

Magellan Rx Precision Formulary

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

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

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

Drug exception requests must have clinical information submitted by a prescriber. For excluded drug products, members or prescribers may request a medical exception review if the prescriber feels that the formulary does not adequately cover your clinical needs. The request may be initiated by the member or the prescriber. If the request is initiated by the member using the online tool or via a telephone request to our offices, Magellan will contact your physician for the necessary clinical information to support this exception. If the request is initiated by your prescriber, he or she may submit it by fax, phone, or mail. They will be required to submit supporting clinical documentation to justify Magellan's approval.

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

TIER	DESCRIPTION	
1	Generics	
2	Preferred Brands	
3	Non-Preferred Brands	
TYPE	DESCRIPTION	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.
GL	Gender Limit	This prescription drug is restricted for a single gender.
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom	This drug has unique restrictions.
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions. Some examples of the diseases include; multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
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.
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.
MVG	Minimal Value Generic	Minimal Value Generic.
BSP	Benefit Shift Program	Benefit Shift Program.
SBA	Select Brand Alternative	Select Brand Alternative
PS1	Preferred 1st line	
PS2	Preferred 2nd line	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
CAFERGOT	3	SBA Select Brand Alternative
DIBENZYLINE	3	PR MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
<i>dihydroergotamine 1 mg/ml amp</i>	1	PA BSP BENEFIT SHIFT PROGRAM
<i>dihydroergotamine 4 mg/ml spry</i>	1	QL 8 / 30 days PA
<i>ergoloid mesylates</i>	1	
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
MIGERGOT	3	QL 0.72 / day MVB MINIMAL VALUE BRAND
MIGRANAL	3	QL 8 / 30 days PA MVB MINIMAL VALUE BRAND
<i>phenoxybenzamine hcl</i>	1	HCG MVG MINIMAL VALUE GENERIC
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl er</i>	1	QL 1 / day GL Male
RAPAFLO	3	QL 1 / day GL Male SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>silodosin</i>	1	QL 1 / day GL Male
<i>tamsulosin hcl</i>	1	QL 2 / day
UROXATRAL	3	QL 1 / day GL Male SBA Select Brand Alternative
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
ALLZITAL	3	QL 12 / day HCG MVB Minimal Value Brand
BUPAP	1	QL 6 / day
<i>butalbital-acetaminophn 50-300</i>	1	QL 6 / day HCG MVG MINIMAL VALUE GENERIC
<i>butalbital-acetaminophn 25-325</i>	1	QL 12 / day
<i>butalbital-acetaminophn 50-325</i>	1	QL 6 / day
<i>butalbital-acetaminophen-caffe</i>	1	QL 6 / day
CORICIDIN HBP COLD AND FLU	3	
ESGIC CAPSULE	1	QL 6 / day HCG MVG MINIMAL VALUE GENERIC
ESGIC 50-325-40 MG TABLET	3	QL 6 / day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GRALISE ER 300 MG TABLET	3	QL 1 / day ST
GRALISE ER 600 MG TABLET	3	QL 3 / day ST
LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET)	3	QL 3 / day PA MVB MINIMAL VALUE BRAND
LYRICA CR 330 MG TABLET	3	QL 2 / day PA MVB MINIMAL VALUE BRAND
PHRENILIN FORTE	1	QL 6 / day
TENCON	1	QL 6 / day
VANATOL LQ	3	
VTOL LQ	1	
ZEBUTAL	1	QL 6 / day
OPIATE AGONISTS		
<i>acetamn-caf-dihydrocodein 320.5</i>	1	QL 10 / day AL At least 18 yrs old
<i>acetamin-caf-dihydrocodein 325</i>	1	QL 10 / day AL At least 18 yrs old HCG MVG MINIMAL VALUE GENERIC
<i>acetamin-codein 300-30 mg/12.5</i>	1	QL 139 / day AL At least 12 yrs old
<i>acetaminop-codeine 120-12 mg/5</i>	1	QL 140 / day AL At least 12 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acetaminophen-cod #2 tablet</i>	1	QL 22 / day AL At least 12 yrs old
<i>acetaminophen-cod #3 tablet</i>	1	QL 12 / day AL At least 12 yrs old
<i>acetaminophen-cod #4 tablet</i>	1	QL 6 / day AL At least 12 yrs old
ACTIQ	3	QL 4 / day AL At least 18 yrs old PA SBA Select Brand Alternative
<i>asa-butalb-caffeine-codeine</i>	1	QL 6 / day AL At least 18 yrs old
ASCOMP WITH CODEINE	1	QL 6 / day AL At least 18 yrs old
<i>belladonna-opium 16.2-30 supp</i>	1	QL 2 / day
<i>belladonna-opium 16.2-60 supp</i>	1	QL 1 / day
<i>butalb-acetaminoph-caff-codein</i>	1	QL 6 / day
<i>butalbital compound-codeine</i>	1	QL 6 / day AL At least 18 yrs old
<i>codeine sulfate</i>	1	QL 6 / day AL At least 18 yrs old
DEMEROL 75 MG/ML CARPUJECT	3	QL 7 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEMEROL 100 MG TABLET	3	QL 5 / day AL At least 18 yrs old SBA Select Brand Alternative
DOLOPHINE HCL	3	QL 3 / day PA
DVORAH	3	QL 10 / day AL At least 18 yrs old MVB Minimal Value Brand
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	1	QL 12 / day AL At least 18 yrs old HCG
ENDOCET 2.5-325 MG TABLET	1	QL 12 / day AL At least 18 yrs old
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch)</i>	1	QL 0.5 / day PA
<i>fentanyl (37.5 mcg/hr patch, 62.5 mcg/hr patch)</i>	1	QL 0.5 / day PA HCG
<i>fentanyl 100 mcg/2 ml carpugt</i>	1	QL 8 / day
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg)</i>	1	QL 4 / day AL At least 18 yrs old PA HCG
<i>fentanyl citrate ofc 800 mcg</i>	1	QL 4 / day AL At least 18 yrs old PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIORINAL WITH CODEINE #3	3	QL 6 / day AL At least 18 yrs old SBA Select Brand Alternative
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	1	QL 2 / day PA
<i>hydrocodone-acetamin 10-325/15</i>	1	AL At least 2 yrs old
<i>hydrocodone-acetaminophen (2.5-108/5, 5-217/10)</i>	1	QL 180/day AL At least 2 yrs old
<i>hydrocodone-acetamin 7.5-325/15</i>	1	QL 180/day AL At least 2 yrs old HCG
<i>hydrocodone-acetamin 2.5-325</i>	1	QL 20 / day AL At least 18 yrs old
<i>hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)</i>	1	QL 13 / day AL At least 18 yrs old HCG
<i>hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)</i>	1	QL 12 / day AL At least 18 yrs old
<i>hydrocodone-ibuprofen 10-200</i>	1	QL 5 / day AL At least 16 yrs old HCG
<i>hydrocodone-ibuprofen 5-200 mg</i>	1	QL 6 / day AL At least 16 yrs old HCG
<i>hydrocodone-ibuprofen 7.5-200</i>	1	QL 5 / day AL At least 16 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone er</i>	1	QL 2 / day PA HCG
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	1	QL 13 / day AL At least 18 yrs old HCG
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	QL 6 / day AL At least 18 yrs old
IBUDONE	3	QL 5 / day AL At least 16 yrs old SBA Select Brand Alternative
LORCET	1	QL 12 / day AL At least 18 yrs old
LORCET HD	1	QL 12 / day AL At least 18 yrs old
LORCET PLUS	1	QL 12 / day AL At least 18 yrs old
LORTAB	3	QL 90 / day AL At least 2 yrs old
<i>meperidine 50 mg/5 ml solution</i>	1	QL 50 / day AL At least 18 yrs old
<i>meperidine 100 mg tablet</i>	1	QL 5 / day AL At least 18 yrs old
<i>meperidine 50 mg tablet</i>	1	QL 10 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methadone 10 mg/ml oral conc</i>	1	QL 2 / day PA
<i>methadone 10 mg/5 ml solution</i>	1	QL 8 / day PA
<i>methadone 5 mg/5 ml solution</i>	1	QL 18 / day PA
<i>methadone hcl (5 mg tablet, 10 mg tablet)</i>	1	QL 3 / day PA
METHADONE INTENSOL	1	QL 2 / day PA
METHADOSE 10 MG/ML ORAL CONC	3	QL 2 / day PA
MORPHABOND ER	3	QL 2 / day PA
<i>morphine sulf 10 mg/5 ml soln</i>	1	QL 25 / day
<i>morphine sulf 100 mg/5 ml conc</i>	1	QL 3 / day
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL 13 / day
<i>morphine sulf 10 mg suppos</i>	1	QL 5 / day
<i>morphine sulfate ir 15 mg tab</i>	1	QL 3 / day AL At least 18 yrs old
<i>morphine sulfate ir 30 mg tab</i>	1	QL 2 / day AL At least 18 yrs old
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 100 mg cap)</i>	1	QL 2 / day PA
<i>morphine sulfate er (er 30 mg cap, er 45 mg cap)</i>	1	QL 1 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er (er 60 mg cap, er 80 mg cap, er 90 mg cap, er 120 mg cap)</i>	1	QL 1 / day PA HCG
<i>morphine sulfate er (er 40 mg cap, er 75 mg cap)</i>	1	QL 1 / day PA HCG
<i>morphine sulf er 200 mg tablet</i>	1	QL 3 / day PA HCG
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet)</i>	1	QL 3 / day PA
NALOCET	3	QL 12 / day AL At least 18 yrs old MVB Minimal Value Brand
OPANA	3	QL 12 / day AL At least 18 yrs old SBA Select Brand Alternative
<i>oxycodone hcl 5 mg capsule</i>	1	QL 8 / day AL At least 18 yrs old HCG
<i>oxycodone hcl 100 mg/5 ml conc</i>	1	QL 2 / day HCG
<i>oxycodone hcl 5 mg/5 ml soln</i>	1	QL 33 / day HCG
<i>oxycodone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL 8 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl-aspirin</i>	1	QL 7 / day AL At least 18 yrs old
<i>oxycodone hcl-ibuprofen</i>	1	QL 4 / day AL At least 18 yrs old
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-300, oxycodone-acetaminophen 7.5-325)</i>	1	QL 12 / day AL At least 18 yrs old
<i>oxycodone-acetaminophen 2.5-325</i>	1	QL 12 / day AL At least 18 yrs old HCG
<i>oxymorphone hcl</i>	1	QL 12 / day AL At least 18 yrs old
<i>oxymorphone hcl er (er 5 mg tablet, er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 40 mg tab)</i>	1	QL 2 / day AL At least 18 yrs old PA HCG
<i>oxymorphone hcl er 7.5 mg tab</i>	1	QL 2 / day AL At least 18 yrs old PA
PRIMLEV 10-300 MG TABLET	3	QL 3 / day AL At least 18 yrs old MVB MINIMAL VALUE BRAND
PRIMLEV 5-300 MG TABLET	3	QL 7 / day AL At least 18 yrs old MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRIMLEV 7.5-300 MG TABLET	3	QL 4 / day AL At least 18 yrs old
PROLATE (5-300 MG TABLET, 7.5-300 MG TABLET, 10-300 MG TABLET)	3	QL 13 / day AL At least 18 yrs old
QDOLO	3	QL 80 / day AL At least 18 yrs old
ROXYBOND (15 MG TABLET, 30 MG TABLET)	3	QL 6 / day
ROXYBOND 5 MG TABLET	3	QL 8 / day
<i>tramadol hcl 100 mg tablet</i>	1	QL 4 / day AL At least 18 yrs old
<i>tramadol hcl 50 mg tablet</i>	1	QL 8 / day AL At least 18 yrs old
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 150 mg capsule, hcl er 200 mg tablet, hcl er 300 mg tablet)</i>	1	QL 1 / day AL At least 18 yrs old PA
<i>tramadol hcl-acetaminophen</i>	1	QL 8 / day AL At least 18 yrs old
TREZIX	3	QL 10 / day AL At least 18 yrs old
VICODIN	1	QL 13 / day AL At least 18 yrs old HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VICODIN HP	1	QL 13 / day AL At least 18 yrs old HCG MVG MINIMAL VALUE GENERIC
XTAMPZA ER	2	QL 2 / day PA
OPIATE PARTIAL AGONISTS		
BELBUCA	3	QL 2 / day AL At least 18 yrs old PA
BUNAVAIL (2.1-0.3 MG FILM, 6.3-1 MG FILM)	3	QL 3 / day PA
BUNAVAIL 4.2-0.7 MG FILM	3	QL 2 / day PA
<i>buprenorphine</i>	1	QL 0.144 / day PA
<i>buprenorphine 0.3 mg/ml crpjt</i>	1	QL 17 / day
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	QL 3 / day PA
<i>buprenorphine-naloxone (4-1mg film, 12-3mg flm)</i>	1	QL 2 / day PA
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb, 8-2 mg tab, 8-2mg film)</i>	1	QL 3 / day PA
<i>butorphanol 10 mg/ml spray</i>	1	QL 0.3 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BUTRANS 7.5 MCG/HR PATCH	3	QL PA 0.144 / day
<i>nalbuphine hcl (10 mg/ml ampul, 100 mg/10 ml vial)</i>	1	QL BSP 5 / day BENEFIT SHIFT PROGRAM
<i>nalbuphine hcl (20 mg/ml ampul, 200 mg/10 ml vial)</i>	1	QL BSP 3 / day BENEFIT SHIFT PROGRAM
<i>pentazocine-naloxone hcl</i>	1	QL AL 12 / day At least 12 yrs old
ZUBSOLV	2	QL PA 3 / day
ANOREXIGENIC AGENTS AMPHETAMINE DERIVATIVES		
<i>diethylpropion hcl</i>	1	QL AL PA 3 / day At least 16 yrs old
<i>diethylpropion hcl er</i>	1	QL PA 1 / day
LOMAIRA	3	QL AL PA 3 / day At least 17 yrs old
<i>phendimetrazine tartrate</i>	1	QL PA 3 / day
<i>phendimetrazine tartrate er</i>	1	QL PA 1 / day
<i>phentermine hcl (15 mg capsule, 30 mg capsule)</i>	1	QL PA 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phentermine hcl (37.5 mg capsule, 37.5 mg tablet)</i>	1	QL 2 / day AL At least 17 yrs old PA
ANOREXIGENIC AGENTS, MISCELLANEOUS		
IMCIVREE	3	QL 0.3 / day S PA
QSYMIA	3	QL 1 / day AL At least 18 yrs old PA
SELECTIVE SEROTONIN RECEPTOR AGONISTS		
BELVIQ	3	QL 2 / day AL At least 18 yrs old PA
BELVIQ XR	3	QL 1 / day AL At least 18 yrs old PA
ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS		
AMPHETAMINES		
ADZENYS ER	3	QL 15 / day ST AL At least 6 yrs old
ADZENYS XR-ODT	3	QL 1 / day ST AL At least 6 yrs old
<i>amphetamine</i>	3	QL 15 / day ST AL At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amphetamine sulfate</i>	1	QL 6 / day
<i>benzphetamine hcl 25 mg tablet</i>	1	QL 3 / day AL At least 12 yrs old PA
<i>benzphetamine hcl 50 mg tablet</i>	1	QL 3 / day PA
DESOXYN	3	QL 5 / day ST MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
DEXEDRINE SPANSULE 10 MG	3	QL 5 / day ST
DEXEDRINE SPANSULE 15 MG	3	QL 4 / day ST
DEXEDRINE SPANSULE 5 MG	3	QL 2 / day ST
<i>dextroamphetamine 5 mg/5 ml</i>	1	QL 60 / day
<i>dextroamphetamine 10 mg tab</i>	1	QL 6 / day
<i>dextroamphetamine 5 mg tab</i>	1	QL 2 / day
<i>dextroamphetamine er 10 mg cap</i>	1	QL 5 / day
<i>dextroamphetamine er 15 mg cap</i>	1	QL 4 / day
<i>dextroamphetamine er 5 mg cap</i>	1	QL 2 / day
<i>dextroamphetamine-amphet er</i>	1	QL 2 / day
<i>dextroamp-amphetamin 30 mg tab</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	1	QL 3 / day
DYANAVAL XR	3	QL 8 / day ST AL At least 6 yrs old
EVEKEO ODT (ODT 5 MG, ODT 10 MG)	3	QL 6 / day ST
EVEKEO ODT 15 MG	3	QL 4 / day ST
EVEKEO ODT 20 MG	3	QL 3 / day ST
<i>methamphetamine hcl</i>	1	QL 5 / day HCG
MYDAYIS	3	QL 1 / day ST
PROCENTRA	3	QL 60 / day ST
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	2	QL 1 / day PR
VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET, 50 MG TABLET, 60 MG TABLET)	2	QL 1 / day
ZENZEDI (15 MG TABLET, 30 MG TABLET)	3	QL 2 / day ST
ZENZEDI (2.5 MG TABLET, 20 MG TABLET)	3	QL 3 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZENZEDI 10 MG TABLET	1	QL 6 / day
ZENZEDI 5 MG TABLET	1	QL 2 / day
ZENZEDI 7.5 MG TABLET	3	QL 8 / day ST
RESPIRATORY AND CNS STIMULANTS		
