr 100-25mg tb, lopinavir-ritonavr 200-50mg tb)	Specialty Drug	S DC PR PS HIV
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET, 100 MG TABLET)	Specialty Drug	S DC PR HIV
PREZCOBIX	Specialty Drug	S DC PR HIV
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	Specialty Drug	S DC PR HIV

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REYATAZ (50 MG POWDER PACKET, 150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	Specialty Drug	S DC HIV PR
ritonavir	Specialty Drug	S DC HIV PR PS
SYMTUZA	Specialty Drug	S DC HIV PR
VIRACEPT	Specialty Drug	S DC HIV PR
ANTITHROMBOTIC AGENTS ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
CABLIVI (11 MG KIT, 11 MG VIAL)	Specialty Drug	S DC Injectables
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)	Non-Preferred Brands	DC Injectables MED Medical Drug
BRILINTA	Preferred Brands	PR QPD 2 per day
cilostazol	Generics	PR QPD 2 per day
clopidogrel 300 mg tablet	Generics	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clopidogrel 75 mg tablet	Generics	PR QPD 1 per day
EFFIENT	Non-Preferred Brands	PR QPD 1 per day SBA Select Brand Alternative
eptifibatide (20 mg/10 ml vial, 75 mg/100 ml bag, 75 mg/100 ml vial, 200 mg/100 ml vl)	Generics	DC Injectables MED Medical Drug
INTEGRILIN	Non-Preferred Brands	DC Injectables MED Medical Drug
KENGREAL	Non-Preferred Brands	DC Injectables MED Medical Drug
prasugrel hcl	Generics	PR QPD 1 per day
ZONTIVITY	Non-Preferred Brands	PA QPD 1 per day
PLATELET-REDUCING AGENTS		
AGRYLIN	Non-Preferred Brands	QPD 4 per day
anagrelide hcl	Generics	QPD 4 per day
THROMBOLYTIC AGENTS		
ACTIVASE	Specialty Drug	S DC Injectables MED Medical Drug
CATHFLO ACTIVASE	Specialty Drug	S DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ALLERGENIC EXTRACTS (THERAPEUTIC)		
alternaria alternata	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
aspergillus fumigatus	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
aureobasidium pullulans	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
botrytis cinerea	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
candida albicans	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
cladosporium cladosporioides	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
epicoccum nigrum	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
GRASTEK	Non-Preferred Brands	DC Allergy Extracts PA QPD 1 per day
mixed vespid venom 3,900 mcg	Generics	DC Allergy Extracts MED Medical Drug
mucor plumbeus	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
ODACTRA	Non-Preferred Brands	DC Allergy Extracts PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORALAIR	Specialty Drug	S DC Allergy Extracts PA
PALFORZIA (3 MG 1), 12 MG 3))	Specialty Drug	S DC Allergy Extracts PA QPD 3.0 per day
PALFORZIA (40 MG 5), 120 MG 7), 200 MG 9))	Specialty Drug	S DC Allergy Extracts PA QPD 2.0 per day
PALFORZIA (80 MG 6), 160 MG 8), 240 MG 10))	Specialty Drug	S DC Allergy Extracts PA QPD 4.0 per day
PALFORZIA 6 MG (LEVEL 2)	Specialty Drug	S DC Allergy Extracts PA QPD 6.0 per day
PALFORZIA INITIAL DOSE PACK	Specialty Drug	QL 21 / fill S DC Allergy Extracts PA
PALFORZIA (20 MG (LEVEL 4), 300 MG (LEVEL 11), 300 MG (MAINTENANCE))	Specialty Drug	S DC Allergy Extracts PA QPD 1.0 per day
penicillium notatum	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAGWITEK	Non-Preferred Brands	DC Allergy Extracts PA QPD 1 per day
saccharomyces cerevisiae	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
sarocladium strictum	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
trichophyton mentagrophytes	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
ANTITOXINS AND IMMUNE GLOBULINS		
ASCENIV	Specialty Drug	S DC Immune Serums MED Medical Drug PA
BIVIGAM	Specialty Drug	S DC Immune Serums PA
CUTAQUIG	Specialty Drug	S DC Immune Serums PS PA
CUVITRU	Specialty Drug	S DC Immune Serums PA
CYTOGAM	Specialty Drug	S DC Immune Serums MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLEBOGAMMA DIF	Specialty Drug	S DC Immune Serums PA
GAMASTAN	Specialty Drug	S DC Immune Serums MED Medical Drug
GAMASTAN S-D	Specialty Drug	S DC Immune Serums MED Medical Drug
GAMMAGARD LIQUID	Specialty Drug	S DC Immune Serums PA
GAMMAGARD S-D	Specialty Drug	S DC Immune Serums MED Medical Drug PA
GAMMAKED	Specialty Drug	S DC Immune Serums PA
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	Specialty Drug	S DC Immune Serums PA
GAMUNEX-C	Specialty Drug	S DC Immune Serums PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEPAGAM B	Specialty Drug	S DC Immune Serums MED Medical Drug
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)	Specialty Drug	S DC Immune Serums PA
HYPERHEP B (NEONATAL SYRINGE, SYRINGE, VIAL)	Specialty Drug	S DC Immune Serums MED Medical Drug
HYPERRAB	Specialty Drug	S DC Immune Serums MED Medical Drug
HYPERRAB S-D	Specialty Drug	S DC Immune Serums MED Medical Drug
HYPERRHO S-D	Specialty Drug	S DC Immune Serums MED Medical Drug
HYPERTET	Specialty Drug	S DC Immune Serums MED Medical Drug
HYQVIA	Specialty Drug	S DC Immune Serums PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYQVIA IG COMPONENT	Specialty Drug	S DC Immune Serums PA
IMOGAM RABIES-HT	Specialty Drug	S DC Immune Serums MED Medical Drug
KEDRAB	Specialty Drug	S DC Immune Serums MED Medical Drug
MICRHOGAM ULTRA-FILTERED PLUS	Specialty Drug	S DC Immune Serums MED Medical Drug
NABI-HB	Specialty Drug	S DC Immune Serums MED Medical Drug
OCTAGAM	Specialty Drug	S DC Immune Serums PS PA
PANZYGA	Specialty Drug	S DC Immune Serums MED Medical Drug PA
PRIVIGEN	Specialty Drug	S DC Immune Serums PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RHOGAM ULTRA-FILTERED PLUS	Specialty Drug	S DC Immune Serums MED Medical Drug
RHOPHYLAC	Specialty Drug	S DC Immune Serums MED Medical Drug
VARIZIG	Specialty Drug	S DC Immune Serums MED Medical Drug
WINRHO SDF	Specialty Drug	S DC Immune Serums MED Medical Drug
XEMBIFY	Specialty Drug	S DC Immune Serums PA
TOXOIDS		
ADACEL TDAP (SYRINGE, VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR
BOOSTRIX TDAP (SYRINGE, VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR
DAPTACEL DTAP	Preferred Brands	DC Immunization/ Vaccines HCR
diphtheria-tetanus toxoids-ped	Preferred Brands	DC Immunization/ Vaccines HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INFANRIX DTAP (SYRINGE, VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR
tdvax	Preferred Brands	DC Immunization/ Vaccines HCR
TENIVAC (SYRINGE, VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR
VAXELIS (SYRINGE, VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR
VACCINES		
ACTHIB	Preferred Brands	DC Immunization/ Vaccines HCR
AFLURIA QUAD 2020-2021	Preferred Brands	DC Immunization/ Vaccines HCR
AFLURIA QUAD 2021-2022	Preferred Brands	DC Immunization/ Vaccines HCR
AFLURIA QUAD 2021-22 (3YR UP)	Preferred Brands	AL At least 3 yrs old DC Immunization/ Vaccines HCR
AFLURIA QUAD 2021-22 (6-35MO)	Preferred Brands	AL Up to 3 yrs old DC Immunization/ Vaccines HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFLURIA QUAD 2022-2023	Preferred Brands	DC Immunization/ Vaccines HCR
AFLURIA QUAD 2022-23 (3YR UP)	Preferred Brands	AL At least 3 yrs old DC Immunization/ Vaccines HCR
bcg vaccine (tice strain)	Non-Preferred Brands	DC Immunization/ Vaccines MED Medical Drug
BEXSERO	Preferred Brands	DC Immunization/ Vaccines HCR
COMIRNATY	Preferred Brands	DC Immunization/ Vaccines HCR
DENGVAXIA	Preferred Brands	DC Immunization/ Vaccines
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR
ENGERIX-B PEDIATRIC-ADOLESCENT	Preferred Brands	DC Immunization/ Vaccines HCR
FLUAD 2020-2021	Preferred Brands	AL At least 65 yrs old DC Immunization/ Vaccines HCR
FLUAD QUAD 2021-2022	Preferred Brands	AL At least 65 yrs old DC Immunization/ Vaccines HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUAD QUAD 2022-2023	Preferred Brands	AL At least 65 yrs old DC Immunization/ Vaccines HCR
FLUARIX QUAD 2021-2022	Preferred Brands	DC Immunization/ Vaccines HCR
FLUARIX QUAD 2022-2023	Preferred Brands	DC Immunization/ Vaccines HCR
FLUBLOK QUAD 2021-2022	Preferred Brands	AL At least 18 yrs old DC Immunization/ Vaccines HCR
FLUBLOK QUAD 2022-2023	Preferred Brands	AL At least 18 yrs old DC Immunization/ Vaccines HCR
FLUCELVAX QUAD 2020-2021 VIAL	Preferred Brands	AL At least 4 yrs old DC Immunization/ Vaccines HCR
FLUCELVAX QUAD 2021-2022 (2021-2022 SYR, 2021-2022 VIAL)	Preferred Brands	AL At least 2 yrs old DC Immunization/ Vaccines HCR
FLUCELVAX QUAD 2022-2023 (2022-2023 SYR, 2022-2023 VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLULAVAL QUAD 2021-2022	Preferred Brands	DC Immunization/ Vaccines HCR
FLULAVAL QUAD 2022-2023	Preferred Brands	DC Immunization/ Vaccines HCR
FLUMIST QUAD 2020-2021	Preferred Brands	AL 2 to 49 yrs old DC Immunization/ Vaccines HCR
FLUMIST QUAD 2021-2022	Preferred Brands	AL 2 to 49 yrs old DC Immunization/ Vaccines HCR
FLUMIST QUAD 2022-2023	Preferred Brands	AL 2 to 49 yrs old DC Immunization/ Vaccines HCR
FLUZONE HIGH-DOSE QUAD 2021-22	Preferred Brands	AL At least 65 yrs old DC Immunization/ Vaccines HCR
FLUZONE HIGH-DOSE QUAD 2022-23	Preferred Brands	AL At least 65 yrs old DC Immunization/ Vaccines HCR
FLUZONE QUAD 2021-2022 (2021-2022 SYRINGE, 2021-2022 VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR
FLUZONE QUAD 2022-2023 (2022-2023 SYRINGE, 2022-2023 VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GARDASIL 9 (9 SYRINGE, 9 VIAL)	Preferred Brands	DC HCR Immunization/ Vaccines
HAVRIX	Preferred Brands	DC HCR Immunization/ Vaccines
HEPLISAV-B	Preferred Brands	DC HCR Immunization/ Vaccines
HIBERIX	Preferred Brands	DC HCR Immunization/ Vaccines
IMOVAX RABIES VACCINE	Preferred Brands	DC Immunization/ Vaccines
IPOL (SINGLE DOSE SYRINGE, VIAL)	Preferred Brands	DC HCR Immunization/ Vaccines
IXIARO	Preferred Brands	DC Immunization/ Vaccines
JANSSEN COVID-19 VACCINE (EUA)	Preferred Brands	DC HCR Immunization/ Vaccines
KINRIX (TIP-LOK SYRINGE, VIAL)	Preferred Brands	DC HCR Immunization/ Vaccines
M-M-R II VACCINE	Preferred Brands	DC HCR Immunization/ Vaccines
MENACTRA	Preferred Brands	DC HCR Immunization/ Vaccines
MENQUADFI	Preferred Brands	DC HCR Immunization/ Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENVEO A-C-Y-W KIT (2 VIALS)	Preferred Brands	DC HCR Immunization/ Vaccines
MENVEO 1 VIAL-A-C-Y-W-135-DIP	Preferred Brands	DC HCR Immunization/ Vaccines
MENVEO MENA COMPONENT	Preferred Brands	DC HCR Immunization/ Vaccines
MENVEO MENCYW-135 COMPONENT	Preferred Brands	DC HCR Immunization/ Vaccines
MODERNA COVID (12Y UP)VAC(EUA)	Preferred Brands	DC HCR Immunization/ Vaccines
MODERNA COVID BIVAL (6Y UP)EUA	Preferred Brands	DC HCR Immunization/ Vaccines
MODERNA COVID BIVAL(6MO-5Y)EUA	Preferred Brands	DC HCR Immunization/ Vaccines
MODERNA COVID(6M-5Y) VACC(EUA)	Preferred Brands	DC HCR Immunization/ Vaccines
MODERNA COVID-19 BOOSTER (EUA)	Preferred Brands	DC HCR Immunization/ Vaccines
NOVAVAX COVID-19 VACC,ADJ(EUA)	Preferred Brands	DC HCR Immunization/ Vaccines
PEDIARIX	Preferred Brands	DC HCR Immunization/ Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDVAXHIB	Preferred Brands	DC HCR Immunization/ Vaccines
PENTACEL	Preferred Brands	DC HCR Immunization/ Vaccines
PENTACEL ACTHIB COMPONENT	Preferred Brands	DC HCR Immunization/ Vaccines
PENTACEL DTAP-IPV COMPONENT	Preferred Brands	DC HCR Immunization/ Vaccines
PFIZER COVID (12Y UP) VAC(EUA)	Preferred Brands	DC HCR Immunization/ Vaccines
PFIZER COVID (5-11Y) VAC (EUA)	Preferred Brands	DC HCR Immunization/ Vaccines
PFIZER COVID (6M-4Y) VACC(EUA)	Preferred Brands	DC HCR Immunization/ Vaccines
PFIZER COVID BIVAL (12Y UP)EUA	Preferred Brands	DC HCR Immunization/ Vaccines
PFIZER COVID BIVAL (5-11YR)EUA	Preferred Brands	DC HCR Immunization/ Vaccines
PFIZER COVID BIVAL (6MO-4Y)EUA	Preferred Brands	DC HCR Immunization/ Vaccines
PFIZER COVID-19 VACCINE (EUA)	Preferred Brands	DC HCR Immunization/ Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	Preferred Brands	DC HCR Immunization/ Vaccines
PREHEVBRIO	Preferred Brands	DC HCR Immunization/ Vaccines
PREVNAR 13	Preferred Brands	DC HCR Immunization/ Vaccines
PREVNAR 20	Preferred Brands	DC HCR Immunization/ Vaccines
PRIORIX	Preferred Brands	DC HCR Immunization/ Vaccines
PROQUAD	Preferred Brands	DC HCR Immunization/ Vaccines
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	Preferred Brands	DC HCR Immunization/ Vaccines
RABAVERT	Preferred Brands	DC Immunization/ Vaccines
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)	Preferred Brands	DC HCR Immunization/ Vaccines
ROTARIX	Preferred Brands	DC HCR Immunization/ Vaccines
ROTATEQ	Preferred Brands	DC HCR Immunization/ Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHINGRIX	Preferred Brands	AL At least 18 yrs old DC Immunization/ Vaccines HCR
SHINGRIX GE ANTIGEN COMPONENT	Preferred Brands	AL At least 18 yrs old DC Immunization/ Vaccines HCR
SPIKEVAX COVID (18Y UP) VACC	Preferred Brands	DC Immunization/ Vaccines HCR
STAMARIL	Preferred Brands	DC Immunization/ Vaccines
TICOVAC	Preferred Brands	DC Immunization/ Vaccines
TRUMENBA	Preferred Brands	DC Immunization/ Vaccines HCR
TWINRIX	Preferred Brands	DC Immunization/ Vaccines HCR
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	Preferred Brands	DC Immunization/ Vaccines
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	Preferred Brands	DC Immunization/ Vaccines HCR
VARIVAX VACCINE	Preferred Brands	DC Immunization/ Vaccines HCR
VAXNEUVANCE	Preferred Brands	DC Immunization/ Vaccines HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIVOTIF	Preferred Brands	DC Immunization/ Vaccines
YF-VAX	Preferred Brands	DC Immunization/ Vaccines
ANTIULCER AGENTS AND ACID SUPPRESSANTS ANTIULCER AGENTS AND ACID SUPPRESS.,MISC		
TALICIA	Non-Preferred Brands	QPD 12 per day
HISTAMINE H2-ANTAGONISTS		
cimetidine (300 mg/5 ml soln, 400 mg/6.67 ml soln)	Generics	
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	Generics	
famotidine 20 mg piggyback	Generics	DC Injectables MED Medical Drug HCG MVG MINIMAL VALUE GENERIC
famotidine 40 mg/5 ml susp	Generics	HCG
famotidine (20 mg tablet, 40 mg tablet)	Generics	
famotidine (20 mg/2 ml vial, 40 mg/4 ml vial, 200 mg/20 ml vial, 500 mg/50 ml vial)	Generics	DC Injectables MED Medical Drug
nizatidine 150 mg capsule	Generics	QPD 2 per day
nizatidine 300 mg capsule	Generics	
nizatidine 15 mg/ml solution	Generics	HCG
PEPCID	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM-COMPETITIVE ACID BLOCKERS		
VOQUEZNA DUAL PAK	Non-Preferred Brands	PA QPD 8.0 per day
VOQUEZNA TRIPLE PAK	Non-Preferred Brands	PA QPD 8.0 per day
PROSTAGLANDINS		
CYTOTEC	Non-Preferred Brands	
misoprostol	Generics	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	Non-Preferred Brands	
sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)	Generics	
PROTON-PUMP INHIBITORS		
ACIPHEX SPRINKLE	Non-Preferred Brands	ST QPD 1 per day
DEXILANT	Preferred Brands	ST QPD 1 per day B4G
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	Generics	QPD 1 per day
esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet)	Generics	QPD 1 per day HCG
esomeprazole sodium	Generics	DC Injectables MED Medical Drug
esomeprazole strontium	Generics	ST QPD 1 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lansoprazol-amoxicil-clarithro	Generics	QL 112 / 365 days
lansoprazole dr 15 mg capsule	Generics	
lansoprazole (dr 30 mg capsule, odt 15 mg tablet, odt 30 mg tablet)	Generics	QPD 1 per day
NEXIUM (DR 10 MG PACKET, DR 40 MG PACKET)	Non-Preferred Brands	ST QPD 1 per day SBA Select Brand Alternative
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	Non-Preferred Brands	ST QPD 1 per day
NEXIUM I.V.	Non-Preferred Brands	DC Injectables MED Medical Drug
OMECLAMOX-PAK	Non-Preferred Brands	QL 80 / 365 days
omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)	Generics	QPD 1 per day
pantoprazole 40 mg suspension	Generics	QPD 1 per day
pantoprazole sod dr 20 mg tab	Generics	QPD 1 per day
pantoprazole sod dr 40 mg tab	Generics	QPD 2 per day
pantoprazole sodium 40 mg vial	Generics	DC Injectables MED Medical Drug
PRILOSEC	Non-Preferred Brands	ST
PROTONIX 40 MG SUSPENSION	Non-Preferred Brands	ST QPD 1 per day
PROTONIX IV	Non-Preferred Brands	DC Injectables MED Medical Drug
rabeprazole sod dr 20 mg tab	Generics	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIVIRALS (SYSTEMIC)		
ADAMANTANE ANTIVIRALS		
FLUMADINE	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
rimantadine hcl	Generics	
ANTIVIRALS, MISCELLANEOUS		
foscarnet sodium (mg/250 ml bag, mg/250 ml bttl)	Non-Preferred Brands	DC Injectables MED Medical Drug
FOSCAVIR (MG/250 ML BAG, MG/250 ML BTTL)	Non-Preferred Brands	DC Injectables MED Medical Drug
LIVTENCITY	Specialty Drug	S PA QPD 4.0 per day
PAXLOVID 150-100 MG PACK (EUA)	Preferred Brands	QL 21 / fill AL At least 12 yrs old QPD 4.0 per day
PAXLOVID 300-100 MG PACK (EUA)	Preferred Brands	QL 30 / fill AL At least 12 yrs old QPD 6.0 per day
PREVYMIS (240 MG TABLET, 480 MG TABLET)	Specialty Drug	AL At least 18 yrs old S PA
PREVYMIS (240 MG/12 ML VIAL, 480 MG/24 ML VIAL)	Specialty Drug	AL At least 18 yrs old S MED Medical Drug PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOFLUZA (20 MG TAB (40 MG, 40 MG TAB (80 MG)	Non-Preferred Brands	QL 2 / fill
XOFLUZA (40 MG TABLET, 80 MG TABLET)	Non-Preferred Brands	QL 1/ fill
INTERFERON ANTIVIRALS		
ALFERON N	Specialty Drug	S DC Interferon Alpha Beta MED Medical Drug
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	Specialty Drug	S DC Interferon Alpha Beta PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	Specialty Drug	S PA
PEGINTRON	Specialty Drug	S PA
MONOCLONAL ANTIBODY ANTIVIRALS		
SYNAGIS	Specialty Drug	S PA
NEURAMINIDASE INHIBITOR ANTIVIRALS		
oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)	Generics	QL 20 / 365 days
oseltamivir 6 mg/ml suspension	Generics	QL 180 / 30 days
RELENZA	Non-Preferred Brands	QL 40 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)	Generics	
acyclovir sodium (sodium 1 gm vial, 500 mg/10 ml vial, sodium 500 mg vial, 1,000 mg/20 ml vial)	Generics	DC Injectables MED Medical Drug
acyclovir sodium-0.9% nacl	Generics	DC Injectables MED Medical Drug
adefovir dipivoxil	Specialty Drug	S PS
BARACLUDE 0.05 MG/ML SOLUTION	Specialty Drug	S PA QPD 20 per day
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	Specialty Drug	S PA QPD 1 per day
cidofovir	Specialty Drug	S MED Medical Drug
CYTOVENE	Specialty Drug	S DC Injectables MED Medical Drug
entecavir	Specialty Drug	S PS QPD 1 per day
famciclovir	Generics	
ganciclovir	Specialty Drug	S DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)	Specialty Drug	S DC Injectables MED Medical Drug
HEPSERA	Specialty Drug	S PA QPD 1 per day
LAGEVRIO (EUA)	Preferred Brands	QL 40 / fill AL At least 18 yrs old QPD 8.0 per day
ribavirin (200 mg capsule, 200 mg tablet)	Specialty Drug	S PS PA QPD 6 per day
ribavirin 6 gm inhalation vial	Generics	MED Medical Drug
SITAVIG	Non-Preferred Brands	QL 2 / fill AL At least 18 yrs old PA MVB MINIMAL VALUE BRAND
valacyclovir	Generics	
VALCYTE 50 MG/ML SOLUTION	Non-Preferred Brands	SBA Select Brand Alternative
VALCYTE 450 MG TABLET	Non-Preferred Brands	QPD 4 per day SBA Select Brand Alternative
valganciclovir hcl 50 mg/ml	Generics	
valganciclovir 450 mg tablet	Generics	QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VEMLIDY	Specialty Drug	AL At least 18 yrs old S PA QPD 1 per day
VIRAZOLE	Non-Preferred Brands	MED Medical Drug
ANXIOLYTICS, SEDATIVES AND HYPNOTICS ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC		
buspirone hcl	Generics	
dexmedetomidine 200 mcg/2 ml	Generics	DC Injectables MED Medical Drug
droperidol	Generics	DC Injectables MED Medical Drug
EDLUAR	Non-Preferred Brands	ST QPD 1 per day MVB Minimal Value Brand
eszopiclone (1 mg tablet, 2 mg tablet)	Generics	QPD 1 per day
eszopiclone 3 mg tablet	Generics	AL Up to 65 yrs old QPD 1 per day
HETLIOZ	Specialty Drug	S PA QPD 1 per day
HETLIOZ LQ	Specialty Drug	S PA QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml syrup, hcl 50 mg tablet)	Generics	AL At least 2 yrs old
hydroxyzine hcl (25 mg/ml vial, 50 mg/ml vial, 100 mg/2 ml vial, 500 mg/10 ml vial)	Generics	AL At least 2 yrs old DC Injectables MED Medical Drug
hydroxyzine pam 100 mg cap	Generics	
hydroxyzine pamoate (25 mg cap, 50 mg cap)	Generics	AL At least 2 yrs old
meprobamate	Generics	
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)	Non-Preferred Brands	DC Injectables MED Medical Drug
ramelteon	Generics	QPD 1 per day
ROZEREM	Non-Preferred Brands	ST QPD 1 per day SBA Select Brand Alternative
VISTARIL	Non-Preferred Brands	AL At least 2 yrs old MVB Minimal Value Brand SBA Select Brand Alternative
zaleplon	Generics	QPD 1 per day
zolpidem tartrate (5 mg tablet, 10 mg tablet)	Generics	QPD 1 per day
zolpidem tartrate (1.75 mg tab, 3.5 mg tablet)	Generics	QPD 1 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
zolpidem tartrate er	Generics	QPD 1 per day
ZOLPIMIST	Non-Preferred Brands	QPD 0.257 per day MVB Minimal Value Brand
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
NEMBUTAL SODIUM	Non-Preferred Brands	MED Medical Drug
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	Generics	
phenobarbital sodium	Generics	MED Medical Drug
SECONAL SODIUM	Non-Preferred Brands	
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	Generics	QPD 4 per day
alprazolam 2 mg tablet	Generics	QPD 5 per day
alprazolam er (er 0.5 mg tablet, er 1 mg tablet)	Generics	QPD 1 per day
alprazolam er 2 mg tablet	Generics	QPD 5 per day
alprazolam er 3 mg tablet	Generics	QPD 3 per day
ALPRAZOLAM INTENSOL	Non-Preferred Brands	QPD 10 per day
alprazolam odt (odt 0.25 mg tab, odt 0.5 mg tab, odt 1 mg tab)	Generics	QPD 4 per day
alprazolam odt 2 mg tab	Generics	QPD 5 per day
alprazolam xr (0.5 mg tablet, 1 mg tablet)	Generics	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
alprazolam xr 2 mg tablet	Generics	QPD 5 per day
alprazolam xr 3 mg tablet	Generics	QPD 3 per day
ATIVAN (4 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL)	Non-Preferred Brands	MED Medical Drug
ATIVAN 2 MG/ML VIAL	Non-Preferred Brands	MED Medical Drug SBA Select Brand Alternative
BYFAVO	Non-Preferred Brands	MED Medical Drug
chlordiazepoxide 10 mg capsule	Generics	QPD 30 per day
chlordiazepoxide 25 mg capsule	Generics	QPD 12 per day
chlordiazepoxide 5 mg capsule	Generics	QPD 4 per day
clorazepate 15 mg tablet	Generics	QPD 6 per day
clorazepate 3.75 mg tablet	Generics	QPD 24 per day
clorazepate 7.5 mg tablet	Generics	QPD 12 per day
DIASTAT	Non-Preferred Brands	QPD 0.07 per day
DIASTAT ACUDIAL	Non-Preferred Brands	QPD 0.07 per day
diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)	Generics	QPD 0.07 per day
diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet, 25 mg/5 ml oral conc)	Generics	
diazepam (10 mg/2 ml carpuject, 10 mg/2 ml syringe, 50 mg/10 ml vial)	Generics	MED Medical Drug
DORAL	Non-Preferred Brands	QPD 1 per day
estazolam	Generics	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
flurazepam hcl	Generics	QPD 1 per day
HALCION	Non-Preferred Brands	QPD 2 per day SBA Select Brand Alternative
lorazepam (2 mg tablet, 2 mg/ml oral concent)	Generics	QPD 5 per day
lorazepam (0.5 mg tablet, 1 mg tablet)	Generics	QPD 3 per day
lorazepam (2 mg/ml carpuject, 2 mg/ml syringe, 4 mg/ml carpuject, 4 mg/ml vial, 40 mg/10 ml vial)	Generics	MED Medical Drug
lorazepam (2 mg/ml vial, 20 mg/10 ml vial)	Generics	DC Injectables MED Medical Drug
LORAZEPAM INTENSOL	Generics	QPD 5 per day
midazolam hcl (2 mg/ml syrup, 5 mg/2.5 ml syrp, 10 mg/5 ml syrup)	Generics	
midazolam-0.9% nacl	Generics	DC Injectables MED Medical Drug
oxazepam	Generics	QPD 4 per day
quazepam	Generics	QPD 1 per day
temazepam	Generics	QPD 1 per day
TRANXENE T-TAB	Non-Preferred Brands	QPD 12 per day
triazolam 0.125 mg tablet	Generics	QPD 1 per day
triazolam 0.25 mg tablet	Generics	QPD 2 per day
VALTOCO	Non-Preferred Brands	QL 10 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	Non-Preferred Brands	ST
DAYVIGO	Non-Preferred Brands	ST QPD 1 per day
QUVIVIQ	Non-Preferred Brands	PA QPD 1.0 per day
AUTONOMIC DRUGS **AUTONOMIC DRUGS, MISCELLANEOUS**		
CHANTIX STARTING MONTH BOX	Non-Preferred Brands	DC Smoking Deterrent
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	Non-Preferred Brands	DC Smoking Deterrent QPD 2 per day
NICOTROL	Non-Preferred Brands	DC Smoking Deterrent HCR QPD 16 per day
NICOTROL NS	Non-Preferred Brands	DC Smoking Deterrent HCR QPD 20 per day
TYRVAYA	Non-Preferred Brands	AL At least 18 yrs old PA QPD 0.28 per day
varenicline	Generics	DC Smoking Deterrent HCR
varenicline tartrate (0.5 mg tablet, 1 mg tablet)	Generics	DC Smoking Deterrent HCR QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ADLARITY	Non-Preferred Brands	AL At least 40 yrs old
ARICEPT	Non-Preferred Brands	AL At least 40 yrs old
bethanechol chloride	Generics	
BLOXIVERZ	Non-Preferred Brands	DC Injectables MED Medical Drug
cevimeline hcl	Generics	
donepezil hcl	Generics	AL At least 40 yrs old
donepezil hcl odt	Generics	AL At least 40 yrs old
EVOXAC	Non-Preferred Brands	SBA Select Brand Alternative
EXELON	Non-Preferred Brands	AL At least 40 yrs old
galantamine er	Generics	AL At least 40 yrs old
galantamine hbr	Generics	AL At least 40 yrs old
galantamine hydrobromide	Generics	AL At least 40 yrs old
guanidine hcl	Generics	
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	Non-Preferred Brands	SBA Select Brand Alternative
neostigmine methylsulfate (2 mg/2 ml syringe, 3 mg/3 ml vial, 5 mg/10 ml vial, 5 mg/5 ml syringe, 10 mg/10 ml vial)	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	Generics	
pyridostigmine br 30 mg tablet	Generics	HCG
pyridostigmine bromide (60 mg/5 ml soln, br 60 mg tablet)	Generics	
pyridostigmine bromide er	Generics	HCG
RAZADYNE ER	Non-Preferred Brands	AL At least 40 yrs old
REGONOL	Non-Preferred Brands	DC Injectables MED Medical Drug
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)	Generics	AL At least 40 yrs old
SALAGEN	Non-Preferred Brands	
BETA-3-ADRENERGIC AGONISTS SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	Preferred Brands	QPD 1 per day
BETA-ADRENERGIC AGONISTS SELECTIVE BETA-2-ADRENERGIC AGONISTS		
albuterol sulfate (2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 100 mg/20 ml soln)	Generics	PR QPD 18 per day
albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate er 4 mg tab, sulfate er 8 mg tab)	Generics	PR
albuterol sulfate (2 mg tab, 4 mg tab)	Generics	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)	Generics	PR QPD 18 per day
albuterol sulfate hfa	Generics	PR QPD 0.8 per day
arformoterol tartrate	Generics	PR QPD 4 per day
formoterol fumarate	Generics	QL 120 / 30 days PR
levalbuterol concentrate	Generics	PR
levalbuterol hcl	Generics	PR
metaproterenol sulfate	Generics	PR
PERFOROMIST	Non-Preferred Brands	QL 120 / 30 days PR
SEREVENT DISKUS	Preferred Brands	PR QPD 2 per day
STRIVERDI RESPIMAT	Preferred Brands	PR QPD 0.144 per day
terbutaline sulfate (2.5 mg tab, 5 mg tab)	Generics	PR HCG
terbutaline sulf 1 mg/ml vial	Generics	PR
XOPENEX	Non-Preferred Brands	PR SBA Select Brand Alternative
XOPENEX CONCENTRATE	Non-Preferred Brands	PR
BLOOD DERIVATIVES		
ALBUMINEX	Non-Preferred Brands	DC Blood/Blood Products MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYPLAZIM	Specialty Drug	S DC Blood/Blood Products PA QPD 5.5 per day
BLOOD FORMATION, COAGULATION, THROMBOSIS BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
ADAKVEO	Specialty Drug	S DC Injectables MED Medical Drug
OXBRYTA 500 MG TABLET	Specialty Drug	S PA QPD 3 per day
OXBRYTA 300 MG TABLET FOR SUSP	Specialty Drug	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)	Specialty Drug	S PA QPD 1.0 per day
PYRUKYND (5 MG TABLET, 20 MG TABLET, 50 MG TABLET)	Specialty Drug	S PA QPD 2.0 per day
TAVALISSE	Specialty Drug	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATOPOIETIC AGENTS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 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)	Specialty Drug	S DC PS PA CSF/Hematopoietic Agents
DOPTELET	Specialty Drug	S DC PA CSF/Hematopoietic Agents
EPOGEN	Specialty Drug	S DC PA CSF/Hematopoietic Agents
FULPHILA	Specialty Drug	S DC PA CSF/Hematopoietic Agents
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)	Specialty Drug	S DC PA CSF/Hematopoietic Agents
LEUKINE	Specialty Drug	S DC PA CSF/Hematopoietic Agents
MIRCERA	Specialty Drug	S DC PA CSF/Hematopoietic Agents