APTENSIO XR	3	QL 1 / day ST
<i>caffeine cit 60 mg/3 ml oral</i>	1	HCG MVG MINIMAL VALUE GENERIC
COTEMPLA XR-ODT	3	QL 1 / day ST
DAYTRANA	3	QL 1 / day ST
<i>dexmethylphenidate 10 mg tab</i>	1	QL 2 / day
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)</i>	1	QL 3 / day
<i>dexmethylphenidate er 20 mg cp</i>	1	QL 2 / day
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	1	QL 1 / day
JORNAY PM	3	QL 1 / day ST
METADATE ER	1	QL 3 / day
METHYLIN 10 MG/5 ML SOLUTION	3	QL 30 / day ST
METHYLIN 5 MG/5 ML SOLUTION	3	QL 60 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap, er 40 mg cap, er 50 mg cap, er 60 mg cap)</i>	1	QL 1 / day ST
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)</i>	1	QL 2 / day
<i>methylphenidate er (er 54 mg tab, er 72 mg tab)</i>	1	QL 1 / day
<i>methylphenidate er 10 mg tab</i>	1	QL 5 / day
<i>methylphenidate er 20 mg tab</i>	1	QL 3 / day
<i>methylphenidate er (la) (10mg cp, 20mg cp, 40mg cp)</i>	1	QL 1 / day
<i>methylphenidate er(la) 30mg cp</i>	1	QL 2 / day
<i>methylphenidate 10 mg/5 ml sol</i>	1	QL 30 / day
<i>methylphenidate 5 mg/5 ml soln</i>	1	QL 60 / day
<i>methylphenidate 2.5 mg chew tb</i>	1	
<i>methylphenidate hcl (5 mg chew tab, 10 mg chew tab, 20 mg tablet)</i>	1	QL 3 / day
<i>methylphenidate 10 mg tablet</i>	1	QL 5 / day
<i>methylphenidate 5 mg tablet</i>	1	QL 3 / day
<i>methylphenidate cd 30 mg cap</i>	1	QL 2 / day
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	1	QL 1 / day
<i>methylphenidate er(cd) 30mg cp</i>	1	QL 2 / day
<i>methylphenidate hcl er (cd) (10mg cp, 20mg cp, 40mg cp, 50mg cp, 60mg cp)</i>	1	QL 1 / day
<i>methylphenidate la (10 mg cap, 20 mg cap, 40 mg cap, 60 mg cap)</i>	1	QL 1 / day
<i>methylphenidate la 30 mg cap</i>	1	QL 2 / day
QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)	3	QL 1 / day
		ST
		AL At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUILLICHEW ER 30 MG CHEW TAB	3	QL 2 / day ST AL At least 6 yrs old
QUILLIVANT XR	3	QL 12 / day ST
RELEXXII	1	QL 1 / day
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	1	QL 1 / day PA
<i>modafinil</i>	1	QL 1 / day PA
SUNOSI	3	QL 1 / day AL At least 18 yrs old PA
WAKIX	3	QL 2 / day S PA
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1	QL 4 / day PA
ALBENZA	3	QL 4 / day PA SBA Select Brand Alternative
BILTRICIDE	3	PA SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EGATEN	3	
EMVERM	2	PA
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel</i>	1	PA
STROMEKTOL	3	PA
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	SBA Select Brand Alternative
MACRODANTIN	3	SBA Select Brand Alternative
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
<i>trimethoprim</i>	1	
TRIMPEX	3	QL max 10 days
		QL 4 / day
URIBEL	1	HCG
		MVG MINIMAL VALUE GENERIC
UROGESIC-BLUE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
AK-POLY-BAC	1	QL 0.434 / day
AZASITE	3	QL 0.36/day
BACIGUENT	3	QL 0.434 / day
<i>bacitracin 500 unit/gm ophth</i>	1	QL 0.434 / day HCG
<i>bacitracin-polymyxin</i>	1	QL 0.434 / day HCG
BESIVANCE	3	QL 0.767 / day
BLEPH-10	3	QL 5 / fill SBA Select Brand Alternative
BLEPHAMIDE	3	QL 5 / fill
BLEPHAMIDE S.O.P.	3	QL 4 / fill
CETRAXAL	3	QL 0.567 / day ST MVB Minimal Value Brand
CILOXAN (EYE DROPS, OINTMENT)	3	QL 0.767 / day
CIPRO HC	3	QL 0.434 / day ST
CIPRODEX	2	QL 0.257 / day B4G
<i>ciprofloxacin 0.2% otic soln</i>	1	QL 0.567 / day
<i>ciprofloxacin 0.3% eye drop</i>	1	QL 0.767 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>ciprofloxacin hcl-fluocinolone</i>	1		
<i>ciprofloxacin-dexamethasone</i>	1	QL	0.257 / day
COLY-MYCIN S	3	QL	10 / fill
CORTISPORIN-TC	3	QL	10/ fill
<i>doxycycline hyclate 20 mg tab</i>	1	HCG	
		MVG	MINIMAL VALUE GENERIC
<i>erythromycin 0.5% eye ointment</i>	1	QL	0.54 / day
<i>gatifloxacin</i>	1	QL	0.36/day
		HCG	
GENTAK	1	QL	0.54 / day
<i>gentamicin sulfate (0.3% drop, 3 mg/ml drop)</i>	1	QL	2.143 / day
<i>levofloxacin 0.5% eye drops</i>	1	QL	0.767 / day
MAXITROL EYE DROPS	3	QL	5 / fill
MAXITROL EYE OINTMENT	3	QL	4 / fill
MOXEZA	2	QL	0.434 / day
<i>moxifloxacin 0.5% eye drops</i>	1	QL	0.434 / day
NEO-POLYCIN	1	QL	0.124 / day
NEO-POLYCIN HC	1	QL	4 / fill
		HCG	
<i>neomycin-bacitracin-poly-hc</i>	1	QL	4 / fill
<i>neomycin-bacitracin-polymyxin</i>	1	QL	0.124 / day
<i>neomyc-polym-dexameth eye drop</i>	1	QL	5 / fill
<i>neomyc-polym-dexamet eye ointm</i>	1	QL	4 / fill
<i>neomycin-polymyxin-gramicidin</i>	1	QL	1.47 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin-poly-hc eye drops</i>	1	QL 10/ fill
<i>neomycin-polymyxin-hc ear susp</i>	1	QL 10 / fill
<i>neomycin-polymyxin-hydrocort</i>	1	QL 10 / fill
OCUFLOX	3	QL 1.47 / day
<i>ofloxacin 0.3% ear drops</i>	1	QL 10 / 30 days
<i>ofloxacin 0.3% eye drops</i>	1	QL 1.47 / day
OTIPRIO	3	MVB MINIMAL VALUE BRAND
OTOVEL	3	QL 0.4722 / day
		ST
		MVB Minimal Value Brand
		SBA SELECT BRAND ALTERNATIVE
POLYCIN	1	QL 0.434 / day
<i>polymyxin b sul-trimethoprim</i>	1	QL 1.47 / day
POLYTRIM	3	QL 1.47 / day
PRED-G 1% EYE DROPS	3	QL 5 / fill
PRED-G S.O.P. EYE OINTMENT	3	QL 4 / fill
<i>sulfacetamide 10% eye drops</i>	1	QL 5 / fill
<i>sulfacetamide 10% eye ointment</i>	1	QL 4 / fill
<i>sulfacetamide-prednisolone</i>	1	QL 5 / fill
TOBRADEX EYE OINTMENT	3	QL 4 / fill
TOBRADEX ST	3	QL 5 / fill
<i>tobramycin 0.3% eye drop</i>	1	QL 2.143 / day
<i>tobramycin-dexamethasone</i>	1	QL 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOBREX 0.3% EYE DROP	3	QL 2.143 / day
TOBREX 0.3% EYE OINTMENT	3	QL 0.54 / day
ZYLET	3	QL 5 / fill MVB MINIMAL VALUE BRAND
ZYMAXID	3	QL 0.36/day
ANTIFUNGALS (EENT)		
NATACYN	3	QL 0.767 / day
ANTIVIRALS (EENT)		
<i>trifluridine</i>	1	
ZIRGAN	3	QL 0.167 / day
EENT ANTI-INFECTIVES, MISCELLANEOUS		
<i>acetic acid 2% ear solution</i>	1	
BETADINE 5% EYE SOLUTION	3	
<i>chlorhexidine 0.12% rinse</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
PAROEX	1	
PERIDEX	3	
PERIOGARD	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX	3	PA
CENTANY	3	PA
CLEOCIN 2% VAGINAL CREAM	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEOCIN 100 MG VAGINAL OVULE	2	MVB MINIMAL VALUE BRAND
CLEOCIN T 1% GEL	3	QL 75 / 30 days
CLEOCIN T 1% PLEDGETS	3	SBA SELECT BRAND ALTERNATIVE
CLEOCIN T (LOION, SOLUION)	3	
CLINDACIN ETZ 1% PLEDGET	1	HCG
CLINDACIN P	1	HCG
<i>clind ph-benzoyl perox 1.2-5%</i>	1	QL 1.5 / day
<i>clind ph-benzoyl pero 1.2-2.5%</i>	1	QL 1.667 / day
<i>clindamycin phos-tretinoin</i>	1	QL 2 / day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>clindamycin phosphate 1% foam</i>	1	QL 1.667 / day
		HCG
		MVG MINIMAL VALUE GENERIC
<i>clindamycin ph 1% gel</i>	1	QL 75 / 30 days
		C Generic for Cleocin T
<i>clindamycin phosphate (phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i>	1	
<i>clindamycin ph 1% solution</i>	1	QL 2 / day
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	1	QL 1.667 / day
CLINDESSE	3	
CORTISPORIN CREAM	3	QL 0.25 / day
CORTISPORIN OINTMENT	3	QL 0.5 / day
ERY	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERYGEL	3	QL 1 / day
<i>erythromycin 2% gel</i>	1	QL 1 / day
<i>erythromycin 2% pledgets</i>	1	
<i>erythromycin 2% solution</i>	1	QL 2 / day
<i>erythromycin-benzoyl peroxide</i>	1	QL 1.60 / day
<i>gentamicin sulfate (cream, ointment)</i>	1	
METROCREAM	3	SBA Select Brand Alternative
METROGEL-VAGINAL	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
METROLOTION	3	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel, vaginal 0.75% gl)</i>	1	
<i>mupirocin 2% cream</i>	1	QL 2 / day
<i>mupirocin 2% ointment</i>	1	QL 2.5 / day
NEO-SYNALAR 0.5%-0.025% CREAM	3	
NEUAC GEL	1	QL 1.5 / day
NUVESSA	3	MVB MINIMAL VALUE BRAND
ONEXTON 1.2%-3.75% GEL	3	QL 1.667 / day
ONEXTON GEL PUMP	3	QL 1.967 / day
ROSADAN (CREAM, GEL)	1	
ROSADAN 0.75% CREAM KIT	3	MVB MINIMAL VALUE BRAND
ROSADAN 0.75% GEL KIT	3	
VANDAZOLE	3	
XEPI	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZILXI	3	QL 1 / day PA
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir 5% cream</i>	1	QL 0.167 / day AL At least 12 yrs old PA
<i>acyclovir 5% ointment</i>	1	
DENAVIR	3	QL 0.167 / day AL At least 12 yrs old PA
XERESE	3	QL 0.167 / day AL At least 6 yrs old PA MVB MINIMAL VALUE BRAND
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
AVC	3	MVB MINIMAL VALUE BRAND
<i>hydrocortisone-iodoquinol</i>	1	
<i>iodine (2% mild tincture, 5% strong solution, mild tincture, strong solution)</i>	1	
IODOFLEX	3	
IODOSORB	3	
KLARON	3	QL 4 / day
LUGOL'S	1	
<i>silver sulfadiazine</i>	1	
<i>sod sulface-sulfur 9-4.5% kit</i>	3	
SSD	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	1	QL 4 / day
SULFAMYLON 8.5% CREAM	3	
TRIMO-SAN	3	
SCABICIDES AND PEDICULICIDES		
CROTAN	1	
ELIMITE	3	
EURAX (CREAM, LOTION)	3	ST
<i>ivermectin 0.5% lotion</i>	1	
<i>lindane</i>	1	HCG
<i>malathion</i>	1	HCG
OVIDE	3	ST
<i>permethrin</i>	1	
SKLICE	3	ST
<i>spinosad</i>	1	HCG MVG MINIMAL VALUE GENERIC
ULESFIA	3	ST
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
ALREX	3	QL 0.5 / day
DERMOTIC	3	
<i>dexamethasone 0.1% eye drop</i>	1	QL 10 / fill
DUREZOL	3	QL 10 / 30 days
EYSUVIS	3	QL 10 / fill PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
FLAC OTIC OIL	1		
FLAREX	3	QL	10 / fill
<i>flunisolide</i>	1	QL	.834 / day
<i>fluocinolone acetonide oil</i>	1	HCG	
<i>fluorometholone</i>	1	QL	10 / fill
<i>fluticasone prop 50 mcg spray</i>	1	QL	0.6 / day
FML	3	QL	10 / fill
FML FORTE	3	QL	10 / fill
FML S.O.P.	3	QL	4 / fill
LOTEMAX 0.5% OPHTHALMIC GEL	3	QL	10 / fill
LOTEMAX 0.5% EYE OINTMENT	3	QL	4 / fill
		MVB	MINIMAL VALUE BRAND
LOTEMAX SM	3	QL	10 / fill
<i>loteprednol etabonate 0.5% drp</i>	1	QL	21 / fill
MAXIDEX	3	QL	10 / fill
		MVB	MINIMAL VALUE BRAND
<i>mometasone furoate 50 mcg spry</i>	1	QL	0.567 / day
OMNARIS	3	QL	0.434 / day
PRED MILD	3	QL	21 / fill
<i>prednisolone ac 1% eye drop</i>	1	QL	21 / fill
<i>prednisolone sod 1% eye drop</i>	1	QL	20 / 30 days
QNASL	3	QL	0.4 / day
QNASL CHILDREN	3	QL	0.3 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone 55 mcg nasal spr</i>	1	QL 0.55 / day
ZETONNA	3	QL 0.22 / day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	2	QL 2 / day PA
RESTASIS MULTIDOSE	2	QL 0.2 / day PA
XIIDRA	2	QL 2 / day AL At least 17 yrs old PA
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	3	QL 15 / 30 days
ACULAR LS	3	QL 5 / fill
ACUVAIL	3	QL 1 / day MVB Minimal Value Brand
<i>bromfenac sodium</i>	1	QL 8 / rx HCG
<i>diclofenac 0.1% eye drops</i>	1	QL 5 / fill
<i>flurbiprofen sodium</i>	1	QL 3/ fill
<i>ketorolac 0.4% ophth solution</i>	1	QL 5 / fill
<i>ketorolac 0.5% ophth solution</i>	1	QL 15 / 30 days
PROLENSA	2	QL 3/ fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
INTERLEUKIN ANTAGONISTS		
DUPIXENT 200 MG/1.14 ML SYRING	3	QL 0.15 / day AL At least 6 yrs old S PS PA
FASENRA	3	QL 0.04 / day AL At least 12 yrs old S PS PA BSP BENEFIT SHIFT PROGRAM
FASENRA PEN	3	QL 0.04 / day AL At least 12 yrs old S PS PA
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	3	QL 0.04 / day AL At least 12 yrs old S PS PA
NUCALA 100 MG/ML POWDER VIAL	3	QL 0.04 / day AL At least 6 yrs old S PS PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEUKOTRIENE MODIFIERS		
ACCOLATE	3	QL 2 / day PR
<i>montelukast sod 4 mg granules</i>	1	QL 1 / day PR HCG
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1	QL 1 / day PR
<i>zafirlukast</i>	1	QL 2 / day PR
<i>zileuton er</i>	1	QL 4 / day ST PR HCG
ZYFLO	3	QL 4 / day ST PR
ZYFLO CR	3	QL 4 / day ST PR SBA Select Brand Alternative
MAST-CELL STABILIZERS		
ALOCRIL	3	QL 5 / fill MVB MINIMAL VALUE BRAND
<i>cromolyn 20 mg/2 ml neb soln</i>	1	PR
<i>cromolyn 4% eye drops</i>	1	QL 10 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
GASTROCROM	3	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA	2	QL 2.143 / day ST
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ALA-CORT	1	
<i>alclometasone dipro 0.05% crm</i>	1	HCG
<i>alclometasone dipr 0.05% oint</i>	1	
<i>amcinonide (cream, lotion)</i>	1	HCG MVG MINIMAL VALUE GENERIC
ANALPRAM HC 1% CREAM	3	MVB Minimal Value Brand SBA Select Brand Alternative
ANALPRAM HC 2.5%-1% LOTION	3	
ANUCORT-HC	1	
ANUSOL-HC 2.5% CREAM	3	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
ANUSOL-HC 25 MG SUPPOSITORY	1	
BESER	1	
<i>betamethasone diprop augmented (crm, gel, lot, oin)</i>	1	
<i>betamethasone dipropionate (crm, lot, oint)</i>	1	
<i>betamethasone valer 0.12% foam</i>	1	HCG
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	1	
BRYHALI	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>clobetasol emollient 0.05% crm</i>	1		
<i>clobetasol emolInt 0.05% foam</i>	1	HCG	
<i>clobetasol emulsion</i>	1	HCG	
<i>clobetasol propionate (cream, gel, ointment, shampoo, solution)</i>	1		
<i>clobetasol propionate (prop spray, topical lotn)</i>	1	HCG	
<i>clocortolone pivalate</i>	1	HCG	
CLODAN 0.05% SHAMPOO	1	HCG	
COLOCORT	1		
CORMAX	1		
CORTENEMA	3		
CORTIFOAM	3	MVB	MINIMAL VALUE BRAND
CUTIVATE 0.05% CREAM	3		
CUTIVATE 0.05% LOTION	3	MVB	MINIMAL VALUE BRAND
		SBA	Select Brand Alternative
DERMA-SMOOTHIE-FS BODY OIL	3	SBA	Select Brand Alternative
DERMA-SMOOTHIE-FS SCALP OIL	3		
DERMATOP	3		
<i>desonide (cream, gel, lotion, ointment)</i>	1		
DESOWEN (CREAM, LOTION)	3		
<i>desoximetasone (cream, ointment)</i>	1	HCG	
<i>desoximetasone (0.05% gel, 0.25% cream, 0.25% ointment, 0.25% spray)</i>	1		
DIPROLENE	3		
ELOCON	3		
EPIFOAM	3		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone acetonide (0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	1	HCG
<i>fluocinolone acetonide (body oil, cream)</i>	1	
<i>fluocinonide 0.1% cream</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone prop 0.05% lotion</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	1	
<i>halcinonide</i>	1	PA
<i>halobetasol propionate (cream, ointmnt)</i>	1	
<i>hydrocortisone (1% cream, 1% ointment, 2.5% cream, 2.5% lotion, 2.5% ointment, 100 mg/60 ml)</i>	1	
<i>hydrocortisone 1% absorbase</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>hydrocortisone acetate (25 mg, 30 mg)</i>	1	
<i>hydrocortisone butyrate (lipid crm, lipo cream)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>hydrocortisone butyrate (buty cream, butyr lotn, butyr oint, butyr soln)</i>	1	
<i>hydrocortisone valerate (cream, ointmt)</i>	1	
<i>hydrocortisone-pramoxine</i>	1	
LOCOID 0.1% CREAM	3	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
LOCOID (LOTION, SOLUTION)	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
LUXIQ	3		
<i>mometasone furoate (cream, oint, soln)</i>	1		
OLUX	3	SBA	Select Brand Alternative
OLUX-E	3	SBA	Select Brand Alternative
ORALONE	1		
PRAMOSONE (1% LOTION, 1%-1% CREAM, 2.5%-1% LOTION)	3		
<i>prednicarbate (cream, ointment)</i>	1		
PROCTO-MED HC	1		
PROCTO-PAK	1		
PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY)	3		
PROCTOFOAM-HC	2		
PROCTOSOL-HC	1		
PROCTOZONE-HC	1	HCG	
SANADERMRX	1		
SCALACORT	1		
SERNIVO	3		
SYNALAR (0.01% SOLUTION, 0.025% CREAM)	3		
TEMOVATE (CREAM, OINTMENT)	3		
TEXACORT	3	MVB	Minimal Value Brand
TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT)	3	SBA	Select Brand Alternative
TOVET EMOLLIENT	1	HCG	
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.1% paste, 0.5% cream, 0.5% ointment)</i>	1		
TRIDERM	1		
TRIDESILON	3		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRAVATE (CREAM, OINTMENT)	3	
VANOS	3	MVB MINIMAL VALUE BRAND
ANTIANEMIA DRUGS		
IRON PREPARATIONS		
FOLIVANE-PLUS	3	
FUSION PLUS	3	
HEMATINIC PLUS	1	
HEMATINIC WITH FOLIC ACID	1	
INJECTAFER	3	S BSP BENEFIT SHIFT PROGRAM
IRO-PLEX CAPLET	3	
NIFEREX	3	
SIDEROL	3	
TANDEM DUAL ACTION	3	
VIRT-FEFA PLUS	3	
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR 100 MG CAPSULE	2	
NORPACE CR 150 MG CAPSULE	3	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
CLASS IB ANTIARRHYTHMICS		
<i>mexiletine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
RYTHMOL SR	3	
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>dofetilide</i>	1	S
MULTAQ	3	PA
PACERONE	1	
ANTIBACTERIALS		
AMINOGLYCOSIDE ANTIBIOTICS		
ARIKAYCE	3	QL 9 / day
		S
		PA
BETHKIS	3	S
		PA
<i>gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin sulfate in ns (70 mg/ns 50 ml, 90 mg/ns 100 ml)</i>	1	BSP BENEFIT SHIFT PROGRAM
KITABIS PAK	3	S
		PA
<i>neomycin sulfate</i>	1	
TOBI	3	S
		PA
		SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOBI PODHALER	3	S PA
<i>tobramycin (300 mg/4 ml ampule, pak 300 mg/5 ml)</i>	1	S PA
<i>tobramycin 300 mg/5 ml ampule</i>	1	S PA
QUINOLONE ANTIBIOTICS		
AVELOX	3	QL 21 / fill
BAXDELA 450 MG TABLET	3	QL max 14 days PA
CIPRO 10% SUSPENSION	3	QL 10 / day
CIPRO 5% SUSPENSION	3	QL 7 / day
CIPRO (250 MG TABLET, 500 MG TABLET)	3	QL 2 / day
<i>ciprofloxacin 250 mg/5 ml susp</i>	1	QL 7 / day
<i>ciprofloxacin 500 mg/5 ml susp</i>	1	QL 10 / day
<i>ciprofloxacin er 1,000 mg tab</i>	1	QL 14 / 1 rx
<i>ciprofloxacin er 500 mg tablet</i>	1	QL 28 / fill
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 750 mg tab)</i>	1	QL 2 / day
<i>ciprofloxacin hcl 500 mg tab</i>	1	QL 2 / day
FACTIVE	3	QL 7 / day PA
LEVAQUIN	3	QL 30 / fill
<i>levofloxacin 25 mg/ml solution</i>	1	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	QL 30 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>moxifloxacin hcl</i>	1	QL 21 / fill
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1	QL 56 / fill
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	3	
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-tmp ds tablet</i>	1	
<i>sulfamethoxazole-trimethoprim (ss tablet, susp)</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	
SULFATRIM	1	
TETRACYCLINE ANTIBIOTICS		
AVIDOXY	1	
COREMINO (ER 90 MG TABLET, ER 135 MG TABLET)	1	QL 1 / day ST
COREMINO ER 45 MG TABLET	1	QL 3 / day ST
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (50 mg tablet, hyclate 50 mg cap, hyclate 100 mg cap, hyclate 100 mg tab)</i>	1	
<i>doxycycline hyclate (75 mg tab, 150 mg tab)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>doxycycline ir-dr</i>	1	QL 1 / day HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline mono 150 mg cap</i>	1	QL 30 / fill HCG MVG MINIMAL VALUE GENERIC
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 100 mg cap, mono 100 mg tablet)</i>	1	
<i>doxycycline monohydrate (75 mg capsule, 75 mg tablet, 150 mg tablet)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	1	
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	ST HCG MVG MINIMAL VALUE GENERIC
<i>minocycline er 45 mg tablet</i>	1	QL 3 / day ST HCG MVG MINIMAL VALUE GENERIC
<i>minocycline hcl er (er 55 mg tablet, er 65 mg tablet, er 80 mg tablet, er 90 mg tablet, er 105 mg tablet, er 115 mg tablet, er 135 mg tablet)</i>	1	QL 1 / day ST HCG MVG MINIMAL VALUE GENERIC
MONDOXYNE NL 100 MG CAPSULE	1	
MONDOXYNE NL 75 MG CAPSULE	1	HCG MVG MINIMAL VALUE GENERIC
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	1	
OKEBO	1	
<i>tetracycline hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ANTIBACTERIALS, MISCELLANEOUS			
CYCLIC LIPOPEPTIDE ANTIBIOTICS			
daptomycin 500 mg vial	1	BSP	BENEFIT SHIFT PROGRAM
GLYCOPEPTIDE ANTIBIOTICS			
VANCOCIN HCL	3		
vancomycin hcl (125 mg capsule, 250 mg capsule)	1		
vancomycin hcl 5 gm vial	1	BSP	BENEFIT SHIFT PROGRAM
LINCOMYCIN ANTIBIOTICS			
CLEOCIN HCL	3	QL	4 / day
CLEOCIN PEDIATRIC	3	QL	70/ day
CLEOCIN PHOSPHATE (600 MG/4ML, 900 MG/6ML)	3		
clindamycin (pediatric)	1	QL	70/ day
clindamycin hcl	1	QL	4 / day
OTHER MISC. ANTIBACTERIAL AGENTS			
HELIDAC	3	QL	max 1 per 365 days
PYLERA	2	QL	120 / 365 days
OXAZOLIDINONE ANTIBIOTICS			
linezolid 100 mg/5 ml susp	1	QL	900 / rx
linezolid 600 mg tablet	1	QL	2 / day
SIVEXTRO 200 MG TABLET	3	QL PA	6 / 30 days
ZYVOX 100 MG/5 ML SUSPENSION	3	QL PA	900 / rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYVOX 600 MG TABLET	3	QL 2 / day PA
PLEUROMUTILINS		
XENLETA 600 MG TABLET	3	S PA
RIFAMYCIN ANTIBIOTICS		
AEMCOLO	3	
XIFAXAN	3	PA
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANASPAZ	3	
ANORO ELLIPTA	2	QL 2 / day PR
ATROVENT HFA	3	QL 1.29 / day PR
<i>chlordiazepoxide-clidinium</i>	1	
COMBIVENT RESPIMAT	2	QL 0.267 / day PR
CUVPOSA	3	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	1	
DONNATAL (ELIXIR, TABLET)	3	
ED-SPAZ	1	
GLYCATÉ	3	
<i>glycopyrrolate (1 mg tablet, 1.5 mg tablet, 2 mg tablet)</i>	1	
GLYRX-PF 0.4 MG/2 ML VIAL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hyoscyamine sulfate (0.125 mg odt, 0.125 mg tab sl, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate sr</i>	1	
HYOSYNE (0.125 MG/ML DROP, 125 MCG/5 ML ELIXIR)	1	
<i>ipratropium br 0.02% soln</i>	1	QL 12.5 / day PR
<i>ipratropium-albuterol</i>	1	PR
LEVSIN 0.125 MG TABLET	3	
LEVSIN-SL	3	
LIBRAX	3	SBA Select Brand Alternative
LONHALA MAGNAIR REFILL	3	QL 2 / day PA
LONHALA MAGNAIR STARTER	3	QL 2 / day PA
<i>methscopolamine bromide</i>	1	
NULEV	1	
OSCIMIN (0.125 MG ODT, 0.125 MG TABLET)	1	
OSCIMIN SL	1	
OSCIMIN SR	1	
<i>phenobarbital-belladonna</i>	1	
<i>phenobarbital-hyosc-atrop-scop (phenobarb-hyo-atrop-scop elix, phenobarb-hyosc-atrop-scop tab)</i>	1	
PHENOHYTRO TABLET	1	HCG
<i>propantheline bromide</i>	1	
QBREXZA	3	QL 1 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPIRIVA	2	QL 1 / day PR
SPIRIVA RESPIMAT	2	QL 1 / day PR
STIOLTO RESPIMAT	2	QL 0.134 / day PR
SYMAX DUOTAB	3	
ANTICOAGULANTS		
ANTICOAGULANTS, MISCELLANEOUS		
ARIXTRA	3	S PR
<i>fondaparinux sodium</i>	1	S PR
<i>sodium citrate 4% syringe</i>	1	
COUMARIN DERIVATIVES		
COUMADIN	2	PR NTI
JANTOVEN (1 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	1	PR NTI
JANTOVEN (2 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	PR NTI
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	PR NTI
<i>warfarin sodium (6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	PR NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIRECT FACTOR XA INHIBITORS		
BEVYXXA	3	QL 1.25 / day AL At least 18 yrs old PA
ELIQUIS DVT-PE TREAT START 5MG	2	QL 100 / 30 days PR
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	2	QL 2 / day PR
SAVAYSA	3	QL 1 / day PA
XARELTO DVT-PE TREAT START 30D	2	QL 56 / fill
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL 1 / day PR
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	QL 2 / day PR
DIRECT THROMBIN INHIBITORS		
PRADAXA	2	QL 2 / day PR
HEPARINS		
<i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)</i>	1	S PR
<i>enoxaparin 300 mg/3 ml vial</i>	1	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
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/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	3	S PR	
<i>heparin flush (flush 10 units/ml syr, 20 units/2 ml (10/ml), 200 unit/2 ml (100/ml))</i>	1	BSP	BENEFIT SHIFT PROGRAM
<i>heparin flush (iv flush 1 unit/ml syr, 2 unit/2 ml (1/ml) syr, 3 unit/3 ml (1/ml) syr, 5 unit/5 ml (1/ml) syr, 10 unit/10 ml (1/ml), 30 units/3 ml (10/ml), 50 units/5 ml (10/ml), 60 units/6 ml (10/ml), iv flush 100 units/ml, 300 unit/3 ml (100/ml), 1,000 unit/10 (100/ml))</i>	1	PR BSP	BENEFIT SHIFT PROGRAM
<i>heparin lock (10 units/ml, 100 unit/ml)</i>	1	BSP	BENEFIT SHIFT PROGRAM
<i>heparin lock (100 unit/10 ml (10/ml), 500 unit/5 ml (100/ml))</i>	1	PR BSP	BENEFIT SHIFT PROGRAM
<i>heparin 5,000 unit/ml carpugct</i>	1		
<i>heparin sodium (5,000 unit/0.5 ml, 5,000 unit/ml syrg, 20,000 unit/ml vl)</i>	1	BSP	BENEFIT SHIFT PROGRAM
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	1	PR BSP	BENEFIT SHIFT PROGRAM
<i>heparin sodium in 0.45% nacl</i>	1	PR BSP	BENEFIT SHIFT PROGRAM
<i>heparin sodium-0.45% nacl</i>	1	PR BSP	BENEFIT SHIFT PROGRAM
<i>heparin sodium-0.9% nacl (4,000 unit/1,000 ml-ns, 5,000 unit/1,000 ml-ns, 5,000 unit/500 ml-ns, 30,000 unit/1,000-ns)</i>	1	BSP	BENEFIT SHIFT PROGRAM
<i>heparin 20,000 unit/500 ml-d5w</i>	1	BSP	BENEFIT SHIFT PROGRAM
<i>heparin sodium-d5w (unit/250, unit/500)</i>	1	PR BSP	BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOVENOX (30 MG/0.3 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 60 MG/0.6 ML SYRINGE, 80 MG/0.8 ML SYRINGE, 100 MG/ML SYRINGE, 120 MG/0.8 ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL)	3	S PR SBA Select Brand Alternative
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
APTOM (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	3	QL PA 2 / day
APTOM 200 MG TABLET	3	QL PA 3 / day
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	3	PA
BRIVIACT 10 MG/ML ORAL SOLN	3	QL PA 20 / day
BRIVIACT (10 MG TABLET, 50 MG TABLET)	3	QL PA 4 / day
BRIVIACT 100 MG TABLET	3	QL PA 2 / day
BRIVIACT 25 MG TABLET	3	QL PA 8 / day
BRIVIACT 75 MG TABLET	3	QL PA 3 / day
<i>carbamazepine 200 mg/10ml susp</i>	1	NTI
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	1	NTI
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	1	NTI
DEPAKENE (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	3	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	3	QL 2 / day S PA
<i>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)</i>	1	NTI
<i>divalproex sodium er</i>	1	NTI
EPIDIOLEX	3	S PA
EPITOL	1	NTI
EQUETRO	3	PR NTI
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</i>	1	
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	3	PA
FINTEPLA	3	QL 12 / day S PA
FYCOMPA 0.5 MG/ML ORAL SUSP	3	QL 6 / day
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	QL 1 / day
<i>gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule)</i>	1	QL 9 / day
<i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i>	1	QL 72 / day
<i>gabapentin 600 mg tablet</i>	1	QL 6 / day
<i>gabapentin 800 mg tablet</i>	1	QL 5 / day
GABITRIL	3	
HORIZANT ER 300 MG TABLET	3	QL 4 / day PA MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORIZANT ER 600 MG TABLET	3	QL PA MVB 2 / day MINIMAL VALUE BRAND
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	NTI
<i>lamotrigine (blue)</i>	1	NTI
<i>lamotrigine (green)</i>	1	NTI
<i>lamotrigine (orange)</i>	1	NTI
<i>lamotrigine er</i>	1	NTI
<i>lamotrigine odt</i>	1	NTI
<i>lamotrigine odt (blue)</i>	1	NTI
<i>lamotrigine odt (green)</i>	1	NTI
<i>lamotrigine odt (orange)</i>	1	NTI
<i>levetiracetam 500 mg/5 ml soln</i>	1	QL NTI 946 / 30 days
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet, 1000 mg/10 ml)</i>	1	NTI
<i>levetiracetam er</i>	1	NTI
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i>	1	NTI
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	1	QL 2 / day
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	1	QL 3 / day
<i>pregabalin 20 mg/ml solution</i>	1	QL 30 / day
ROWEEPRA	1	NTI
ROWEEPRA XR	1	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rufinamide</i>	1	
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	3	QL 6 / day S PA
SPRITAM	3	QL 3 / day AL At least 4 yrs old NTI
SUBVENITE	1	NTI
SUBVENITE (BLUE)	1	NTI
SUBVENITE (GREEN)	1	NTI
SUBVENITE (ORANGE)	1	NTI
<i>tiagabine hcl</i>	1	
<i>topiramate 15 mg sprinkle cap</i>	1	NTI
<i>topiramate (25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	NTI
<i>topiramate er</i>	1	NTI
TROKENDI XR	3	ST
<i>valproic acid (250 mg capsule, 250 mg/5 ml soln)</i>	1	NTI
<i>valproic acid 500 mg/10 ml sol</i>	1	NTI
<i>vigabatrin 500 mg powder packt</i>	1	QL 6 / day S PS PA
<i>vigabatrin 500 mg tablet</i>	3	QL 6 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIGADRONE	3	QL 6 / day S PA
VIMPAT 10 MG/ML SOLUTION	3	QL 50 / day
VIMPAT (150 MG TABLET, 200 MG TABLET, STARTER KIT)	3	QL 2 / day
VIMPAT (50 MG TABLET, 100 MG TABLET)	3	QL 4 / day
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	3	QL 1 / day PA
XCOPRI (150 MG TABLET, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	3	QL 2 / day PA
XCOPRI (50 MG TABLET, 100 MG TABLET)	3	QL 4 / day PA
<i>zonisamide (25 mg capsule, 100 mg capsule)</i>	1	NTI
<i>zonisamide 50 mg capsule</i>	1	NTI
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE	3	
<i>primidone</i>	1	
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam 2.5 mg/ml suspension</i>	1	S PA
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	1	PA
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL 10 / day
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	1	QL 3 / day
NAYZILAM	3	QL 10 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDANTOINS		
DILANTIN 30 MG CAPSULE	2	NTI
PEGANONE	3	
PHENYTEK	2	NTI
<i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i>	1	NTI