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOZOBIL	Specialty Drug	S PA
MULPLETA	Specialty Drug	S DC CSF/Hematopoietic Agents PA QPD 1 per day
NEULASTA	Specialty Drug	S DC CSF/Hematopoietic Agents PS PA
NEULASTA ONPRO	Specialty Drug	S DC CSF/Hematopoietic Agents PS PA
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	Specialty Drug	S DC CSF/Hematopoietic Agents PS PA
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	Specialty Drug	S DC CSF/Hematopoietic Agents PS PA
NPLATE	Specialty Drug	S DC CSF/Hematopoietic Agents MED Medical Drug PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NYVEPRIA	Specialty Drug	S DC CSF/Hematopoietic Agents PS PA
PROCRIT	Specialty Drug	S DC CSF/Hematopoietic Agents PA
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	Specialty Drug	S DC CSF/Hematopoietic Agents PA
REBLOZYL	Specialty Drug	S DC Injectables MED Medical Drug PA
RELEUKO (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	Specialty Drug	S DC CSF/Hematopoietic Agents PA
RETACRIT	Specialty Drug	S DC CSF/Hematopoietic Agents PS PA
UDENYCA	Specialty Drug	S DC CSF/Hematopoietic Agents PA
ZARXIO	Specialty Drug	S DC CSF/Hematopoietic Agents PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZIEXTENZO	Specialty Drug	S DC CSF/Hematopoietic Agents PA
HEMORRHEOLOGIC AGENTS		
pentoxifylline	Generics	
CALCIUM-CHANNEL BLOCKING AGENTS CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CALAN SR	Non-Preferred Brands	QPD 1 per day SBA Select Brand Alternative
CARDIZEM	Non-Preferred Brands	QPD 4 per day SBA Select Brand Alternative
CARDIZEM CD (300 MG CAPSULE, 360 MG CAPSULE)	Non-Preferred Brands	QPD 1 per day SBA Select Brand Alternative
CARDIZEM CD 120 MG CAPSULE	Non-Preferred Brands	QPD 4 per day SBA Select Brand Alternative
CARDIZEM CD 180 MG CAPSULE	Non-Preferred Brands	QPD 3 per day SBA Select Brand Alternative
CARDIZEM CD 240 MG CAPSULE	Non-Preferred Brands	QPD 2 per day SBA Select Brand Alternative
CARTIA XT 120 MG CAPSULE	Generics	PR QPD 4 per day
CARTIA XT 180 MG CAPSULE	Generics	PR QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARTIA XT 240 MG CAPSULE	Generics	PR QPD 2 per day
CARTIA XT 300 MG CAPSULE	Generics	PR QPD 1 per day
DILT XR 120 MG CAPSULE	Non-Preferred Brands	PR QPD 4 per day
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	Generics	PR
diltiazem 12hr er	Generics	PR
diltiazem 24hr er (24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)	Generics	PR
diltiazem 24hr er 120 mg cap	Generics	PR QPD 4 per day
diltiazem 24hr er 180 mg cap	Generics	PR QPD 3 per day
diltiazem 24h er(cd) 120 mg cp	Generics	PR QPD 4 per day
diltiazem 24h er(cd) 180 mg cp	Generics	PR QPD 3 per day
diltiazem 24h er(cd) 240 mg cp	Generics	PR QPD 2 per day
diltiazem 24hr er (cd) (24h 300 mg cp, 24h 360 mg cp)	Generics	PR QPD 1 per day
diltiazem 24h er(la) 180 mg tb	Generics	PR QPD 3 per day
diltiazem 24h er(la) 240 mg tb	Generics	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
diltiazem 24hr er (la) (24h 300 mg tb, 24h 360 mg tb, 24h 420 mg tb)	Generics	PR QPD 1 per day
diltiazem 24h er(xr) 120 mg cp	Generics	PR QPD 4 per day
diltiazem 24h er(xr) 180 mg cp	Generics	PR QPD 3 per day
diltiazem 24h er(xr) 240 mg cp	Generics	PR
diltiazem 90 mg tablet	Generics	PR
diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)	Generics	PR QPD 4 per day
diltiazem hcl (25 mg/5 ml vial, 50 mg/10 ml vial, 100 mg add-van vial, 125 mg/25 ml vial)	Generics	DC Injectables MED Medical Drug
diltiazem hcl-0.7% nacl	Generics	DC Injectables MED Medical Drug
diltiazem hcl-0.9% nacl	Generics	DC Injectables MED Medical Drug
diltiazem-d5w	Generics	DC Injectables MED Medical Drug
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	Generics	PR QPD 1 per day
MATZIM LA 180 MG TABLET	Generics	PR QPD 3 per day
MATZIM LA 240 MG TABLET	Generics	PR QPD 2 per day
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	Generics	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAZTIA XT 120 MG CAPSULE	Generics	PR QPD 4 per day
TAZTIA XT 180 MG CAPSULE	Generics	PR QPD 3 per day
TIADYLT ER (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	Generics	PR
TIADYLT ER 120 MG CAPSULE	Generics	PR QPD 4 per day
TIADYLT ER 180 MG CAPSULE	Generics	PR QPD 3 per day
TIAZAC (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	Non-Preferred Brands	SBA Select Brand Alternative
TIAZAC ER 120 MG CAPSULE	Non-Preferred Brands	QPD 4 per day SBA Select Brand Alternative
TIAZAC ER 180 MG CAPSULE	Non-Preferred Brands	QPD 3 per day SBA Select Brand Alternative
verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)	Generics	PR QPD 1 per day
verapamil er pm	Generics	PR QPD 1 per day
verapamil 40 mg tablet	Generics	PR
verapamil hcl (80 mg tablet, 120 mg tablet)	Generics	PR QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
verapamil hcl (5 mg/2 ml ampul, 5 mg/2 ml vial, 10 mg/4 ml syringe, 10 mg/4 ml vial)	Generics	DC Injectables MED Medical Drug
verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)	Generics	PR QPD 1 per day
verapamil sr 360 mg capsule	Generics	PR QPD 1 per day HCG
VERELAN (120 MG CAP PELLET, 180 MG CAP PELLET, 360 MG CAP PELLET)	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
VERELAN 240 MG CAP PELLET	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
VERELAN PM	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
DIHYDROPYRIDINES		
amlodipine besylate	Generics	PR QPD 1 per day
amlodipine besylate-benazepril	Generics	PR QPD 1 per day
amlodipine-olmesartan	Generics	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amlodipine-valsartan (5-320 mg, 10-160 mg, 10-320 mg)	Generics	PR QPD 1 per day
amlodipine-valsartan 5-160 mg	Generics	PR QPD 2 per day
amlodipine-valsartan-hctz	Generics	PR 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)	Non-Preferred Brands	DC Injectables MED Medical Drug
CLEVIPREX	Non-Preferred Brands	DC Injectables MED Medical Drug
felodipine er	Generics	PR QPD 1 per day
isradipine 2.5 mg capsule	Generics	PR QPD 2.0 per day
isradipine 5 mg capsule	Generics	PR QPD 4.0 per day
nicardipine 20 mg capsule	Generics	PR HCG
nicardipine 30 mg capsule	Generics	PR HCG
nicardipine 2.5 mg/ml syringe	Generics	MED Medical Drug
nicardipine hcl (25 mg/10 ml ampule, 25 mg/10 ml vial)	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nicardipine hcl-0.9% nacl (nicardipin 20mg/200ml-0.9%nacl, nicardipin 40mg/200ml-0.9%nacl, nicardipine 1 mg/10 ml-ns syrg)	Generics	DC Injectables MED Medical Drug
nifedipine	Generics	PR QPD 4 per day
nifedipine er (er 30 mg tablet, er 90 mg tablet)	Generics	PR QPD 1 per day
nifedipine er 60 mg tablet	Generics	PR QPD 2 per day
nimodipine	Generics	PR
nisoldipine	Generics	PR QPD 1 per day HCG
NYMALIZE 60 MG/10 ML SOLUTION	Non-Preferred Brands	QPD 120 per day
NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN)	Non-Preferred Brands	QPD 60 per day
PROCARDIA	Non-Preferred Brands	QPD 4 per day MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
PROCARDIA XL (30 MG TABLET, 90 MG TABLET)	Non-Preferred Brands	QPD 1 per day SBA Select Brand Alternative
PROCARDIA XL 60 MG TABLET	Non-Preferred Brands	QPD 2 per day SBA Select Brand Alternative
SULAR	Non-Preferred Brands	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
ASPRUZYO SPRINKLE	Non-Preferred Brands	QPD 2.0 per day
CAMZYOS	Specialty Drug	S PA QPD 1.0 per day
CORLANOR 5 MG/5 ML ORAL SOLN	Non-Preferred Brands	PA QPD 15 per day
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	Non-Preferred Brands	PA QPD 2 per day
ranolazine er	Generics	QPD 2 per day
CARDIOTONIC AGENTS		
DIGITEK	Generics	NTI
DIGOX	Generics	NTI
digoxin 0.05 mg/ml solution	Generics	NTI HCG
digoxin (0.25 mg/ml syringe, 500 mcg/2 ml ampule)	Generics	DC Injectables MED Medical Drug NTI
digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)	Generics	NTI
digoxin 62.5 mcg tablet	Generics	NTI
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	Non-Preferred Brands	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
CARDURA XL	Non-Preferred Brands	ST QPD 1 per day
doxazosin mesylate	Generics	PR
MINIPRESS	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
prazosin hcl	Generics	PR
terazosin hcl	Generics	PR
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	Generics	PR
atenolol (25 mg tablet, 50 mg tablet)	Generics	PR
atenolol 100 mg tablet	Generics	PR
atenolol-chlorthalidone	Generics	PR
BETAPACE	Non-Preferred Brands	PR SBA Select Brand Alternative
BETAPACE AF	Non-Preferred Brands	PR SBA Select Brand Alternative
betaxolol hcl (10 mg tablet, 20 mg tablet)	Generics	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bisoprolol fumarate	Generics	PR
bisoprolol-hydrochlorothiazide	Generics	PR
BREVIBLOC (100 MG/10 ML VIAL, 2,000 MG/100 ML BAG, 2,500 MG/250 ML BAG)	Non-Preferred Brands	DC Injectables MED Medical Drug
carvedilol	Generics	PR
carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule)	Generics	PR QPD 2 per day HCG
carvedilol er 80 mg capsule	Generics	PR QPD 1 per day HCG
CORGARD	Non-Preferred Brands	PR SBA Select Brand Alternative
DUTOPROL	Non-Preferred Brands	MVB MINIMAL VALUE BRAND
esmolol hcl 100 mg/10 ml vial	Generics	DC Injectables MED Medical Drug
esmolol hcl-sodium chloride	Generics	DC Injectables MED Medical Drug
HEMANGEOL	Specialty Drug	S
labetalol hcl 25 mg/5 ml syr	Generics	MED Medical Drug
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	Generics	PR
labetalol hcl (20 mg/4 ml crpjt, 20 mg/4 ml syrng, 20 mg/4 ml vial, 100 mg/20 ml vl, 200 mg/40 ml vl)	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
labetalol hcl-dextrose	Generics	DC Injectables MED Medical Drug
labetalol hcl-nacl	Generics	DC Injectables MED Medical Drug
LOPRESSOR 5 MG/5 ML AMPUL	Non-Preferred Brands	DC Injectables MED Medical Drug SBA Select Brand Alternative
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	Non-Preferred Brands	PR SBA Select Brand Alternative
metoprolol succinate	Generics	PR
metoprolol tartrate (25 mg tab, 50 mg tab)	Generics	PR
metoprolol tartrate (37.5 mg tb, 75 mg tab, 100 mg tab)	Generics	PR
metoprolol tart 5 mg/5 ml vial	Generics	DC Injectables MED Medical Drug
metoprolol-hydrochlorothiazide	Generics	PR
nadolol	Generics	PR
nebivolol 2.5 mg tablet	Generics	PR QPD 1.0 per day
nebivolol 20 mg tablet	Generics	PR QPD 2.0 per day
nebivolol hcl (5 mg tablet, 10 mg tablet)	Generics	PR QPD 3.0 per day
pindolol	Generics	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	Generics	PR
propranolol 1 mg/ml vial	Generics	DC Injectables MED Medical Drug
propranolol hcl er	Generics	PR
propranolol-hydrochlorothiazid	Generics	PR
SORINE	Generics	PR
sotalol	Generics	PR
SOTALOL AF	Generics	PR
sotalol hcl	Generics	DC Injectables MED Medical Drug
SOTYLIZE	Non-Preferred Brands	
TENORETIC 100	Non-Preferred Brands	SBA Select Brand Alternative
TENORETIC 50	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	Generics	PR
ZIAC	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CELLULAR AND GENE THERAPY		
CELLULAR THERAPY		
PROVENGE	Specialty Drug	S MED Medical Drug PA QPD 18 per day
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	Generics	NTI
lithium carbonate er	Generics	NTI
LITHOBID	Non-Preferred Brands	NTI
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
acamprosate calcium	Generics	DC Alcohol Deterrents
ADDYI	Non-Preferred Brands	GL Female AL 18 to 60 yrs old DC Sexual Dysfunction (Oral) PA QPD 1 per day
atomoxetine hcl	Generics	DC ADD Drugs QPD 2 per day
carbidopa	Generics	
flumazenil	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
guanfacine hcl er	Generics	DC ADD Drugs QPD 1 per day
LODOSYN	Non-Preferred Brands	
memantine hcl 2 mg/ml solution	Generics	QL 360 / 30 days AL At least 40 yrs old
memantine 5-10 mg titration pk	Generics	AL At least 40 yrs old
memantine hcl 10 mg tablet	Generics	AL At least 40 yrs old QPD 2 per day
memantine hcl 5 mg tablet	Generics	AL At least 40 yrs old QPD 3 per day
memantine hcl er	Generics	AL At least 40 yrs old
NAMENDA (5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	Non-Preferred Brands	AL At least 40 yrs old
NAMENDA XR TITRATION PACK	Non-Preferred Brands	AL At least 40 yrs old
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	Non-Preferred Brands	AL At least 40 yrs old SBA Select Brand Alternative
NAMZARIC TITRATION PACK	Non-Preferred Brands	ST AL At least 40 yrs old
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	Non-Preferred Brands	ST AL At least 40 yrs old
NOURIANZ	Specialty Drug	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUEDEXTA	Non-Preferred Brands	PA
RADICAVA ORS 105 MG/5 ML SUSP	Specialty Drug	S PA QPD 1.8 per day
RADICAVA ORS STARTER KIT SUSP	Specialty Drug	S PA QPD 2.5 per day
riluzole	Generics	
TIGLUTIK	Non-Preferred Brands	PA
VYLEESI	Specialty Drug	GL Female S DC Sexual Dysfunction (Non-Oral) PA QPD 0.08 per day
XYREM	Specialty Drug	S PA QPD 18 per day
XYWAV	Specialty Drug	S PA QPD 18 per day
FIBROMYALGIA AGENTS		
SAVELLA TITRATION PACK	Non-Preferred Brands	ST QPD 2 per day
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Non-Preferred Brands	ST QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIATE ANTAGONISTS		
KLOXXADO	Preferred Brands	QL 2 / 30 days
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)	Generics	
naloxone hcl 4 mg nasal spray	Non-Preferred Brands	QL 2 / 30 days
naltrexone hcl	Generics	
NARCAN	Preferred Brands	QL 2 / 30 days B4G
VIVITROL	Specialty Drug	S DC Injectables PA
ZIMHI	Non-Preferred Brands	QL 1 / rx
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO	Specialty Drug	AL At least 18 yrs old S PA QPD 4 per day
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	Specialty Drug	AL At least 18 yrs old S PA QPD 1 per day
INGREZZA 40 MG CAPSULE	Specialty Drug	AL At least 18 yrs old S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA INITIATION PACK	Specialty Drug	AL At least 18 yrs old S PA QPD 1 per day
tetrabenazine	Specialty Drug	S PS PA
XENAZINE	Specialty Drug	S PA SBA Select Brand Alternative
CEPHALOSPORIN ANTIBIOTICS 1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	Generics	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	Generics	DC Injectables MED Medical Drug
cefazolin sodium-0.9% nacl (2 g/100, 3 g/100)	Generics	DC Injectables MED Medical Drug
cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)	Generics	DC Injectables MED Medical Drug
cefazolin sodium-sterile water (1 g/10, 2 g/20)	Generics	DC Injectables MED Medical Drug
cefazolin-d5w	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 750 mg capsule)	Generics	
KEFLEX	Non-Preferred Brands	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)	Generics	
cefaclor er	Generics	QL 20 / 30 days
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	Generics	
cefuroxime	Generics	
cefuroxime sodium	Generics	DC Injectables MED Medical Drug
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
AVYCAZ	Non-Preferred Brands	DC Injectables MED Medical Drug
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	Generics	
cefditoren pivoxil	Generics	
cefixime 400 mg capsule	Generics	
cefixime (100 mg/5 ml susp, 200 mg/5 ml susp)	Generics	QL 1200 / 90 days
cefotaxime sodium 1 gm vial	Generics	DC Injectables MED Medical Drug
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)	Generics	DC Injectables MED Medical Drug
ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	Generics	DC Injectables
CLAFORAN (1 GM ADD-VANTAGE VL, 1 GM VIAL, 2 GM ADD-VANTAGE VL, 2 GM VIAL, 10 GM VIAL)	Non-Preferred Brands	DC Injectables MED Medical Drug
FORTAZ	Non-Preferred Brands	DC Injectables MED Medical Drug
SPECTRACEF	Non-Preferred Brands	
SUPRAX 400 MG CAPSULE	Non-Preferred Brands	SBA Select Brand Alternative
SUPRAX (100 MG/5 ML SUSPENSION, 200 MG/5 ML SUSPENSION)	Non-Preferred Brands	QL 1200 / 90 days
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION)	Non-Preferred Brands	
TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 2 GM ADD-VANTAGE VIAL, 2 GRAM VIAL, 6 GRAM VIAL)	Generics	DC Injectables MED Medical Drug
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefepime	Generics	DC Injectables MED Medical Drug
cefepime hcl (1 gm vial, 2 gram vial)	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cefepime-dextrose	Generics	DC Injectables MED Medical Drug
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS		
TEFLARO	Non-Preferred Brands	DC Injectables MED Medical Drug PA
SIDEROPHORE CEPHALOSPORINS		
FETROJA	Non-Preferred Brands	MED Medical Drug
CORTICOSTEROIDS (RESPIRATORY TRACT) ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS	Preferred Brands	PR QPD 2 per day B4G
ADVAIR HFA	Preferred Brands	PR QPD 0.4 per day
ARNUITY ELLIPTA 100 MCG INH	Preferred Brands	PR QPD 2 per day
ARNUITY ELLIPTA 200 MCG INH	Preferred Brands	PR QPD 1 per day
ARNUITY ELLIPTA 50 MCG INH	Preferred Brands	PR QPD 4 per day
BREO ELLIPTA	Preferred Brands	PR QPD 2 per day B4G
BREZTRI AEROSPHERE	Preferred Brands	PR QPD 0.36 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp)	Generics	QL 120 / 30 days PR
budesonide 1 mg/2 ml inh susp	Generics	QL 120 / 30 days PR HCG
FLOVENT 250 MCG DISKUS	Preferred Brands	PR QPD 8 per day
FLOVENT DISKUS (50 MCG, 100 MCG)	Preferred Brands	PR QPD 4 per day
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	Preferred Brands	PR QPD 0.8 per day B4G
FLOVENT HFA 44 MCG INHALER	Preferred Brands	PR QPD 0.767 per day B4G
fluticasone-salmeterol (100-50, 250-50, 500-50)	Generics	PR QPD 2 per day
PULMICORT FLEXHALER	Preferred Brands	PR QPD 0.07 per day
SYMBICORT	Preferred Brands	PR QPD 0.4 per day B4G
TRELEGY ELLIPTA	Preferred Brands	PR QPD 2 per day
WIXELA INHUB	Generics	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
SYMDEKO	Specialty Drug	S PA QPD 2 per day
TRIKAFTA	Specialty Drug	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)	Specialty Drug	S PA QPD 2 per day
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Specialty Drug	S PA QPD 2 per day
ORKAMBI 75-94 MG GRANULE PKT	Specialty Drug	S PA QPD 2.0 per day
ORKAMBI (100 MG TABLET, 200 MG TABLET)	Specialty Drug	S PA QPD 4 per day
DENTAL AGENTS		
ORAQIX	Non-Preferred Brands	MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEPIGMENTING AND PIGMENTING AGENTS		
DEPIGMENTING AGENTS		
BLANCHE	Generics	DC Cosmetic Preps
hydroquinone 4% cream	Generics	DC Cosmetic Preps
TRI-LUMA	Non-Preferred Brands	DC Cosmetic Preps
PIGMENTING AGENTS		
methoxsalen	Generics	
OXSORALEN-ULTRA	Non-Preferred Brands	
UVADEX	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
DEVICES		
1st tier unifine pentips	Preferred Brands	DC Diabetic - Insulin Syringes PR
1st tier unifine pentips plus	Preferred Brands	DC Diabetic - Insulin Syringes PR
1st tier unilet comfortouch	Preferred Brands	DC Diabetic - Lancets PR
2-in-1 lancet device	Preferred Brands	DC Diabetic - Lancets PR
abouttime pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
accu-chek multiclix lancet kit	Preferred Brands	DC PR Diabetic - Lancets
accu-chek fastclix lancet drum	Preferred Brands	DC PR Diabetic - Lancets
accu-chek fastclix lancing dev	Preferred Brands	DC PR Diabetic - Lancets
accu-chek safe-t-pro	Preferred Brands	DC PR Diabetic - Lancets
accu-chek safe-t-pro plus	Preferred Brands	DC PR Diabetic - Lancets
accu-chek softclix (lancet kit, lancets)	Preferred Brands	DC PR Diabetic - Lancets
acti-lance	Preferred Brands	DC PR Diabetic - Lancets
adjustable lancing device	Preferred Brands	DC PR Diabetic - Lancets
advanced lancing device	Preferred Brands	DC PR Diabetic - Lancets
advanced travel lancets	Preferred Brands	DC PR Diabetic - Lancets
alternate site lancets	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
assure haemolance plus (18g, 21g, 25g, 28g, blade)	Preferred Brands	DC PR Diabetic - Lancets
assure id duo-shield	Preferred Brands	DC PR Diabetic - Insulin Syringes
assure id insulin safety (syr 0.5ml 31gx15/64", syr 1 ml 31gx15/64")	Preferred Brands	DC PR Diabetic - Insulin Syringes
assure id pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
assure lance	Preferred Brands	DC PR Diabetic - Lancets
assure lance plus	Preferred Brands	DC PR Diabetic - Lancets
auto-lancet mini	Preferred Brands	DC PR Diabetic - Lancets
autolet impression	Preferred Brands	DC PR Diabetic - Lancets
autolet lancing device	Preferred Brands	DC PR Diabetic - Lancets
autolet plus	Preferred Brands	DC PR Diabetic - Lancets
autoshield duo pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bd microtainer lancets	Preferred Brands	DC Diabetic - Lancets PR
bd ultra-fine	Preferred Brands	DC Diabetic - Lancets PR
bd ultra-fine ii	Preferred Brands	DC Diabetic - Lancets PR
bd veritor at-home covid19 tst	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
binaxnow covid-19 ag self test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
blunt needle (bd needle 18gx1-1/2", needle)	Non-Preferred Brands	DC Miscellaneous Medical Supplies
butterfly touch lancet	Preferred Brands	DC Diabetic - Lancets PR
carefine pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
carelance ult lancing device	Preferred Brands	DC Diabetic - Lancets PR
careone (lancing device, thin lancet, ultra thin lancet)	Preferred Brands	DC Diabetic - Lancets PR
caresens ultra thin 30g lancet	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
caresens prem lancing device	Preferred Brands	DC Diabetic - Lancets PR
carestart covid-19 ag home tst	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
caretouch hypodermic 22g 1"	Preferred Brands	DC Diabetic - Insulin Syringes PR
caretouch insulin syringe (syr 1 ml 28gx5/16", syr 1 ml 29gx5/16")	Preferred Brands	DC Diabetic - Insulin Syringes PR
caretouch lancing device	Preferred Brands	DC Diabetic - Lancets PR
caretouch pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
caretouch safety lancets	Preferred Brands	DC Diabetic - Lancets PR
caretouch twist lancet	Preferred Brands	DC Diabetic - Lancets PR
celltrion diatrust cov-19 home	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
clickfine	Preferred Brands	DC Diabetic - Insulin Syringes PR
clinitest covid-19 home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
coaguchek lancets	Preferred Brands	DC PR Diabetic - Lancets
color lancets	Preferred Brands	DC PR Diabetic - Lancets
comfort ez pen needle (pen 4mm 32g, pen 5mm 31g, pen 5mm 33g, pen 6mm 31g, pen 6mm 33g, pen 8mm 31g, pen 8mm 33g)	Preferred Brands	DC PR Diabetic - Insulin Syringes
comfort lancets	Preferred Brands	DC PR Diabetic - Lancets
comfort touch pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
comfort touch plus safety lanc	Preferred Brands	DC PR Diabetic - Lancets
comfort touch ult thin lancet	Preferred Brands	DC PR Diabetic - Lancets
contour solution	Preferred Brands	
contour (, system)	Preferred Brands	DC PR Diabetic - Glucometers
contour meter (ndc: 00193955601)	Non-Preferred Brands	DC PR Diabetic - Glucometers
contour next	Preferred Brands	DC PR Diabetic - Glucometers