<i>phenytoin sodium extended</i>	1	NTI
SUCCINIMIDES		
CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	NTI
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	2	NTI
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN	3	QL 1 / day
		ST
		MVB Minimal Value Brand
<i>bupropion hcl 100 mg tablet</i>	1	QL 5 / day
<i>bupropion hcl 75 mg tablet</i>	1	QL 6 / day
<i>bupropion hcl sr 100 mg tablet</i>	1	QL 4 / day
<i>bupropion hcl sr 150 mg tablet</i>	1	QL 2 / day
		HCR
<i>bupropion hcl sr 200 mg tablet</i>	1	QL 2 / day
<i>bupropion hcl xl 150 mg tablet</i>	1	QL 3 / day
<i>bupropion hcl xl 300 mg tablet</i>	1	QL 1 / day
<i>mirtazapine 7.5 mg tablet</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mirtazapine (15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	1	QL 1 / day
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	3	QL 1 / day SBA Select Brand Alternative
SPRAVATO	3	QL 8 / 28 days S PA
ZYBAN	3	QL 2 / day
MONOAMINE OXIDASE INHIBITORS		
MARPLAN	3	QL 6 / day
NARDIL	3	QL 6 / day
PARNATE	3	QL 6 / day
<i>phenelzine sulfate</i>	1	QL 6 / day
<i>tranylcypromine sulfate</i>	1	QL 6 / day
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine er</i>	1	QL 1 / day HCG MVG MINIMAL VALUE GENERIC
<i>desvenlafaxine succinate er</i>	1	QL 1 / day
DRIZALMA SPRINKLE	3	QL 2 / day
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap)</i>	1	QL 1 / day
<i>duloxetine hcl (dr 40 mg cap, dr 60 mg cap)</i>	1	QL 2 / day
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	QL 1 / day ST
KHEDEZLA	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl (37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	
<i>venlafaxine hcl 25 mg tablet</i>	1	
<i>venlafaxine hcl er (er 37.5 mg cap, er 150 mg cap)</i>	1	QL 1 / day
<i>venlafaxine hcl er 75 mg cap</i>	1	QL 3 / day
<i>venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab, er 150 mg tab, er 225 mg tab)</i>	1	QL 1 / day HCG MVG MINIMAL VALUE GENERIC
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml sol)</i>	1	QL 20 / day PR
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL 1 / day PR
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL 20 / day PR
<i>escitalopram 20 mg tablet</i>	1	QL 1 / day PR
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL 1.5 / day PR
<i>fluoxetine dr</i>	1	QL 0.15 / day PR HCG
<i>fluoxetine hcl 10 mg capsule</i>	1	QL 1 / day PR
<i>fluoxetine hcl 20 mg capsule</i>	1	QL 4 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 40 mg capsule</i>	1	QL 2 / day PR
<i>fluoxetine 20 mg/5 ml solution</i>	1	QL 20 / day PR
<i>fluoxetine hcl 10 mg tablet</i>	1	QL 1.5 / day PR HCG
<i>fluoxetine hcl 20 mg tablet</i>	1	QL 4 / day PR HCG
<i>fluoxetine hcl 60 mg tablet</i>	1	QL 1.5 / day PR HCG
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	1	QL 1 / day PR
<i>fluvoxamine maleate 100 mg tab</i>	1	QL 3 / day PR
<i>fluvoxamine maleate er</i>	1	QL 2 / day PR
<i>olanzapine-fluoxetine hcl</i>	1	QL 1 / day AL At least 10 yrs old PR
<i>paroxetine cr (cr 25 mg tablet, cr 37.5 mg tablet)</i>	1	QL 2 / day PR
<i>paroxetine cr 12.5 mg tablet</i>	1	QL 1 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paroxetine er (er 25 mg tablet, er 37.5 mg tablet)</i>	1	QL 2 / day PR
<i>paroxetine er 12.5 mg tablet</i>	1	QL 1 / day PR
<i>paroxetine hcl 10 mg tablet</i>	1	QL 1.5 / day PR
<i>paroxetine hcl 20 mg tablet</i>	1	QL 1 / day PR
<i>paroxetine hcl 30 mg tablet</i>	1	QL 2 / day PR
<i>paroxetine hcl 40 mg tablet</i>	1	QL 1 / day PR
<i>paroxetine mesylate</i>	1	QL 1 / day
PAXIL 10 MG/5 ML SUSPENSION	3	QL 42 / day PA
PEXEVA	3	QL 1 / day PA
SARAFEM 10 MG TABLET	3	QL 1.5 / day
SARAFEM 20 MG TABLET	3	QL 4 / day
<i>sertraline 20 mg/ml oral conc</i>	1	QL 10 / day PR
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL 1.5 / day PR
<i>sertraline hcl 100 mg tablet</i>	1	QL 2 / day PR
SYMBYAX	3	QL 1 / day AL At least 10 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROTONIN MODULATORS		
<i>nefazodone hcl 100 mg tablet</i>	1	QL 6 / day
<i>nefazodone hcl 150 mg tablet</i>	1	QL 4 / day
<i>nefazodone hcl 200 mg tablet</i>	1	QL 3 / day
<i>nefazodone hcl 250 mg tablet</i>	1	QL 2.5 / day
<i>nefazodone hcl 50 mg tablet</i>	1	QL 12 / day
<i>trazodone 100 mg tablet</i>	1	QL 4 / day
<i>trazodone 150 mg tablet</i>	1	QL 2 / day
<i>trazodone 300 mg tablet</i>	1	QL 1 / day
<i>trazodone 50 mg tablet</i>	1	QL 3 / day
TRINTELLIX	3	QL 1 / day ST
VIIBRYD 10-20 MG STARTER PACK	3	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	SBA Select Brand Alternative
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	
<i>doxepin hcl (10 mg/ml oral conc, 75 mg capsule, 150 mg capsule)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	1	QL 1 / day
ELAVIL	3	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	1	
PAMELOR (10 MG CAPSULE, 25 MG CAPSULE, 75 MG CAPSULE)	3	
PAMELOR 50 MG CAPSULE	3	SBA Select Brand Alternative
<i>perphenazine-amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
SILENOR	3	QL 1 / day B4G
SURMONTIL	3	
TOFRANIL (10 MG TABLET, 50 MG TABLET)	3	
TOFRANIL 25 MG TABLET	3	SBA Select Brand Alternative
<i>trimipramine maleate</i>	1	
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose 100 mg tablet</i>	1	QL 3 / day PR
<i>acarbose 25 mg tablet</i>	1	QL 12 / day PR
<i>acarbose 50 mg tablet</i>	1	QL 6 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYSET	3	QL 3 / day PR
<i>miglitol</i>	1	QL 3 / day PR
PRECOSE 100 MG TABLET	3	QL 3 / day PR
PRECOSE 25 MG TABLET	3	QL 12 / day PR
PRECOSE 50 MG TABLET	3	QL 6 / day PR
AMYLINOMIMETICS		
SYMLINPEN 120	2	QL 0.4 / day PR PA
SYMLINPEN 60	2	QL 0.2 / day PR PA
ANTIDIABETIC AGENTS, MISCELLANEOUS		
KORLYM	3	S PA
BIGUANIDES		
<i>metformin hcl 500 mg/5 ml soln</i>	1	QL 25 / day PR
<i>metformin hcl 1,000 mg tablet</i>	1	QL 2.5 / day PR
<i>metformin hcl 500 mg tablet</i>	1	QL 5 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metformin hcl 850 mg tablet</i>	1	QL 3 / day PR
<i>metformin hcl er 500 mg tablet</i>	1	QL 5 / day C Only Glucophage ER generic covered PR
<i>metformin hcl er 750 mg tablet</i>	1	QL 3 / day C Only Glucophage ER generic covered PR
DIIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
JANUMET	2	QL 2 / day ST PR
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL 2 / day ST PR
JANUMET XR 100-1,000 MG TABLET	2	QL 1 / day ST PR
JANUVIA	2	QL 1 / day ST PR
JENTADUETO	2	QL 2 / day ST PR
JENTADUETO XR 2.5 MG-1,000 MG	2	QL 2 / day ST PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO XR 5 MG-1,000 MG TB	2	QL 1 / day ST PR
TRADJENTA	2	QL 1 / day ST PR
INCRETIN MIMETICS		
BYDUREON BCISE	2	QL 0.15 / day ST PR
BYDUREON PEN	2	QL .15 / day ST PR
BYETTA 10 MCG DOSE PEN INJ	2	QL 0.08 / day ST PR
BYETTA 5 MCG DOSE PEN INJ	2	QL 0.04 / day ST PR
OZEMPIC (1 MG PEN (1.5, 1 MG PEN (3)	2	QL 0.124 / day ST PR
OZEMPIC 0.25-0.5 MG DOSE PEN	2	QL 0.067 / day ST PR
RYBELSUS	2	QL 1 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAXENDA	3	QL 0.5 / day AL At least 18 yrs old PA
TRULICITY	2	QL 0.08 / day ST PR
VICTOZA 2-PAK	2	QL 0.3 / day ST PR
VICTOZA 3-PAK	2	QL 0.3 / day ST PR
MEGLITINIDES		
<i>nateglinide</i>	1	QL 3 / day PR
PRANDIN 1 MG TABLET	3	QL 4 / day PR
PRANDIN 2 MG TABLET	3	QL 8 / day PR
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	1	QL 4 / day PR
<i>repaglinide 2 mg tablet</i>	1	QL 8 / day PR
<i>repaglinide-metformin hcl</i>	1	QL 5 / day PR
STARLIX	3	QL 3 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	2	QL 1 / day ST PR
GLYXAMBI	2	QL 1 / day ST PR
JARDIANCE	2	QL 1 / day ST PR
SYNJARDY	2	QL 2 / day ST
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL 2 / day ST
SYNJARDY XR 25-1,000 MG TABLET	2	QL 1 / day ST
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	2	QL 1 / day ST PR
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	2	QL 2 / day ST PR
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	2	QL 2 / day ST PR
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	2	QL 1 / day ST PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFONYLUREAS		
AMARYL	3	PR
<i>chlorpropamide 100 mg tablet</i>	1	PR
<i>chlorpropamide 250 mg tablet</i>	1	QL 3 / day PR
<i>glimepiride</i>	1	PR
<i>glipizide</i>	1	PR
<i>glipizide er</i>	1	PR
<i>glipizide xl</i>	1	PR
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL 4 / day PR
<i>glipizide-metformin 2.5-250 mg</i>	1	QL 8 / day PR
GLUCOTROL	3	PR
GLUCOTROL XL	3	PR
<i>glyburide</i>	1	PR
<i>glyburide micronized</i>	1	PR
<i>glyburid-metformin 1.25-250 mg</i>	1	QL 8 / day PR
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	1	QL 4 / day PR
GLYNASE	3	PR
<i>tolazamide 250 mg tablet</i>	1	QL 4 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolazamide 500 mg tablet</i>	1	QL 2 / day PR
<i>tolbutamide</i>	1	QL 6 / day PR
THIAZOLIDINEDIONES		
ACTOPLUS MET	3	QL 3 / day PR
ACTOPLUS MET XR 15-1,000 MG TB	2	QL 3 / day ST PR MVB MINIMAL VALUE BRAND
ACTOPLUS MET XR 30-1,000 MG TB	2	QL 1 / day ST PR MVB MINIMAL VALUE BRAND
ACTOS	3	QL 1 / day PR SBA Select Brand Alternative
AVANDIA 2 MG TABLET	2	QL 3 / day PR PA
AVANDIA 4 MG TABLET	2	QL 2 / day PR PA
DUETACT	3	QL 1 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pioglitazone hcl</i>	1	QL PR 1 / day
<i>pioglitazone-glimepiride</i>	1	QL PR 1 / day
<i>pioglitazone-metformin</i>	1	QL PR 3 / day
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tablet</i>	1	QL 6 / 30 days
<i>ondansetron hcl (4 mg/2 ml isecure, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	1	S BSP BENEFIT SHIFT PROGRAM
<i>ondansetron 4 mg/5 ml solution</i>	1	QL 20 / day
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	QL C 24 / 30 days Max allowable-3/day with max of 24 / 30 days
<i>ondansetron hcl 24 mg tablet</i>	1	QL 3 days
<i>ondansetron hcl-0.9% nacl (8mg/50ml-0.9% nacl, 16mg/50ml-0.9%nacl)</i>	1	S BSP BENEFIT SHIFT PROGRAM
<i>ondansetron odt</i>	1	QL C 24 / 30 days Max allowable-3/day with max of 24 / 30 days
ZOFRAN	3	QL C SBA 24 / 30 days Max allowable-3/day with max of 24 / 30 days Select Brand Alternative
ZUPLENZ	3	QL MVB 24 / 30 days MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIEMETICS, MISCELLANEOUS		
CESAMET	3	QL 0.67 / day S PA
<i>dronabinol</i>	1	QL 5 / day
MARINOL	3	QL 5 / day PA
<i>scopolamine</i>	1	
SYNDROS	3	QL 13 / day AL At least 18 yrs old PA
TRANSDERM-SCOP	3	SBA Select Brand Alternative
ANTIHISTAMINES (GI DRUGS)		
BONJESTA	3	QL 2 / day PA
COMPAZINE 25 MG SUPPOSITORY	1	PR
COMPAZINE (5 MG TABLET, 10 MG TABLET)	3	
COMPRO	1	PR
DICLEGIS	3	QL 4 / day PA MVB Minimal Value Brand SBA Select Brand Alternative
<i>doxylamine succ-pyridoxine hcl</i>	1	QL 4 / day PA
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prochlorperazine</i>	1	PR
<i>prochlorperazine 50 mg/10 ml</i>	1	PR
<i>prochlorperazine maleate</i>	1	PR
TIGAN 300 MG CAPSULE	3	
<i>trimethobenzamide hcl</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO 300-0.5 MG CAPSULE	3	QL 0.15 / day PA
<i>aprepitant 125-80-80 mg pack</i>	1	QL 3/ fill HCG
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	1	QL 0.08 / day
<i>aprepitant 80 mg capsule</i>	1	QL 0.15 / day
EMEND TRIPACK	3	QL 3/ fill SBA Select Brand Alternative
EMEND (40 MG CAPSULE, 125 MG CAPSULE)	3	QL 0.08 / day SBA Select Brand Alternative
EMEND 80 MG CAPSULE	3	QL 0.15 / day SBA Select Brand Alternative
EMEND 125 MG POWDER PACKET	3	QL 0.08 / day
VARUBI 90 MG TABLET	3	QL 0.15 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIFUNGAL (SYSTEMIC)		
ALLYLAMINE ANTIFUNGALS		
<i>terbinafine hcl</i>	1	
ANTIFUNGALS, MISCELLANEOUS		
<i>griseofulvin 125 mg/5 ml susp</i>	1	
<i>griseofulvin micro 500 mg tab</i>	1	HCG
<i>griseofulvin ultramicrosize</i>	1	HCG
AZOLE ANTIFUNGALS		
CRESEMBA 186 MG CAPSULE	3	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	3	
DIFLUCAN 150 MG TABLET	3	QL 1 / day
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole 150 mg tablet</i>	1	QL 1 / day
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	1	
<i>ketoconazole 200 mg tablet</i>	1	
NOXAFIL 40 MG/ML SUSPENSION	3	
NOXAFIL DR 100 MG TABLET	3	MVB Minimal Value Brand SBA Select Brand Alternative
ONMEL	3	PA
<i>posaconazole dr 100 mg tablet</i>	1	
VFEND 40 MG/ML SUSPENSION	3	QL 20 / day S
VFEND (50 MG TABLET, 200 MG TABLET)	3	QL 4 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>voriconazole 40 mg/ml susp</i>	1	QL 20 / day S
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	1	QL 4 / day
POLYENE ANTIFUNGALS		
<i>nystatin (100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus)</i>	1	
PYRIMIDINE ANTIFUNGALS		
ANCOBON	3	
<i>flucytosine</i>	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine hcl (1% cream, 2% cream)</i>	1	ST HCG MVG MINIMAL VALUE GENERIC
<i>naftifine hcl 1% gel</i>	1	ST HCG MVG MINIMAL VALUE GENERIC
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC		
TRIPLE DYE	3	
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole (1% solution, 1% topical cream, 10 mg troche)</i>	1	
<i>clotrimazole-betamethasone crm</i>	1	
<i>econazole nitrate</i>	1	
GYNAZOLE 1	3	MVB MINIMAL VALUE BRAND
<i>ketoconazole 2% cream</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketoconazole 2% shampoo</i>	1	
LOTRISONE	3	
<i>luliconazole</i>	1	QL 2 / day PA
<i>miconazole 3 200 mg vag supp</i>	3	GL Female
NIZORAL	3	
ORAVIG	3	
<i>oxiconazole nitrate</i>	1	ST HCG MVG MINIMAL VALUE GENERIC
<i>terconazole (0.4% cream, 0.8% cream)</i>	1	QL 1.5 / day GL Female
<i>terconazole 80 mg suppository</i>	1	QL 1.5 / day GL Female HCG
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN 8% SOLUTION	1	QL 0.22 / day
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	QL 0.22 / day
LOPROX 1% SHAMPOO	3	SBA Select Brand Alternative
PENLAC	3	QL 0.3 / day
OXABOROLES		
KERYDIN	3	QL 0.67 / day AL At least 6 yrs old PA B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tavaborole</i>	1	QL 0.67 / day AL At least 6 yrs old PA
POLYENES (SKIN AND MUCOUS MEMBRANE)		
NYAMYC	1	
<i>nystatin (unit/gm cream, unit/gm oint)</i>	1	
<i>nystatin 100,000 unit/gm powd</i>	1	QL 1 / day
<i>nystatin-triamcinolone cream</i>	1	
<i>nystatin-triamcinolone ointm</i>	1	HCG