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
contour next control solution (1 sol, 2 sol)	Preferred Brands	
contour next ez	Preferred Brands	DC Diabetic - Glucometers PR
contour next ez meter system (ndc: 00193962801)	Non-Preferred Brands	DC Diabetic - Glucometers PR
contour next gen (, kit)	Non-Preferred Brands	DC Diabetic - Glucometers PR
contour next glucose meter	Preferred Brands	DC Diabetic - Glucometers PR
contour next link	Preferred Brands	DC Diabetic - Glucometers PR
contour next link 2.4 meter kit (ndc: 00193626201)	Non-Preferred Brands	DC Diabetic - Glucometers PR
contour next one	Preferred Brands	DC Diabetic - Glucometers PR
contour next one meter (ndc: 00193781801)	Preferred Brands	DC Diabetic - Glucometers PR
covid-19 at-home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
CRYODOSE TA MEDIUM STREAM SPR	Non-Preferred Brands	
CRYODOSE TA MIST SPRAY	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dexcom g4 receiver	Preferred Brands	AL At least 2 yrs old DC Diabetic - Blood Sugar Diagnostics
dexcom g4 transmitter	Preferred Brands	AL At least 2 yrs old DC Diabetic - Blood Sugar Diagnostics
dexcom g5 receiver	Preferred Brands	AL At least 2 yrs old DC Diabetic - Blood Sugar Diagnostics
dexcom g5 transmitter	Preferred Brands	AL At least 2 yrs old DC Diabetic - Blood Sugar Diagnostics
dexcom g5-g4 sensor	Preferred Brands	AL At least 2 yrs old DC Diabetic - Blood Sugar Diagnostics
dexcom g6 receiver	Preferred Brands	AL At least 2 yrs old DC Diabetic - Blood Sugar Diagnostics
dexcom g6 sensor	Preferred Brands	AL At least 2 yrs old DC Diabetic - Blood Sugar Diagnostics
dexcom g6 transmitter	Preferred Brands	AL At least 2 yrs old DC Diabetic - Blood Sugar Diagnostics

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dexcom receiver	Preferred Brands	AL: At least 2 yrs old DC: Diabetic - Blood Sugar Diagnostics
droplet genteel lancing device	Preferred Brands	DC: Diabetic - Lancets PR
droplet insulin syringe (0.5 ml 29gx12.5mm(1/2), 0.5 ml 30gx12.5mm(1/2), ins 0.5ml 30gx6mm(1/2), ins 0.5ml 30gx8mm(1/2), ins 0.5ml 31gx6mm(1/2), ins 0.5ml 31gx8mm(1/2), ins syr 0.3 ml 30gx6mm, ins syr 1 ml 30gx6mm)	Preferred Brands	DC: Diabetic - Insulin Syringes PR
droplet lancets	Preferred Brands	DC: Diabetic - Lancets PR
droplet lancing device	Preferred Brands	DC: Diabetic - Lancets PR
droplet micron pen needle	Preferred Brands	DC: Diabetic - Insulin Syringes PR
droplet pen needle	Preferred Brands	DC: Diabetic - Insulin Syringes PR
dropsafe pen needle	Preferred Brands	DC: Diabetic - Insulin Syringes PR
DUROLANE	Specialty Drug	S DC: Injectables PA SDS: Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
e-z ject lancets	Preferred Brands	DC PR Diabetic - Lancets
e-zject lancets	Preferred Brands	DC PR Diabetic - Lancets
easy comfort insulin syringe (0.5 ml 32gx5/16", 1 ml 32gx5/16")	Preferred Brands	DC PR Diabetic - Insulin Syringes
easy comfort pen needle (pen ndl 5mm, pen ndl 6mm)	Preferred Brands	DC PR Diabetic - Insulin Syringes
easy touch (pull-top 26g lancet, pull-top 28g lancet, pull-top 30g lancet, pull-top 32g lancet, safety 21g lancets, safety 23g lancets, safety 26g lancets, safety 28g lancets, safety 30g lancets, safety 32g lancets, twist 26g lancets, twist 28g lancets, twist 30g lancets, twist 32g lancets, twist 33g lancets)	Preferred Brands	DC PR Diabetic - Lancets
easy touch fliplok ndl 25gx5/8	Non-Preferred Brands	DC Miscellaneous Medical Supplies
easy touch lancing device	Preferred Brands	DC PR Diabetic - Lancets
easy touch pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
easy touch safety pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
easypoint needle (needle 18g 1", needle 18g 1-1/2", needle 20g 1", needle 20g 1-1/2", needle 21g 1", needle 21g 1-1/2", needle 22g 1", needle 22g 1-1/2", needle 23g 1", needle 25g 1")	Non-Preferred Brands	DC Miscellaneous Medical Supplies
eclipse needle (needle 21gx1", needle 22gx1", needle 23gx1", needle 25g 16mm, needle 25g 25mm, needle 25gx1", needle 25gx5/8", needle 27gx1/2", needles 21gx1.5")	Non-Preferred Brands	DC Miscellaneous Medical Supplies
ellume covid-19 home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
embrace 30g lancets	Preferred Brands	DC Diabetic - Lancets PR
embrace lancing device	Preferred Brands	DC Diabetic - Lancets PR
embrace safety lancet	Preferred Brands	DC Diabetic - Lancets PR
enteral gravity bag set-enfit	Non-Preferred Brands	DC Miscellaneous Medical Supplies
EPISIL	Non-Preferred Brands	
EUFLEXXA	Specialty Drug	S DC Injectables PS PA SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
eversense sensor-holder	Non-Preferred Brands	
exel hypo needle 30gx0.5"	Non-Preferred Brands	DC Miscellaneous Medical Supplies
exel mti drawing needle	Generics	DC Miscellaneous Medical Supplies
ez smart lancets	Preferred Brands	DC Diabetic - Lancets PR
ez-lets	Preferred Brands	DC Diabetic - Lancets PR
fastep covid-19 ag home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
fifty50 safety seal lancets	Preferred Brands	DC Diabetic - Lancets PR
filter aspirator needle	Non-Preferred Brands	DC Miscellaneous Medical Supplies
filter needle	Generics	DC Miscellaneous Medical Supplies
filter needle (needle 5 micron, needle 19gx1-1/2")	Non-Preferred Brands	DC Miscellaneous Medical Supplies
fine 30 universal lancets	Preferred Brands	DC Diabetic - Lancets PR
fingerstix	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
flowflex covid-19 ag home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
fora lancets	Preferred Brands	DC Diabetic - Lancets PR
fora lancing device	Preferred Brands	DC Diabetic - Lancets PR
foracare lancets	Preferred Brands	DC Diabetic - Lancets PR
freestyle lancets	Preferred Brands	DC Diabetic - Lancets PR
freestyle unistik 2	Preferred Brands	DC Diabetic - Lancets PR
GEL-ONE	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply
genabio covid-19 rapid at-home	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
genteel vacuum lancing device	Preferred Brands	DC Diabetic - Lancets PR
GENVISC 850	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glucocom	Preferred Brands	DC Diabetic - Lancets PR
glucocom lancets	Preferred Brands	DC Diabetic - Lancets PR
gojji lancets	Preferred Brands	DC Diabetic - Lancets PR
gojji lancing device	Preferred Brands	DC Diabetic - Lancets PR
healthwise pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
healthy accents autolet	Preferred Brands	DC Diabetic - Lancets PR
healthy accents unifine pentip (pentip 4mm 32g, pentip 5mm 31g, pentip 6mm 31g, pentip 8mm 31g, pentp 12mm 29g)	Preferred Brands	DC Diabetic - Insulin Syringes PR
healthy accents unilet lancet	Preferred Brands	DC Diabetic - Lancets PR
HYALGAN (20 MG/2 ML SYRINGE, 20 MG/2 ML VIAL)	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply
HYLATOPICPLUS (CREAM, LOTION)	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYMOVIS	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply
hypodermic needle (hypo needle,polypropyl hub, hypodermic needle,alum hub, monoject hypo ndl 27gx1-1/2", monoject hypo needle 18x1a, monoject hypo needle 19x1, monoject hypo needle 19x1-1/2, monoject hypo needle 20x1, monoject hypo needle 20x1-1/2, monoject hypo needle 21x1, monoject hypo needle 21x1-1/2, monoject hypo needle 22x1, monoject hypo needle 22x1.5, monoject hypo needle 23x1, monoject hypo needle 25x1, monoject hypo needle 25x1.5, monoject hypo needle 25x5/8, monoject hypo needle 26x1.5, monoject hypo needle 27x0.5, monoject hypo needle 30x3/4, monoject hypodermic needle)	Non-Preferred Brands	DC Miscellaneous Medical Supplies
hypolance	Preferred Brands	DC Diabetic - Lancets PR
ihealth covid-19 ag home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
incontrol lancing device	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
incontrol pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
incontrol super thin lancets	Preferred Brands	DC Diabetic - Lancets PR
incontrol ultra thin lancets	Preferred Brands	DC Diabetic - Lancets PR
indicaid covid-19 ag home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
insulin pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
insupen	Preferred Brands	DC Diabetic - Insulin Syringes PR
integra precisionglide needle	Non-Preferred Brands	DC Miscellaneous Medical Supplies
inteliswab covid-19 home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
invacare lancets	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lancets (26g, 26g x 1.8mm, 28g, 28g x 1.8mm, assure comfort 28g, 30g, assure comfort 30g, bd 33g, cvs thin 26g, dario 100 sterile, e-zject thin, kroger, meijer, preferred plus, preferred plus thin, pub 28g, relion thin 26g, sm 21g, ultra fine 28g)	Preferred Brands	DC PR Diabetic - Lancets
lancets thin	Preferred Brands	DC PR Diabetic - Lancets
lancets ultra thin	Preferred Brands	DC PR Diabetic - Lancets
lancing device (autolet impression dev, cvs device, device, fifty50 device, ge device, gs device and lancets, invacare device, kro device, kroger device, live better advanced, meijer device, qc autolet device, ra health care device, relion device, value plus device)	Preferred Brands	DC PR Diabetic - Lancets
lancing system	Preferred Brands	DC PR Diabetic - Lancets
lanzo	Preferred Brands	DC PR Diabetic - Lancets
latex gloves	Generics	
LIDOTREX 2% WOUND GEL	Non-Preferred Brands	
lite touch (pen needle 29g, 31gx1/4" pen needle, pen needle 31g)	Preferred Brands	DC PR Diabetic - Insulin Syringes
lite touch (28g lancets, 30g lancets, 33g lancets, lancing pen)	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
magellan safety needle	Non-Preferred Brands	DC Miscellaneous Medical Supplies
magellan safety syringe	Non-Preferred Brands	DC Miscellaneous Medical Supplies
maxicomfort ii pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
maxicomfort safety pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
medisense thin lancets	Preferred Brands	DC PR Diabetic - Lancets
medlance plus	Preferred Brands	DC PR Diabetic - Lancets
medlance plus special blade	Preferred Brands	DC PR Diabetic - Lancets
micro thin lancet	Preferred Brands	DC PR Diabetic - Lancets
micro thin lancets	Preferred Brands	DC PR Diabetic - Lancets
microdot insulin pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
microlet	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
microlet 2	Preferred Brands	DC PR Diabetic - Lancets
microlet next lancing device	Preferred Brands	DC PR Diabetic - Lancets
microtainer lancets	Preferred Brands	DC PR Diabetic - Lancets
mini lancing device	Preferred Brands	DC PR Diabetic - Lancets
mini pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
mini ultra-thin ii	Preferred Brands	DC PR Diabetic - Insulin Syringes
monoject blood collection	Non-Preferred Brands	DC Miscellaneous Medical Supplies
monoject enfit syringe (1 ml syringe, 3 ml syringe, 6 ml syringe, 12 ml syringe, 35 ml syringe, 60 ml syringe)	Generics	DC Miscellaneous Medical Supplies
monoject enfit syringe cap	Generics	DC Miscellaneous Medical Supplies
monolet lancets	Preferred Brands	DC PR Diabetic - Lancets
monolet thin lancets	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOVISC	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply
multi-lancet	Preferred Brands	DC Diabetic - Lancets PR
myglucohealth lancets	Preferred Brands	DC Diabetic - Lancets PR
nano 2nd gen pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
needle (needle 18gx1 1/2", needle 30gx1/2")	Non-Preferred Brands	DC Miscellaneous Medical Supplies
reli on 31g x 1/4" needles	Preferred Brands	DC Diabetic - Insulin Syringes PR
nova safety lancets	Preferred Brands	DC Diabetic - Lancets PR
nova sureflex	Preferred Brands	DC Diabetic - Lancets PR
novofine 32	Preferred Brands	DC Diabetic - Insulin Syringes PR
novofine autocover	Preferred Brands	DC Diabetic - Insulin Syringes PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
novofine plus	Preferred Brands	DC Diabetic - Insulin Syringes PR
novotwist	Preferred Brands	DC Diabetic - Insulin Syringes PR
NUMOISYN LOZENGE	Non-Preferred Brands	
NUVAIL	Non-Preferred Brands	
ohc covid-19 antigen home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
omnipod 5 g6 intro kit (gen 5)	Preferred Brands	QL max 1 per 365 days
omnipod 5 g6 pods (gen 5)	Preferred Brands	QL 10 / 30 days
omnipod dash pods (gen 4)	Preferred Brands	QL 10 / 30 days
on call lancet	Preferred Brands	DC Diabetic - Lancets PR
on call lancing device	Preferred Brands	DC Diabetic - Lancets PR
on call plus lancet	Preferred Brands	DC Diabetic - Lancets PR
on call plus lancing device	Preferred Brands	DC Diabetic - Lancets PR
on-go covid-19 ag at home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
on-the-go	Preferred Brands	DC Diabetic - Lancets PR
onetouch delica (30g lancets, 33g lancets, lancing dev)	Preferred Brands	DC Diabetic - Lancets PR
onetouch delica plus lanc dev	Preferred Brands	DC Diabetic - Lancets PR
onetouch delica plus lancet	Preferred Brands	DC Diabetic - Lancets PR
onetouch delica safety lancet	Preferred Brands	DC Diabetic - Lancets PR
onetouch lancets	Preferred Brands	DC Diabetic - Lancets PR
onetouch suresoft	Preferred Brands	DC Diabetic - Lancets PR
ORTHOVISC	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply
PAIN EASE MEDIUM STREAM SPRAY	Non-Preferred Brands	
PAIN EASE MIST SPRAY	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pen needle (fifty50 pen 31g x 3/16" needle, fifty50 pen 31g x 5/16" needle, fifty50 pen needle 32g x 1/4", fifty50 pen needle 32g x 5/32", gs pen needle 31g x 1/4", gs pen needle 31g x 5/16", gs pen needle 31g x 5mm, gs pen needle 31g x 6mm, gs pen needle 31g x 8mm, gs pen needle 32g x 4mm, gs pen needle 32g x 6mm, kro pen needle 4mm x 32g, kro pen needle 4mm x 33g, kro pen needle 5mm x 31g, kro pen needle 6mm x 31g, kro pen needle 8mm x 31g, kroger pen needles 31g x 5/16", live better pen needles 8mm, ms pen needle 6mm 31g, pen needle 4mm 32g, pen needle 5mm 31g, pen needle 6mm 31g, pen needle 8mm 31g, pen needle 12mm 29g, pen needle 29g 12mm, pen needle 30g x 8mm, pen needle 31g 5mm, pen needle 31g 6mm, pen needle 31g 8mm, pen needle 31g x 1/4", pen needle 31g x 3/16", pen needle 31g x 5/16", pen needle 31g x 8mm, pen needle 32g 4mm, pen needle 32g x 5/32", pen needle 33g 4mm, pub pen 8mm 31g needles, pub pen 12mm 29g needles, pub pen needle 6mm 31g, ra pen needle 31gx3/16", ra pen needle 31gx5/16", relion mini pen 31g x 1/4" ndl, relion pen 29g needle, relion pen 31g needle, relion pen needle 29gx1/2", relion pen needle 31g 6mm, relion pen needle 31gx1/4", relion pen needle 31gx5/16", relion pen needle 32gx5/32", today's hlth pn needle 6mm 31g)	Preferred Brands	DC PR Diabetic - Insulin Syringes

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pen needles (pen 6mm 31g, pen 8mm 31g, pen 12mm 29g)	Preferred Brands	DC Diabetic - Insulin Syringes PR
pentips	Preferred Brands	DC Diabetic - Insulin Syringes PR
phaseal protector	Non-Preferred Brands	DC Miscellaneous Medical Supplies
pilot covid-19 at-home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
pip lancet	Preferred Brands	DC Diabetic - Lancets PR
pip pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
poly hub needle 30gx1/2"	Non-Preferred Brands	DC Miscellaneous Medical Supplies
precision xtr b-ketone strip	Non-Preferred Brands	DC Diabetic - Urine Test Strips
pressure activated lancets	Preferred Brands	DC Diabetic - Lancets PR
prevent dropsafe pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
prodigy lancets	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
prodigy lancing device	Preferred Brands	DC Diabetic - Lancets PR
prodigy twist top lancet	Preferred Brands	DC Diabetic - Lancets PR
pure comfort 30g safety lancet	Preferred Brands	DC Diabetic - Lancets PR
push button safety lancets	Preferred Brands	DC Diabetic - Lancets PR
quickvue at-home covid-19 test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
raya sure pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
readylance safety lancets	Preferred Brands	DC Diabetic - Lancets PR
reliamed	Preferred Brands	DC Diabetic - Lancets PR
reliamed mini lancing device	Preferred Brands	DC Diabetic - Lancets PR
reliamed safety seal lancets	Preferred Brands	DC Diabetic - Lancets PR
relion pen needles	Preferred Brands	DC Diabetic - Insulin Syringes PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
relion thin	Preferred Brands	DC PR Diabetic - Lancets
rightest gd500	Preferred Brands	DC PR Diabetic - Lancets
rightest gl300 lancets	Preferred Brands	DC PR Diabetic - Lancets
safety lancets (21g, 28g)	Preferred Brands	DC PR Diabetic - Lancets
safety pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
safety-lok collection set	Non-Preferred Brands	DC Miscellaneous Medical Supplies
safetyglide insulin syringe (safetyglid ins 1 ml, saftygld ins 0.3 ml, saftygld ins 0.5 ml)	Preferred Brands	DC PR Diabetic - Insulin Syringes
safetyglide needle	Non-Preferred Brands	DC Miscellaneous Medical Supplies
securesafe pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
SILVASORB GEL	Non-Preferred Brands	
SILVRSTAT	Non-Preferred Brands	
single-let	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sky safety pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
smart sense	Preferred Brands	DC Diabetic - Lancets PR
smart sense lancets	Preferred Brands	DC Diabetic - Lancets PR
smartdiabetes vantage	Preferred Brands	DC Diabetic - Lancets PR
smartest lancet	Preferred Brands	DC Diabetic - Lancets PR
sodium hyaluronate	Specialty Drug	S DC Injectables MED Medical Drug PA
soft touch	Preferred Brands	DC Diabetic - Lancets PR
solus v2 28g lancets	Preferred Brands	DC Diabetic - Lancets PR
solus v2 lancets	Preferred Brands	DC Diabetic - Lancets PR
solus v2 lancing device	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
speedyswab covid-19 home test	Preferred Brands	QL 8 / 30 days DC OTC COVID-19 TESTS
SPRAY AND STRETCH	Non-Preferred Brands	
sterilance tl	Preferred Brands	DC Diabetic - Lancets PR
sterile lancets	Preferred Brands	DC Diabetic - Lancets PR
SUPARTZ FX	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply
super thin lancets	Preferred Brands	DC Diabetic - Lancets PR
sure comfort (pen ndl 29gx1/2", 30g pen needle, pen ndl 32gx1/4")	Preferred Brands	DC Diabetic - Insulin Syringes PR
sure comfort lancets	Preferred Brands	DC Diabetic - Lancets PR
sure comfort lancing pen	Preferred Brands	DC Diabetic - Lancets PR
sure comfort pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sure comfort safety pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
sure-fine pen needles	Preferred Brands	DC Diabetic - Insulin Syringes PR
sure-lance	Preferred Brands	DC Diabetic - Lancets PR
sure-pen	Preferred Brands	DC Diabetic - Lancets PR
sure-touch	Preferred Brands	DC Diabetic - Lancets PR
sureflex	Preferred Brands	DC Diabetic - Lancets PR
SYNOJOYNT	Specialty Drug	S DC Injectables MED Medical Drug PA SDS Extended Specialty Day Supply
SYNVISC	Specialty Drug	S DC Injectables PS PA SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNVISC-ONE	Specialty Drug	S DC Injectables PS PA SDS Extended Specialty Day Supply
techlite insulin syringe (0.3 ml 30gx12mm (1/2), 0.5 ml 29gx12mm (1/2), 0.5 ml 30gx12mm (1/2), 0.5 ml 30gx8mm (1/2), 0.5 ml 31gx6mm (1/2), 0.5 ml 31gx8mm (1/2))	Preferred Brands	DC Diabetic - Insulin Syringes PR
techlite lancets	Preferred Brands	DC Diabetic - Lancets PR
techlite pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
telcare ultra thin 30g lancets	Preferred Brands	DC Diabetic - Lancets PR
terumo surguard2 (ndl 21gx1 1.5, ndl 22x1-1/2", ndl 23x1-1/2", needle 18gx1", needle 18x1.5, needle 19gx1", needle 19x1.5, needle 20gx1", needle 20x1.5, needle 21gx1", needle 22gx1", needle 23gx1", needle 25gx1", needle 25x1.5, needle 25x5/8, needle 26x1/2, needle 27x1/2, needle 30x1/2)	Non-Preferred Brands	DC Miscellaneous Medical Supplies
thin lancets	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
topcare clickfine	Preferred Brands	DC Diabetic - Insulin Syringes PR
topcare universal1 lancet	Preferred Brands	DC Diabetic - Lancets PR
topcare universal1 thin lancet	Preferred Brands	DC Diabetic - Lancets PR
TRILURON	Specialty Drug	S DC Injectables MED Medical Drug PA SDS Extended Specialty Day Supply
TRIVISC	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply
true comfort pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
true comfort pro ins syringe (cmfrt 0.5ml 5/16", comfort 1ml 5/16")	Preferred Brands	DC Diabetic - Insulin Syringes PR
true comfort pro pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
truedraw	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
trueplus lancet	Preferred Brands	DC PR Diabetic - Lancets
trueplus lancets	Preferred Brands	DC PR Diabetic - Lancets
trueplus pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
twist lancets	Preferred Brands	DC PR Diabetic - Lancets
ulti-lance (auto-ad, automatic)	Preferred Brands	DC PR Diabetic - Lancets
ulticare pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ulticare safety pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ulticare tb safety 1ml 27gx5/8	Non-Preferred Brands	DC Tuberculine Syringes
ultiguard safepack-insulin syr (safe0.3ml 30g 12.7mm, safe0.5ml 30g 12.7mm, safe 1ml 30g 12.7mm, safepack 1ml 31g 8mm, safepk 0.3ml 31g 8mm, safepk 0.5ml 31g 8mm)	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultiguard safepack-pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultilet basic	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ultilet classic	Preferred Brands	DC PR Diabetic - Lancets
ultilet lancets	Preferred Brands	DC PR Diabetic - Lancets
ultilet pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultilet safety	Preferred Brands	DC PR Diabetic - Lancets
ultra fine lancets	Preferred Brands	DC PR Diabetic - Lancets
ultra flo 0.3ml 30g 1/2" (1/2)	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra flo pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra thin	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra thin lancet	Preferred Brands	DC PR Diabetic - Lancets
ultra thin lancets (28g lancets, 30g lancets, cvs 30g lancets, 33g lancets, live better lancet, relion 30g lancets, walgreens lancets)	Preferred Brands	DC PR Diabetic - Lancets
ultra thin plus	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ultra thin plus lancets	Preferred Brands	DC PR Diabetic - Lancets
ultra-care lancets	Preferred Brands	DC PR Diabetic - Lancets
ultra-fine micro pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra-fine mini pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra-fine nano pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra-fine original pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra-fine short pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra-thin ii (pen ndl 29gx1/2", pen ndl 31gx5/16)	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultra-thin ii (28g, 30g)	Preferred Brands	DC PR Diabetic - Lancets
ultracare pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
ultralance	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ultratlc lancets	Preferred Brands	DC PR Diabetic - Lancets
unifine pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
unifine pentips	Preferred Brands	DC PR Diabetic - Insulin Syringes
unifine pentips maxflow	Preferred Brands	DC PR Diabetic - Insulin Syringes
unifine pentips plus	Preferred Brands	DC PR Diabetic - Insulin Syringes
unifine pentips plus maxflow	Preferred Brands	DC PR Diabetic - Insulin Syringes
unifine safecontrol	Preferred Brands	DC PR Diabetic - Insulin Syringes
unifine ultra pen needle	Preferred Brands	DC PR Diabetic - Insulin Syringes
unilet comfortouch	Preferred Brands	DC PR Diabetic - Lancets
unilet excelite	Preferred Brands	DC PR Diabetic - Lancets
unilet excelite ii	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
unilet gp lancet	Preferred Brands	DC PR Diabetic - Lancets
unilet lancet	Preferred Brands	DC PR Diabetic - Lancets
unilet lancets	Preferred Brands	DC PR Diabetic - Lancets
unistik 2	Preferred Brands	DC PR Diabetic - Lancets
unistik 2 extra	Preferred Brands	DC PR Diabetic - Lancets
unistik 2 normal	Preferred Brands	DC PR Diabetic - Lancets
unistik 3 (3 1.8 mm lancing devic, 3 comfort lancet, 3 gentle 30g lancets, 3 gentle on-the-go 30g, 3 normal 23g lancets, 3 safety 21g lancets)	Preferred Brands	DC PR Diabetic - Lancets
unistik 3 comfort	Preferred Brands	DC PR Diabetic - Lancets
unistik 3 extra	Preferred Brands	DC PR Diabetic - Lancets
unistik 3 neonatal	Preferred Brands	DC PR Diabetic - Lancets
unistik comfort	Preferred Brands	DC PR Diabetic - Lancets

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
unistik czt	Preferred Brands	DC Diabetic - Lancets PR
unistik extra	Preferred Brands	DC Diabetic - Lancets PR
unistik normal	Preferred Brands	DC Diabetic - Lancets PR
unistik pro	Preferred Brands	DC Diabetic - Lancets PR
unistik safety	Preferred Brands	DC Diabetic - Lancets PR
unistik touch	Preferred Brands	DC Diabetic - Lancets PR
universal 1	Preferred Brands	DC Diabetic - Lancets PR
vanishpoint insulin syringe	Preferred Brands	DC Diabetic - Insulin Syringes PR
vapro plus intermitt catheter (12, 14)	Non-Preferred Brands	DC Ostomy Supplies
verifine pen needle	Preferred Brands	DC Diabetic - Insulin Syringes PR
vivaguard lancet	Preferred Brands	DC Diabetic - Lancets PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vivaguard lancing device	Preferred Brands	DC Diabetic - Lancets PR
yale needle	Non-Preferred Brands	DC Miscellaneous Medical Supplies
DIAGNOSTIC AGENTS ADRENOCORTICAL INSUFFICIENCY		
ACTHAR	Specialty Drug	S DC Injectables PA
CORTROPHIN	Specialty Drug	S DC Injectables PA QPD 0.75 per day
CORTROSYN	Non-Preferred Brands	DC Injectables MED Medical Drug
cosyntropin	Generics	DC Injectables MED Medical Drug
DIABETES MELLITUS		
contour next test strip (ndc: 00193727735)	Non-Preferred Brands	DC Diabetic - Blood Sugar Diagnostics PR QPD 10 per day
contour next test strip (ndc: 00193727870)	Non-Preferred Brands	DC Diabetic - Blood Sugar Diagnostics PR QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
contour next test strip (ndc: 00193730850)	Non-Preferred Brands	DC Diabetic - Blood Sugar Diagnostics PR QPD 10 per day
contour next test strip (ndc: 00193731025)	Preferred Brands	DC Diabetic - Blood Sugar Diagnostics PR QPD 10 per day
contour next test strip (ndc: 00193731150)	Preferred Brands	DC Diabetic - Blood Sugar Diagnostics PR QPD 10 per day
contour next test strip (ndc: 00193731221)	Preferred Brands	DC Diabetic - Blood Sugar Diagnostics PR QPD 10 per day
contour next test strip (ndc: 00193731310)	Non-Preferred Brands	DC Diabetic - Blood Sugar Diagnostics PR QPD 10 per day
contour test strip	Preferred Brands	DC Diabetic - Blood Sugar Diagnostics PR QPD 10 per day
DEFINITY RT	Non-Preferred Brands	MED Medical Drug
positive skin test ctrl-histmn	Non-Preferred Brands	MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIAGNOSTIC AGENTS, MISCELLANEOUS		
T.R.U.E. TEST	Non-Preferred Brands	DC Allergy Extracts MED Medical Drug
OCULAR DISORDERS		
TISSUEBLUE	Non-Preferred Brands	MED Medical Drug
PITUITARY FUNCTION		
ACTHREL	Specialty Drug	S DC Injectables MED Medical Drug
MACRILEN	Specialty Drug	S PA
THYROID FUNCTION		
THYROGEN	Specialty Drug	S DC Injectables PA
URINE AND FECES CONTENTS		
azo	Non-Preferred Brands	
chek-stix	Non-Preferred Brands	DC Diabetic - Urine Test Strips QPD 6.66 per day
chemstrip 10 md	Non-Preferred Brands	DC Diabetic - Urine Test Strips
chemstrip 10 with sg	Non-Preferred Brands	DC Diabetic - Urine Test Strips
chemstrip 2 gp	Non-Preferred Brands	DC Diabetic - Urine Test Strips
chemstrip 50b	Non-Preferred Brands	DC Diabetic - Urine Test Strips

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
chemstrip 7	Non-Preferred Brands	DC Diabetic - Urine Test Strips
chemstrip 9	Non-Preferred Brands	DC Diabetic - Urine Test Strips
combistix reagent	Non-Preferred Brands	DC Diabetic - Urine Test Strips
hema-combistix	Non-Preferred Brands	DC Diabetic - Urine Test Strips
ictotest	Non-Preferred Brands	
keto-diastix reagent	Non-Preferred Brands	DC Diabetic - Urine Test Strips
labstix reagent	Non-Preferred Brands	DC Diabetic - Urine Test Strips
multistix	Non-Preferred Brands	DC Diabetic - Urine Test Strips
multistix 10 sg	Non-Preferred Brands	DC Diabetic - Urine Test Strips
multistix 5	Non-Preferred Brands	DC Diabetic - Urine Test Strips
multistix 7	Non-Preferred Brands	DC Diabetic - Urine Test Strips
multistix 8 sg	Non-Preferred Brands	DC Diabetic - Urine Test Strips
multistix 9	Non-Preferred Brands	DC Diabetic - Urine Test Strips
multistix 9 sg	Non-Preferred Brands	DC Diabetic - Urine Test Strips
uristix 4	Non-Preferred Brands	DC Diabetic - Urine Test Strips
uristix reagent	Non-Preferred Brands	DC Diabetic - Urine Test Strips

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIURETICS		
LOOP DIURETICS		
bumetanide (1 mg tablet, 2 mg tablet)	Generics	HCG
bumetanide 0.5 mg tablet	Generics	
EDECRIN	Non-Preferred Brands	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
ethacrynic acid	Generics	HCG MVG MINIMAL VALUE GENERIC
furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)	Generics	
torsemide	Generics	
OSMOTIC DIURETICS		
mannitol (5% iv solution, 10% iv solution, 20% iv solution, 25% vial)	Generics	DC Injectables MED Medical Drug
OSMITROL	Generics	DC Injectables MED Medical Drug
POTASSIUM-SPARING DIURETICS		
amiloride hcl	Generics	
amiloride-hydrochlorothiazide	Generics	
DYRENIUM	Non-Preferred Brands	PA MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAXZIDE	Non-Preferred Brands	SBA Select Brand Alternative
MAXZIDE-25 MG	Non-Preferred Brands	SBA Select Brand Alternative
triamterene	Generics	PA
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	Generics	
THIAZIDE DIURETICS		
chlorothiazide sodium	Generics	DC Injectables MED Medical Drug
DIURIL	Non-Preferred Brands	
hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 50 mg tab)	Generics	
hydrochlorothiazide 25 mg tab	Generics	
SODIUM DIURIL	Non-Preferred Brands	DC Injectables MED Medical Drug
THIAZIDE-LIKE DIURETICS		
chlorthalidone	Generics	
indapamide	Generics	
metolazone	Generics	
THALITONE	Non-Preferred Brands	
VASOPRESSIN ANTAGONISTS		
JYNARQUE 15 MG TABLET	Specialty Drug	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	Specialty Drug	S PA QPD 2 per day
SAMSCA 15 MG TABLET	Specialty Drug	S PA QPD 1 per day
SAMSCA 30 MG TABLET	Specialty Drug	S PA QPD 2 per day
tolvaptan 15 mg tablet	Specialty Drug	S PA QPD 1 per day
tolvaptan 30 mg tablet	Specialty Drug	S PA QPD 2 per day
DOPAMINE RECEPTOR AGONISTS ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	Generics	HCG
cabergoline	Generics	
CYCLOSET	Non-Preferred Brands	PR PA QPD 6 per day
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN	Specialty Drug	S PA QPD 2 per day
apomorphine hcl	Specialty Drug	S PS PA QPD 2.0 per day
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	Specialty Drug	S PA QPD 5 per day
KYNMOBI TITRATION KIT	Specialty Drug	QL 10 / 30 days S PA
MIRAPEX	Non-Preferred Brands	
MIRAPEX ER	Non-Preferred Brands	
NEUPRO	Non-Preferred Brands	PA
pramipexole dihydrochloride	Generics	
pramipexole er	Generics	
ropinirole er	Generics	
ropinirole hcl	Generics	
ELECTROLYTIC, CALORIC, AND WATER BALANCE ACIDIFYING AGENTS		
K-PHOS ORIGINAL	Non-Preferred Brands	
PHOSPHOROUS 250 MG TABLET	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIRT-PHOS 250 NEUTRAL	Generics	
ALKALINIZING AGENTS		
potassium citrate er	Generics	
UROCIT-K (SR 5 TABLET, SR 10 TABLET)	Non-Preferred Brands	
UROCIT-K ER 15 MEQ TABLET	Non-Preferred Brands	SBA Select Brand Alternative
AMMONIA DETOXICANTS		
BUPHENYL 500 MG TABLET	Specialty Drug	S
CARBAGLU	Specialty Drug	S
carglumic acid	Specialty Drug	S PS
CONSTULOSE	Generics	
ENULOSE	Generics	
GENERLAC	Generics	
KRISTALOSE	Generics	
lactulose 10 gm packet	Generics	HCG MVG MINIMAL VALUE GENERIC
lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)	Generics	
RAVICTI	Specialty Drug	S PA QPD 20 per day
sodium phenylbutyrate 500mg tb	Specialty Drug	S PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALORIC AGENTS		
ACD-A 30 ML VIAL	Generics	MED Medical Drug
CLINOLIPID	Non-Preferred Brands	DC Injectables MED Medical Drug
CYCLINEX-1	Non-Preferred Brands	DC Metabolic Infant Formula
DOJOLVI	Specialty Drug	S PA
EAA	Non-Preferred Brands	DC Nutritional Diet Supplement
ESSENTIAL CARE JR	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYCOSADE 60 G POWDER PACKET	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN 10 PE COMPLETE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN 15 PE COMPLETE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN 20PE BETTERMILK LITE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN BETTERMILK 15-15	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN BETTERMILK 5-5	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN BUILD 10-10	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN BUILD 20-20	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN BURST 10-10	Non-Preferred Brands	DC Nutritional Diet Supplement

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYTACTIN BURST 20-20	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN RESTORE 10 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN RESTORE 10 PE LITE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN RESTORE 5 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN RTD 10 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN RTD 15 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN RTD LITE 15	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN SWIRL 15 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
GLYTACTIN SWIRL 15-15	Non-Preferred Brands	DC Nutritional Diet Supplement
HCY 1	Non-Preferred Brands	DC Metabolic Infant Formula
HOMACTIN AA PLUS 15 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
HOMINEX-1	Non-Preferred Brands	DC Metabolic Infant Formula
KETOVIE 3:1	Non-Preferred Brands	DC Nutritional Diet Supplement
KETOVIE 4:1	Non-Preferred Brands	DC Nutritional Diet Supplement
KETOVIE PLANT-BASED 4:1	Non-Preferred Brands	DC Nutritional Diet Supplement
LANAFLEX	Non-Preferred Brands	DC Nutritional Diet Supplement

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMEGAVEN	Non-Preferred Brands	DC Injectables MED Medical Drug
PHENACTIN AA PLUS 20 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
PHENYLADE GMP DRINK POWDER	Non-Preferred Brands	DC Nutritional Diet Supplement
PHENYLADE GMP MIX-IN POWDER	Non-Preferred Brands	DC Nutritional Diet Supplement
PLENAMINE	Generics	DC Injectables MED Medical Drug
TYLACTIN COMPLETE 15 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
VILACTIN AA PLUS 15 PE	Non-Preferred Brands	DC Nutritional Diet Supplement
IRRIGATING SOLUTIONS		
DELFLEX WITH 2.5% DEXTROSE	Non-Preferred Brands	MED Medical Drug
DELFLEX-2.5% DEXTROSE	Non-Preferred Brands	MED Medical Drug
RIMSO-50	Non-Preferred Brands	MED Medical Drug
REPLACEMENT PREPARATIONS		
calcium acetate 667 mg tablet	Generics	
calcium glu 1,000mg/100ml-nacl	Generics	MED Medical Drug
calcium gluconate-nacl (glu 2,000mg/100ml-nacl, gluc 1,000mg/50ml-nacl)	Generics	DC Injectables MED Medical Drug
dextrose 5%-0.2% nacl-kcl	Generics	MED Medical Drug
dextrose 5%-0.225% nacl-kcl	Generics	MED Medical Drug
dextrose 5%-0.3% nacl-kcl	Generics	MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dextrose 5%-0.45% nacl-kcl	Generics	MED Medical Drug
dextrose 5%-1/2ns-kcl	Generics	MED Medical Drug
dextrose 5%-1/4ns-kcl	Generics	MED Medical Drug
dextrose 5%-ns-kcl	Generics	MED Medical Drug
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	Non-Preferred Brands	
EFFER-K 25 MEQ TABLET EFF	Generics	
KLOR-CON	Generics	
KLOR-CON 10	Generics	
KLOR-CON 8	Generics	
KLOR-CON M10	Generics	
KLOR-CON M15	Non-Preferred Brands	
KLOR-CON M20	Generics	
KLOR-CON-EF	Generics	
potassium acetate	Generics	MED Medical Drug
potassium cl 20 meq packet	Generics	HCG
potassium chloride (er 8 meq capsule, er 8 meq tablet, 10% (20 meq/15ml), 10% (40 meq/30ml), er 10 meq capsule, er 10 meq tablet, er 15 meq tablet, 20% (40 meq/15ml), er 20 meq tablet)	Generics	
potassium chloride (2 meq/ml conc, 10 meq/100 ml sol, 10 meq/5 ml conc, 10 meq/50 ml sol, 20 meq/10 ml conc, 20 meq/100 ml sol, 20 meq/50 ml sol, 30 meq/100 ml sol, 40 meq/100 ml sol, 40 meq/20 ml conc, 60 meq/30 ml conc)	Generics	MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
potassium chloride in d5lr	Generics	MED Medical Drug
potassium chloride-0.45% nacl	Generics	MED Medical Drug
potassium chloride-dextrose 5%	Generics	MED Medical Drug
potassium cl-lidocaine-ns	Generics	MED Medical Drug
potassium phosphates	Generics	MED Medical Drug
sodium chloride (0.45% soln, 0.9% ampule, 200 meq/50 ml)	Generics	
zinc chloride	Generics	MED Medical Drug
URICOSURIC AGENTS		
probenecid	Generics	QPD 4 per day
probenecid-colchicine	Generics	QPD 2 per day
ENZYMES		
ALDURAZYME	Specialty Drug	S DC PA Injectables
AMPHADASE	Non-Preferred Brands	MED Medical Drug
CEREZYME	Specialty Drug	S DC PA Injectables
ELAPRASE	Specialty Drug	S DC PA Injectables
ELELYSO	Specialty Drug	S DC PS PA Injectables

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELITEK	Specialty Drug	S MED Medical Drug
FABRAZYME	Specialty Drug	S DC Injectables PA
HYLENEX	Non-Preferred Brands	DC Injectables MED Medical Drug
HYQVIA HY COMPONENT	Specialty Drug	S DC Immune Serums PA
LUMIZYME	Specialty Drug	S DC Injectables PA
MEPSEVII	Specialty Drug	S DC Injectables MED Medical Drug PA
NAGLAZYME	Specialty Drug	S DC Injectables PA
NEXVIAZYME	Specialty Drug	S DC Injectables MED Medical Drug PA QPD 1.65 per day
PALYNZIQ (10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	Specialty Drug	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	Specialty Drug	S PA QPD 8 per day
REVCOVI	Specialty Drug	S MED Medical Drug
STRENSIQ	Specialty Drug	S PS PA
SUCRAID	Specialty Drug	S PA
VIMIZIM	Specialty Drug	S DC Injectables MED Medical Drug
VITRASE	Non-Preferred Brands	DC Injectables MED Medical Drug
VPRIV	Specialty Drug	S DC Injectables PA
XIAFLEX	Specialty Drug	S DC Injectables PA
ESTROGENS AND ANTIESTROGENS ESTROGEN AGONIST-ANTAGONISTS		
CLOMID	Generics	GL Female DC Fertility Drugs
clomiphene citrate	Generics	GL Female DC Fertility Drugs