NYSTOP	1	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS	2	QL 0.4 / day
<i>brimonidine 0.2% eye drop</i>	1	QL 0.4 / day
<i>brimonidine tartrate 0.15% drp</i>	1	QL 0.4 / day HCG
COMBIGAN	2	QL 0.334 / day
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol hcl 0.5% eye drop</i>	1	QL 0.54 / day
BETIMOL 0.25% EYE DROPS	3	QL 0.286 / day
BETIMOL 0.5% EYE DROPS	3	QL 0.334 / day
BETOPTIC S	3	QL 0.54 / day
<i>carteolol hcl</i>	1	QL 0.334 / day
ISTALOL	3	QL 0.286 / day SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levobunolol hcl</i>	1	QL 0.4 / day
<i>metipranolol</i>	1	QL 0.334 / day
<i>timolol maleate (drop, maleate drop, maleate drops)</i>	1	QL 0.334 / day
<i>timolol maleate (0.25% gel-solution, 0.25% gfs gel-solution, maleate 0.25% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1	QL 0.286 / day
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
AZOPT	2	QL 0.334 / day
<i>dorzolamide hcl</i>	1	QL 0.4 / day
<i>dorzolamide-timolol 2%-0.5%</i>	1	QL 2 / day
<i>dorzolamide-timolol eye drops</i>	1	QL 0.334 / day
<i>methazolamide 25 mg tablet</i>	1	
<i>methazolamide 50 mg tablet</i>	1	HCG
SIMBRINZA	2	QL 0.4 / day
TRUSOPT	3	QL 0.4 / day
MIOTICS		
ISOPTO CARPINE	3	QL 0.54 / day
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	QL 0.54 / day
PROSTAGLANDIN ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	1	QL 0.13 / day HCG
<i>bimatoprost 0.03% eyelash soln</i>	1	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>latanoprost 0.005% eye drops</i>	1	QL 0.13 / day
LUMIGAN	2	QL 0.13 / day
TRAVATAN Z	3	QL 0.167 / day ST
<i>travoprost</i>	1	QL 0.167 / day
XELPROS	2	QL 0.1 / day
RHO KINASE INHIBITORS		
RHOPRESSA	3	QL 0.1 / day
ROCKLATAN	3	QL 0.1 / day
ANTIHEMORRHAGIC AGENTS HEMOSTATICS		
ADVATE	3	S PA
ADYNOVATE	3	S PA
AFSTYLA	3	S PA
ALPHANATE	3	S PA
ALPHANINE SD	3	S
ALPROLIX	3	S PA
AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET, 1,000 MG TABLET)	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aminocaproic acid (0.25 gram/ml, 500 mg tab, 1,000 mg tab)</i>	1	
BENEFIX	3	S PA
COAGADEX	3	S PA
CORIFACT	3	S
ELOCTATE	3	S PA
ESPEROCT	3	S PA
FEIBA NF	3	S PA
HELIXATE FS	3	S PA
HEMLIBRA	3	QL 12 / day S PA
HEMOFIL M	3	S PA
HUMATE-P	3	S PA
IDELVION	3	S PA
IXINITY	3	S PA
JIVI	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOATE	3	S PA
KOGENATE FS	3	S PA
KOVALTRY	3	S PA
LYSTEDA	3	QL 6/ day plus 90/ GL 90 day limit Female
MONONINE	3	S PA
NOVOEIGHT	3	S PA
NOVOSEVEN RT	3	S PA
NUWIQ	3	S PA
OBIZUR	3	S PA
PROFILNINE	3	S PA
REBINYN	3	S PA
RECOMBINATE	3	S PA
RIXUBIS	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEVENFACT	3	S PA
<i>tranexamic acid 650 mg tablet</i>	1	QL 6 / day GL Female
TRETEN	3	S PA
VONVENDI	3	S PA
WILATE	3	S PA
XYNTHA	3	S PA
XYNTHA SOLOFUSE	3	S PA
ANTIHISTAMINE DRUGS		
SECOND GENERATION ANTIHISTAMINES		
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	1	QL 10 / day
<i>desloratadine 5 mg tablet</i>	1	QL 1 / day
<i>desloratadine (2.5 mg odt, 5 mg odt)</i>	1	QL 1 / day HCG MVG MINIMAL VALUE GENERIC
<i>levocetirizine 2.5 mg/5 ml sol</i>	1	QL 30 / day
<i>levocetirizine 5 mg tablet</i>	1	QL 1 / day
SEMPREX-D	3	QL 4 / day MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYZAL 2.5 MG/5 ML SOLUTION	3	QL 30 / day
ANTIHYPOLYCEMIC AGENTS		
ANTIHYPOLYCEMIC AGENTS, MISCELLANEOUS		
<i>diazoxide</i>	1	
PROGLYCEM	3	
GLYCOGENOLYTIC AGENTS		
BAQSIMI	2	
GLUCAGEN 1 MG HYPOKIT	3	ST
GLUCAGON EMERGENCY KIT	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 1-PACK SYRINGE	2	
GVOKE PFS 2-PACK SYRINGE	2	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>icosapent ethyl</i>	1	QL 4 / day PR PA
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	3	QL 1 / day S PR PA
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	3	QL 2 / day S PR PA

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cholestyramine packet</i>	1	QL 4 / day PR
<i>cholestyramine light powder</i>	1	QL 24 / day PR
<i>cholestyramine light packet</i>	1	QL 4 / day PR
<i>colesevelam hcl 3.75 g packet</i>	1	QL 1 / day PR
<i>colesevelam 625 mg tablet</i>	1	QL 6 / day PR
<i>colestipol hcl (granules, granules packet)</i>	1	QL 6 / day PR HCG
<i>colestipol hcl (hcl 1 gm tablet, micronized 1 gm tab)</i>	1	QL 4 / day PR HCG
PREVALITE POWDER	1	QL 24 / day PR
PREVALITE PACKET	1	QL 4 / day PR
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL 1 / day PR
<i>ezetimibe-simvastatin</i>	1	QL 1 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAPSULE	3	QL 2 / day PR PA
ANTARA 90 MG CAPSULE	3	QL 1 / day PR PA
<i>fenofibrate (130 mg capsule, 150 mg capsule)</i>	1	QL 1 / day PR HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate (67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	1	QL 1 / day PR
<i>fenofibrate 50 mg capsule</i>	1	QL 2 / day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	1	QL 2 / day PR
<i>fenofibrate 120 mg tablet</i>	1	QL 1 / day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibrate 40 mg tablet</i>	1	QL 2 / day HCG MVG MINIMAL VALUE GENERIC
<i>fenofibric acid (105 mg tablet, dr 135 mg cap)</i>	1	QL 1 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibric acid (35 mg tablet, dr 45 mg cap)</i>	1	QL 2 / day PR
FENOGLIDE 120 MG TABLET	3	QL 1 / day PR MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
FENOGLIDE 40 MG TABLET	3	QL 2 / day PR MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
FIBRICOR 105 MG TABLET	3	QL 1 / day PR
FIBRICOR 35 MG TABLET	3	QL 2 / day PR
<i>gemfibrozil</i>	1	QL 2 / day PR
LIPOFEN 150 MG CAPSULE	3	QL 1 / day PR PA MVB MINIMAL VALUE BRAND
LIPOFEN 50 MG CAPSULE	3	QL 2 / day PR PA
LOPID	3	QL 2 / day PR
TRIGLIDE	3	QL 1 / day PR PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRILIPIX DR 135 MG CAPSULE	3	QL 1 / day PR
TRILIPIX DR 45 MG CAPSULE	3	QL 2 / day PR
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	3	QL 1 / day ST PR MVB MINIMAL VALUE BRAND
<i>amlodipine-atorvastatin</i>	1	QL 1 / day PR
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	1	QL 1 / day PR HCR
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	QL 1 / day PR
CADUET	3	QL 1 / day PR MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
FLOLIPID 20 MG/5 ML ORAL SUSP	3	QL 10 / day ST SBA SELECT BRAND ALTERNATIVE
FLOLIPID 40 MG/5 ML ORAL SUSP	3	QL 5 / day ST
<i>fluvastatin er</i>	1	QL 1 / day PR HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluvastatin sodium 20 mg cap</i>	1	QL 1 / day PR HCG
<i>fluvastatin sodium 40 mg cap</i>	1	QL 2 / day PR HCG
LESCOL 20 MG CAPSULE	3	QL 1 / day ST PR SBA Select Brand Alternative
LESCOL 40 MG CAPSULE	3	QL 2 / day ST PR SBA Select Brand Alternative
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	1	QL 1 / day PR HCR
<i>lovastatin 40 mg tablet</i>	1	QL 2 / day PR HCR
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL 1 / day PR HCR
<i>pravastatin sodium 80 mg tab</i>	1	PR HCR
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1	QL 1 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	1	QL 1 / day PR HCR
<i>simvastatin 20 mg/5 ml susp</i>	3	QL 5 / day ST PR
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL 1.5 / day PR HCR
<i>simvastatin 5 mg tablet</i>	1	QL 1 / day PR HCR
<i>simvastatin 80 mg tablet</i>	1	QL 1 / day PR PA
PCSK9 INHIBITORS		
PRALUENT PEN	3	QL 0.08 / day S PS PA
REPATHA PUSHTRONEX	3	QL 0.13 / day S PS PA
REPATHA SURECLICK	3	QL 0.08 / day S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPATHA SYRINGE	3	QL 0.08 / day S PS PA
ANTIMIGRAINE AGENTS CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG 140 MG/ML AUTOINJECTOR	2	QL 0.04 / day AL At least 18 yrs old PA
AIMOVIG 70 MG/ML AUTOINJECTOR	2	QL 2 / 30 days AL At least 18 yrs old PA
AIMOVIG AUTOINJECTOR (2 PACK)	2	QL 2/ 30 days AL At least 18 yrs old PA
EMGALITY PEN	2	QL 0.04 / day AL At least 18 yrs old PA
EMGALITY 120 MG/ML SYRINGE	2	QL 0.04 / day AL At least 18 yrs old PA
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	2	QL 0.1 / day AL At least 18 yrs old PA
NURTEC ODT	2	QL 0.54 / day AL At least 18 yrs old PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UBRELVY	2	QL 0.54 / day AL At least 18 yrs old PA
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	QL 0.4 / day HCG
AMERGE	3	QL 0.6 / day ST SBA Select Brand Alternative
<i>eletriptan hbr</i>	1	QL 0.4 / day
FROVA	3	QL 0.6 / day ST MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
<i>frovatriptan succinate</i>	1	QL 0.6 / day HCG
<i>naratriptan hcl</i>	1	QL 0.6 / day
<i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>	1	QL 0.6 / day
<i>sumatriptan</i>	1	QL 6 / 30 days
<i>sumatriptan succ-naproxen sod</i>	1	QL 0.3 / day HCG MVG MINIMAL VALUE GENERIC
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml inject, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial)</i>	1	QL 0.167 / day
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL 0.3 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	1	QL	0.2 / day
<i>zolmitriptan odt</i>	1	QL	0.2 / day
ZOMIG 2.5 MG NASAL SPRAY	3	QL	0.2 / day
		ST	
		MVB	MINIMAL VALUE BRAND
ZOMIG 5 MG NASAL SPRAY	3	QL	0.2 / day
		ST	
ANTIMYCOBACTERIALS			
ANTIMYCOBACTERIALS, MISCELLANEOUS			
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1		
ANTITUBERCULOSIS AGENTS			
<i>cycloserine</i>	1		
<i>ethambutol hcl</i>	1		
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1		
MYAMBUTOL	3		
MYCOBUTIN	3		
PASER	3		
<i>pretomanid</i>	3	QL	1 / day
		AL	At least 18 yrs old
		PA	
PRIFTIN	3	QL	1.25 / day
<i>pyrazinamide</i>	1		
<i>rifabutin</i>	1		
RIFADIN (150 MG CAPSULE, 300 MG CAPSULE)	3		
RIFAMATE	3		
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIFATER	3	
SIRTURO	3	PA
TRECTOR	3	
ANTINEOPLASTIC AGENTS		
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	3	QL 2 / day
		S
		PA
AFINITOR 2.5 MG TABLET	3	QL 1 / day
		S
		PA
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET)	3	QL 1 / day
		S
		PA
AFINITOR DISPERZ 5 MG TABLET	3	QL 2 / day
		S
		PA
ALECENSA	3	QL 8 / day
		AL At least 18 yrs old
		S
		PA
ALKERAN 2 MG TABLET	3	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	3	QL 2 / day
		AL At least 18 yrs old
		S
		PA
ALUNBRIG 180 MG TABLET	3	QL 1 / day
		AL At least 18 yrs old
		S
		PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALUNBRIG 30 MG TABLET	3	QL 6 / day AL At least 18 yrs old S PA
<i>anastrozole</i>	1	PR HCR
AROMASIN	3	PR
AVASTIN	3	S PA BSP BENEFIT SHIFT PROGRAM
AYVAKIT	3	QL 1 / day S PA
BALVERSA 3 MG TABLET	3	QL 3 / day S PA
BALVERSA 4 MG TABLET	3	QL 2 / day S PA
BALVERSA 5 MG TABLET	3	QL 1 / day S PA
<i>bexarotene</i>	1	S PA
<i>bicalutamide</i>	1	
BOSULIF (400 MG TABLET, 500 MG TABLET)	3	QL 1 / day S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOSULIF 100 MG TABLET	3	QL 4 / day S PS PA
BRAFTOVI	3	S PA
BRUKINSA	3	QL 4 / day S PA
CABOMETYX	3	QL 1 / day S PA
CALQUENCE	3	QL 2 / day AL At least 18 yrs old S PA
<i>capecitabine</i>	1	S PA
CAPRELSA 100 MG TABLET	3	QL 2 / day S PA
CAPRELSA 300 MG TABLET	3	QL 1 / day S PA
CARAC	3	PA MVB MINIMAL VALUE BRAND
CASODEX	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMETRIQ 100 MG DAILY-DOSE PK	3	QL 2 / day S PA
COMETRIQ 140 MG DAILY-DOSE PK	3	QL 4 / day S PA
COMETRIQ 60 MG DAILY-DOSE PACK	3	QL 3 / day S PA
COPIKTRA	3	S PA
COTELLIC	3	QL 2.5 / day AL At least 18 yrs old S PA
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
DAURISMO	3	QL 1 / day S PA
<i>diclofenac sodium 3% gel</i>	1	QL 100 / 30 days PA HCG MVG MINIMAL VALUE GENERIC
DROXIA	3	
EFUDEX	3	
EMCYT	3	S
ERIVEDGE	3	QL 1 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERLEADA	3	QL 4 / day S PA
<i>erlotinib hcl</i>	3	QL 1 / day S PA
<i>etoposide 50 mg capsule</i>	1	S
<i>everolimus (5 mg tablet, 7.5 mg tablet)</i>	1	QL 2 / day S PA
<i>everolimus 2.5 mg tablet</i>	1	QL 1 / day S PA
<i>exemestane</i>	1	PR HCR
FARYDAK	3	S PA
FEMARA	3	PR PA
FLUOROPLEX	3	
<i>fluorouracil 0.5% cream</i>	3	
<i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i>	1	
<i>flutamide</i>	1	
GAVRETO	3	QL 4 / day S PA
GILOTRIF	3	QL 1 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLEEVEC 100 MG TABLET	3	QL 8 / day S PA SBA Select Brand Alternative
GLEEVEC 400 MG TABLET	3	QL 2 / day S PA
GLEOSTINE	3	
HERCEPTIN	3	S PA BSP BENEFIT SHIFT PROGRAM
HERCEPTIN HYLECTA	3	S PA BSP BENEFIT SHIFT PROGRAM
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	3	S PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE (100 MG CAPSULE, 100 MG TABLET)	3	QL 1.25 / day S PS PA
IBRANCE (75 MG CAPSULE, 75 MG TABLET)	3	QL 1.667 / day S PS PA
IBRANCE (125 MG CAPSULE, 125 MG TABLET)	3	QL 1 / day S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLUSIG (10 MG TABLET, 30 MG TABLET, 45 MG TABLET)	3	QL 1 / day S PA
ICLUSIG 15 MG TABLET	3	QL 2 / day S PA
IDHIFA	3	QL 1 / day AL At least 18 yrs old S PA
<i>imatinib mesylate 100 mg tab</i>	1	QL 8 / day S PS PA
<i>imatinib mesylate 400 mg tab</i>	1	QL 2 / day S PS PA
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	3	QL 4 / day S PA
IMBRUVICA 70 MG CAPSULE	3	QL 8 / day S PA
IMBRUVICA 280 MG TABLET	3	QL 2 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 420 MG TABLET	3	QL 1.47 / day S PA
IMBRUVICA 560 MG TABLET	3	QL 1 / day S PA
INLYTA	3	QL 4 / day S PA
INQOVI	3	QL 0.18 / day S PA
INREBIC	3	QL 4 / day S PA
IRESSA	3	QL 1 / day S PA
JAKAFI	3	QL 2 / day S PA
KANJINTI	3	S PS PA BSP BENEFIT SHIFT PROGRAM
KISQALI 200 MG DAILY DOSE	3	QL 1 / day AL At least 18 yrs old S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI 400 MG DAILY DOSE	3	QL 2 / day AL At least 18 yrs old S PA
KISQALI 600 MG DAILY DOSE	3	QL 3 / day AL At least 18 yrs old S PA
KISQALI FEMARA 200 MG CO-PACK	3	QL 2 / day AL At least 18 yrs old S PA
KISQALI FEMARA 400 MG CO-PACK	3	QL 2.5 / day AL At least 18 yrs old S PA
KISQALI FEMARA 600 MG CO-PACK	3	QL 3.334 / day AL At least 18 yrs old S PA
KOSELUGO	3	QL 4 / day S PA
<i>lapatinib</i>	3	QL 6 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA	3	QL 3 / day S PA
<i>letrozole</i>	1	PR HCR
LEUKERAN	3	
LONSURF 15 MG-6.14 MG TABLET	3	QL 2.15 / day S PA
LONSURF 20 MG-8.19 MG TABLET	3	QL 3 / day S PA
LORBRENA	3	QL 1 / day S PA