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVISTA	Non-Preferred Brands	QPD 1 per day
FARESTON	Specialty Drug	S DC Antineoplastics /Chemo SBA Select Brand Alternative
OSPHENA	Non-Preferred Brands	QPD 1.0 per day
raloxifene hcl	Generics	PR HCR
SOLTAMOX	Non-Preferred Brands	DC Antineoplastics /Chemo PR
tamoxifen citrate	Generics	DC Antineoplastics /Chemo PR HCR
toremifene citrate	Specialty Drug	S DC Antineoplastics /Chemo
ESTROGENS		
ACTIVELLA	Non-Preferred Brands	GL Female QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
ALORA	Non-Preferred Brands	ST GL Female QPD 0.29 per day
AMABELZ	Generics	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANGELIQ	Non-Preferred Brands	GL Female QPD 1 per day
BIJUVA	Non-Preferred Brands	GL Female QPD 1 per day
CLIMARA PRO	Preferred Brands	GL Female QPD 0.15 per day
COMBIPATCH	Non-Preferred Brands	GL Female QPD 0.29 per day
DEPO-ESTRADIOL	Non-Preferred Brands	GL Female
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	Non-Preferred Brands	GL Female QPD 1 per day B4G
DIVIGEL 1.25 MG GEL PACKET	Non-Preferred Brands	GL Female QPD 1.25 per day B4G
DOTTI	Generics	GL Female QPD 0.29 per day
DUAVEE	Preferred Brands	
ELESTRIN	Non-Preferred Brands	GL Female QPD 1.73 per day
estradiol 0.01% cream	Generics	GL Female QPD 4 per day
estradiol (0.5 mg tablet, 1 mg tablet)	Generics	GL Female QPD 1 per day
estradiol 10 mcg vaginal insrt	Generics	GL Female QPD 0.643 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
estradiol 2 mg tablet	Generics	GL Female QPD 1 per day
estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.1 mg patch (1/wk))	Generics	GL Female QPD 0.15 per day
estradiol 0.075 mg patch(1/wk)	Generics	GL Female QPD 0.15 per day HCG
estradiol (twice weekly)	Generics	GL Female QPD 0.29 per day
estradiol valerate	Generics	GL Female HCG
estradiol-norethindrone acetat	Generics	GL Female QPD 1 per day
ESTRING	Non-Preferred Brands	QL 90 days GL Female
ESTROGEL	Non-Preferred Brands	GL Female QPD 1.667 per day
EVAMIST	Preferred Brands	GL Female QPD 0.54 per day
FEMHRT	Non-Preferred Brands	GL Female QPD 1 per day
FEMRING	Non-Preferred Brands	ST GL Female QPD 0.02 per day
FYAVOLV	Generics	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	Preferred Brands	QPD 1 per day
JINTELI	Generics	GL Female QPD 1 per day
LYLLANA	Generics	GL Female QPD 0.29 per day HCG MVG MINIMAL VALUE GENERIC
MENEST	Non-Preferred Brands	GL Female QPD 1 per day
MENOSTAR	Non-Preferred Brands	ST GL Female QPD 0.15 per day
MIMVEY	Generics	GL Female QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
MINIVELLE	Non-Preferred Brands	ST GL Female QPD 0.29 per day
norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)	Generics	QPD 1 per day
PREFEST	Non-Preferred Brands	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMARIN VAGINAL CREAM-APPL	Preferred Brands	GL Female QPD 2 per day
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	Preferred Brands	GL Female QPD 1 per day
PREMARIN 25 MG VIAL	Preferred Brands	
PREMPHASE	Preferred Brands	GL Female QPD 1 per day
PREMPRO	Preferred Brands	GL Female QPD 1 per day
YUVAFEM	Generics	GL Female QPD 0.643 per day
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTIALLERGIC AGENTS		
ALOMIDE	Non-Preferred Brands	QL 10 / fill MVB MINIMAL VALUE BRAND
azelastine hcl 0.05% drops	Generics	QPD 0.267 per day
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	Generics	QPD 2 per day
azelastine-fluticasone	Generics	ST QPD 0.8 per day
bepotastine besilate	Generics	QPD 0.334 per day
DYMISTA	Preferred Brands	QPD 0.8 per day B4G
epinastine hcl	Generics	QPD 0.286 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ketotifen fumarate	Generics	QPD 0.167 per day
olopatadine hcl (0.1% drops, 0.2% drop)	Generics	QPD 0.286 per day
olopatadine 665 mcg nasal spry	Generics	QL 31 / 30 days
PATANASE	Non-Preferred Brands	QL 31 / 30 days
EENT DRUGS, MISCELLANEOUS		
apraclonidine hcl	Generics	QPD 0.8 per day
CYSTADROPS	Specialty Drug	S PA QPD 0.72 per day
CYSTARAN	Specialty Drug	S PA QPD 1 per day
DEBACTEROL SWABSTICK	Non-Preferred Brands	
IOPIDINE	Non-Preferred Brands	QPD 0.8 per day
ipratropium bromide (0.03% spray, 0.06% spray)	Generics	QPD 2 per day
OXERVATE	Specialty Drug	S PA QPD 1 per day
TEPEZZA	Specialty Drug	S DC Injectables MED Medical Drug
VISUDYNE	Specialty Drug	S DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOCAL ANESTHETICS (EENT)		
AKTEN	Non-Preferred Brands	
ALCAINE	Non-Preferred Brands	
NUMBRINO	Non-Preferred Brands	MED Medical Drug
proparacaine hcl	Generics	
tetracaine hcl (eye drop, steri-unit sol)	Generics	
MYDRIATICS		
atropine sulfate (drops, ointment)	Generics	
OMIDRIA	Non-Preferred Brands	DC Injectables MED Medical Drug
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
BEOVU (6 MG/0.05 ML SYRINGE, 6 MG/0.05 ML VIAL)	Specialty Drug	QL 1 / rx S MED Medical Drug PA
EYLEA (2 MG/0.05 ML SYRINGE, 2 MG/0.05 ML VIAL)	Specialty Drug	S DC Injectables 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)	Specialty Drug	S DC Injectables PA QPD 0.04 per day
VABYSMO	Specialty Drug	S MED Medical Drug PA QPD 0.036 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOCONSTRICTORS		
ADRENALIN CHLORIDE	Non-Preferred Brands	PA
phenylephrine hcl (2.5% drop, 10% drops)	Generics	
UPNEEQ	Non-Preferred Brands	AL At least 18 yrs old PA QPD 1 per day
FIRST GENERATION ANTIHISTAMINES ETHANOLAMINE DERIVATIVES		
carbinoxamine 4 mg/5 ml liquid	Generics	AL At least 2 yrs old
carbinoxamine maleate 4 mg tab	Generics	AL At least 6 yrs old
carbinoxamine maleate 6 mg tab	Generics	AL At least 6 yrs old HCG MVG MINIMAL VALUE GENERIC
clemastine fumarate (0.5 mg/5 ml syrup, fum 2.68 mg tab)	Generics	AL At least 6 yrs old
diphenhydramine hcl (12.5 mg/5 ml, 25 mg/10 ml)	Generics	
diphenhydramine hcl (50 mg/ml syrng, 50 mg/ml vial)	Generics	DC Injectables
diphenhydramine-0.9% nacl	Generics	DC Injectables
KARBINAL ER	Non-Preferred Brands	AL At least 2 yrs old
RYVENT	Non-Preferred Brands	ST HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	Generics	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)	Non-Preferred Brands	AL At least 2 yrs old DC Injectables MED Medical Drug
promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 50 mg suppository, 50 mg tablet)	Generics	AL At least 2 yrs old
promethazine 25 mg tablet	Generics	AL At least 2 yrs old
promethazine hcl (25 mg/ml ampul, 25 mg/ml vial, 50 mg/ml ampul, 50 mg/ml vial)	Generics	AL At least 2 yrs old DC Injectables
promethazine hcl-0.9% nacl	Generics	DC Injectables
promethazine vc	Generics	
promethazine-phenylephrine	Generics	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	Generics	AL At least 2 yrs old
PROMETHEGAN 50 MG SUPPOSITORY	Generics	AL At least 2 yrs old MVB Minimal Value Brand
PROPYLAMINE DERIVATIVES		
ABATUSS DMX	Generics	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALLER-CHLOR	Generics	
CONEX SOLUTION	Non-Preferred Brands	
dexchlorpheniramine maleate	Generics	AL At least 2 yrs old HCG MVG MINIMAL VALUE GENERIC
RESPA A.R.	Non-Preferred Brands	
RYCLORA	Non-Preferred Brands	AL At least 2 yrs old MVB Minimal Value Brand
GASTROINTESTINAL DRUGS ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
alosetron hcl	Generics	GL Female AL At least 18 yrs old
APRISO	Preferred Brands	B4G
balsalazide disodium	Generics	
COLAZAL	Non-Preferred Brands	SBA Select Brand Alternative
LOTRONEX	Non-Preferred Brands	GL Female AL At least 18 yrs old PA
mesalamine 4 gm/60 ml kit	Generics	HCG
mesalamine (4 gm/60 ml enema, 1,000 mg supp)	Generics	
mesalamine 800 mg dr tablet	Non-Preferred Brands	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
mesalamine dr 1.2 gm tablet	Generics	
mesalamine dr	Generics	
mesalamine er (er 0.375 gram cap, er 500 mg capsule)	Generics	
PENTASA 250 MG CAPSULE	Non-Preferred Brands	
PENTASA 500 MG CAPSULE	Non-Preferred Brands	B4G
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	Non-Preferred Brands	
SFROWASA	Non-Preferred Brands	
ANTIDIARRHEA AGENTS		
diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)	Generics	
LOMOTIL	Non-Preferred Brands	
loperamide 2 mg capsule	Generics	
MYTESI	Specialty Drug	S
opium tincture	Generics	QPD 5 per day
XERMELO	Specialty Drug	AL At least 18 yrs old S PA
CATHARTICS AND LAXATIVES		
CLENPIQ	Non-Preferred Brands	QPD 11 per day
GAVILYTE-C	Generics	HCR
GAVILYTE-G	Generics	HCR
GAVILYTE-N	Generics	HCR HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCIL INSTANT POWDER	Non-Preferred Brands	
peg 3350-electrolyte	Generics	HCR
peg-3350 and electrolytes	Generics	HCR
PEG-PREP	Generics	
peg3350-sod sul-nacl-kcl-asb-c	Generics	HCR
sod sulf-potass sulf-mag sulf	Non-Preferred Brands	QL 354 / fill ST
SUPREP	Non-Preferred Brands	QL 354 / fill B4G
SUTAB	Non-Preferred Brands	QPD 0.8 per day
TRILYTE WITH FLAVOR PACKETS	Generics	HCR
CHOLELITHOLYTIC AGENTS		
ACTIGALL	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
CHENODAL	Specialty Drug	S
URSO	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
URSO FORTE	Non-Preferred Brands	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	Generics	
DIGESTANTS		
CREON	Preferred Brands	
ZENPEP	Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GI DRUGS, MISCELLANEOUS		
alvimopan	Generics	MED Medical Drug PA
BYLVAY (200 MCG PELLET, 400 MCG CAPSULE)	Specialty Drug	S PA QPD 2.0 per day
BYLVAY 1,200 MCG CAPSULE	Specialty Drug	S PA QPD 5.0 per day
BYLVAY 600 MCG PELLET	Specialty Drug	S PA QPD 10.0 per day
CHOLBAM 250 MG CAPSULE	Specialty Drug	S PA QPD 7 per day
CHOLBAM 50 MG CAPSULE	Specialty Drug	S PA QPD 4 per day
ENDARI	Specialty Drug	S PA QPD 6 per day
ENTEREG	Non-Preferred Brands	MED Medical Drug PA
ENTYVIO	Specialty Drug	QL 2/ 30 days S DC Autoimmune Drugs PA SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GATTEX 5 MG 30-VIAL KIT	Specialty Drug	S PA QPD 0.034 per day
GATTEX 5 MG ONE-VIAL KIT	Specialty Drug	S PA QPD 1 per day
HUMIRA(CF) PEDI CROHN 80-40 MG	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.22 per day PS1 Preferred 1st line
LINZESS	Preferred Brands	ST AL At least 18 yrs old QPD 1 per day
LIVMARLI	Specialty Drug	S PA QPD 3.0 per day
OCALIVA	Specialty Drug	S PA QPD 1 per day
SYMPROIC	Preferred Brands	AL At least 18 yrs old PA QPD 1 per day
VIBERZI	Preferred Brands	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XENICAL	Non-Preferred Brands	DC Anti-Obesity
PROKINETIC AGENTS		
GIMOTI	Specialty Drug	AL At least 18 yrs old S PA QPD 0.334 per day
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)	Generics	
metoclopramide 10 mg/2 ml syr	Generics	DC Injectables MED Medical Drug
metoclopramide 10 mg/2 ml vial	Generics	DC Injectables MED Medical Drug
metoclopramide hcl odt	Generics	
MOTEGRITY	Non-Preferred Brands	AL At least 18 yrs old PA QPD 1 per day
REGLAN	Non-Preferred Brands	
ZELNORM	Non-Preferred Brands	AL Up to 65 yrs old PA QPD 2 per day
GENERAL ANESTHETICS BARBITURATES (GENERAL ANESTHETICS)		
methohexital-sterile water	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY SMOOTH MUSCLE RELAXANTS ANTIMUSCARINICS		
darifenacin er	Generics	QPD 1 per day
DETROL	Non-Preferred Brands	QPD 2 per day SBA Select Brand Alternative
DETROL LA	Non-Preferred Brands	QPD 1 per day SBA Select Brand Alternative
DITROPAN XL 10 MG TABLET	Non-Preferred Brands	QPD 2 per day SBA Select Brand Alternative
DITROPAN XL 5 MG TABLET	Non-Preferred Brands	QPD 1 per day SBA Select Brand Alternative
fesoterodine fumarate er	Generics	QPD 1.0 per day
flavoxate hcl	Generics	
GELNIQUE	Non-Preferred Brands	ST QPD 1 per day
oxybutynin 5 mg/5 ml syrup	Generics	QPD 20 per day
oxybutynin 5 mg tablet	Generics	QPD 4 per day
oxybutynin chloride er (er 10 mg tablet, er 15 mg tablet)	Generics	QPD 2 per day
oxybutynin cl er 5 mg tablet	Generics	QPD 1 per day
OXYTROL	Non-Preferred Brands	ST QPD 0.357 per day
solifenacin succinate	Generics	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tolterodine tartrate	Generics	QPD 2 per day
tolterodine tartrate er	Generics	QPD 1 per day
TOVIAZ	Non-Preferred Brands	QPD 1 per day
trospium chloride	Generics	QPD 2 per day
trospium chloride er	Generics	QPD 1 per day
GOLD COMPOUNDS		
RIDAURA	Specialty Drug	S
GONADOTROPINS AND ANTIGONADOTROPINS ANTIGONADTROPINS		
CETROTIDE	Specialty Drug	GL Female S DC Fertility Drugs PS PA B4G
FIRMAGON	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
FYREMADEL	Specialty Drug	GL Female S DC Fertility Drugs PA
ganirelix acetate	Specialty Drug	GL Female S DC Fertility Drugs PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYFEMBREE	Preferred Brands	AL At least 18 yrs old PA QPD 1.0 per day
ORGOVYX	Specialty Drug	S DC Antineoplastics /Chemo PS PA
ORIAHNN	Preferred Brands	AL At least 18 yrs old PA QPD 2 per day
ORILISSA 150 MG TABLET	Preferred Brands	AL At least 18 yrs old PA QPD 1 per day
ORILISSA 200 MG TABLET	Preferred Brands	AL At least 18 yrs old PA QPD 2 per day
GONADOTROPINS		
chorionic gonad 10,000 unit vl	Specialty Drug	S DC Fertility Drugs
ELIGARD	Specialty Drug	S DC Antineoplastics /Chemo PA
FOLLISTIM AQ	Specialty Drug	S DC Fertility Drugs PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GONAL-F	Specialty Drug	S DC PS PA Fertility Drugs
GONAL-F RFF	Specialty Drug	GL Female S DC PS PA Fertility Drugs
GONAL-F RFF REDI-JECT	Specialty Drug	GL Female S DC PS PA Fertility Drugs
leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	Specialty Drug	S DC PA Antineoplastics /Chemo
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	Specialty Drug	S DC PA Antineoplastics /Chemo
LUPRON DEPOT 11.25 MG 3MO KIT	Specialty Drug	S PA SDS Extended Specialty Day Supply
LUPRON DEPOT 3.75 MG KIT	Specialty Drug	S PA
LUPRON DEPO 11.25MG (LUPANETA)	Specialty Drug	S PA SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT 3.75MG (LUPANETA)	Specialty Drug	S PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	Specialty Drug	S PA
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	Specialty Drug	S PA SDS Extended Specialty Day Supply
MENOPUR	Specialty Drug	GL Female S DC Fertility Drugs PA
NOVAREL	Specialty Drug	S DC Fertility Drugs PA
OVIDREL	Specialty Drug	S DC Fertility Drugs PS PA
PREGNYL	Specialty Drug	S DC Fertility Drugs PA
SUPPRELIN LA	Specialty Drug	S DC Injectables PA
SYNAREL	Specialty Drug	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRELSTAR	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
VANTAS	Specialty Drug	S DC Antineoplastics /Chemo PA
ZOLADEX	Specialty Drug	S DC Antineoplastics /Chemo PA
HCV ANTIVIRALS HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA 150-37.5 MG PELLET PKT	Specialty Drug	S PS PA QPD 1.0 per day
EPCLUSA 200-50 MG PELLET PACK	Specialty Drug	S PS PA QPD 2.0 per day
EPCLUSA (200 MG-50 MG TABLET, 400 MG-100 MG TABLET)	Specialty Drug	S PS PA QPD 1 per day
HARVONI (33.75-150 MG PELLET PK, 45-200 MG TABLET, 90-400 MG TABLET)	Specialty Drug	S PS PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HARVONI 45-200 MG PELLET PACKT	Specialty Drug	S PS PA QPD 2 per day
ledipasvir-sofosbuvir	Specialty Drug	S PS PA QPD 1 per day
sofosbuvir-velpatasvir	Specialty Drug	S PS PA QPD 1 per day
SOVALDI 200 MG PELLET PACKET	Specialty Drug	S PS PA QPD 2 per day
SOVALDI (150 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET)	Specialty Drug	S PS PA QPD 1 per day
VOSEVI	Specialty Drug	S PS PA QPD 1 per day
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET 50-20 MG PELLET PACKET	Specialty Drug	S PS PA QPD 5.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 100-40 MG TABLET	Specialty Drug	S PS PA QPD 3 per day
HCV REPLICATION COMPLEX INHIBITORS		
VIEKIRA PAK	Specialty Drug	S PA QPD 4 per day
ZEPATIER	Specialty Drug	S PA QPD 1 per day
HEAVY METAL ANTAGONISTS		
BAL IN OIL	Non-Preferred Brands	DC Injectables MED Medical Drug
calcium disodium versenate	Generics	DC Injectables MED Medical Drug
CHEMET	Specialty Drug	S
CUPRIMINE	Specialty Drug	S PA
D-PENAMINE	Specialty Drug	S PA
deferasirox (90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)	Specialty Drug	S PS PA
deferiprone	Specialty Drug	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
deferiprone (3 times a day)	Specialty Drug	S PS PA
deferoxamine mesylate	Generics	DC Injectables MED Medical Drug
DEPEN	Specialty Drug	S PA B4G SBA SELECT BRAND ALTERNATIVE
DESFERAL	Non-Preferred Brands	DC Injectables MED Medical Drug
DESFERAL MESYLATE	Non-Preferred Brands	DC Injectables MED Medical Drug
EXJADE	Specialty Drug	S PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	Specialty Drug	S PA
FERRIPROX (2 TIMES A DAY)	Specialty Drug	S PA
FERRIPROX (3 TIMES A DAY)	Specialty Drug	S PA
GALZIN	Non-Preferred Brands	
JADENU	Specialty Drug	S PA
JADENU SPRINKLE	Specialty Drug	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
penicillamine (250 mg capsule, 250 mg tablet)	Specialty Drug	S PA
pentetate calcium trisodium	Generics	DC Injectables MED Medical Drug
pentetate zinc trisodium	Generics	DC Injectables MED Medical Drug
trientine hcl	Specialty Drug	S PS PA
WILZIN	Non-Preferred Brands	
HORMONES AND SYNTHETIC SUBSTITUTES ADRENALS		
A-HYDROCORT	Non-Preferred Brands	DC Injectables MED Medical Drug
betamethasone sod phos-acetate	Generics	DC Injectables MED Medical Drug
budesonide dr	Generics	HCG
budesonide ec	Generics	HCG
budesonide er	Generics	PA
CELESTONE	Non-Preferred Brands	DC Injectables MED Medical Drug
DEPO-MEDROL	Non-Preferred Brands	DC Injectables
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXAMETHASONE INTENSOL	Non-Preferred Brands	
dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syring, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)	Generics	DC Injectables
dexamethasone-0.9% nacl	Generics	DC Injectables
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	Specialty Drug	AL At least 2 yrs old S PA
ENTOCORT EC	Non-Preferred Brands	
fludrocortisone acetate	Generics	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	Generics	
INTRAROSA	Non-Preferred Brands	AL At least 18 yrs old QPD 1 per day
KENALOG-10	Non-Preferred Brands	DC Injectables
KENALOG-80	Non-Preferred Brands	DC Injectables MED Medical Drug
MEDROL (2 MG TABLET, 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	Non-Preferred Brands	
methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)	Generics	
methylprednisolone acetate (40 mg/ml vl, 80 mg/ml vl, 200 mg/5 ml, 400 mg/10ml, 400 mg/5 ml, 800 mg/10ml)	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methylprednisolone sodium succ	Generics	DC Injectables MED Medical Drug
MILLIPRED	Non-Preferred Brands	MVB Minimal Value Brand
MILLIPRED DP	Non-Preferred Brands	MVB Minimal Value Brand
ORAPRED ODT	Non-Preferred Brands	
PEDIAPRED	Non-Preferred Brands	
prednisolone	Generics	
prednisolone sodium phos odt	Generics	
prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)	Generics	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)	Generics	
PREDNISONE INTENSOL	Non-Preferred Brands	
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)	Non-Preferred Brands	DC Injectables
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	Non-Preferred Brands	DC Injectables MED Medical Drug
TARPEYO	Specialty Drug	S PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
triamcinolone acetonide (40 mg/ml vl, 40mg/ml vl, 50mg/5ml vl, 200 mg/5 ml, 400 mg/10ml)	Generics	DC Injectables
UCERIS 2 MG RECTAL FOAM	Non-Preferred Brands	
VERIPRED 20	Non-Preferred Brands	
ANDROGENS		
ANADROL-50	Non-Preferred Brands	GL Male DC Anabolic Steroids
ANDRODERM 2 MG/24HR PATCH	Preferred Brands	GL Male PA QPD 1 per day SDS Extended Specialty Day Supply
ANDRODERM 4 MG/24HR PATCH	Preferred Brands	GL Male PA QPD 1 per day
ANDROID	Non-Preferred Brands	GL Male PA MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
danazol	Generics	
estrogen-methyltestosterone	Generics	GL Female
METHITEST	Non-Preferred Brands	GL Male PA MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methyltestosterone	Generics	GL Male HCG MVG MINIMAL VALUE GENERIC
OXANDRIN	Non-Preferred Brands	DC Anabolic Steroids PA
oxandrolone	Generics	DC Anabolic Steroids PA
testosterone 50 mg/5 gram gel	Generics	QL 300 / 30 days GL Male
testosterone (1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 50 mg/5 gram pkt)	Generics	GL Male QPD 5 per day
testosterone 12.5 mg/1.25 gram	Generics	GL Male QPD 10 per day
testosterone 1% (25mg/2.5g) pk	Generics	GL Male QPD 2.5 per day
testosterone cypionate	Generics	GL Male
testosterone enanthate	Generics	GL Male
TESTRED	Non-Preferred Brands	GL Male PA MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
XYOSTED	Non-Preferred Brands	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTRACEPTIVES		
AFIRMELLE	Generics	GL Female DC Contraceptives - Oral HCR
ALTAVERA	Generics	GL Female DC Contraceptives - Oral HCR
ALYACEN	Generics	GL Female DC Contraceptives - Oral HCR
AMETHIA	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
AMETHIA LO	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
AMETHYST	Generics	GL Female DC Contraceptives - Oral HCR
ANNOVERA	Non-Preferred Brands	QL max 1 per 365 days GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
APRI	Generics	GL Female DC Contraceptives - Oral HCR
ARANELLE	Generics	GL Female DC Contraceptives - Oral HCR
ASHLYNA	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
AUBRA	Generics	GL Female DC Contraceptives - Oral HCR
AUBRA EQ	Generics	GL Female DC Contraceptives - Oral HCR
AUROVELA	Generics	GL Female DC Contraceptives - Oral HCR
AUROVELA 24 FE	Generics	GL Female DC Contraceptives - Oral HCR
AUROVELA FE	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVIANE	Generics	GL Female DC Contraceptives - Oral HCR
AYUNA	Generics	GL Female DC Contraceptives - Oral HCR
AZURETTE	Generics	GL Female DC Contraceptives - Oral HCR
BALCOLTRA	Non-Preferred Brands	GL Female DC Contraceptives - Oral
BALZIVA	Generics	GL Female DC Contraceptives - Oral HCR
BEKYREE	Generics	GL Female DC Contraceptives - Oral HCR
BLISOVI 24 FE	Generics	GL Female DC Contraceptives - Oral HCR
BLISOVI FE	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRIELLYN	Generics	GL Female DC Contraceptives - Oral HCR
CAMILA	Generics	GL Female DC Contraceptives - Oral HCR
CAMRESE	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
CAMRESE LO	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
CAZIANT	Generics	GL Female DC Contraceptives - Oral HCR
CHARLOTTE 24 FE	Generics	GL Female DC Contraceptives - Oral HCR
CHATEAL	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHATEAL EQ	Generics	GL Female DC Contraceptives - Oral HCR
CRYSELLE	Generics	GL Female DC Contraceptives - Oral HCR
CYCLAFEM	Generics	GL Female DC Contraceptives - Oral HCR
CYRED	Generics	GL Female DC Contraceptives - Oral HCR
CYRED EQ	Generics	GL Female DC Contraceptives - Oral HCR
DASETTA	Generics	GL Female DC Contraceptives - Oral HCR
DAYSEE	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
DEBLITANE	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
desogestr-eth estrad eth estra	Generics	GL Female DC Contraceptives - Oral HCR
desogestrel-ethinyl estradiol	Generics	GL Female DC Contraceptives - Oral HCR
DOLISHALE	Generics	GL Female DC Contraceptives - Oral HCR
drosp-ee-levomef 3-0.02-0.451	Generics	GL Female DC Contraceptives - Oral HCR HCG
drosp-ee-levomef 3-0.03-0.451	Generics	GL Female DC Contraceptives - Oral HCR
drospirenone-ethinyl estradiol	Generics	GL Female DC Contraceptives - Oral HCR
ELINEST	Generics	GL Female DC Contraceptives - Oral HCR
ELLA	Non-Preferred Brands	GL Female DC Contraceptives - Oral HCR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELURYNG	Generics	GL Female DC Contraceptives - Oral HCR
EMOQUETTE	Generics	GL Female DC Contraceptives - Oral HCR
ENPRESSE	Generics	GL Female DC Contraceptives - Oral HCR
ENSKYCE	Generics	GL Female DC Contraceptives - Oral HCR
ERRIN	Generics	GL Female DC Contraceptives - Oral HCR
ESTARYLLA	Generics	GL Female DC Contraceptives - Oral HCR
ethynodiol-ethinyl estradiol	Generics	GL Female DC Contraceptives - Oral HCR
etonogestrel-ethinyl estradiol	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FALMINA	Generics	GL Female DC Contraceptives - Oral HCR
FEMYNOR	Generics	GL Female DC Contraceptives - Oral HCR
FINZALA	Generics	GL Female DC Contraceptives - Oral HCR
GEMMILY	Generics	GL Female DC Contraceptives - Oral HCR
GIANVI	Generics	GL Female DC Contraceptives - Oral HCR
HAILEY	Generics	GL Female DC Contraceptives - Oral HCR
HAILEY 24 FE	Generics	GL Female DC Contraceptives - Oral HCR
HAILEY FE	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEATHER	Generics	GL Female DC Contraceptives - Oral HCR
ICLEVIA	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
INCASSIA	Generics	GL Female DC Contraceptives - Oral HCR
ISIBLOOM	Generics	GL Female DC Contraceptives - Oral HCR
JAIMIESS	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
JASMIEL	Generics	GL Female DC Contraceptives - Oral HCR
JENCYCLA	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JOLESSA	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
JULEBER	Generics	GL Female DC Contraceptives - Oral HCR
JUNEL	Generics	GL Female DC Contraceptives - Oral HCR
JUNEL FE	Generics	GL Female DC Contraceptives - Oral HCR
JUNEL FE 24	Generics	GL Female DC Contraceptives - Oral HCR
KAITLIB FE	Generics	GL Female DC Contraceptives - Oral HCR
KALLIGA	Generics	GL Female DC Contraceptives - Oral HCR
KARIVA	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KELNOR 1-35	Generics	GL Female DC Contraceptives - Oral HCR
KELNOR 1-50	Generics	GL Female DC Contraceptives - Oral HCR
KURVELO	Generics	GL Female DC Contraceptives - Oral HCR
KYLEENA	Specialty Drug	GL Female S DC Contraceptives - IUD HCR PS SDS Extended Specialty Day Supply
LARIN	Generics	GL Female DC Contraceptives - Oral HCR
LARIN 24 FE	Generics	GL Female DC Contraceptives - Oral HCR
LARIN FE	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LARISSIA	Generics	GL Female DC Contraceptives - Oral HCR
LAYOLIS FE	Generics	GL Female DC Contraceptives - Oral HCR
LEENA	Generics	GL Female DC Contraceptives - Oral HCR
LESSINA	Generics	GL Female DC Contraceptives - Oral HCR
LEVONEST	Generics	GL Female DC Contraceptives - Oral HCR
levonorg-eth estrad eth estrad	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
levonorgestrel-eth estradiol	Generics	GL Female DC Contraceptives - Oral HCR
LEVORA-28	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LILETTA	Specialty Drug	S DC Contraceptives - IUD MED Medical Drug SDS Extended Specialty Day Supply
LILLOW	Generics	GL Female DC Contraceptives - Oral HCR
LO-ZUMANDIMINE	Generics	GL Female DC Contraceptives - Oral HCR
LOJAIMIESS	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
LORYNA	Generics	GL Female DC Contraceptives - Oral HCR
LOW-OGESTREL	Generics	GL Female DC Contraceptives - Oral HCR
LUTERA	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYLEQ	Generics	GL Female DC Contraceptives - Oral HCR
LYZA	Generics	GL Female DC Contraceptives - Oral HCR
MARLISSA	Generics	GL Female DC Contraceptives - Oral HCR
MELODETTA 24 FE	Generics	GL Female DC Contraceptives - Oral HCR HCG
MERZEE	Generics	GL Female DC Contraceptives - Oral HCR
MIBELAS 24 FE	Generics	GL Female DC Contraceptives - Oral HCR HCG
MICROGESTIN	Generics	GL Female DC Contraceptives - Oral HCR
MICROGESTIN 24 FE	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MICROGESTIN FE	Generics	GL Female DC Contraceptives - Oral HCR
MILI	Generics	GL Female DC Contraceptives - Oral HCR
MIRENA	Specialty Drug	GL Female S DC Contraceptives - IUD HCR PS SDS Extended Specialty Day Supply
MONO-LINYAH	Generics	GL Female DC Contraceptives - Oral HCR
NATAZIA	Preferred Brands	GL Female DC Contraceptives - Oral HCR
NECON	Generics	GL Female DC Contraceptives - Oral HCR
NEXPLANON	Specialty Drug	S DC Contraceptives - Progestin Implants HCR SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIKKI	Generics	GL Female DC Contraceptives - Oral HCR
NORA-BE	Generics	GL Female DC Contraceptives - Oral HCR
norethin-eth estra-ferrous fum	Generics	GL Female DC Contraceptives - Oral HCR
norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)	Generics	GL Female DC Contraceptives - Oral HCR
norethindrone	Generics	GL Female DC Contraceptives - Oral HCR
norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)	Generics	GL Female DC Contraceptives - Oral HCR
noreth-ee-fe 1-0.02(24)-75 chw	Generics	GL Female DC Contraceptives - Oral HCR HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
noreth-ee-fe 1 mg/20-30-35 mcg	Generics	GL Female DC Contraceptives - Oral HCR
norgestimate-ethinyl estradiol	Generics	GL Female DC Contraceptives - Oral HCR
NORLYDA	Generics	GL Female DC Contraceptives - Oral HCR
NORTREL	Generics	GL Female DC Contraceptives - Oral HCR
NYLIA	Generics	GL Female DC Contraceptives - Oral HCR
NYMYO	Generics	GL Female DC Contraceptives - Oral HCR
OCELLA	Generics	GL Female DC Contraceptives - Oral HCR
ORSYTHIA	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARAGARD T 380-A	Specialty Drug	S DC Contraceptives - IUD HCR SDS Extended Specialty Day Supply
PHILITH	Generics	GL Female DC Contraceptives - Oral HCR
PIMTREA	Generics	GL Female DC Contraceptives - Oral HCR
PIRMELLA	Generics	GL Female DC Contraceptives - Oral HCR
PORTIA	Generics	GL Female DC Contraceptives - Oral HCR
PREVIFEM	Generics	GL Female DC Contraceptives - Oral HCR
RECLIPSEN	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SETLAKIN	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
SHAROBEL	Generics	GL Female DC Contraceptives - Oral HCR
SIMLIYA	Generics	GL Female DC Contraceptives - Oral HCR
SIMPESSE	Generics	QL 91 days GL Female DC Contraceptives - Extended Cycle HCR
SKYLA	Specialty Drug	GL Female S DC Contraceptives - IUD HCR PS SDS Extended Specialty Day Supply
SPRINTEC	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SRONYX	Generics	GL Female DC Contraceptives - Oral HCR
SYEDA	Generics	GL Female DC Contraceptives - Oral HCR
TARINA 24 FE	Generics	GL Female DC Contraceptives - Oral HCR
TARINA FE	Generics	GL Female DC Contraceptives - Oral HCR
TARINA FE 1-20 EQ	Generics	GL Female DC Contraceptives - Oral HCR
TAYSOFY	Generics	GL Female DC Contraceptives - Oral HCR
TAYTULLA	Non-Preferred Brands	ST GL Female DC Contraceptives - Oral MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TILIA FE	Generics	GL Female DC Contraceptives - Oral HCR
TRI FEMYNOR	Generics	GL Female DC Contraceptives - Oral HCR
TRI-ESTARYLLA	Generics	GL Female DC Contraceptives - Oral HCR
TRI-LEGEST FE	Generics	GL Female DC Contraceptives - Oral HCR
TRI-LINYAH	Generics	GL Female DC Contraceptives - Oral HCR
TRI-LO-ESTARYLLA	Generics	GL Female DC Contraceptives - Oral HCR
TRI-LO-MARZIA	Generics	GL Female DC Contraceptives - Oral HCR
TRI-LO-MILI	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-LO-SPRINTEC	Generics	GL Female DC Contraceptives - Oral HCR
TRI-MILI	Generics	GL Female DC Contraceptives - Oral HCR
TRI-NYMYO	Generics	GL Female DC Contraceptives - Oral HCR
TRI-PREVIFEM	Generics	GL Female DC Contraceptives - Oral HCR
TRI-SPRINTEC	Generics	GL Female DC Contraceptives - Oral HCR
TRI-VYLIBRA	Generics	GL Female DC Contraceptives - Oral HCR
TRI-VYLIBRA LO	Generics	GL Female DC Contraceptives - Oral HCR
TRIVORA-28	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TULANA	Generics	GL Female DC Contraceptives - Oral HCR
TYBLUME	Generics	GL Female DC Contraceptives - Oral HCR
TYDEMY	Generics	GL Female DC Contraceptives - Oral HCR
VELIVET	Generics	GL Female DC Contraceptives - Oral HCR
VESTURA	Generics	GL Female DC Contraceptives - Oral HCR
VIENVA	Generics	GL Female DC Contraceptives - Oral HCR
VIORELE	Generics	GL Female DC Contraceptives - Oral HCR
VOLNEA	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYFEMLA	Generics	GL Female DC Contraceptives - Oral HCR
VYLIBRA	Generics	GL Female DC Contraceptives - Oral HCR
WERA	Generics	GL Female DC Contraceptives - Oral HCR
WYMZYA FE	Generics	GL Female DC Contraceptives - Oral HCR HCG
XULANE	Non-Preferred Brands	GL Female DC Contraceptives - Patch HCR QPD 0.12 per day
ZAFEMY	Generics	GL Female DC Contraceptives - Patch HCR QPD 0.124 per day
ZARAH	Generics	GL Female DC Contraceptives - Oral HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOVIA 1-35	Generics	GL Female DC Contraceptives - Oral HCR
ZOVIA 1-35E	Generics	GL Female DC Contraceptives - Oral HCR
ZUMANDIMINE	Generics	GL Female DC Contraceptives - Oral HCR
LEPTINS		
MYALEPT	Specialty Drug	S PA
PITUITARY		
DDAVP (0.1 MG TABLET, 0.2 MG TABLET, 10 MCG/0.1 ML SOLUTION)	Non-Preferred Brands	
DDAVP (4 MCG/ML AMPUL, 40 MCG/10 ML VIAL)	Non-Preferred Brands	DC Injectables MED Medical Drug
desmopressin ac 4 mcg/ml ampul	Generics	DC Injectables MED Medical Drug
desmopressin acetate (0.01% solution, 10 mcg/0.1 ml spr)	Generics	
desmopressin acetate (0.1 mg tb, 0.2 mg tb)	Generics	
desmopressin acetate (ac 4 mcg/ml vial, 40 mcg/10 ml vial)	Generics	DC Injectables MED Medical Drug HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOCDURNA	Non-Preferred Brands	PA QPD 1 per day
NORDITROPIN FLEXPRO	Specialty Drug	S DC Growth Hormone PS PA
SEROSTIM	Specialty Drug	S DC Growth Hormone PA QPD 1 per day
ZORBTIVE	Specialty Drug	S DC Growth Hormone PA QPD 1 per day
PROGESTINS		
AYGESTIN	Non-Preferred Brands	GL Female
CRINONE 4% GEL	Non-Preferred Brands	GL Female
CRINONE 8% GEL	Non-Preferred Brands	GL Female DC Fertility Drugs QPD 2.5 per day
DEPO-PROVERA 150 MG/ML SYRINGE	Non-Preferred Brands	QL 90 days GL Female DC Contraceptives - Injectable SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEPO-PROVERA 150 MG/ML VIAL	Non-Preferred Brands	GL Female DC Contraceptives - Injectable SDS Extended Specialty Day Supply
DEPO-SUBQ PROVERA 104	Non-Preferred Brands	QL 90 days GL Female DC Contraceptives - Injectable HCR PA SDS Extended Specialty Day Supply
ENDOMETRIN	Non-Preferred Brands	GL Female DC Fertility Drugs QPD 3 per day
hydroxyprogesterone caproate (hydroxyprogest 250 mg/ml vial, hydroxyprogest 1,250 mg/5 ml, hydroxyprogesterone 1.25 g/5ml)	Specialty Drug	GL Female S DC Injectables PS PA
MAKENA 275 MG/1.1 ML AUTOINJCT	Specialty Drug	GL Female S PS PA
MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)	Specialty Drug	GL Female S DC Injectables PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
medroxyprogesterone 150 mg/ml	Generics	QL 90 days GL Female DC Contraceptives - Injectable HCR QPD 0.04 per day SDS Extended Specialty Day Supply
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	Generics	GL Female
megestrol acetate (acet 40 mg/ml susp, acet 400 mg/10 ml, 625 mg/5 ml susp)	Generics	
megestrol acetate (20 mg tablet, 40 mg tablet)	Generics	DC Antineoplastics /Chemo
norethindrone ac (lupaneta)	Generics	GL Female
norethindrone acetate	Generics	GL Female
progesterone (100 mg capsule, 200 mg capsule)	Generics	GL Female
progesterone 500 mg/10 ml vial	Generics	GL Female
PROVERA	Non-Preferred Brands	GL Female
HYPOTENSIVE AGENTS CENTRAL ALPHA-AGONISTS		
CATAPRES	Non-Preferred Brands	SBA Select Brand Alternative
clonidine (0.2 mg/day patch, 0.3 mg/day patch)	Generics	QPD 0.4 per day HCG
clonidine 0.1 mg/day patch	Generics	QPD 0.15 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	Generics	
clonidine hcl er 0.1 mg tablet	Generics	DC ADD Drugs QPD 4 per day HCG
clonidine hcl er 0.17 mg tab	Non-Preferred Brands	QPD 3.0 per day
guanfacine hcl	Generics	
KAPVAY	Non-Preferred Brands	ST DC ADD Drugs QPD 4 per day SBA Select Brand Alternative
methyldopa	Generics	
methyldopa-hydrochlorothiazide	Generics	
methyldopate hcl	Generics	DC Injectables MED Medical Drug
NEXICLON XR	Non-Preferred Brands	QPD 3.0 per day MVB Minimal Value Brand
DIRECT VASODILATORS		
BIDIL	Non-Preferred Brands	PR QPD 6 per day
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	Generics	PR
hydralazine 20 mg/ml vial	Generics	DC Injectables MED Medical Drug
isosorbide dinit-hydralazine	Generics	PR QPD 6.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
minoxidil (2.5 mg tablet, 10 mg tablet)	Generics	PR
NITROPRESS	Generics	DC Injectables MED Medical Drug
sodium nitroprusside	Generics	DC Injectables MED Medical Drug
HYPOTENSIVE AGENTS, MISCELLANEOUS		
CORLOPAM	Non-Preferred Brands	DC Injectables MED Medical Drug
VECAMYL	Specialty Drug	S PA
INSULINS INTERMEDIATE-ACTING INSULINS		
HUMULIN 70-30	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
HUMULIN 70/30 KWIKPEN	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
HUMULIN N	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMULIN N KWIKPEN	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
LONG-ACTING INSULINS		
LANTUS	Preferred Brands	QL 90 days DC Diabetic - Insulin PR B4G SDS Extended Specialty Day Supply
LANTUS SOLOSTAR	Preferred Brands	QL 90 days DC Diabetic - Insulin PR B4G SDS Extended Specialty Day Supply
SOLIQUA 100-33	Preferred Brands	DC Diabetic - Insulin PR PA QPD 0.6 per day SDS Extended Specialty Day Supply
TOUJEO MAX SOLOSTAR	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOUJEO SOLOSTAR	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
XULTOPHY 100-3.6	Non-Preferred Brands	DC Diabetic - Insulin PR PA QPD 0.5 per day SDS Extended Specialty Day Supply
RAPID-ACTING INSULINS		
AFREZZA	Non-Preferred Brands	QL 90 days DC Diabetic - Insulin PR PA SDS Extended Specialty Day Supply
HUMALOG 100 UNIT/ML CARTRIDGE	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
HUMALOG 100 UNIT/ML VIAL	Preferred Brands	QL 90 days DC Diabetic - Insulin PR B4G SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG JUNIOR KWIKPEN	Preferred Brands	QL 90 days DC Diabetic - Insulin PR B4G SDS Extended Specialty Day Supply
HUMALOG KWIKPEN U-100	Preferred Brands	QL 90 days DC Diabetic - Insulin PR B4G SDS Extended Specialty Day Supply
HUMALOG KWIKPEN U-200	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
HUMALOG MIX 50-50	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
HUMALOG MIX 50-50 KWIKPEN	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 75-25	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
HUMALOG MIX 75-25 KWIKPEN	Preferred Brands	QL 90 days DC Diabetic - Insulin PR B4G SDS Extended Specialty Day Supply
LYUMJEV	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
LYUMJEV KWIKPEN U-100	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
LYUMJEV KWIKPEN U-200	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHORT-ACTING INSULINS		
HUMULIN R	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
HUMULIN R U-500	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
HUMULIN R U-500 KWIKPEN	Preferred Brands	QL 90 days DC Diabetic - Insulin PR SDS Extended Specialty Day Supply
MYXREDLIN	Non-Preferred Brands	QL 90 days DC Diabetic - Insulin MED Medical Drug SDS Extended Specialty Day Supply
ION-REMOVING AGENTS OTHER ION-REMOVING AGENTS		
RADIOGARDASE	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSPHATE-REMOVING AGENTS		
AURYXIA	Non-Preferred Brands	
calcium acetate (667 mg capsule, 667 mg gelcap)	Generics	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	Non-Preferred Brands	
FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW)	Non-Preferred Brands	SBA Select Brand Alternative
FOSRENOL 1,000 MG TABLET CHEW	Non-Preferred Brands	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
lanthanum carb 1,000 mg tb chw	Generics	HCG MVG MINIMAL VALUE GENERIC
lanthanum carbonate (500 mg tab chew, 750 mg tab chew)	Generics	
PHOSLYRA	Non-Preferred Brands	
RENVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET, 800 MG TABLET)	Non-Preferred Brands	
sevelamer 2.4 gm powder packet	Generics	HCG
sevelamer carbonate (0.8 gm powder packet, carbonate 800 mg tab)	Generics	
sevelamer hcl	Generics	
VELPHORO	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM-REMOVING AGENTS		
KIONEX	Generics	
LOKELMA	Non-Preferred Brands	QPD 1 per day
sodium polystyrene sulfonate (sod polystyren 15 g/60 ml, sodium polystyrene powder)	Generics	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	Generics	
VELTASSA	Non-Preferred Brands	QPD 1 per day
KALLIKREIN-KININ SYSTEM INHIBITORS		
BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR	Specialty Drug	S PA QPD 1.29 per day
icatibant	Specialty Drug	S PS PA QPD 1.29 per day
SAJAZIR	Specialty Drug	S PS PA QPD 1.29 per day
COMPLEMENT INHIBITORS		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	Specialty Drug	S DC Injectables PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CINRYZE	Specialty Drug	S DC Injectables PA
HAEGARDA	Specialty Drug	S PA QPD 1.25 per day
RUCONEST	Specialty Drug	S DC Injectables PA QPD 0.87 per day
SOLIRIS	Specialty Drug	S DC Injectables PA
ULTOMIRIS	Specialty Drug	S DC Injectables MED Medical Drug PA
KALLIKREIN INHIBITORS		
KALBITOR	Specialty Drug	S PA
ORLADEYO	Specialty Drug	S PA QPD 1 per day
TAKHZYRO 300 MG/2 ML SYRINGE	Specialty Drug	S PA QPD 0.114 per day
TAKHZYRO 300 MG/2 ML VIAL	Specialty Drug	S PA QPD 0.144 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOCAL ANESTHETICS (PARENTERAL)		
lidocaine 50 mg/5 ml (1%) syrg	Generics	DC Injectables MED Medical Drug
ropivacaine 0.5% 1000 mg/200ml	Generics	DC Injectables MED Medical Drug
ropivacaine 0.5% 500 mg/100 ml	Generics	MED Medical Drug
XARACOLL	Non-Preferred Brands	MED Medical Drug
ZYNRELEF	Non-Preferred Brands	MED Medical Drug
MACROLIDE ANTIBIOTICS **ERYTHROMYCIN ANTIBIOTICS**		
E.E.S. 200	Non-Preferred Brands	SBA Select Brand Alternative
E.E.S. 400	Non-Preferred Brands	
ERY-TAB	Non-Preferred Brands	
ERYPED 200	Non-Preferred Brands	
ERYPED 400	Non-Preferred Brands	SBA Select Brand Alternative
ERYTHROCIN LACTOBIONATE (1 GM ADDVANT VIAL, 500 MG ADDVAN VIAL, LACT 500 MG VIAL)	Non-Preferred Brands	DC Injectables MED Medical Drug
ERYTHROCIN STEARATE	Non-Preferred Brands	
erythromycin (250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)	Generics	
erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
erythromycin lactobionate	Non-Preferred Brands	DC Injectables MED Medical Drug
OTHER MACROLIDE ANTIBIOTICS		
azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg tablet, 600 mg tablet)	Generics	
azithromycin 250 mg tablet	Generics	QL 6 / 5 days
azithromycin (500 mg add-van vl, i.v. 500 mg vial)	Generics	DC Injectables MED Medical Drug
clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)	Generics	
clarithromycin er	Generics	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	Non-Preferred Brands	PA
ZITHROMAX 100 MG/5 ML SUSP	Non-Preferred Brands	QL 30 / fill
ZITHROMAX 200 MG/5 ML SUSP	Non-Preferred Brands	QL 60 / fill
ZITHROMAX (1 GM POWDER PACKET, 250 MG Z-PAK TABLET)	Non-Preferred Brands	
ZITHROMAX 250 MG TABLET	Non-Preferred Brands	QL 6 / 5 days
ZITHROMAX 500 MG TABLET	Non-Preferred Brands	QL 5 / fill
ZITHROMAX I.V. 500 MG VIAL	Non-Preferred Brands	DC Injectables MED Medical Drug
ZITHROMAX TRI-PAK	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MISC. BETA-LACTAM ANTIBIOTICS		
CARBAPENEM ANTIBIOTICS		
imipenem-cilastatin sodium	Generics	DC Injectables MED Medical Drug
INVANZ	Non-Preferred Brands	DC Injectables SBA Select Brand Alternative
meropenem	Generics	DC Injectables MED Medical Drug
meropenem-0.9% nacl	Generics	DC Injectables MED Medical Drug
MERREM	Non-Preferred Brands	DC Injectables MED Medical Drug
PRIMAXIN	Non-Preferred Brands	DC Injectables MED Medical Drug
RECARBRIO	Non-Preferred Brands	DC Injectables MED Medical Drug
CEPHAMYCIN ANTIBIOTICS		
CEFOTAN	Non-Preferred Brands	DC Injectables MED Medical Drug
cefotetan	Generics	DC Injectables MED Medical Drug
cefotetan & dextrose	Generics	DC Injectables MED Medical Drug
cefoxitin	Generics	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cefoxitin sodium	Generics	DC Injectables MED Medical Drug
MONOBACTAM ANTIBIOTICS		
AZACTAM	Non-Preferred Brands	DC Injectables MED Medical Drug
aztreonam	Generics	DC Injectables MED Medical Drug
CAYSTON	Specialty Drug	S PA SDS Extended Specialty Day Supply
MISCELLANEOUS THERAPEUTIC AGENTS 5-ALPHA-REDUCTASE INHIBITORS		
dutasteride	Generics	GL Male QPD 1 per day
dutasteride-tamsulosin	Generics	GL Male QPD 1 per day
finasteride 5 mg tablet	Generics	GL Male QPD 1 per day
JALYN	Non-Preferred Brands	GL Male QPD 1 per day SBA Select Brand Alternative
PROSCAR	Non-Preferred Brands	GL Male QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALCOHOL DETERRENTS		
disulfiram	Generics	DC Alcohol Deterrents
ANTIDOTES		
DUODOTE	Non-Preferred Brands	
FUSILEV	Specialty Drug	S MED Medical Drug
KHAPZORY	Specialty Drug	S MED Medical Drug
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	Generics	
leucovorin calcium (cal 100 mg/10 ml vl, cal 500 mg/50 ml vl, calcium 50 mg vial, calcium 100 mg vial, calcium 200 mg vial, calcium 350 mg vial, calcium 500 mg vl)	Specialty Drug	S MED Medical Drug
levoleucovorin calcium (50 mg vial, 175 mg/17.5 ml, 250 mg/25 ml vl)	Specialty Drug	S MED Medical Drug
NITHIODOTE	Non-Preferred Brands	DC Injectables MED Medical Drug
pralidoxime chloride	Generics	
PROTOPAM CHLORIDE	Non-Preferred Brands	DC Injectables MED Medical Drug
sodium thiosulfate	Generics	DC Injectables MED Medical Drug
VISTOGARD	Specialty Drug	S
VORAXAZE	Specialty Drug	S MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIGOUT AGENTS		
allopurinol 100 mg tablet	Generics	QPD 3 per day
allopurinol 300 mg tablet	Generics	QPD 2 per day
allopurinol sodium	Generics	DC Injectables MED Medical Drug
ALOPRIM	Non-Preferred Brands	DC Injectables MED Medical Drug
colchicine 0.6 mg tablet	Generics	QPD 4 per day
febuxostat	Generics	ST QPD 1 per day
KRYSTEXXA	Specialty Drug	S DC Injectables MED Medical Drug PA QPD 0.07 per day
ULORIC	Non-Preferred Brands	ST QPD 1 per day
ZYLOPRIM 100 MG TABLET	Non-Preferred Brands	QPD 3 per day MVB Minimal Value Brand SBA Select Brand Alternative
ZYLOPRIM 300 MG TABLET	Non-Preferred Brands	QPD 2 per day SBA Select Brand Alternative
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI	Specialty Drug	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BONE ANABOLIC AGENTS		
EVENITY	Specialty Drug	S MED Medical Drug PA
EVENITY (2 SYRINGES)	Specialty Drug	S MED Medical Drug PA
BONE RESORPTION INHIBITORS		
ACTONEL 150 MG TABLET	Non-Preferred Brands	QPD 0.04 per day SBA Select Brand Alternative
ACTONEL 35 MG TABLET	Non-Preferred Brands	QPD 0.15 per day SBA Select Brand Alternative
alendronate sod 70 mg/75 ml	Generics	PR QPD 12.5 per day
alendronate sodium (35 mg tab, 70 mg tab)	Generics	PR QPD 0.15 per day
alendronate sodium (5 mg tablet, 10 mg tab)	Generics	PR QPD 1 per day
ATELVIA	Non-Preferred Brands	ST QPD 0.15 per day
BINOSTO	Non-Preferred Brands	QPD 0.15 per day
BONIVA	Non-Preferred Brands	QPD 0.04 per day SBA Select Brand Alternative
FOSAMAX	Non-Preferred Brands	QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOSAMAX PLUS D	Non-Preferred Brands	QPD 0.15 per day
ibandronate sodium 150 mg tab	Generics	PR QPD 0.04 per day
ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)	Specialty Drug	S DC Injectables MED Medical Drug
pamidronate disodium (30 mg/10 ml vial, disod 30 mg vial, 60 mg/10 ml vial, 90 mg/10 ml vial, disod 90 mg vial)	Specialty Drug	S DC Injectables MED Medical Drug
PROLIA	Specialty Drug	S PA QPD 0.13 per day SDS Extended Specialty Day Supply
RECLAST	Specialty Drug	S DC Injectables MED Medical Drug
risedronate sodium 150 mg tab	Generics	PR QPD 0.04 per day HCG
risedronate sodium 30 mg tab	Generics	PR
risedronate sodium 35 mg tab	Generics	PR QPD 0.15 per day
risedronate sodium 5 mg tablet	Generics	PR QPD 1 per day
risedronate sodium dr	Generics	PR HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XGEVA	Specialty Drug	S PA QPD 0.07 per day
zoledronic acid (4 mg vial, 4 mg/100 ml, 4 mg/5 ml vial, 5 mg/100 ml)	Specialty Drug	S DC Injectables PS
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
KEVEYIS	Specialty Drug	S PA QPD 4 per day
CARIOSTATIC AGENTS		
DENTA 5000 PLUS	Generics	DC Fluoride Preps
DENTAGEL	Generics	DC Fluoride Preps
fluoride	Generics	DC Fluoride Preps HCR
FLUORITAB	Generics	DC Fluoride Preps HCR
LUDENT FLUORIDE	Generics	DC Fluoride Preps HCR
PREVIDENT 1.1% GEL	Non-Preferred Brands	DC Fluoride Preps SBA Select Brand Alternative
PREVIDENT (0.2% RINSE, 5000 BOOSTER PLUS, DENTAL RINSE)	Non-Preferred Brands	DC Fluoride Preps
PREVIDENT 5000 DRY MOUTH	Non-Preferred Brands	DC Fluoride Preps
PREVIDENT 5000 ENAMEL PROTECT	Non-Preferred Brands	DC Fluoride Preps