LYNPARZA	3	AL At least 18 yrs old S PA
LYSODREN	3	S
MATULANE	3	S
MEKINIST 0.5 MG TABLET	3	QL 4 / day S PA
MEKINIST 2 MG TABLET	3	QL 1 / day S PA
MEKTOVI	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>melfalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate 2.5 mg tablet</i>	1	
<i>methotrexate (1 gm vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	BSP BENEFIT SHIFT PROGRAM
<i>methotrexate sodium</i>	1	BSP BENEFIT SHIFT PROGRAM
MVASI	3	S
		PS
		PA
		BSP BENEFIT SHIFT PROGRAM
MYLERAN	3	S
NERLYNX	3	QL 6 / day
		AL At least 18 yrs old
		S
		PA
NEXAVAR	3	QL 4 / day
		S
		PA
NILANDRON	3	S
		SBA Select Brand Alternative
<i>nilutamide</i>	1	S
NINLARO	3	QL 0.124 / day
		AL At least 18 yrs old
		S
		PA
NUBEQA	3	QL 4 / day
		S
		PS
		PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODOMZO	3	QL 1 / day S PA
OGIVRI	3	S PA BSP BENEFIT SHIFT PROGRAM
ONUREG	3	QL 0.5 / day S PA
OTREXUP	3	QL 0.08 / day PA
PANRETIN	3	
PEMAZYRE	3	QL 0.67 / day S PA
PICATO	3	ST MVB MINIMAL VALUE BRAND
PIQRAY (250 MG DAILY, 300 MG DAILY)	3	QL 2 / day S PA
PIQRAY 200 MG DAILY DOSE	3	QL 1 / day S PA
POMALYST	3	QL 1 / day S PA
PURIXAN	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QINLOCK	3	QL 3 / day S PA
RASUVO	3	QL 0.08 / day PA
RETEVMO 40 MG CAPSULE	3	QL 2 / day S PA
RETEVMO 80 MG CAPSULE	3	QL 4 / day S PA
REVLIMID	3	QL 1 / day S PA
RITUXAN	3	S PA BSP BENEFIT SHIFT PROGRAM
RITUXAN HYCELA	3	S PA BSP BENEFIT SHIFT PROGRAM
ROZLYTREK 100 MG CAPSULE	3	QL 5 / day S PA
ROZLYTREK 200 MG CAPSULE	3	QL 3 / day S PA
RUBRACA	3	QL 2 / day AL At least 18 yrs old S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUXIENCE	3	S PS PA BSP BENEFIT SHIFT PROGRAM
RYDAPT	3	QL 2 / day AL At least 18 yrs old S PA
SIKLOS	3	S
SOLARAZE	3	QL 100 / 30 days PA MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
SPRYCEL (100 MG TABLET, 140 MG TABLET)	3	QL 1 / day S PA
SPRYCEL (70 MG TABLET, 80 MG TABLET)	3	QL 2 / day S PA
SPRYCEL 20 MG TABLET	3	QL 9 / day S PA
SPRYCEL 50 MG TABLET	3	QL 3 / day S PA
STIVARGA	3	QL 4 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	3	QL 1 / day S PA
SUTENT 12.5 MG CAPSULE	3	QL 7 / day S PA
SUTENT 25 MG CAPSULE	3	QL 3 / day S PA
SYNRIBO	3	S PA
TABLOID	3	S
TABRECTA	3	QL 4 / day S PA
TAFINLAR 50 MG CAPSULE	3	QL 6 / day S PA
TAFINLAR 75 MG CAPSULE	3	QL 4 / day S PA
TAGRISSO	3	QL 1 / day AL At least 18 yrs old S PA
TALZENNA	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TARCEVA (100 MG TABLET, 150 MG TABLET)	3	QL 1 / day S PA
TARCEVA 25 MG TABLET	3	QL 6 / day S PA
TARGRETIN 75 MG CAPSULE	3	S PA
TARGRETIN 1% GEL	3	S PA
TASIGNA (150 MG CAPSULE, 200 MG CAPSULE)	3	QL 4 / day S PA
TASIGNA 50 MG CAPSULE	3	QL 6 / day S PA
TAZVERIK	3	S PA
TEMODAR (5 MG CAPSULE, 20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	3	S PA
<i>temozolomide</i>	1	S PA
TIBSOVO	3	S PA
TOLAK	3	QL 1.47 / day
TRAZIMERA 420 MG VIAL	3	S PS PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin 10 mg capsule</i>	1	S
TREXALL	2	
TUKYSA	3	QL 4 / day S PA
TURALIO	3	QL 4 / day S PA
TYKERB	3	QL 6 / day S PA
VALCHLOR	3	QL 3 / day S PA
VENCLEXTA	3	QL 4 / day S PA
VENCLEXTA STARTING PACK	3	QL 1.5 / day S PA
VERZENIO	3	QL 2 / day AL At least 18 yrs old S PA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	3	QL 2 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIZIMPRO	3	S PA
VOTRIENT	3	QL 4 / day S PA
XALKORI	3	QL 2 / day S PA
XATMEP	3	QL 4 / day AL Up to 18 yrs old PA
XELODA	3	QL 4 / day S PA
XOSPATA	3	QL 3 / day S PA
XPOVIO (40 MG TWICE, 80 MG ONCE)	3	QL 0.574 / day S PA
XPOVIO 100 MG ONCE WEEKLY DOSE	3	QL 0.767 / day S PA
XPOVIO 40 MG ONCE WEEKLY DOSE	3	QL 0.267 / day S PA
XPOVIO 60 MG ONCE WEEKLY DOSE	3	QL 0.434 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO 60 MG TWICE WEEKLY DOSE	3	QL 0.8 / day S PA
XPOVIO 80 MG TWICE WEEKLY DOSE	3	QL 1.25 / day S PA
XTANDI (40 MG CAPSULE, 40 MG TABLET)	3	QL 4 / day S PA
XTANDI 80 MG TABLET	3	QL 2 / day S PA
YONSA	3	QL 4 / day S PA
ZEJULA	3	QL 3 / day AL At least 18 yrs old S PA
ZELBORAF	3	QL 8 / day S PA
ZIRABEV	3	S PS PA BSP BENEFIT SHIFT PROGRAM
ZOLINZA	3	QL 4 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYDELIG	3	QL 2 / day S PA
ZYKADIA (150 MG CAPSULE, 150 MG TABLET)	3	QL 8 / day AL At least 18 yrs old S PA
ZYTIGA 250 MG TABLET	3	QL 4 / day S PS PA B4G
ZYTIGA 500 MG TABLET	3	QL 2 / day S PS PA B4G
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)</i>	1	
OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET)	3	QL 1 / day S PA
OSMOLEX ER 322 MG DAILY DOSE	3	QL 2 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	1	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
COMTAN	3	
<i>entacapone</i>	1	HCG
ONGENTYS	3	
TASMAR	3	
<i>tolcapone</i>	1	
DOPAMINE PRECURSORS		
<i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DUOPA	3	QL 1 / day S PA
INBRIJA	3	QL 1 / day S PA
RYTARY	3	
SINEMET 10-100	3	
SINEMET 25-100	3	
SINEMET 25-250	3	
SINEMET CR	3	
STALEVO 100	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
MONOAMINE OXIDASE B INHIBITORS		
AZILECT	3	
EMSAM	3	QL 1 / day
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	1	
XADAGO	3	QL 1 / day
		AL At least 18 yrs old
		PA
ZELAPAR	3	
ANTIPROTOZOALS		
AMEBICIDES		
<i>paromomycin sulfate</i>	1	
ANTIMALARIALS		
ARAKODA	3	PA
<i>atovaquone-proguanil hcl</i>	1	PA
<i>chloroquine phosphate</i>	1	PA
COARTEM	3	
<i>hydroxychloroquine sulfate</i>	1	PA
KRINTAFEL	3	
MALARONE	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mefloquine hcl</i>	1	
<i>primaquine</i>	1	
QUALAQUIN	3	QL 42 / 365 days PA
<i>quinine sulfate</i>	1	QL 42 / 365 days PA
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3	PA
<i>atovaquone</i>	1	PA
<i>benznidazole</i>	2	QL max 60 days AL 2 to 12 yrs old
FLAGYL (250 MG TABLET, 375 CAPSULE)	3	
FLAGYL 500 MG TABLET	3	SBA Select Brand Alternative
IMPAVIDO	3	S
LAMPIT 120 MG TABLET	3	QL 7.5 / day AL Up to 17 yrs old PA
LAMPIT 30 MG TABLET	3	QL 12 / day AL Up to 17 yrs old PA
MEPRON	3	PA
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	1	
NEBUPENT	3	SBA SELECT BRAND ALTERNATIVE
<i>nitazoxanide</i>	1	PA
<i>pentamidine 300 mg inhal powder</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLOSEC	3	QL 1/ fill GL Female
<i>tinidazole</i>	1	
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE	3	AL At least 18 yrs old PR
<i>loxapine</i>	1	AL At least 18 yrs old PR
<i>molindone hcl</i>	1	
ORAP	3	
<i>pimozide</i>	1	
ATYPICAL ANTIPSYCHOTICS		
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	3	QL 0.04 / day AL At least 18 yrs old PR PA
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	3	QL 1 / day AL At least 18 yrs old PR PA
<i>aripiprazole 1 mg/ml solution</i>	1	QL 30 / day AL At least 6 yrs old PR
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL 1 / day AL At least 6 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole odt</i>	1	QL 1 / day AL At least 6 yrs old PR
ARISTADA ER 1064 MG/3.9 ML SYR	3	QL 0.15 / day AL At least 18 yrs old PA
ARISTADA ER 441 MG/1.6 ML SYRN	3	QL 0.07 / day AL At least 18 yrs old PA
ARISTADA ER 662 MG/2.4 ML SYRN	3	QL 0.08 / day AL At least 18 yrs old PA
ARISTADA ER 882 MG/3.2 ML SYRN	3	QL 0.12 / day AL At least 18 yrs old PA
ARISTADA INITIO	3	QL 0.08 / day AL At least 18 yrs old PA
<i>asenapine maleate</i>	1	QL 2 / day AL At least 10 yrs old PR
CAPLYTA	3	QL 1 / day AL At least 18 yrs old PR PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clozapine 100 mg tablet</i>	1	QL 9 / day AL At least 18 yrs old PR
<i>clozapine 200 mg tablet</i>	1	QL 4 / day AL At least 18 yrs old PR
<i>clozapine 25 mg tablet</i>	1	QL 18 / day AL At least 18 yrs old PR
<i>clozapine 50 mg tablet</i>	1	QL 3 / day AL At least 18 yrs old PR
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	1	QL 3 / day AL At least 18 yrs old PR
<i>clozapine odt 100 mg tablet</i>	1	QL 9 / day AL At least 18 yrs old PR
CLOZARIL 100 MG TABLET	3	QL 9 / day AL At least 18 yrs old PR
CLOZARIL 200 MG TABLET	3	QL 4 / day AL At least 18 yrs old PR
CLOZARIL 25 MG TABLET	3	QL 18 / day AL At least 18 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLOZARIL 50 MG TABLET	3	QL 3 / day AL At least 18 yrs old PR
FANAPT TITRATION PACK	3	QL 8 / rx ST AL At least 18 yrs old PR
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	QL 2 / day ST AL At least 18 yrs old PR
FAZACLO (12.5 MG ODT, 25 MG ODT, 150 MG ODT, 200 MG ODT)	3	QL 3 / day AL At least 18 yrs old PR
FAZACLO 100 MG ODT	3	QL 9 / day AL At least 18 yrs old PR
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	3	QL 2 / day ST AL At least 18 yrs old PR
GEODON 20 MG/ML VIAL	3	ST PR
INVEGA ER 1.5 MG TABLET	3	QL 8 / day ST AL At least 12 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA ER 3 MG TABLET	3	QL 4 / day ST AL At least 12 yrs old PR
INVEGA ER 6 MG TABLET	3	QL 2 / day ST AL At least 12 yrs old PR
INVEGA ER 9 MG TABLET	3	QL 1 / day ST AL At least 12 yrs old PR
INVEGA SUSTENNA 117 MG/0.75 ML	3	QL 0.0333 / day AL At least 18 yrs old PR PA
INVEGA SUSTENNA 156 MG/ML SYRG	3	QL 0.04 / day AL At least 18 yrs old PR PA
INVEGA SUSTENNA 234 MG/1.5 ML	3	QL 0.057 / day AL At least 18 yrs old PR PA
INVEGA SUSTENNA 39 MG/0.25 ML	3	QL 0.0111 / day AL At least 18 yrs old PR PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA 78 MG/0.5 ML	3	QL 0.02 / day AL At least 18 yrs old PR PA
INVEGA TRINZA 273 MG/0.875 ML	3	QL 0.0333 / day AL At least 18 yrs old PA
INVEGA TRINZA 410 MG/1.315 ML	3	QL 0.057 / day AL At least 18 yrs old PA
INVEGA TRINZA 546 MG/1.75 ML	3	QL 0.067 / day AL At least 18 yrs old PA
INVEGA TRINZA 819 MG/2.625 ML	3	QL 0.1 / day AL At least 18 yrs old PA
LATUDA	3	QL 1 / day AL At least 10 yrs old PR
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	3	QL 1 / day S PA
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	1	QL 6 / day PR
<i>olanzapine 10 mg tablet</i>	1	QL 3 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olanzapine 15 mg tablet</i>	1	QL 2 / day PR
<i>olanzapine 20 mg tablet</i>	1	QL 1 / day PR
<i>olanzapine 7.5 mg tablet</i>	1	QL 4 / day PR
<i>olanzapine 10 mg vial</i>	1	PR
<i>olanzapine odt 10 mg tablet</i>	1	QL 3 / day PR
<i>olanzapine odt 15 mg tablet</i>	1	QL 2 / day PR
<i>olanzapine odt 20 mg tablet</i>	1	QL 1 / day PR
<i>olanzapine odt 5 mg tablet</i>	1	QL 6 / day PR
<i>paliperidone er 1.5 mg tablet</i>	1	QL 8 / day AL At least 12 yrs old PR
<i>paliperidone er 3 mg tablet</i>	1	QL 4 / day AL At least 12 yrs old PR
<i>paliperidone er 6 mg tablet</i>	1	QL 2 / day AL At least 12 yrs old PR
<i>paliperidone er 9 mg tablet</i>	1	QL 1 / day AL At least 12 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERSERIS	3	QL 0.0333 / day AL At least 18 yrs old PR PA
<i>quetiapine fumarate (25 mg tab, 50 mg tab)</i>	1	QL 6 / day AL At least 10 yrs old PR
<i>quetiapine fumarate 100 mg tab</i>	1	QL 3 / day AL At least 10 yrs old PR
<i>quetiapine fumarate 200 mg tab</i>	1	QL 1.5 / day AL At least 10 yrs old PR
<i>quetiapine fumarate 300 mg tab</i>	1	QL 1 / day AL At least 10 yrs old PR
<i>quetiapine fumarate 400 mg tab</i>	1	QL 2 / day AL At least 10 yrs old PR
<i>quetiapine er 150 mg tablet</i>	1	QL 5 / day AL At least 10 yrs old PR
<i>quetiapine er 200 mg tablet</i>	1	QL 4 / day AL At least 10 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine er 50 mg tablet</i>	1	QL 6 / day AL At least 10 yrs old PR
<i>quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)</i>	1	QL 2 / day AL At least 10 yrs old PR
REXULTI	3	QL 1 / day AL At least 18 yrs old PA
RISPERDAL CONSTA	3	QL 0.1 / day AL At least 18 yrs old PR PA
<i>risperidone 1 mg/ml solution</i>	1	QL 16/day AL At least 5 yrs old PR
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	QL 8 / day AL At least 5 yrs old PR
<i>risperidone 3 mg tablet</i>	1	QL 5 / day AL At least 5 yrs old PR
<i>risperidone 4 mg tablet</i>	1	QL 4 / day AL At least 5 yrs old PR
<i>risperidone 3 mg odt</i>	1	QL 5 / day AL At least 5 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone 4 mg odt</i>	1	QL 4 / day AL At least 5 yrs old PR
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt)</i>	1	QL 8 / day AL At least 5 yrs old PR
SAPHRIS	2	QL 2 / day AL At least 10 yrs old PR B4G
SEROQUEL XR SAMPLE KIT	3	AL At least 10 yrs old
VERSACLOZ	3	QL 20 / day AL At least 18 yrs old PR
VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	3	QL 1 / day ST AL At least 18 yrs old
<i>ziprasidone hcl</i>	1	QL 2 / day AL At least 18 yrs old PR
<i>ziprasidone mesylate</i>	1	PR
ZYPREXA RELPREVV	3	QL 0.08 / day AL At least 18 yrs old PR PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYPREXA ZYDIS 10 MG TABLET	3	QL 3 / day AL At least 13 yrs old PR
ZYPREXA ZYDIS 15 MG TABLET	3	QL 2 / day AL At least 13 yrs old PR
ZYPREXA ZYDIS 20 MG TABLET	3	QL 1 / day AL At least 13 yrs old PR
ZYPREXA ZYDIS 5 MG TABLET	3	QL 6 / day AL At least 13 yrs old PR
BUTYROPHENONES		
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
<i>haloperidol (0.5 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	PR
<i>haloperidol 1 mg tablet</i>	1	PR
<i>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)</i>	1	PR
<i>haloperidol decanoate 100</i>	1	PR
<i>haloperidol lac 5 mg/ml ampul</i>	1	PR
<i>haloperidol lac 2 mg/ml conc</i>	1	
<i>haloperidol lac 5 mg/ml syring</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	PR
<i>fluphenazine decanoate</i>	1	PR BSP BENEFIT SHIFT PROGRAM
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	1	PR
<i>fluphenazine 2.5 mg/ml vial</i>	1	PR BSP BENEFIT SHIFT PROGRAM
<i>perphenazine</i>	1	AL At least 12 yrs old PR
<i>thioridazine hcl</i>	1	PR
<i>trifluoperazine hcl</i>	1	PR
THIOXANTHENES		
<i>thiothixene</i>	1	PR
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	3	QL 2 / day S PR
RUKOBIA	3	S PR
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	3	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
DOVATO	3	QL 1 / day S
ISENTRESS 100 MG POWDER PACKET	3	S
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW, 400 MG TABLET)	3	S PR
ISENTRESS HD	3	S PR
JULUCA	3	QL 1 / day S
TIVICAY	3	S PR
TIVICAY PD	3	S PR
HIV NONNUCLEOSIDE REV. TRANSCRIP. INHIB.		
DELSTRIGO	3	S PR
EDURANT	3	S PR
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	1	S PR PS
<i>efavirenz-lamivu-tenofovir disop</i>	1	S PS
INTELENCE	3	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	1	S PR PS
<i>nevirapine er</i>	1	S PR PS
PIFELTRO	3	S PR
RESCRIPTOR	3	S PR
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	3	S PR
SYMFI	3	S
SYMFI LO	3	S
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)	3	S PR
VIRAMUNE XR	3	S PR
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	1	S PR PS
<i>abacavir-lamivudine</i>	1	S PR PS
<i>abacavir-lamivudine-zidovudine</i>	1	S PR PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATRIPLA	3	ST S PR
BIKTARVY	3	S
CIMDUO	3	S PR PS
COMBIVIR	3	S PR
COMPLERA	3	S PR
DESCOVY	3	QL 1 / day S HCR
<i>didanosine</i>	1	S PR PS
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	ST S PR PS
<i>emtricitabine</i>	1	S PR
<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i>	1	S PR PS
<i>emtricitabine-tenofovir 200-300mg</i>	1	S PR HCR PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	3	S PR
EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)	3	S PR
EPIVIR HBV (25 MG/5 ML SOLN, 100 MG TABLET)	3	S PR
EPZICOM	3	S PR
GENVOYA	3	S
<i>lamivudine 10 mg/ml oral soln</i>	1	S PS
<i>lamivudine (150 mg tablet, 300 mg tablet)</i>	1	S PR PS
<i>lamivudine hbv</i>	1	S PR
<i>lamivudine-zidovudine</i>	1	S PR PS
ODEFSEY	3	S
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)	3	S PR
<i>stavudine</i>	1	S PR PS
STRIBILD	3	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEMIXYS	3	QL 1 / day S
<i>tenofovir disoproxil fumarate</i>	1	S PR PS
TRIUMEQ	3	S
TRIZIVIR	3	S PR
TRUVADA	3	S PR
VIDEX	3	S PR
VIDEX EC	3	S PR
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	3	S PR
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	3	S PR
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	S PR PS
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	3	S PR
<i>atazanavir sulfate</i>	1	S PR PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRIXIVAN	3	S PR
EVOTAZ	3	S
<i>fosamprenavir calcium</i>	1	S PR PS
INVIRASE	3	S PR
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	3	S PR PA
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	3	S PR
<i>lopinavir-ritonavir</i>	1	S PS PA
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET, 100 MG TABLET)	3	S PR
PREZCOBIX	3	S
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	3	S PR
REYATAZ (150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	3	S PR
REYATAZ 50 MG POWDER PACKET	3	S
<i>ritonavir</i>	1	S PR PS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMTUZA	3	S PR
VIRACEPT	3	S PR
ANTITHROMBOTIC AGENTS		
ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
CABLIVI (11 MG KIT, 11 MG VIAL)	3	S
PLATELET-AGGREGATION INHIBITORS		
BRILINTA	2	QL 2 / day PR
<i>cilostazol</i>	1	QL 2 / day PR
<i>clopidogrel</i>	1	QL 1 / day PR
EFFIENT	3	QL 1 / day PR SBA Select Brand Alternative
<i>prasugrel hcl</i>	1	QL 1 / day PR
ZONTIVITY	3	QL 1 / day PA
PLATELET-REDUCING AGENTS		
AGRYLIN	3	QL 4 / day
<i>anagrelide hcl</i>	1	QL 4 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ALLERGENIC EXTRACTS (THERAPEUTIC)		
GRASTEK	3	QL 1 / day PA
ODACTRA	3	QL 1 / day PA
ORALAIR (100-300 IR CHILD SAMPL, 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	3	S PA
ORALAIR 100 IR STARTER PACK	3	S
PALFORZIA (3 MG 1), 12 MG 3))	3	QL 1.5 / day S PA
PALFORZIA (40 MG (LEVEL 5), 120 MG (LEVEL 7), 200 MG (LEVEL 9), 300 MG (MAINTENANCE))	3	QL 31 / 30 days S PA
PALFORZIA (80 MG 6), 160 MG 8), 240 MG 10))	3	QL 2 / day S PA
PALFORZIA 6 MG (LEVEL 2)	3	QL 3 / day S PA
PALFORZIA INITIAL DOSE PACK	3	QL 0.434 / day S PA
PALFORZIA (20 MG 4), 300 MG 11))	3	QL 15 / 30 days S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAGWITEK	3	QL 1 / day PA
ANTITOXINS AND IMMUNE GLOBULINS		
BIVIGAM	3	S PA BSP BENEFIT SHIFT PROGRAM
CUTAQUIG	3	S PS PA
CUVITRU	3	S PA
FLEBOGAMMA DIF	3	S PA BSP BENEFIT SHIFT PROGRAM
GAMMAGARD LIQUID	3	S PA
GAMMAKED	3	S PA
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	3	S PA BSP BENEFIT SHIFT PROGRAM
GAMUNEX-C	3	S PA
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	3	S PA
HYQVIA	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYQVIA IG COMPONENT	3	S PA
OCTAGAM	3	S PS PA BSP BENEFIT SHIFT PROGRAM
PRIVIGEN	3	S PA BSP BENEFIT SHIFT PROGRAM
XEMBIFY	3	S PA
TOXOIDS		
ADACEL TDAP (SYRINGE, VIAL)	2	HCR
BOOSTRIX TDAP (SYRINGE, VIAL)	2	HCR
DAPTACEL DTAP	2	HCR
<i>diphtheria-tetanus toxoids-ped</i>	1	
INFANRIX DTAP (SYRINGE, VIAL)	2	
<i>tdvax</i>	1	HCR
TENIVAC (SYRINGE, VIAL)	2	HCR
VAXELIS (SYRINGE, VIAL)	2	
VACCINES		
ACTHIB VACCINE WITH DILUENT	2	
AFLURIA QUAD 2019-20 (3YR UP)	2	AL At least 3 yrs old HCR
AFLURIA QUAD 2019-20 (6-35MO)	2	AL Up to 3 yrs old HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFLURIA QUAD 2019-2020	2	HCR
AFLURIA QUAD 2020-2021	2	HCR
AFLURIA QUAD 2020-21 (3YR UP)	2	AL At least 3 yrs old HCR
AFLURIA QUAD 2020-21 (6-35MO)	2	AL Up to 3 yrs old HCR
BEXSERO	2	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	2	HCR
ENGERIX-B PEDIATRIC-ADOLESCENT	2	HCR
FLUAD 2019-2020	2	AL At least 65 yrs old HCR
FLUAD 2020-2021	2	AL At least 65 yrs old HCR
FLUAD QUAD 2020-2021	2	AL At least 65 yrs old HCR
FLUARIX QUAD 2019-2020	2	HCR
FLUARIX QUAD 2020-2021	2	HCR
FLUBLOK QUAD 2019-2020	2	AL At least 18 yrs old HCR
FLUBLOK QUAD 2020-2021	2	AL At least 18 yrs old HCR
FLUCELVAX QUAD 2019-2020 (2019-2020 SYR, 2019-2020 VIAL)	2	AL At least 4 yrs old HCR
FLUCELVAX QUAD 2020-2021 (2020-2021 SYR, 2020-2021 VIAL)	2	AL At least 4 yrs old HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLULAVAL QUAD 2019-2020 (2019-2020 SYR, 2019-2020 VIAL)	2	HCR
FLULAVAL QUAD 2020-2021	2	HCR
FLUMIST QUAD 2019-2020	2	AL 2 to 49 yrs old HCR
FLUMIST QUAD 2020-2021	2	AL 2 to 49 yrs old HCR
FLUZONE HIGH-DOSE 2019-2020	2	AL At least 65 yrs old HCR
FLUZONE HIGH-DOSE QUAD 2020-21	2	AL At least 65 yrs old HCR
FLUZONE QUAD 2019-2020 (2019-2020 SYRINGE, 2019-2020 VIAL)	2	HCR
FLUZONE QUAD 2020-2021 (2020-2021 SYRINGE, 2020-2021 VIAL)	2	HCR
FLUZONE QUAD PEDI 2019-2020	2	AL Up to 3 yrs old HCR
FLUZONE QUAD SOUTHERN HEM 2020 (HEM2020 SYR, HEM 2020 VL)	2	HCR
FLUZONE QUAD SOUTHERN HEM 2021 (HEM2021 SYR, HEM 2021 VL)	2	HCR
GARDASIL 9 (9 SYRINGE, 9 VIAL)	2	HCR
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE, 1,440 UNITS/ML VIAL)	2	HCR
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	HCR
HEPLISAV-B 20 MCG/0.5 ML VIAL	2	HCR
HIBERIX	2	
IMOVAX RABIES VACCINE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IPOL (SINGLE DOSE SYRINGE, VIAL)	2	
IXIARO	2	
JANSSEN COVID-19 VACCINE (EUA)	2	HCR
KINRIX (TIP-LOK SYRINGE, VIAL)	2	
M-M-R II VACCINE	2	HCR
MENACTRA	2	HCR
MENQUADFI	2	
MENVEO A-C-Y-W-135-DIP	2	HCR
MENVEO MENA COMPONENT	2	
MENVEO MENCYW-135 COMPONENT	2	
MODERNA COVID-19 VACCINE (EUA)	2	HCR
PEDIARIX	2	
PEDVAXHIB	2	
PENTACEL	2	
PENTACEL ACTHIB COMPONENT	3	
PENTACEL DTAP-IPV COMPONENT	2	
PFIZER COVID-19 VACCINE (EUA)	2	HCR
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	2	HCR
PREVNAR 13	2	HCR
PROQUAD	2	
QUADRACEL DTAP-IPV	2	
RABAVERT	2	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	2	HCR
ROTARIX	2	
ROTATEQ	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SHINGRIX	2	AL HCR At least 50 yrs old
SHINGRIX GE ANTIGEN COMPONENT	2	AL HCR At least 50 yrs old
STAMARIL	2	
TRUMENBA	3	
TWINRIX	2	HCR
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	2	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	2	HCR
VARIVAX VACCINE	2	HCR
VAXCHORA ACTIVE COMPONENT	2	
VAXCHORA VACCINE	2	
VIVOTIF	2	
YF-VAX	2	
ZOSTAVAX	2	AL HCR At least 50 yrs old
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC		
TALICIA	3	QL 12 / day
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 800 mg tablet)</i>	1	
<i>famotidine 40 mg/5 ml susp</i>	1	HCG
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>nizatidine 150 mg capsule</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nizatidine 300 mg capsule</i>	1	
<i>nizatidine 15 mg/ml solution</i>	1	HCG
PEPCID	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>ranitidine hcl (15 mg/ml syrup, 150 mg capsule, 150 mg tablet, 150 mg/10 ml syrup, 300 mg capsule, 300 mg tablet)</i>	1	
ZANTAC 300 MG TABLET	3	SBA Select Brand Alternative
PROSTAGLANDINS		
CYTOTEC	3	
<i>misoprostol</i>	1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	2	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp)</i>	1	
PROTON-PUMP INHIBITORS		
ACIPHEX SPRINKLE	3	QL 1 / day ST
DEXILANT	2	QL 1 / day ST
<i>esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet)</i>	1	QL 1 / day HCG
<i>esomeprazole strontium</i>	1	QL 1 / day ST HCG MVG MINIMAL VALUE GENERIC
<i>lansoprazol-amoxicil-clarithro</i>	1	QL 112 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lansoprazole dr 15 mg capsule</i>	1	
<i>lansoprazole (dr 30 mg capsule, odt 15 mg tablet, odt 30 mg tablet)</i>	1	QL 1 / day
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	3	QL 1 / day ST
OMECLAMOX-PAK	3	QL 80 / 365 days
<i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>	1	QL 1 / day
<i>pantoprazole 40 mg suspension</i>	1	QL 1 / day
<i>pantoprazole sod dr 20 mg tab</i>	1	QL 1 / day
<i>pantoprazole sod dr 40 mg tab</i>	1	QL 2 / day
PRILOSEC	3	ST
PROTONIX 40 MG SUSPENSION	3	QL 1 / day ST
<i>rabeprazole sod dr 20 mg tab</i>	1	QL 2 / day
ANTIVIRALS (SYSTEMIC)		
ADAMANTANE ANTIVIRALS		
FLUMADINE	3	
<i>rimantadine hcl</i>	1	
ANTIVIRALS, MISCELLANEOUS		
PREVYMIS (240 MG TABLET, 480 MG TABLET)	3	AL At least 18 yrs old S PA
XOFLUZA	3	QL 2 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INTERFERON ANTIVIRALS		
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	3	S PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	3	S PA
PEGASYS PROCLICK	3	S PA
PEGINTRON	3	S PA
SYLATRON	3	S PA
MONOCLONAL ANTIBODY ANTIVIRALS		
SYNAGIS	3	S PA
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	1	QL 20 / 365 days
<i>oseltamivir 6 mg/ml suspension</i>	1	QL 180 / 30 days
RELENZA	3	QL 40 / 365 days
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>adefovir dipivoxil</i>	1	S
BARACLUDE 0.05 MG/ML SOLUTION	3	QL 20 / day
		S
		PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	3	QL 1 / day S PA
<i>entecavir</i>	1	QL 1 / day S
<i>famciclovir</i>	1	
HEPSERA	3	QL 1 / day S PA
MODERIBA	1	QL 6 / day S PA
REBETOL	3	QL 30 / day S PA
RIBASPHERE 200 MG CAPSULE	1	QL 6 / day S PA
RIBASPHERE 600 MG TABLET	3	QL 2 / day S PA
RIBASPHERE RIBAPAK	3	QL 2 / day S PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	QL 6 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ribavirin 6 gm inhalation vial</i>	1	
SITAVIG	3	QL 2 / fill AL At least 18 yrs old PA MVB MINIMAL VALUE BRAND
<i>valacyclovir</i>	1	
VALCYTE 50 MG/ML SOLUTION	3	SBA Select Brand Alternative
VALCYTE 450 MG TABLET	3	QL 4 / day SBA Select Brand Alternative
<i>valganciclovir hcl 50 mg/ml</i>	1	
<i>valganciclovir 450 mg tablet</i>	1	QL 4 / day
VEMLIDY	3	QL 1 / day AL At least 18 yrs old S PA
VIRAZOLE	3	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
BELSOMRA	3	ST
<i>buspirone hcl</i>	1	
DAYVIGO	3	QL 1 / day ST
EDLUAR	3	QL 1 / day ST MVB Minimal Value Brand

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	1	QL 1 / day
<i>eszopiclone 3 mg tablet</i>	1	QL 1 / day AL Up to 65 yrs old
HETLIOZ	3	QL 1 / day S PA
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml syrup, hcl 50 mg tablet)</i>	1	AL At least 2 yrs old
<i>hydroxyzine pam 100 mg cap</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	AL At least 2 yrs old
INTERMEZZO	3	QL 1 / day ST MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
<i>meprobamate</i>	1	
<i>ramelteon</i>	1	QL 1 / day
ROZEREM	3	QL 1 / day ST SBA Select Brand Alternative
VISTARIL	3	AL At least 2 yrs old
<i>zaleplon</i>	1	QL 1 / day
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL 1 / day
<i>zolpidem tartrate (1.75 mg tab, 3.5 mg tablet)</i>	1	QL 1 / day HCG
<i>zolpidem tartrate er</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOLPIMIST	3	QL 0.257 / day MVB Minimal Value Brand
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1	
SECONAL SODIUM	3	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL 4 / day
<i>alprazolam 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>	1	QL 1 / day
<i>alprazolam er 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam er 3 mg tablet</i>	1	QL 3 / day
ALPRAZOLAM INTENSOL	3	QL 10 / day
<i>alprazolam odt (odt 0.25 mg tab, odt 0.5 mg tab, odt 1 mg tab)</i>	1	QL 4 / day
<i>alprazolam odt 2 mg tab</i>	1	QL 5 / day
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1	QL 1 / day
<i>alprazolam xr 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam xr 3 mg tablet</i>	1	QL 3 / day
<i>chlordiazepoxide 10 mg capsule</i>	1	QL 30 / day
<i>chlordiazepoxide 25 mg capsule</i>	1	QL 12 / day
<i>chlordiazepoxide 5 mg capsule</i>	1	QL 4 / day
<i>clorazepate 15 mg tablet</i>	1	QL 6 / day
<i>clorazepate 3.75 mg tablet</i>	1	QL 24 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clorazepate 7.5 mg tablet</i>	1	QL 12 / day
DIASTAT	3	QL 0.07 / day
DIASTAT ACUDIAL	3	QL 0.07 / day
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	1	QL 0.07 / day
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)</i>	1	
DORAL	3	QL 1 / day
<i>estazolam</i>	1	QL 1 / day
<i>flurazepam hcl</i>	1	QL 1 / day
HALCION	3	QL 2 / day SBA Select Brand Alternative
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	1	QL 5 / day
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL 3 / day
LORAZEPAM INTENSOL	1	QL 5 / day
<i>midazolam hcl 2 mg/ml syrup</i>	1	
<i>oxazepam</i>	1	QL 4 / day
<i>quazepam</i>	1	QL 1 / day
<i>temazepam</i>	1	QL 1 / day
TRANXENE T-TAB	3	QL 12 / day
<i>triazolam 0.125 mg tablet</i>	1	QL 1 / day
<i>triazolam 0.25 mg tablet</i>	1	QL 2 / day
VALTOCO	3	QL 10 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUTONOMIC DRUGS		
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX STARTING MONTH BOX	3	HCR
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	3	QL 2 / day HCR
NICOTROL	3	QL 16/day HCR
NICOTROL NS	3	QL 20 / day HCR
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ARICEPT	3	AL At least 40 yrs old
<i>bethanechol chloride</i>	1	
<i>cevimeline hcl</i>	1	
<i>donepezil hcl</i>	1	AL At least 40 yrs old
<i>donepezil hcl odt</i>	1	AL At least 40 yrs old
EVOXAC	3	SBA Select Brand Alternative
EXELON	3	AL At least 40 yrs old
<i>galantamine er</i>	1	AL At least 40 yrs old
<i>galantamine hbr</i>	1	AL At least 40 yrs old
<i>galantamine hydrobromide</i>	1	AL At least 40 yrs old
<i>guanidine hcl</i>	1	
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1		
<i>pyridostigmine br 30 mg tablet</i>	1	HCG	
<i>pyridostigmine bromide (60 mg/5 ml soln, br 60 mg tablet)</i>	1		
<i>pyridostigmine bromide er</i>	1	HCG	
RAZADYNE	3	AL	At least 40 yrs old
RAZADYNE ER	3	AL	At least 40 yrs old
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	1	AL	At least 40 yrs old
SALAGEN	3		
URECHOLINE	3		
BETA-3-ADRENERGIC AGONISTS			
SELECTIVE BETA-3-ADRENERGIC AGONISTS			
MYRBETRIQ	2	QL	1 / day
BETA-ADRENERGIC AGONISTS			
SELECTIVE BETA-2-ADRENERGIC AGONISTS			
<i>albuterol sulfate (2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 100 mg/20 ml soln)</i>	1	QL PR	18 / day
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate er 4 mg tab, sulfate er 8 mg tab)</i>	1	PR	
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	1	PR	
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	1	QL PR	18 / day
<i>albuterol sulfate hfa</i>	1	QL PR	1.5 / day
ARCAPTA NEOHALER	3	QL ST PR	1 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BROVANA	3	QL PR 4 / day
<i>levalbuterol concentrate</i>	1	PR
<i>levalbuterol hcl</i>	1	PR
<i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syr, 20 mg tablet)</i>	1	PR
PERFOROMIST	3	QL PR 120 / 30 days
SEREVENT DISKUS	2	QL PR 2 / day
STRIVERDI RESPIMAT	2	QL PR .144 / day
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	PR HCG
<i>terbutaline sulf 1 mg/ml vial</i>	1	PR
XOPENEX	3	PR SBA Select Brand Alternative
XOPENEX CONCENTRATE	3	PR
BLOOD FORMATION, COAGULATION, THROMBOSIS		
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
OXBRYTA	3	QL S PA 3 / day
TAVALISSE	3	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, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	3	S PS PA
DOPTelet	3	S PA
EPOGEN	3	S PA
FULPHILA	3	S PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	3	S PA
LEUKINE	3	S PA
MIRCERA	3	S PA
MOZOBIL	3	S PA
MULPLETA	3	QL 1 / day S PA
NEULASTA	3	S PS PA
NEULASTA ONPRO	3	S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	3	S PS PA
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	3	S PS PA
NYVEPRIA	3	S PS PA
PROCRIT	3	S PA
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	3	S PA
RETACRIT	3	S PS PA
UDENYCA	3	S PA
ZARXIO	3	S PA
ZIEXTENZO	3	S PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CALAN	3	QL 3 / day PR
CALAN SR	3	QL 1 / day PR SBA Select Brand Alternative
CARDIZEM	3	QL 4 / day PR SBA Select Brand Alternative
CARDIZEM CD (300 MG CAPSULE, 360 MG CAPSULE)	3	QL 1 / day PR SBA Select Brand Alternative
CARDIZEM CD 120 MG CAPSULE	3	QL 4 / day PR SBA Select Brand Alternative
CARDIZEM CD 180 MG CAPSULE	3	QL 3 / day PR SBA Select Brand Alternative