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVIDENT 5000 ORTHO DEFENSE	Non-Preferred Brands	DC Fluoride Preps
PREVIDENT 5000 PLUS	Non-Preferred Brands	DC Fluoride Preps SBA Select Brand Alternative
PREVIDENT 5000 SENSITIVE	Non-Preferred Brands	DC Fluoride Preps
SF	Generics	DC Fluoride Preps
SF 5000 PLUS	Generics	DC Fluoride Preps
sodium fluoride (0.2% rinse, 1.1% cream, 5000 ppm cream, 5000 ppm paste)	Generics	DC Fluoride Preps
sodium fluoride (0.25 (0.55) mg, 0.5 mg(1.1 mg), 0.5 mg/ml drop, 1 mg (2.2 mg))	Generics	DC Fluoride Preps HCR
SODIUM FLUORIDE 5000 DRY MOUTH	Generics	DC Fluoride Preps
sodium fluoride enamel protect	Generics	DC Fluoride Preps
sodium fluoride sensitive	Generics	DC Fluoride Preps
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day PS2 Preferred 2nd line
ACTEMRA 200 MG/10 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.36 per day PS2 Preferred 2nd line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA 400 MG/20 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 1.5 per day PS2 Preferred 2nd line
ACTEMRA 80 MG/4 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day PS2 Preferred 2nd line
ACTEMRA ACTPEN	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day PS2 Preferred 2nd line
ARAVA	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
AVSOLA	Specialty Drug	QL 10 / 30 days S DC Autoimmune Drugs PS PA SDS Extended Specialty Day Supply PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	Non-Preferred Brands	
CIBINQO	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 1.0 per day
CIMZIA (2X200 MG/ML SYRINGE KIT, 200 MG VIAL KIT)	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.08 per day PS1 Preferred 1st line
CIMZIA 2X200 MG/ML(X3)START KT	Specialty Drug	QL 3/ fill S DC Autoimmune Drugs PS PA SDS Extended Specialty Day Supply PS1 Preferred 1st line
ENBREL (25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.29 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL (25 MG KIT, 25 MG/0.5 ML VIAL)	Specialty Drug	S DC Autoimmune Drugs PA QPD 0.29 per day
ENBREL MINI	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day
ENBREL SURECLICK	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day
HUMIRA	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA PEN	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.22 per day PS1 Preferred 1st line

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA(CF) PEN CROHN'S-UC-HS	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.22 per day PS1 Preferred 1st line
HUMIRA(CF) PEN PEDIATRIC UC	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.22 per day
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.22 per day PS1 Preferred 1st line
INFLECTRA	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.5 per day SDS Extended Specialty Day Supply PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	Specialty Drug	S DC Autoimmune Drugs PA QPD 0.1 per day
KINERET	Specialty Drug	S DC Autoimmune Drugs PA QPD 10 per day
leflunomide	Generics	
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day PS2 Preferred 2nd line
ORENCIA 250 MG VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day PS2 Preferred 2nd line
ORENCIA CLICKJECT	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day PS2 Preferred 2nd line

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sulfasalazine	Generics	
sulfasalazine dr	Generics	
XELJANZ 1 MG/ML SOLUTION	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 10 per day
XELJANZ (5 MG TABLET, 10 MG TABLET)	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 2 per day PS1 Preferred 1st line
XELJANZ XR	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 1 per day PS1 Preferred 1st line
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	Specialty Drug	S DC Interferon Alpha Beta PA
AUBAGIO	Specialty Drug	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVONEX PREFILLED SYR 30 MCG KT	Specialty Drug	S DC Interferon Alpha Beta PS PA QPD 0.15 per day
AVONEX PEN 30 MCG/0.5 ML KIT	Specialty Drug	S DC Interferon Alpha Beta PS PA QPD 0.15 per day
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	Specialty Drug	S DC Interferon Alpha Beta PS PA QPD 0.5 per day
COPAXONE 20 MG/ML SYRINGE	Specialty Drug	S PS PA QPD 1 per day B4G
COPAXONE 40 MG/ML SYRINGE	Specialty Drug	S PS PA QPD 0.434 per day B4G
dimethyl fumarate	Specialty Drug	S PS PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSPRYNG	Specialty Drug	S PA QPD 0.11 per day
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	Specialty Drug	S DC Interferon Alpha Beta PA QPD 0.5 per day
fingolimod	Specialty Drug	S PS PA QPD 1.0 per day
GILENYA 0.25 MG CAPSULE	Specialty Drug	S PA QPD 2 per day
glatiramer 20 mg/ml syringe	Specialty Drug	S PS PA QPD 1 per day
glatiramer 40 mg/ml syringe	Specialty Drug	S PS PA QPD 0.434 per day
GLATOPA 20 MG/ML SYRINGE	Specialty Drug	S PA QPD 1.0 per day
GLATOPA 40 MG/ML SYRINGE	Specialty Drug	S PA QPD 0.434 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KESIMPTA PEN	Specialty Drug	S PS PA QPD 0.057 per day
MAYZENT 0.25MG START-1MG MAINT	Specialty Drug	S PS PA QPD 1.75 per day
MAYZENT 0.25MG START-2MG MAINT	Specialty Drug	S PS PA QPD 2.5 per day
MAYZENT 0.25 MG TABLET	Specialty Drug	S PS PA QPD 4.0 per day
MAYZENT 1 MG TABLET	Specialty Drug	S PS PA QPD 1.0 per day
MAYZENT 2 MG TABLET	Specialty Drug	S PS PA QPD 1 per day
PLEGRIDY 125 MCG/0.5 ML SYRING	Specialty Drug	S DC Interferon Alpha Beta PS PA QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEGRIDY SYRINGE STARTER PACK	Specialty Drug	QL 1/ lifetime S DC Interferon Alpha Beta PS PA
PLEGRIDY 125 MCG/0.5 ML PEN	Specialty Drug	S DC Interferon Alpha Beta PS PA QPD 0.04 per day
PLEGRIDY PEN INJ STARTER PACK	Specialty Drug	QL 1/ lifetime S DC Interferon Alpha Beta PS PA
PONVORY (14-DAY STARTER PACK, 20 MG TABLET)	Specialty Drug	S PA QPD 1 per day
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	Specialty Drug	S DC Interferon Alpha Beta PA QPD 0.22 per day
REBIF TITRATION PACK	Specialty Drug	QL 4.2 / 365 days S DC Interferon Alpha Beta PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	Specialty Drug	S DC Interferon Alpha Beta PA QPD 0.22 per day
REBIF REBIDOSE TITRATION PACK	Specialty Drug	QL 4.2 / 365 days S DC Interferon Alpha Beta PA
TASCENSO ODT 0.25 MG TABLET	Specialty Drug	S PA QPD 1.0 per day
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	Specialty Drug	S PA QPD 2 per day
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	Specialty Drug	S PA QPD 1 per day
TYSABRI	Specialty Drug	S DC Autoimmune Drugs PA QPD 0.6 per day
UPLIZNA	Specialty Drug	S MED Medical Drug PA QPD 2 per day
VUMERITY	Specialty Drug	S PS PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYVGART	Specialty Drug	S MED Medical Drug PA QPD 8.6 per day
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAPSULE	Specialty Drug	S DC Immunosuppressives NTI PA QPD 15 per day
ASTAGRAF XL 1 MG CAPSULE	Specialty Drug	S DC Immunosuppressives NTI PA QPD 30 per day
ASTAGRAF XL 5 MG CAPSULE	Specialty Drug	S DC Immunosuppressives NTI PA QPD 6 per day
ATGAM	Specialty Drug	S DC Immune Serums MED Medical Drug
AZASAN 100 MG TABLET	Non-Preferred Brands	DC Immunosuppressives
AZASAN 75 MG TABLET	Non-Preferred Brands	DC Immunosuppressives HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
azathioprine	Generics	DC Immunosuppressives PR
azathioprine sodium	Generics	DC Immunosuppressives MED Medical Drug
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	Specialty Drug	S PA
BENLYSTA 120 MG VIAL	Specialty Drug	S DC Injectables PA QPD 0.25 per day
BENLYSTA 400 MG VIAL	Specialty Drug	S DC Injectables PA QPD 0.334 per day
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	Specialty Drug	S DC Immunosuppressives
CELLCEPT 500 MG VIAL	Specialty Drug	S DC Immunosuppressives MED Medical Drug
cyclosporine 250 mg/5 ml ampul	Specialty Drug	S DC Immunosuppressives MED Medical Drug NTI
cyclosporine (25 mg capsule, 100 mg capsule)	Specialty Drug	S DC Immunosuppressives PR NTI PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	Specialty Drug	S DC Immunosuppressives PR NTI PS
ENVARSUS XR	Specialty Drug	S DC Immunosuppressives NTI PA QPD 1 per day
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)	Specialty Drug	S DC Immunosuppressives PR PS PA
everolimus 1 mg tablet	Specialty Drug	S DC Immunosuppressives PR PA
GAMIFANT	Specialty Drug	S DC Injectables MED Medical Drug PA
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	Specialty Drug	S DC Immunosuppressives PR NTI PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMURAN	Non-Preferred Brands	DC Immunosuppressives
LUPKYNIS	Specialty Drug	S PA QPD 6 per day
MAVENCLAD	Specialty Drug	QL 20 / 30 days S PA
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)	Specialty Drug	S DC Immunosuppressives PR PS
mycophenolate 500 mg vial	Specialty Drug	S DC Immunosuppressives MED Medical Drug
mycophenolic acid	Specialty Drug	S DC Immunosuppressives PR PS
MYFORTIC	Specialty Drug	S DC Immunosuppressives
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	Specialty Drug	S DC Immunosuppressives NTI
NULOJIX	Specialty Drug	S DC Immunosuppressives MED Medical Drug PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGRAF 5 MG/ML AMPULE	Specialty Drug	S DC Immunosuppressives MED Medical Drug NTI
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	Specialty Drug	S DC Immunosuppressives NTI
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	Specialty Drug	S DC Immunosuppressives NTI
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	Specialty Drug	S DC Immunosuppressives
SANDIMMUNE 50 MG/ML AMPUL	Specialty Drug	S DC Immunosuppressives MED Medical Drug NTI
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	Specialty Drug	S DC Immunosuppressives NTI
SAPHNELO	Specialty Drug	S MED Medical Drug PA QPD 0.072 per day
SIMULECT	Non-Preferred Brands	DC Immunosuppressives MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	Specialty Drug	S DC Immunosuppressives PR PS
tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	Specialty Drug	S DC Immunosuppressives PR NTI PS
THYMOGLOBULIN	Non-Preferred Brands	DC Immune Serums MED Medical Drug
ZORTRESS	Specialty Drug	S DC Immunosuppressives PA
KALLIKREIN-KININ SYSTEM INHIBITORS		
EMPAVELI	Specialty Drug	S PA QPD 6 per day
TAVNEOS	Specialty Drug	S PA QPD 6.0 per day
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
alpha lipoic acid 100 mg cap	Generics	DC Vitamins (Not Prenatal)
AMPYRA	Specialty Drug	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARCALYST	Specialty Drug	S PA
betaine anhydrous	Specialty Drug	S PS
BOTOX	Specialty Drug	S DC Injectables PA SDS Extended Specialty Day Supply
BOTOX COSMETIC	Specialty Drug	S DC Cosmetic Preps PA SDS Extended Specialty Day Supply
CARDIOVID PLUS	Non-Preferred Brands	DC Nutritional Diet Supplement
CERDELGA	Specialty Drug	S PA
citrus bioflavonoids	Non-Preferred Brands	DC Vitamins (Not Prenatal)
CYSTADANE	Specialty Drug	S
CYSTAGON 150 MG CAPSULE	Specialty Drug	S PA QPD 13 per day
CYSTAGON 50 MG CAPSULE	Specialty Drug	S PA QPD 40 per day
dalfampridine er	Specialty Drug	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEMSER	Non-Preferred Brands	
DYSPORT	Specialty Drug	S DC Injectables PS PA SDS Extended Specialty Day Supply
EVRYSDI	Specialty Drug	S PA QPD 6.67 per day
FIRDAPSE	Specialty Drug	S PA
GALAFOLD	Specialty Drug	S PA
gelmix (packet, powder)	Non-Preferred Brands	
ILARIS	Specialty Drug	S MED Medical Drug PA QPD 0.08 per day
ISTURISA 1 MG TABLET	Specialty Drug	S PA QPD 8 per day
ISTURISA 10 MG TABLET	Specialty Drug	S PA QPD 6 per day
ISTURISA 5 MG TABLET	Specialty Drug	S PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET)	Specialty Drug	S PS PA
JEUVEAU	Specialty Drug	S DC Cosmetic Preps PA
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	Specialty Drug	S PA
levocarnitine (1 g/10 ml soln, 330 mg tablet)	Generics	
levocarnitine sf	Generics	
melatonin-vit b6 3-10 mg tab	Generics	
methylene blue powder	Non-Preferred Brands	
metyrosine	Generics	
MIDNITE FOR MENOPAUSE	Non-Preferred Brands	
MIDNITE MENOPAUSE	Non-Preferred Brands	
MIDNITE PM	Non-Preferred Brands	
miglustat	Specialty Drug	S PA
MYOBLOC	Specialty Drug	S DC Injectables MED Medical Drug PA SDS Extended Specialty Day Supply
nitisinone	Specialty Drug	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITYR	Specialty Drug	S PA
NULIBRY	Specialty Drug	S MED Medical Drug PA QPD 10 per day
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	Specialty Drug	S PA
PANHEMATIN	Specialty Drug	S DC Blood/Blood Products MED Medical Drug
POTABA	Non-Preferred Brands	
PROCYSBI DR 25 MG CAPSULE	Specialty Drug	S PA QPD 4 per day
PROCYSBI DR 75 MG CAPSULE	Specialty Drug	S PA QPD 72 per day
PROCYSBI (DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	Specialty Drug	S PA
purathick (powder, powder packet)	Non-Preferred Brands	
RECORLEV	Specialty Drug	S PA QPD 8.0 per day
REZUROCK	Specialty Drug	S PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUZURGI	Specialty Drug	S PA QPD 1 per day
sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)	Specialty Drug	S PS PA
THIOLA	Specialty Drug	S PA
THIOLA EC	Specialty Drug	S PA
tiopronin	Specialty Drug	S PS PA
TYBOST	Specialty Drug	S DC HIV
VIJOICE (50 MG TABLET, 125 MG TABLET)	Specialty Drug	S PA QPD 1.0 per day
VIJOICE 250 MG DAILY DOSE PACK	Specialty Drug	S PA QPD 2.0 per day
VOXZOGO	Specialty Drug	S PA QPD 1.0 per day
VYNDAMAX	Specialty Drug	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYNDAQEL	Specialty Drug	S PA QPD 4 per day
XEOMIN	Specialty Drug	S DC Injectables MED Medical Drug PA SDS Extended Specialty Day Supply
XURIDEN	Specialty Drug	S
ZAVESCA	Specialty Drug	S PA
ZOKINVY 50 MG CAPSULE	Specialty Drug	S PA QPD 6 per day
ZOKINVY 75 MG CAPSULE	Specialty Drug	S PA QPD 4 per day
PROTECTIVE AGENTS		
COSELA	Specialty Drug	S MED Medical Drug PA QPD 0.5 per day
dexrazoxane	Specialty Drug	S MED Medical Drug PA
ETHYOL	Specialty Drug	S MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
mesna	Specialty Drug	S MED Medical Drug
MESNEX 400 MG TABLET	Specialty Drug	S
MESNEX 1 GRAM/10 ML VIAL	Specialty Drug	S MED Medical Drug
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
celecoxib (50 mg capsule, 200 mg capsule)	Generics	QPD 2 per day
celecoxib 100 mg capsule	Generics	QPD 3 per day
celecoxib 400 mg capsule	Generics	QPD 1 per day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
ANAPROX DS	Non-Preferred Brands	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
CALDOLOR (800 MG/200 ML BAG, 800 MG/8 ML VIAL)	Non-Preferred Brands	DC Injectables MED Medical Drug
CATAFLAM	Generics	HCG MVG MINIMAL VALUE GENERIC
DAYPRO	Non-Preferred Brands	
diclofenac epolamine	Generics	QPD 2 per day HCG
diclofenac pot 50 mg tablet	Generics	
diclofenac 1.5% topical soln	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
diclofenac sodium 1% gel	Generics	QL 1000/ 30 days ST
diclofenac sod dr 25 mg tab	Generics	HCG
diclofenac sodium (dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)	Generics	
diclofenac sodium er	Generics	
diclofenac sodium-misoprostol	Generics	
diflunisal	Generics	
EC-NAPROSYN	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
ec-naproxen	Non-Preferred Brands	MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)	Generics	
etodolac er (er 400 mg tablet, er 600 mg tablet)	Generics	
etodolac er 500 mg tablet	Generics	HCG MVG MINIMAL VALUE GENERIC
FELDENE	Non-Preferred Brands	
fenoprofen 400 mg capsule	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fenoprofen 600 mg tablet	Generics	
FENORTHO	Non-Preferred Brands	MVB MINIMAL VALUE BRAND
flurbiprofen	Generics	
IBU	Generics	
ibuprofen 100 mg/5 ml susp	Generics	
ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)	Generics	
ibuprofen lysine	Generics	DC Injectables MED Medical Drug
INDOCIN 25 MG/5 ML SUSPENSION	Non-Preferred Brands	PA QPD 40.0 per day
INDOCIN 50 MG SUPPOSITORY	Non-Preferred Brands	PA QPD 4 per day
indomethacin 25 mg capsule	Generics	
indomethacin 50 mg capsule	Generics	
indomethacin 100 mg supp	Generics	QPD 2.0 per day
indomethacin 1 mg vial	Generics	DC Injectables MED Medical Drug
indomethacin er	Generics	
ketoprofen er 200 mg capsule	Generics	HCG
ketoprofen (25 mg capsule, 75 mg capsule)	Generics	
ketoprofen 50 mg capsule	Generics	HCG
ketorolac 30 mg/ml carpuject	Generics	QL 20 / 30 days DC Injectables QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ketorolac tromethamine (15 mg/ml carpuject, 15 mg/ml isecure syr, 15 mg/ml syringe, 15 mg/ml vial)	Generics	QL 40 / 23 days DC Injectables QPD 8.0 per day
ketorolac tromethamine (60 mg/2 ml carpuject, 60 mg/2 ml vial)	Generics	QL 20 / 30 days QPD 2.0 per day
ketorolac 30 mg/ml syringe	Generics	QL 20 / 23 days DC Injectables QPD 4.0 per day
ketorolac 60 mg/2 ml syringe	Generics	QL 20 / 30 days QPD 2.0 per day
ketorolac 10 mg tablet	Generics	QL 21 / fill
ketorolac 30 mg/ml vial	Generics	QL 20 / 23 days DC Injectables QPD 4.0 per day
ketorolac 300 mg/10 ml vial	Generics	QL 20 / 30 days DC Injectables
LODINE	Non-Preferred Brands	
meclofenamate sodium	Generics	HCG
mefenamic acid	Generics	QPD 5 per day HCG MVG MINIMAL VALUE GENERIC
meloxicam (5 mg capsule, 10 mg capsule)	Generics	AL At least 18 yrs old QPD 1 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
meloxicam 7.5 mg/5 ml susp	Non-Preferred Brands	QPD 5.0 per day
meloxicam (7.5 mg tablet, 15 mg tablet)	Generics	QPD 1 per day
nabumetone	Generics	
NAPRELAN (CR 375 MG TABLET, CR 500 MG TABLET)	Non-Preferred Brands	
NAPRELAN CR 750 MG TABLET	Non-Preferred Brands	QPD 1 per day
NAPROSYN 125 MG/5 ML SUSPEN	Non-Preferred Brands	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
NAPROSYN 500 MG TABLET	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
naproxen 125 mg/5 ml suspen	Generics	HCG MVG MINIMAL VALUE GENERIC
naproxen (250 mg tablet, dr 375 mg tablet)	Generics	
naproxen (375 mg tablet, 500 mg kit, 500 mg tablet)	Generics	
naproxen dr 500 mg tablet	Generics	HCG
naproxen sodium (275 mg tab, 550 mg tab)	Generics	HCG MVG MINIMAL VALUE GENERIC
naproxen sod cr 750 mg tablet	Non-Preferred Brands	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
naproxen sodium cr (cr 375 mg tablet, cr 500 mg tablet)	Generics	HCG MVG MINIMAL VALUE GENERIC
naproxen sod er 375 mg tablet	Generics	HCG MVG MINIMAL VALUE GENERIC
naproxen sod er 500 mg tablet	Generics	HCG MVG MINIMAL VALUE GENERIC
naproxen sod er 750 mg tablet	Non-Preferred Brands	HCG MVG MINIMAL VALUE GENERIC
NEOPROFEN	Non-Preferred Brands	DC Injectables MED Medical Drug
oxaprozin	Generics	HCG
piroxicam	Generics	
sulindac	Generics	
tolmetin sodium 200 mg tab	Generics	
tolmetin sodium 600 mg tab	Generics	HCG
VIVLODEX	Non-Preferred Brands	AL At least 18 yrs old PA QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOLTAREN-XR	Non-Preferred Brands	SBA Select Brand Alternative
SALICYLATES		
butalbital-aspirin-caffeine (cp, tb)	Generics	QPD 6 per day
DURLAZA	Non-Preferred Brands	PA QPD 1 per day MVB MINIMAL VALUE BRAND
FIORINAL	Non-Preferred Brands	QPD 6 per day SBA Select Brand Alternative
GOODY'S EXTRA STRENGTH	Non-Preferred Brands	
salsalate	Generics	
OXYTOCICS		
carboprost 250 mcg/ml vial	Non-Preferred Brands	DC Abortifacients MED Medical Drug
METHERGINE	Generics	QPD 6 per day
methylergonovine 0.2 mg tablet	Generics	QPD 6 per day
MIFEPREX	Non-Preferred Brands	DC Abortifacients
mifepristone	Generics	DC Abortifacients
PARATHYROID AND ANTIPARATHYROID AGENTS ANTIPARATHYROID AGENTS		
calcitonin-salmon 200 units sp	Generics	QPD 0.13 per day
calcitonin-salmon 400 unit/2ml	Specialty Drug	S DC Injectables PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cinacalcet hcl	Specialty Drug	S PS PA QPD 2 per day
MIACALCIN	Specialty Drug	S DC Injectables
PARATHYROID AGENTS		
FORTEO	Specialty Drug	S PA
NATPARA	Specialty Drug	S PA
teriparatide	Specialty Drug	S PS PA
TYMLOS	Specialty Drug	AL At least 18 yrs old S PA QPD 1.6 per day
PENICILLIN ANTIBIOTICS AMINOPENICILLIN ANTIBIOTICS		
amoxicillin (125 mg tab chew, 250 mg tab chew, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)	Generics	
amoxicillin (125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 400 mg/5 ml susp, 875 mg tablet)	Generics	
amoxicillin-clavulanate pot er	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	Generics	
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)	Generics	DC Injectables MED Medical Drug
ampicillin trihydrate	Generics	
ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)	Generics	DC Injectables MED Medical Drug
AUGMENTIN (125-31.25 MG/5 ML, 250-62.5 MG/5 ML, 500-125 TABLET)	Non-Preferred Brands	
AUGMENTIN ES-600	Non-Preferred Brands	
AUGMENTIN XR	Non-Preferred Brands	
MOXATAG	Non-Preferred Brands	
UNASYN	Non-Preferred Brands	DC Injectables MED Medical Drug
EXTENDED-SPECTRUM PENICILLINS		
piperacil-tazobact 13.5 gm vl	Non-Preferred Brands	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 40.5 gram)	Generics	DC Injectables MED Medical Drug
ZOSYN	Non-Preferred Brands	DC Injectables MED Medical Drug
NATURAL PENICILLIN ANTIBIOTICS		
BICILLIN C-R	Non-Preferred Brands	
BICILLIN L-A	Non-Preferred Brands	
penicillin g potassium	Generics	DC Injectables MED Medical Drug
penicillin g procaine	Generics	
penicillin g sodium	Generics	DC Injectables MED Medical Drug
penicillin gk-iso-osm dextrose	Generics	DC Injectables MED Medical Drug
penicillin v potassium (250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	Generics	
penicillin vk 125 mg/5 ml soln	Generics	
PFIZERPEN	Non-Preferred Brands	DC Injectables MED Medical Drug
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin 250 mg capsule	Generics	
dicloxacillin 500 mg capsule	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nafcillin	Non-Preferred Brands	DC Injectables MED Medical Drug
nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial)	Generics	DC Injectables MED Medical Drug
oxacillin	Non-Preferred Brands	DC Injectables MED Medical Drug
oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial)	Generics	DC Injectables MED Medical Drug
PHARMACEUTICAL AIDS		
dexrazoxane diluent-sodium lac	Specialty Drug	S MED Medical Drug
diluent for artesunate	Non-Preferred Brands	MED Medical Drug
diluent for carmustine	Non-Preferred Brands	DC Antineoplastics /Chemo MED Medical Drug
diluent for decitabine	Specialty Drug	S MED Medical Drug
DILUENT FOR ELIGARD	Specialty Drug	S
DILUENT FOR ELITEK	Specialty Drug	S MED Medical Drug
DILUENT FOR ISTODAX	Specialty Drug	S MED Medical Drug
DILUENT FOR JEVTANA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DILUENT FOR LEFAMULIN(XENLETA)	Specialty Drug	S MED Medical Drug
DILUENT FOR NOVOSEVEN RT	Specialty Drug	S DC Injectables
diluent for romidepsin	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
DILUENT FOR VIVITROL	Specialty Drug	S
DILUENT FOR ZILRETTA	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
eucalyptol	Generics	
lumoxiti iv soln stabilizer	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
sassafras oil	Generics	
SHINGRIX ADJUVANT COMPONENT	Preferred Brands	AL At least 18 yrs old DC Immunization/ Vaccines HCR
spearmint oil	Generics	
STERILE WATER DILUENT-CABLIVI	Specialty Drug	S DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RADIOACTIVE AGENTS		
HICON	Specialty Drug	S MED Medical Drug
QUADRAMET	Specialty Drug	S MED Medical Drug
sodium iodide i-123	Generics	
sodium iodide i-131	Specialty Drug	S MED Medical Drug
XOFIGO	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug PA
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	Non-Preferred Brands	PR QPD 1 per day SBA Select Brand Alternative
ATACAND HCT 16-12.5 MG TAB	Non-Preferred Brands	PR QPD 2 per day SBA Select Brand Alternative
AVALIDE 150-12.5 MG TABLET	Non-Preferred Brands	PR QPD 2 per day SBA Select Brand Alternative
AVALIDE 300-12.5 MG TABLET	Non-Preferred Brands	PR QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
candesartan cilexetil	Generics	PR QPD 1 per day
candesartan-hctz 16-12.5 mg tb	Generics	PR QPD 2 per day
candesartan-hydrochlorothiazid (32-12.5 mg tb, 32-25 mg tab)	Generics	PR QPD 1 per day
EDARBI	Non-Preferred Brands	ST PR QPD 1 per day
EDARBYCLOR	Non-Preferred Brands	ST PR QPD 1 per day
ENTRESTO	Preferred Brands	QPD 2 per day
eprosartan mesylate	Generics	PR QPD 1 per day
irbesartan	Generics	PR QPD 1 per day
irbesartan-hctz 150-12.5 mg tb	Generics	PR QPD 2 per day
irbesartan-hctz 300-12.5 mg tb	Generics	PR QPD 1 per day
losartan potassium (25 mg tab, 50 mg tab)	Generics	PR QPD 2.0 per day
losartan potassium 100 mg tab	Generics	PR QPD 1.0 per day
losartan-hctz 50-12.5 mg tab	Generics	PR QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)	Generics	PR QPD 1.0 per day
olmesartan medoxomil	Generics	PR QPD 3 per day
olmesartan-amlodipine-hctz	Generics	PR QPD 1 per day
olmesartan-hydrochlorothiazide	Generics	PR QPD 1 per day
telmisartan	Generics	PR QPD 1 per day
telmisartan-amlodipine	Generics	PR QPD 1 per day
telmisartan-hctz 80-12.5 mg tb	Generics	PR QPD 2 per day
telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)	Generics	PR QPD 1 per day
TWYNSTA	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
valsartan 4 mg/ml solution	Generics	AL Up to 16 yrs old PR
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)	Generics	PR QPD 2.0 per day
valsartan 320 mg tablet	Generics	PR QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
valsartan-hydrochlorothiazide (320-12.5 mg tab, 320-25 mg tab)	Generics	PR QPD 1.0 per day
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab)	Generics	PR QPD 2.0 per day
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	Non-Preferred Brands	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	Non-Preferred Brands	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
ACCURETIC 20-25 MG TABLET	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
benazepril hcl (10 mg tablet, 40 mg tablet)	Generics	PR QPD 2 per day
benazepril hcl 20 mg tablet	Generics	PR QPD 4 per day
benazepril hcl 5 mg tablet	Generics	PR QPD 3 per day
benazepril-hydrochlorothiazide	Generics	PR QPD 1 per day HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
captopril	Generics	PR QPD 4 per day HCG
captopril-hydrochlorothiazide	Generics	PR QPD 2 per day
enalapril 1 mg/ml oral soln	Generics	PR QPD 5 per day
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	Generics	PR QPD 2 per day
enalapril-hctz 10-25 mg tablet	Generics	PR QPD 2 per day
enalapril-hctz 5-12.5 mg tab	Generics	PR
enalaprilat	Generics	DC Injectables MED Medical Drug
EPANED	Non-Preferred Brands	QPD 5 per day
fosinopril sodium	Generics	PR QPD 2 per day
fosinopril-hydrochlorothiazide	Generics	PR QPD 2 per day
lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)	Generics	PR QPD 2.0 per day
lisinopril (5 mg tablet, 30 mg tablet)	Generics	PR QPD 2.0 per day
lisinopril 40 mg tablet	Generics	PR QPD 2 per day
lisinopril-hctz 20-25 mg tab	Generics	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)	Generics	PR QPD 2 per day
LOTENSIN (10 MG TABLET, 40 MG TABLET)	Non-Preferred Brands	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
LOTENSIN 20 MG TABLET	Non-Preferred Brands	QPD 4 per day MVB Minimal Value Brand SBA Select Brand Alternative
LOTENSIN HCT	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
moexipril hcl	Generics	PR QPD 1 per day
perindopril erbumine	Generics	PR QPD 1 per day
PRESTALIA	Non-Preferred Brands	ST QPD 1 per day
QBRELIS	Non-Preferred Brands	QPD 40 per day
quinapril hcl	Generics	PR QPD 2 per day
quinapril-hctz 20-25 mg tab	Generics	PR QPD 1 per day
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)	Generics	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ramipril	Generics	PR QPD 2 per day
TARKA	Non-Preferred Brands	QPD 1.0 per day SBA Select Brand Alternative
trandolapril	Generics	PR QPD 2 per day
trandolapril-verapamil er	Generics	PR QPD 1.0 per day
VASERETIC	Non-Preferred Brands	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
VASOTEC	Non-Preferred Brands	QPD 2 per day SBA Select Brand Alternative
ZESTORETIC	Non-Preferred Brands	QPD 2 per day MVB Minimal Value Brand SBA Select Brand Alternative
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
ALDACTAZIDE 25-25 TABLET	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
ALDACTAZIDE 50-50 TABLET	Non-Preferred Brands	MVB Minimal Value Brand
ALDACTONE	Non-Preferred Brands	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAROSPIR	Non-Preferred Brands	PA MVB MINIMAL VALUE BRAND
eplerenone	Generics	HCG
INSPRA 25 MG TABLET	Non-Preferred Brands	SBA SELECT BRAND ALTERNATIVE
INSPRA 50 MG TABLET	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
KERENDIA	Non-Preferred Brands	AL At least 18 yrs old PA QPD 1.0 per day
spironolactone	Generics	
spironolactone-hctz	Generics	
RENIN INHIBITORS		
aliskiren	Generics	QPD 1 per day
TEKTURNA	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative
TEKTURNA HCT	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand
RESPIRATORY TRACT AGENTS ANTIFIBROTIC AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	Specialty Drug	S PA QPD 9 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESBRIET 801 MG TABLET	Specialty Drug	S PA QPD 3 per day
OFEV	Specialty Drug	S PA QPD 2 per day
pirfenidone (534 mg tablet, 801 mg tablet)	Specialty Drug	S PS PA QPD 3.0 per day
pirfenidone 267 mg tablet	Specialty Drug	S PS PA QPD 9.0 per day
ANTITUSSIVES		
benzonatate (100 mg capsule, perle 100 mg cap)	Generics	AL At least 10 yrs old
benzonatate (150 mg capsule, 200 mg capsule)	Generics	AL At least 10 yrs old HCG
BROMFED DM	Generics	AL At least 2 yrs old
brompheniramine-pseudoephed-dm	Generics	AL At least 2 yrs old
codeine-guaifenesin	Generics	AL At least 6 yrs old QPD 60 per day
CORICIDIN HBP COUGH AND COLD	Non-Preferred Brands	
guaifenesin-codeine	Generics	AL At least 6 yrs old QPD 60 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYCODAN 5 MG-1.5 MG/5 ML SOLN	Non-Preferred Brands	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	Non-Preferred Brands	AL At least 18 yrs old QPD 6.0 per day MVB Minimal Value Brand SBA Select Brand Alternative
hydrocodone-chlorpheniramne er	Generics	AL At least 6 yrs old QPD 10 per day
hydrocodone-homatropine soln	Generics	AL At least 2 yrs old QPD 30 per day
hydrocodone-homatropine 5-1.5	Generics	AL At least 6 yrs old QPD 6 per day HCG
HYDROMET	Generics	AL At least 18 yrs old QPD 30 per day
NEOTUSS PLUS	Non-Preferred Brands	
OBREDON	Non-Preferred Brands	AL At least 18 yrs old QPD 60 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
promethazine vc-codeine	Generics	AL At least 6 yrs old QPD 30.0 per day
promethazine-codeine	Generics	
promethazine-dm	Generics	AL At least 2 yrs old
promethazine-phenyleph-codeine	Generics	AL At least 6 yrs old QPD 30 per day
TESSALON PERLE	Non-Preferred Brands	AL At least 11 yrs old SBA SELECT BRAND ALTERNATIVE
TUSNEL CAPLET	Non-Preferred Brands	
TUSNEL DM PEDIATRIC DROPS	Non-Preferred Brands	
TUSSICAPS	Non-Preferred Brands	AL At least 6 yrs old QPD 6 per day MVB MINIMAL VALUE BRAND
TUXARIN ER	Non-Preferred Brands	AL At least 18 yrs old QPD 2 per day
TUZISTRA XR	Non-Preferred Brands	AL At least 18 yrs old QPD 20 per day MVB Minimal Value Brand
EXPECTORANTS		
GILPHEX TR TABLET	Non-Preferred Brands	
GILTUSS TR	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUSNEL PEDIATRIC DROPS	Non-Preferred Brands	
TUSSI-PRES PEDIATRIC LIQUID	Non-Preferred Brands	
TUSSLIN PEDIATRIC DROPS	Generics	
MUCOLYTIC AGENTS		
acetylcysteine (10% vial, 20% vial)	Generics	
PULMOZYME	Specialty Drug	S PA QPD 5 per day
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP	Non-Preferred Brands	PA QPD 1 per day B4G
PULMONARY SURFACTANTS		
CUROSURF	Non-Preferred Brands	MED Medical Drug
INFASURF	Non-Preferred Brands	MED Medical Drug
SURFAXIN	Non-Preferred Brands	MED Medical Drug
SURVANTA	Non-Preferred Brands	MED Medical Drug
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP	Specialty Drug	S DC Injectables PA
BRONCHITOL	Specialty Drug	S PA QPD 20 per day
GLASSIA	Specialty Drug	S DC Injectables PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROLASTIN C	Specialty Drug	S DC Injectables PA
XOLAIR 150 MG/ML SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day
XOLAIR 75 MG/0.5 ML SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day
XOLAIR 150 MG/1.2 ML POWDER VL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.22 per day
ZEMAIRA	Specialty Drug	S DC Injectables PA
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	Specialty Drug	S PA QPD 3 per day
ambrisentan	Specialty Drug	S PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bosentan	Specialty Drug	S PA QPD 2 per day
epoprostenol sodium	Specialty Drug	S DC Injectables PA
FLOLAN	Specialty Drug	S DC Injectables PA
LETAIRIS	Specialty Drug	S PA QPD 1 per day
OPSUMIT	Specialty Drug	S PA QPD 1 per day
ORENITRAM ER	Specialty Drug	S PA QPD 3 per day
REMODULIN	Specialty Drug	S DC Injectables PA
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	Specialty Drug	S PA QPD 2 per day
treprostinil	Specialty Drug	S DC Injectables PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO	Specialty Drug	S PA QPD 1 per day
TYVASO DPI (16 MCG CARTRIDGE, 32 MCG CARTRIDGE, 48 MCG CARTRIDGE, 64 MCG CARTRIDGE)	Specialty Drug	S PA QPD 4.0 per day
TYVASO DPI 16-32 MCG TITR KIT	Specialty Drug	S PA QPD 7.0 per day
TYVASO DPI 16-32-48 MCG TITRAT	Specialty Drug	S PA QPD 9.0 per day
TYVASO DPI 32-48 MCG MAINT KIT	Specialty Drug	S PA QPD 8.0 per day
TYVASO INSTITUTIONAL START KIT	Specialty Drug	S PA QPD 1 per day
TYVASO REFILL KIT	Specialty Drug	S PA QPD 3 per day
TYVASO STARTER KIT	Specialty Drug	S PA QPD 3 per day
UPTRAVI 200-800 TITRATION PACK	Specialty Drug	AL At least 18 yrs old S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	Specialty Drug	AL At least 18 yrs old S PA QPD 2 per day
UPTRAVI 1,800 MCG VIAL	Specialty Drug	AL At least 18 yrs old S PA QPD 2.0 per day
VELETRI	Specialty Drug	S DC Injectables PA
VENTAVIS	Specialty Drug	S PA QPD 9 per day
SKELETAL MUSCLE RELAXANTS CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
carisoprodol 250 mg tablet	Generics	HCG
carisoprodol 350 mg tablet	Generics	
carisoprodol-aspirin	Generics	
carisoprodol-aspirin-codeine	Generics	QPD 21 per day
chlorzoxazone (375 mg tablet, 500 mg tablet, 750 mg tablet)	Generics	
chlorzoxazone 250 mg tablet	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cyclobenzaprine 10 mg tablet	Generics	
cyclobenzaprine 5 mg tablet	Generics	
cyclobenzaprine 7.5 mg tablet	Generics	HCG
cyclobenzaprine hcl er	Generics	HCG
FEXMID	Non-Preferred Brands	MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
LORZONE	Generics	
METAXALL	Generics	
metaxalone	Generics	HCG
methocarbamol (500 mg tablet, 750 mg tablet, 1,000 mg tablet)	Generics	
methocarbamol 1,000 mg/10 ml	Generics	DC Injectables MED Medical Drug
ROBAXIN	Non-Preferred Brands	DC Injectables MED Medical Drug
ROBAXIN-750	Non-Preferred Brands	SBA Select Brand Alternative
tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)	Generics	HCG
tizanidine hcl (2 mg tablet, 4 mg tablet)	Generics	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
DANTRIUM (25 MG CAPSULE, 50 MG CAPSULE)	Non-Preferred Brands	
DANTRIUM 20 MG VIAL	Non-Preferred Brands	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	Generics	HCG
dantrolene sodium 20 mg vial	Generics	DC Injectables MED Medical Drug
REVONTO	Generics	DC Injectables MED Medical Drug
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	Generics	
LYVISPAH	Non-Preferred Brands	PA
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
orphenadrine citrate	Generics	DC Injectables MED Medical Drug
orphenadrine citrate er	Generics	
orphenad-asa-caff 50-770-60 mg	Generics	HCG
orphenadrn-asa-caf 25-385-30mg	Generics	
SKIN AND MUCOUS MEMBRANE AGENTS ANTIPRURITICS AND LOCAL ANESTHETICS		
ANACAINE	Non-Preferred Brands	
ANASTIA	Non-Preferred Brands	
ethyl chloride	Generics	
lidocaine 5% patch	Generics	QPD 3 per day
lidocaine 5% ointment	Generics	
lidocaine hcl 3% lotion	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lidocaine hcl 4% solution	Generics	HCG MVG MINIMAL VALUE GENERIC
lidocaine-hc 2.8-0.55% gel	Generics	
lidocaine-prilocaine	Generics	
lidocaine-tetracaine	Non-Preferred Brands	HCG MVG MINIMAL VALUE GENERIC
LIDOPIN 3% CREAM	Generics	
LIDOPRIL	Generics	
LIDTOPIC MAX	Non-Preferred Brands	
NUMBONEX	Non-Preferred Brands	
phenazopyridine hcl	Generics	
PLIAGLIS	Non-Preferred Brands	MVB Minimal Value Brand
PONTOCAINE	Non-Preferred Brands	
pramoxine hcl 1% foam	Generics	
PRE-ATTACHED LTA KIT	Non-Preferred Brands	
PRIKAAN	Generics	HCG MVG MINIMAL VALUE GENERIC
PRIKAAN LITE	Generics	
PRUDOXIN	Non-Preferred Brands	QL 49 / fill PA MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PYRIDIUM 200 MG TABLET	Non-Preferred Brands	SBA Select Brand Alternative
RADIAGUARD	Non-Preferred Brands	
SYNERA	Non-Preferred Brands	MVB Minimal Value Brand
WAL-DRYL 2%-0.1% CREAM	Generics	
ZONALON	Non-Preferred Brands	QL 49 / fill PA
ASTRINGENTS		
DRYSOL	Non-Preferred Brands	
XERAC AC	Non-Preferred Brands	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO	Non-Preferred Brands	DC Acne PA QPD 1.5 per day
ATRALIN	Non-Preferred Brands	DC Acne PA QPD 1.5 per day
KEPIVANCE	Specialty Drug	S MED Medical Drug
REFISSA	Non-Preferred Brands	DC Cosmetic Preps
REGRANEX	Non-Preferred Brands	QPD 1 per day
RENOVA	Non-Preferred Brands	DC Cosmetic Preps MVB Minimal Value Brand
RENOVA PUMP	Non-Preferred Brands	DC Cosmetic Preps MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETIN-A MICRO PUMP (PUMP 0.06% GEL, PUMP 0.08% GEL)	Preferred Brands	QL 50 / 30 days AL Up to 25 yrs old DC Acne
TRETIN-X 0.075% CREAM	Non-Preferred Brands	DC Acne PA
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)	Generics	DC Acne
tretinoin 0.05% emollient crm	Generics	DC Cosmetic Preps
tretinoin 0.05% gel	Generics	DC Acne QPD 1.5 per day
tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)	Generics	DC Acne PA QPD 1.667 per day HCG MVG MINIMAL VALUE GENERIC
TWYNEO	Non-Preferred Brands	DC Acne QPD 2.0 per day
DETERGENTS		
iv sol stabilizer for blincyto	Specialty Drug	S DC Antineoplastics /Chemo MED Medical Drug
polysorbate 60	Generics	
polysorbate 80	Generics	
triton x-100	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KERATOLYTIC AGENTS		
AVAR	Generics	
AVAR LS	Non-Preferred Brands	
AVAR-E	Generics	
AVAR-E GREEN	Generics	HCG
AVAR-E LS	Non-Preferred Brands	
BENZEPRO 5.2% EMOLLIENT FOAM	Non-Preferred Brands	DC Acne
benzoyl peroxide (pr 7% wash, 9.8% foam)	Generics	DC Acne
BP 10-1	Generics	HCG MVG MINIMAL VALUE GENERIC
PACNEX	Generics	DC Acne
PLEXION (9.8-4.8% CLEANSER, 9.8-4.8% CLNSING CLOTH, 9.8-4.8% CREAM, 9.8-4.8% LOTION)	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
pr benzoyl peroxide	Generics	DC Acne
ROSULA 10%-4.5% WASH	Non-Preferred Brands	
ROSULA 10%-5% CLOTHS	Generics	
SALEX	Non-Preferred Brands	MVB Minimal Value Brand SBA Select Brand Alternative
salicylic acid (foam, gel)	Generics	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
salicylic acid (26% liquid, 27.5% liquid)	Generics	HCG MVG MINIMAL VALUE GENERIC
salicylic acid (cream, lotion)	Generics	
salicylic acid er	Generics	HCG MVG MINIMAL VALUE GENERIC
SALIMEZ FORTE	Non-Preferred Brands	
sod sulfacet-sulfur 10-2% clsr	Generics	HCG MVG MINIMAL VALUE GENERIC
sodium sulfacetamide-sulfur (10-4% pad, 10-5% clsr)	Generics	
sodium sulfacetamide-sulfur (sod sulfac-sulfur 9.8-4.8% crm, sod sulfac-sulfur 9.8-4.8% lot, sod sulface-sulf 9.8-4.8% clsr, sulfacetamide-sulfur 9-4% clsr, sulfacetamide-sulfur 10-2% crm, sulfacetamide-sulfur 10-5% crm, sulfacetamide-sulfur 10-5% lot, sulfacetamide-sulfur 10-5% sus)	Non-Preferred Brands	HCG MVG MINIMAL VALUE GENERIC
sodium sulfacetamide-sulfur (sod sulface-sulfur 9-4.5% wash, sulfacetamide-sulfur 8-4% susp)	Non-Preferred Brands	
SSS 10-5 (10-5 CREAM, 10-5 FOAM)	Generics	
SULFACLEANSE 8-4	Generics	
SUMADAN 9%-4.5% WASH	Non-Preferred Brands	
SUMAXIN (9%-4% WASH, CLEANSING PADS)	Non-Preferred Brands	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUMAXIN TS	Non-Preferred Brands	
urea (cream, nail gel)	Generics	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
ACCUTANE	Generics	DC Isotretinoin PA
acitretin (17.5 mg capsule, 25 mg capsule)	Generics	QPD 2 per day
acitretin 10 mg capsule	Generics	QPD 4 per day
ACZONE 7.5% GEL PUMP	Non-Preferred Brands	DC Acne PA QPD 3 per day
adapalene (0.1% cream, 0.1% gel, 0.3% gel, 0.3% gel pump)	Generics	DC Acne QPD 1.5 per day
adapalene 0.1% swab	Generics	DC Acne PA QPD 1 per day HCG MVG MINIMAL VALUE GENERIC
adapalene 0.1% solution	Generics	DC Acne PA QPD 2 per day
adapalene-bnzyl perox 0.1-2.5%	Generics	DC Acne QPD 1.5 per day
adapalene-bnzyl perox 0.3-2.5%	Generics	DC Acne QPD 1.667 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALDARA	Non-Preferred Brands	AL At least 12 yrs old QPD 0.434 per day
AMNESTEEM	Generics	DC Isotretinoin PA
azelaic acid	Non-Preferred Brands	QL 50 / 30 days PA
AZELEX	Non-Preferred Brands	DC Acne QPD 1.667 per day MVB Minimal Value Brand
calcipotriene 0.005% cream	Generics	QPD 2 per day HCG
calcipotriene (ointment, solution)	Generics	QPD 2 per day
calcipotriene-betamethasone dp	Generics	PA QPD 3 per day
calcitriol 3 mcg/g ointment	Generics	QPD 3.334 per day HCG MVG MINIMAL VALUE GENERIC
CLARAVIS	Generics	DC Isotretinoin PA
CONDYLOX	Non-Preferred Brands	MVB Minimal Value Brand
dapsone 5% gel	Generics	DC Acne QPD 3 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dapsone 7.5% gel pump	Generics	DC Acne QPD 3 per day
DOVONEX	Non-Preferred Brands	PA QPD 2 per day MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
DUPIXENT PEN	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day
DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.15 per day
ENSTILAR	Non-Preferred Brands	QPD 2 per day
EPIDUO FORTE	Non-Preferred Brands	DC Acne QPD 1.667 per day B4G
FINACEA 15% FOAM	Non-Preferred Brands	QL 50 / 30 days
FINACEA 15% GEL	Non-Preferred Brands	QL 50 / 30 days PA B4G
finasteride 1 mg tablet	Generics	DC Hair Growth Stimulants

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
imiquimod 5% cream packet	Generics	AL At least 12 yrs old QPD 0.434 per day
isotretinoin	Generics	DC Isotretinoin PA
ivermectin 1% cream	Generics	QPD 1.5 per day
KLISYRI	Non-Preferred Brands	QL 5 / fill PA
MIRVASO	Non-Preferred Brands	QPD 1 per day
MYORISAN	Generics	DC Isotretinoin PA
OPZELURA	Specialty Drug	QL 720 / 365 days AL At least 12 yrs old S PA QPD 8.0 per day
pimecrolimus	Generics	ST AL At least 2 yrs old QPD 2.5 per day
PODOCON-25	Non-Preferred Brands	
podofilox	Generics	
PROTOPIC 0.03% OINTMENT	Non-Preferred Brands	QL 100 / 30 days ST AL At least 2 yrs old QPD 2.5 per day
PROTOPIC 0.1% OINTMENT	Non-Preferred Brands	QL 100 / 30 days ST AL At least 16 yrs old QPD 2.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUTENZA	Specialty Drug	S MED Medical Drug
RECTIV	Non-Preferred Brands	
RHOFADE	Non-Preferred Brands	QPD 1.25 per day
SANTYL	Non-Preferred Brands	
SILIQ	Specialty Drug	S DC Autoimmune Drugs PA QPD 0.22 per day
SKYRIZI 150 MG/ML SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.012 per day SDS Extended Specialty Day Supply
SKYRIZI 75 MG/0.83 ML SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.02 per day SDS Extended Specialty Day Supply PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI PEN	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.012 per day SDS Extended Specialty Day Supply
SOOLANTRA	Non-Preferred Brands	QPD 1.5 per day B4G
SORIATANE 10 MG CAPSULE	Non-Preferred Brands	QPD 4 per day
SORIATANE 25 MG CAPSULE	Non-Preferred Brands	QPD 2 per day
STELARA 90 MG/ML SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.018 per day SDS Extended Specialty Day Supply PS1 Preferred 1st line
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.006 per day SDS Extended Specialty Day Supply PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STELARA 130 MG/26 ML VIAL	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 1.86 per day SDS Extended Specialty Day Supply PS1 Preferred 1st line
TACLONEX 0.005%-0.064% SUSPENS	Non-Preferred Brands	QPD 4 per day B4G
tacrolimus (0.03% ointment, 0.1% ointment)	Generics	QL 100 / 30 days ST
TALTZ AUTOINJECTOR	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day PS2 Preferred 2nd line
TALTZ AUTOINJECTOR (2 PACK)	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day PS2 Preferred 2nd line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALTZ SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day PS2 Preferred 2nd line
tazarotene 0.1% cream	Generics	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)	Non-Preferred Brands	MED Medical Drug
TREMFYA 100 MG/ML INJECTOR	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.02 per day SDS Extended Specialty Day Supply PS1 Preferred 1st line
TREMFYA 100 MG/ML SYRINGE	Specialty Drug	S DC Autoimmune Drugs PS PA QPD 0.04 per day SDS Extended Specialty Day Supply PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
trichloroacetic acid	Generics	
VANIQA	Non-Preferred Brands	DC Cosmetic Preps MVB Minimal Value Brand
VENELEX OINTMENT	Non-Preferred Brands	
VEREGEN	Non-Preferred Brands	MVB MINIMAL VALUE BRAND
ZENATANE	Generics	DC Isotretinoin PA
SMOOTH MUSCLE RELAXANTS RESPIRATORY SMOOTH MUSCLE RELAXANTS		
aminophylline	Generics	DC Injectables MED Medical Drug
ELIXOPHYLLIN	Non-Preferred Brands	NTI
THEO-24	Non-Preferred Brands	NTI
theophylline 80 mg/15 ml soln	Generics	NTI
theophylline (er 400 mg tablet, er 600 mg tablet)	Generics	NTI
theophylline er	Generics	NTI
theophylline in 5% dextrose	Generics	DC Injectables MED Medical Drug NTI
SOMATOSTATIN AGONISTS AND ANTAGONISTS SOMATOSTATIN AGONISTS		
BYNFEZIA	Specialty Drug	S PA QPD 0.6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lanreotide acetate	Specialty Drug	S DC Injectables PA QPD 0.02 per day
MYCAPSSA	Specialty Drug	S PA QPD 4 per day
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	Specialty Drug	S DC Injectables PS PA
SANDOSTATIN 0.05 MG/ML AMPUL	Specialty Drug	S DC Injectables PA QPD 30 per day SBA Select Brand Alternative
SANDOSTATIN 0.1 MG/ML AMPUL	Specialty Drug	S DC Injectables PA QPD 15 per day SBA Select Brand Alternative
SANDOSTATIN 0.5 MG/ML AMPUL	Specialty Drug	S DC Injectables 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)	Specialty Drug	S DC Injectables PA QPD 0.04 per day
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	Specialty Drug	S DC Injectables PA QPD 0.07 per day
SIGNIFOR	Specialty Drug	S PA
SIGNIFOR LAR	Specialty Drug	S PA
SOMATULINE DEPOT	Specialty Drug	S DC Injectables PA QPD 0.02 per day
SOMATOTROPIN AGONISTS AND ANTAGONISTS SOMATOTROPIN AGONISTS		
EGRIFTA SV	Specialty Drug	S DC Growth Hormone PA QPD 2 per day
INCRELEX	Specialty Drug	S PA
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	Specialty Drug	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
ADRENALIN	Non-Preferred Brands	MED Medical Drug
droxidopa	Specialty Drug	S PS PA QPD 6 per day
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	Generics	QL 4 / fill DC Anaphylaxis Products
epinephrine (0.1 mg/ml syringe, 1 mg/10 ml abbojct, 1 mg/ml ampul)	Generics	DC Injectables MED Medical Drug
epinephrine (1 mg/10 ml vial, 10 mg/10 ml vial, 30 mg/30 ml vial)	Generics	MED Medical Drug
epinephrine convenience kit	Generics	DC Injectables MED Medical Drug
epinephrine 100 mcg/10 ml-d5w	Generics	DC Injectables MED Medical Drug
EPINEPHRINESNAP-EMS	Non-Preferred Brands	QL 2 / fill DC Anaphylaxis Products
EPINEPHRINESNAP-V	Non-Preferred Brands	QL 2 / fill DC Anaphylaxis Products
EPIPEN	Non-Preferred Brands	QL 4 / fill DC Anaphylaxis Products PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPIPEN 2-PAK	Non-Preferred Brands	QL 4 / fill DC Anaphylaxis Products PA
norepinephrine bitar-0.9% nacl (norepineph 16 mg/250-0.9%, norepinephr 4 mg/250-0.9%)	Generics	DC Injectables MED Medical Drug
NORTHERA	Specialty Drug	S PA QPD 6 per day
SYMJEPI	Non-Preferred Brands	QL 2 / fill DC Anaphylaxis Products
ALPHA-ADRENERGIC AGONISTS		
BIORPHEN	Non-Preferred Brands	DC Injectables MED Medical Drug
LUCEMYRA	Non-Preferred Brands	QL 48 tablets/180 days PA
midodrine hcl	Generics	
phenylephrine hcl-0.9% nacl (1 mg/10 ml-ns, 10 mg/250 ml-ns, 100 mcg/10 ml-ns, 5,000mcg/50ml-ns)	Generics	DC Injectables MED Medical Drug
TETRACYCLINE ANTIBIOTICS AMINOMETHYLCYCLINES		
NUZYRA 150 MG TABLET	Non-Preferred Brands	PA
NUZYRA 100 MG VIAL	Non-Preferred Brands	DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEYSARA	Non-Preferred Brands	DC Acne PA QPD 1 per day
GLYCYLCYCLINE ANTIBIOTICS		
tigecycline	Generics	DC Injectables MED Medical Drug
TYGACIL	Non-Preferred Brands	DC Injectables MED Medical Drug
THYROID AND ANTITHYROID AGENTS ANTITHYROID AGENTS		
methimazole	Generics	
propylthiouracil	Generics	
SSKI	Non-Preferred Brands	B4G
TAPAZOLE 10 MG TABLET	Non-Preferred Brands	
TAPAZOLE 5 MG TABLET	Non-Preferred Brands	SBA Select Brand Alternative
THYROID AGENTS		
EUTHYROX	Generics	NTI
LEVO-T	Generics	NTI
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)	Generics	NTI
levothyroxine sodium (75 mcg tablet, 88 mcg tablet, 200 mcg tablet, 300 mcg tablet)	Generics	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levothyroxine sodium (100 mcg vial, 200 mcg vial, 500 mcg vial)	Generics	DC Injectables MED Medical Drug NTI
levothyroxine sodium (100 mcg/5 ml vl, 100 mcg/ml vial, 200 mcg/5 ml vl, 500 mcg/5 ml vl)	Generics	DC Injectables
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET)	Generics	NTI
LEVOXYL (75 MCG TABLET, 88 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	Generics	NTI
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	Generics	
liothyronine sod 10 mcg/ml vl	Generics	DC Injectables MED Medical Drug
NP THYROID	Generics	
TRIOSTAT	Non-Preferred Brands	DC Injectables MED Medical Drug
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET)	Generics	NTI
UNITHROID (75 MCG TABLET, 88 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	Generics	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
URINE AND FECES CONTENTS		
KETONES		
ketone care test strip	Non-Preferred Brands	DC Diabetic - Urine Test Strips QPD 6.66 per day
ketone test strip	Non-Preferred Brands	DC Diabetic - Urine Test Strips QPD 6.66 per day
ketostix reagent	Non-Preferred Brands	DC Diabetic - Urine Test Strips QPD 6.66 per day
trueplus ketone test strip	Non-Preferred Brands	DC Diabetic - Urine Test Strips QPD 6.66 per day
PH		
chemstrip 2 ln	Non-Preferred Brands	
PROTEIN		
albustix reagent	Non-Preferred Brands	
chemstrip micral	Non-Preferred Brands	
SUGAR		
diastix reagent	Non-Preferred Brands	DC Diabetic - Urine Test Strips QPD 10 per day
no-stick glucose	Non-Preferred Brands	DC Diabetic - Urine Test Strips

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Uncategorized Unclassified		
CAVERJECT 40 MCG/2 ML AMPUL	Non-Preferred Brands	DC Sexual Dysfunction (Non-Oral)
yohimbine hcl	Generics	
VASODILATING AGENTS NITRATES AND NITRITES		
DILATRATE-SR	Non-Preferred Brands	QPD 4 per day MVB Minimal Value Brand
GONITRO	Non-Preferred Brands	AL At least 18 yrs old PA QPD 1.25 per day
ISORDIL	Non-Preferred Brands	QPD 12 per day SBA SELECT BRAND ALTERNATIVE
ISORDIL TITRADOSE	Non-Preferred Brands	QPD 12 per day SBA SELECT BRAND ALTERNATIVE
isosorbide dinitrate	Generics	QPD 12 per day
isosorbide mononitrate	Generics	QPD 2 per day
isosorbide mononitrate er	Generics	QPD 2 per day
MINITRAN	Generics	QPD 1 per day
NITRO-BID	Non-Preferred Brands	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)	Non-Preferred Brands	QPD 1 per day MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	Non-Preferred Brands	QPD 1 per day
NITRO-TIME (ER 2.5 MG CAPSULE, ER 6.5 MG CAPSULE)	Generics	QPD 4 per day
nitroglycerin 400 mcg spray	Generics	QPD 0.8 per day
nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)	Generics	QPD 6 per day
nitroglycerin 50 mg/10 ml vial	Generics	DC Injectables MED Medical Drug
nitroglycerin in d5w	Generics	DC Injectables MED Medical Drug
nitroglycerin patch	Generics	QPD 1 per day
NITROLINGUAL	Non-Preferred Brands	QPD 0.8 per day
NITROMIST	Non-Preferred Brands	QPD 0.3 per day
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	Specialty Drug	S PA QPD 2 per day SBA Select Brand Alternative
ALYQ	Specialty Drug	S PS PA QPD 2 per day
REVATIO 10 MG/ML ORAL SUSP	Specialty Drug	AL At least 18 yrs old S PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVATIO 20 MG TABLET	Specialty Drug	AL At least 18 yrs old S PA QPD 3 per day
REVATIO 10 MG/12.5 ML VIAL	Specialty Drug	AL At least 18 yrs old S DC Injectables MED Medical Drug PA
sildenafil 20 mg tablet (pah)	Specialty Drug	S PS PA QPD 3 per day
sildenafil 10 mg/ml oral susp	Specialty Drug	AL At least 18 yrs old S PS PA QPD 6 per day
sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)	Generics	GL Male AL At least 18 yrs old DC Sexual Dysfunction (Oral) QPD 0.2 per day
sildenafil 10 mg/12.5 ml vial	Specialty Drug	AL At least 18 yrs old S DC Injectables MED Medical Drug PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tadalafil (2.5 mg tablet, 5 mg tablet)	Generics	GL Male DC Sexual Dysfunction (Oral) QPD 1 per day
tadalafil 10 mg tablet	Generics	GL Male DC Sexual Dysfunction (Oral) QPD 0.2 per day
tadalafil 20 mg tablet (ed/bph)	Generics	GL Male DC Sexual Dysfunction (Oral) QPD 0.2 per day
tadalafil 20 mg tablet (pah)	Specialty Drug	S PS PA QPD 2 per day
vardenafil hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	Generics	GL Male AL At least 18 yrs old DC Sexual Dysfunction (Oral) QPD 0.2 per day HCG
vardenafil hcl 10 mg odt	Generics	GL Male AL At least 18 yrs old DC Sexual Dysfunction (Oral) QPD 0.2 per day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATING AGENTS, MISCELLANEOUS		
aspirin-dipyridamole er	Generics	PR QPD 2 per day
CAVERJECT (IMPULSE 10 MCG KIT, 20 MCG VIAL, IMPULSE 20 MCG KIT, 40 MCG VIAL)	Non-Preferred Brands	GL Male DC Sexual Dysfunction (Non-Oral)
CAVERJECT (10 MCG, 20 MCG)	Non-Preferred Brands	DC Sexual Dysfunction (Non-Oral)
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	Generics	PR QPD 4.0 per day
EDEX	Non-Preferred Brands	GL Male DC Sexual Dysfunction (Non-Oral)
MUSE	Non-Preferred Brands	GL Male DC Sexual Dysfunction (Non-Oral)
papaverine hcl	Generics	DC Injectables MED Medical Drug
VERQUVO	Preferred Brands	PA QPD 1 per day
VITAMINS **MULTIVITAMIN PREPARATIONS**		
CADEAU DHA	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELITE-OB	Non-Preferred Brands	GL Female DC Prenatal Vitamins
INFUVITE PEDIATRIC	Generics	DC Vitamins (Not Prenatal) MED Medical Drug
M-NATAL PLUS	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
M.V.I. PEDIATRIC	Non-Preferred Brands	DC Vitamins (Not Prenatal) MED Medical Drug
MVW COMPLETE FORMLTN PEDIATRIC	Non-Preferred Brands	DC Vitamins (Not Prenatal)
MVW COMPLETE FORMUL D3000 SFGL	Non-Preferred Brands	DC Vitamins (Not Prenatal)
MYNATAL	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
MYNATAL PLUS	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
MYNATAL-Z	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
NEWGEN	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OBTREX DHA	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
PNV 29-1	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
PNV-OMEGA	Non-Preferred Brands	GL Female DC Prenatal Vitamins
PRENA1 CHEW	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
PRENA1 PEARL	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
PRENA1 TRUE	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
PRENATABS RX	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
prenatal low iron	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
prenatal-u	Non-Preferred Brands	GL Female DC Prenatal Vitamins
PREPLUS	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
PRETAB	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
PROVIDA OB	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
R-NATAL OB	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
REQ49+	Non-Preferred Brands	DC Vitamins (Not Prenatal)
THRIVITE RX	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
TRINATE	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
VIRT-C DHA	Non-Preferred Brands	DC Prenatal Vitamins

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIRT-NATE DHA	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
VIRT-PN PLUS	Non-Preferred Brands	GL Female DC Prenatal Vitamins
VP-PNV-DHA	Non-Preferred Brands	GL Female DC Prenatal Vitamins PR
VITAMIN A		
AQUASOL A	Non-Preferred Brands	
VITAMIN B COMPLEX		
ACTIVITE	Generics	DC Vitamins (Not Prenatal)
B-12 COMPLIANCE	Non-Preferred Brands	
cyanocobalamin injection	Generics	
DODEX	Generics	
folic acid 1 mg tablet	Generics	
folic acid (5 mg/ml vial, 50 mg/10 ml vial)	Generics	MED Medical Drug
hydroxocobalamin	Generics	
L-METHYL-B6-B12	Generics	DC Nutritional Diet Supplement NFDA Non-FDA Approved
L-METHYL-MC NAC	Non-Preferred Brands	DC Nutritional Diet Supplement NFDA Non-FDA Approved

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
l-methylfolate calcium	Generics	DC Nutritional Diet Supplement NFDA Non-FDA Approved
NASCOBAL	Non-Preferred Brands	
NEPHRO-VITE RX	Non-Preferred Brands	DC Vitamins (Not Prenatal)
NEPHRONEX-SL	Generics	DC Vitamins (Not Prenatal)
pyridoxine 100 mg/ml vial	Generics	DC Injectables MED Medical Drug
RENA-VITE RX	Generics	DC Vitamins (Not Prenatal)
thiamine 200 mg/2 ml vial	Generics	DC Injectables
VITAMIN C		
ASCOR	Non-Preferred Brands	MED Medical Drug
ascorbic acid granules	Non-Preferred Brands	DC Vitamins (Not Prenatal)
ascorbic acid 500 mg/ml vial	Generics	DC Injectables MED Medical Drug
VITAMIN D		
calcitriol 1 mcg/ml ampul	Generics	DC Injectables MED Medical Drug
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	Generics	
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)	Specialty Drug	S PS
doxercalciferol 4 mcg/2 ml vl	Specialty Drug	S DC Injectables MED Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HECTOROL	Specialty Drug	S DC Injectables MED Medical Drug
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	Specialty Drug	S PS
paricalcitol (2 mcg/ml vial, 5 mcg/ml vial, 10 mcg/2 ml vial)	Specialty Drug	S DC Injectables MED Medical Drug
RAYALDEE	Specialty Drug	S
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	Non-Preferred Brands	
vitamin d2 1.25mg(50,000 unit)	Generics	
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)	Specialty Drug	S PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	Specialty Drug	S DC Injectables MED Medical Drug PA
VITAMIN E		
wheat germ oil	Generics	
VITAMIN K ACTIVITY		
MEPHYTON	Non-Preferred Brands	SBA Select Brand Alternative
phytonadione (1 mg/0.5 ml syr, 10 mg/ml ampul, 10 mg/ml vial)	Generics	DC Injectables MED Medical Drug
phytonadione 5 mg tablet	Generics	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
phytonadione 1 mg/0.5 ml vial	Generics	MED Medical Drug
vitamin k1	Generics	DC Injectables MED Medical Drug

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