CARDIZEM CD 240 MG CAPSULE	3	QL 2 / day PR SBA Select Brand Alternative
CARTIA XT 120 MG CAPSULE	1	QL 4 / day PR
CARTIA XT 180 MG CAPSULE	1	QL 3 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARTIA XT 240 MG CAPSULE	1	QL 2 / day PR
CARTIA XT 300 MG CAPSULE	1	QL 1 / day PR
DILT XR 120 MG CAPSULE	3	QL 4 / day PR
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	1	PR
<i>diltiazem 12hr er</i>	1	PR
<i>diltiazem 24hr er (24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)</i>	1	PR
<i>diltiazem 24hr er 120 mg cap</i>	1	QL 4 / day PR
<i>diltiazem 24hr er 180 mg cap</i>	1	QL 3 / day PR
<i>diltiazem 24h er(cd) 120 mg cp</i>	1	QL 4 / day PR
<i>diltiazem 24h er(cd) 180 mg cp</i>	1	QL 3 / day PR
<i>diltiazem 24h er(cd) 240 mg cp</i>	1	QL 2 / day PR
<i>diltiazem 24hr er (cd) (24h 300 mg cp, 24h 360 mg cp)</i>	1	QL 1 / day PR
<i>diltiazem 24h er(la) 180 mg tb</i>	1	QL 3 / day PR
<i>diltiazem 24h er(la) 240 mg tb</i>	1	QL 2 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem 24hr er (la) (24h 300 mg tb, 24h 360 mg tb, 24h 420 mg tb)</i>	1	QL 1 / day PR
<i>diltiazem 24h er(xr) 120 mg cp</i>	1	QL 4 / day PR
<i>diltiazem 24h er(xr) 180 mg cp</i>	1	QL 3 / day PR
<i>diltiazem 24h er(xr) 240 mg cp</i>	1	PR
<i>diltiazem 90 mg tablet</i>	1	PR
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)</i>	1	QL 4 / day PR
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1	QL 1 / day PR
MATZIM LA 180 MG TABLET	1	QL 3 / day PR
MATZIM LA 240 MG TABLET	1	QL 2 / day PR
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	1	PR
TAZTIA XT 120 MG CAPSULE	1	QL 4 / day PR
TAZTIA XT 180 MG CAPSULE	1	QL 3 / day PR
TIADYLT ER (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	1	PR
TIADYLT ER 120 MG CAPSULE	1	QL 4 / day PR
TIADYLT ER 180 MG CAPSULE	1	QL 3 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIAZAC (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	3	PR SBA Select Brand Alternative
TIAZAC ER 120 MG CAPSULE	3	QL PR SBA 4 / day Select Brand Alternative
TIAZAC ER 180 MG CAPSULE	3	QL PR SBA 3 / day Select Brand Alternative
<i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)</i>	1	QL PR 1 / day
<i>verapamil er pm</i>	1	QL PR 1 / day
<i>verapamil 360 mg cap pellet</i>	1	QL PR HCG 1 / day
<i>verapamil 40 mg tablet</i>	1	PR
<i>verapamil hcl (80 mg tablet, 120 mg tablet)</i>	1	QL PR 3 / day
<i>verapamil sr</i>	1	QL PR 1 / day
VERELAN (120 MG CAP PELLETT, 180 MG CAP PELLETT, 360 MG CAP PELLETT)	3	QL PR 1 / day
VERELAN 240 MG CAP PELLETT	3	QL PR SBA 1 / day SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERELAN PM	3	QL 1 / day PR SBA Select Brand Alternative
DIHYDROPYRIDINES		
ADALAT CC 30 MG TABLET	3	QL 1 / day PR
ADALAT CC 60 MG TABLET	3	QL 2 / day PR
ADALAT CC 90 MG TABLET	3	PR
<i>amlodipine besylate</i>	1	QL 1 / day PR
<i>amlodipine besylate-benazepril</i>	1	QL 1 / day PR
<i>amlodipine-olmesartan</i>	1	QL 1 / day PR
<i>amlodipine-valsartan (5-320 mg, 10-160 mg, 10-320 mg)</i>	1	QL 1 / day PR
<i>amlodipine-valsartan 5-160 mg</i>	1	QL 2 / day PR
<i>amlodipine-valsartan-hctz</i>	1	QL 1 / day PR
<i>felodipine er</i>	1	QL 1 / day PR
<i>isradipine 2.5 mg capsule</i>	1	QL 2 / day PR
<i>isradipine 5 mg capsule</i>	1	QL 4 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOTREL 5-40 MG CAPSULE	3	QL 1 / day PR SBA Select Brand Alternative
<i>nicardipine 20 mg capsule</i>	1	PR
<i>nicardipine 30 mg capsule</i>	1	PR HCG
<i>nifedipine</i>	1	QL 4 / day PR
<i>nifedipine er (er 30 mg tablet, er 90 mg tablet)</i>	1	QL 1 / day PR
<i>nifedipine er 60 mg tablet</i>	1	QL 2 / day PR
<i>nimodipine</i>	1	PR
<i>nisoldipine</i>	1	QL 1 / day PR HCG
NYMALIZE (30 MG/10 ML SOLUTION, 60 MG/20 ML SOLUTION)	3	QL 120 / day PR
NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN)	3	QL 60 / day PR
PROCARDIA	3	QL 4 / day PR MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
PROCARDIA XL (30 MG TABLET, 90 MG TABLET)	3	QL 1 / day PR SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCARDIA XL 60 MG TABLET	3	QL 2 / day PR SBA Select Brand Alternative
SULAR	3	QL 1 / day PR
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
CORLANOR 5 MG/5 ML ORAL SOLN	3	QL 15 / day PA
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	3	QL 2 / day PA
<i>ranolazine er</i>	1	QL 2 / day
VYNDAMAX	3	QL 1 / day S PA
VYNDAQEL	3	QL 4 / day S PA
CARDIOTONIC AGENTS		
DIGITEK	1	NTI
DIGOX	1	NTI
<i>digoxin 0.05 mg/ml solution</i>	1	NTI HCG
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1	NTI
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 187.5 MCG TABLET, 250 MCG TABLET)	2	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	3	PR
CARDURA XL	3	QL 1 / day ST PR
<i>doxazosin mesylate</i>	1	PR
MINIPRESS	3	PR
<i>prazosin hcl</i>	1	PR
<i>terazosin hcl</i>	1	PR
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	PR
<i>atenolol (25 mg tablet, 50 mg tablet)</i>	1	PR
<i>atenolol 100 mg tablet</i>	1	PR
<i>atenolol-chlorthalidone</i>	1	PR
BETAPACE	3	PR SBA Select Brand Alternative
BETAPACE AF	3	PR SBA Select Brand Alternative
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	PR
<i>bisoprolol fumarate</i>	1	PR
<i>bisoprolol-hydrochlorothiazide</i>	1	PR
BYSTOLIC (5 MG TABLET, 10 MG TABLET)	2	QL 3 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BYSTOLIC 2.5 MG TABLET	2	QL PR 1 / day
BYSTOLIC 20 MG TABLET	2	QL PR 2 / day
BYVALSON	2	QL 1 / day
<i>carvedilol</i>	1	PR
<i>carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule)</i>	1	QL PR HCG 2 / day
<i>carvedilol er 80 mg capsule</i>	1	QL PR HCG 1 / day
CORGARD	3	PR SBA Select Brand Alternative
DUTOPROL	3	PR B4G MVB MINIMAL VALUE BRAND
HEMANGEOL	3	S
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	PR
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	3	PR SBA Select Brand Alternative
LOPRESSOR HCT	3	PR SBA Select Brand Alternative
<i>metoprolol succinate</i>	1	PR
<i>metoprolol 5 mg/5 ml carpupject</i>	1	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate (25 mg tab, 50 mg tab)</i>	1	PR
<i>metoprolol tartrate (37.5 mg tb, 75 mg tab)</i>	1	
<i>metoprolol tartrate 100 mg tab</i>	1	PR
<i>metoprolol-hydrochlorothiazide</i>	1	PR
<i>nadolol</i>	1	PR
<i>nadolol-bendroflu 40-5 mg tab</i>	1	PR
<i>nadolol-bendroflu 80-5 mg tab</i>	1	PR HCG
<i>pindolol</i>	1	PR
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	1	PR
<i>propranolol hcl er</i>	1	PR
<i>propranolol-hydrochlorothiazid</i>	1	PR
SORINE	1	PR
<i>sotalol</i>	1	PR
<i>sotalol af</i>	1	PR
SOTYLIZE	3	
TENORETIC 100	3	PR SBA Select Brand Alternative
TENORETIC 50	3	PR MVB Minimal Value Brand SBA Select Brand Alternative
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	PR
ZIAC	3	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	1	NTI
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	NTI
<i>lithium carbonate er</i>	1	NTI
LITHOBID	3	NTI
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	1	
ADDYI	3	QL 1 / day
		GL Female
		AL 18 to 60 yrs old
		PA
<i>atomoxetine hcl</i>	1	QL 2 / day AL At least 6 yrs old
<i>carbidopa</i>	1	
<i>guanfacine hcl er</i>	1	QL 1 / day PR
LODOSYN	3	
<i>memantine hcl 2 mg/ml solution</i>	1	QL 360 / 30 days AL At least 40 yrs old
<i>memantine 5-10 mg titration pk</i>	1	AL At least 40 yrs old
<i>memantine hcl 10 mg tablet</i>	1	QL 2 / day AL At least 40 yrs old
<i>memantine hcl 5 mg tablet</i>	1	QL 3 / day AL At least 40 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>memantine hcl er</i>	1	AL At least 40 yrs old
NAMENDA (5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	3	AL At least 40 yrs old
NAMENDA XR TITRATION PACK	3	AL At least 40 yrs old
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	3	AL At least 40 yrs old SBA Select Brand Alternative
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	3	ST AL At least 40 yrs old
NOURIANZ	3	QL 1 / day S PA
NUEDEXTA	2	PA
<i>riluzole</i>	1	
TIGLUTIK	3	PA
VYLEESI	3	QL 0.08 / day GL Female S PA
XYREM	3	QL 18 / day S PA
XYWAV	3	QL 18 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3	QL ST 2 / day
OPIATE ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN	2	QL 2 / 30 days
VIVITROL	3	S PA BSP BENEFIT SHIFT PROGRAM
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO	3	QL AL S PA 4 / day At least 18 yrs old
INGREZZA 40 MG CAPSULE	3	QL AL S PA 2 / day At least 18 yrs old
INGREZZA 80 MG CAPSULE	3	QL AL S PA 1 / day At least 18 yrs old
INGREZZA INITIATION PACK	3	QL AL S PA 1 / day At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tetrabenazine</i>	1	S PA
XENAZINE	3	S PA SBA Select Brand Alternative
CEPHALOSPORIN ANTIBIOTICS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 750 mg capsule)</i>	1	
KEFLEX	3	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)</i>	1	
<i>cefaclor er</i>	1	QL 20 / 30 days
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
<i>cefuroxime</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime 400 mg capsule</i>	1	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp)</i>	1	QL 1200 / 90 days
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	1	BSP BENEFIT SHIFT PROGRAM
SPECTRACEF	3	
SUPRAX 400 MG CAPSULE	3	SBA Select Brand Alternative
SUPRAX (100 MG/5 ML SUSPENSION, 200 MG/5 ML SUSPENSION)	3	QL 1200 / 90 days
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION)	3	
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS	2	QL 2 / day PR B4G
ADVAIR HFA	2	QL 0.4 / day PR
ARNUITY ELLIPTA 100 MCG INH	2	QL 2 / day PR
ARNUITY ELLIPTA 200 MCG INH	2	QL 1 / day PR
ARNUITY ELLIPTA 50 MCG INH	2	QL 4 / day PR
BREO ELLIPTA	2	QL 2 / day PR
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp)</i>	1	QL 120 / 30 days PR
<i>budesonide 1 mg/2 ml inh susp</i>	1	QL 120 / 30 days PR HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLOVENT 250 MCG DISKUS	2	QL 8 / day PR
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QL 4 / day PR
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	2	QL 0.8 / day PR
FLOVENT HFA 44 MCG INHALER	2	QL 0.767 / day PR
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	1	QL 0.04 / day AL At least 12 yrs old
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	1	QL 2 / day PR
PULMICORT FLEXHALER	2	QL 0.07 / day PR
SYMBICORT	2	QL 0.4 / day PR B4G
TRELEGY ELLIPTA	2	QL 2 / day PR
WIXELA INHUB	1	QL 2 / day PR
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
SYMDEKO	3	QL 2 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIKAFTA	3	QL 3 / day S PA
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	3	QL 2 / day S PA
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	3	QL 2 / day S PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	3	QL 4 / day S PA
DEPIGMENTING AND PIGMENTING AGENTS		
DEPIGMENTING AGENTS		
BLANCHE	1	
<i>hydroquinone (cream, tr cream)</i>	1	
TRI-LUMA	3	
PIGMENTING AGENTS		
<i>methoxsalen</i>	1	
OXSORALEN-ULTRA	3	
DEVICES		
<i>1st tier unifine pentips</i>	2	PR
<i>1st tier unifine pentips plus</i>	2	PR
<i>1st tier unilet comfortouch</i>	2	PR
2-in-1 lancet device	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>abouttime pen needle</i>	2	PR
<i>accu-chek (lancet kit, lancets)</i>	2	PR
<i>accu-chek fastclic lancet drum</i>	2	PR
<i>accu-chek fastclic lancing dev</i>	2	PR
<i>accu-chek safe-t-pro</i>	2	PR
<i>accu-chek safe-t-pro plus</i>	2	PR
<i>accu-chek softclic (lancet kit, lancets)</i>	2	PR
<i>acti-lance</i>	2	PR
<i>adjustable lancing device</i>	2	PR
<i>advanced lancing device</i>	2	PR
<i>advanced travel lancets</i>	2	PR
<i>advocate lancet</i>	2	PR
<i>advocate lancets</i>	2	PR
<i>advocate lancing device</i>	2	PR
<i>advocate pen needle</i>	2	PR
<i>advocate pen needles</i>	2	PR
<i>advocate rapid-safe</i>	2	PR
<i>alternate site lancets</i>	2	PR
<i>alternate site lancing device</i>	2	PR
<i>aqua lance lancing device</i>	2	PR
<i>assure haemolance plus (18g, 21g, 25g, 28g)</i>	2	PR
<i>assure haemolance plus blade</i>	2	
<i>assure id duo-shield</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>assure id insulin safety (syr 0.5ml 31gx15/64", syr 1 ml 31gx15/64")</i>	2	PR
<i>assure id pen needle</i>	2	PR
<i>assure lance</i>	2	PR
<i>assure lance plus</i>	2	PR
<i>auto-lancet mini</i>	2	PR
<i>autolet impression</i>	2	PR
<i>autolet lancing device</i>	2	PR
<i>autolet plus</i>	2	PR
<i>autosield duo pen needle</i>	2	PR
AVENOVA	3	
<i>bd microtainer lancets</i>	2	PR
<i>bd ultra-fine</i>	2	PR
<i>bd ultra-fine ii</i>	2	PR
<i>blood lancets</i>	2	PR
<i>blunt needle (bd needle 18gx1-1/2", needle)</i>	3	
<i>bullseye mini safety lancets</i>	2	PR
<i>butterfly touch lancet</i>	2	PR
<i>carefine pen needle</i>	2	PR
<i>carelance ult lancing device</i>	2	PR
<i>careone (lancing device, thin lancet, ultra thin lancet)</i>	2	PR
<i>caresens ultra thin 30g lancet</i>	2	PR
<i>caresens prem lancing device</i>	2	PR
<i>caretouch insulin syringe (syr 1 ml 28gx5/16", syr 1 ml 29gx5/16")</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>caretouch lancing device</i>	2	PR
<i>caretouch pen needle</i>	2	PR
<i>caretouch safety lancets</i>	2	PR
<i>caretouch twist lancet</i>	2	PR
<i>clever chek lancets</i>	2	PR
<i>clickfine</i>	2	PR
<i>coaguchek lancets</i>	2	PR
<i>color lancets</i>	2	PR
<i>comfort ez</i>	2	PR
<i>comfort ez pen needle</i>	2	PR
<i>comfort lancets</i>	2	PR
<i>comfort touch pen needle</i>	2	PR
<i>contour solution</i>	2	
<i>contour (, system)</i>	2	PR
<i>contour next</i>	2	PR
<i>contour next control solution (1 sol, 2 sol)</i>	2	
<i>contour next ez meter</i>	2	PR
<i>contour next ez meter system</i>	3	PR
<i>contour next link</i>	2	PR
<i>contour next link 2.4 meter kit (ndc: 00193626201)</i>	2	PR
<i>contour next link 2.4 meter kit (ndc: 43169048501)</i>	3	PR
<i>contour next one meter (ndc: 00193781801)</i>	2	PR
<i>contour next one meter (ndc: 01937081801)</i>	3	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexcom</i>	2	AL At least 2 yrs old
<i>dexcom g4 ((ped) receiver kit, receiver kit, receiver-share (ped), receiver-share kit, transmitter kit)</i>	2	AL At least 2 yrs old
<i>dexcom g5 (receiver kit, transmitter kit)</i>	2	AL At least 2 yrs old
<i>dexcom g5-g4 sensor</i>	2	AL At least 2 yrs old
<i>dexcom g6 (receiver, sensor, transmitter)</i>	2	AL At least 2 yrs old
<i>droplet genteel lancing device</i>	2	PR
<i>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)</i>	2	PR
<i>droplet lancets</i>	2	PR
<i>droplet lancing device</i>	2	PR
<i>droplet micron pen needle</i>	2	PR
<i>droplet pen needle</i>	2	PR
<i>dropsafe pen needle</i>	2	PR
DUROLANE	3	S
		PA
		BSP BENEFIT SHIFT PROGRAM
<i>e-z ject lancets</i>	2	PR
<i>e-zject lancets</i>	2	PR
<i>easy comfort insulin syringe (0.5 ml 32gx5/16", 1 ml 32gx5/16")</i>	2	PR
<i>easy comfort lancets</i>	2	PR
<i>easy comfort pen needle</i>	2	PR
<i>easy comfort pen needles</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy glide pen needle</i>	2	PR
<i>easy mini eject lancing device</i>	2	PR
<i>easy touch (button 30g lancets, pull-top 26g lancet, pull-top 28g lancet, pull-top 30g lancet, pull-top 32g lancet, safety 21g lancets, safety 23g lancets, safety 26g lancets, safety 28g lancets, safety 30g lancets, safety 32g lancets, twist 26g lancets, twist 28g lancets, twist 30g lancets, twist 32g lancets, twist 33g lancets)</i>	2	PR
<i>easy touch fliplok ndl 25gx5/8</i>	3	
<i>easy touch lancing device</i>	2	PR
<i>easy touch pen needle</i>	2	PR
<i>easy touch safety pen needle</i>	2	PR
<i>easy twist & cap lancets</i>	2	PR
<i>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")</i>	3	
<i>easypoint needle 25g x 1"</i>	3	
<i>eclipse needle (needle 21gx1", needle 22gx1", needle 23gx1", needle 25gx1", needle 25gx5/8", needle 27gx1/2", needles 21gx1.5")</i>	3	
<i>embrace 30g lancets</i>	2	PR
<i>enteral gravity bag set-enfit</i>	3	
EPISIL	3	
EUFLEXXA	3	S
		PS
		PA
		BSP
		BENEFIT SHIFT PROGRAM
<i>eversense sensor-holder</i>	3	
<i>exel hypo needle 30gx0.5"</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>exel mti drawing needle</i>	1	
<i>ez smart lancets</i>	2	PR
<i>ez-lets</i>	2	PR
<i>fifty50 safety seal lancets</i>	2	PR
<i>filter aspirator needle</i>	3	
<i>filter needle</i>	1	
<i>filter needle 19gx1-1/2"</i>	3	
<i>filter needle 5 micron</i>	3	
<i>fine 30 universal lancets</i>	2	PR
<i>fingerstix</i>	2	PR
<i>fora lancets</i>	2	PR
<i>fora lancing device</i>	2	PR
<i>foracare lancets</i>	2	PR
<i>freestyle lancets</i>	2	PR
<i>freestyle unistik 2</i>	2	PR
GEL-ONE	3	S
		PA
		BSP BENEFIT SHIFT PROGRAM
<i>genteel vacuum lancing device</i>	2	PR
GENVISC 850	3	S
		PA
		BSP BENEFIT SHIFT PROGRAM
<i>glucocom</i>	2	PR
<i>glucocom lancets</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gojji lancets</i>	2	PR
<i>gojji lancing device</i>	2	PR
<i>healthwise pen needle</i>	2	PR
<i>healthy accents autolet</i>	2	PR
<i>healthy accents unifine pentip (pentip 4mm 32g, pentip 5mm 31g, pentip 6mm 31g, pentip 8mm 31g, pentip 12mm 29g)</i>	2	PR
<i>healthy accents unilet lancet</i>	2	PR
HYALGAN (20 MG/2 ML SYRINGE, 20 MG/2 ML VIAL)	3	S
		PA
		BSP BENEFIT SHIFT PROGRAM
HYCLODEX	3	
HYLATOPICPLUS (CREAM, EMOLLIENT FOAM, LOTION)	3	
HYMOVIS	3	S
		PA
		BSP BENEFIT SHIFT PROGRAM
<i>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 hypodermic needle)</i>	3	
<i>hypodermic needle (needle 22x1, needle 22x1.5, needle 23x1, needle 25x1, needle 25x1.5, needle 25x5/8, needle 26x1.5, needle 27x0.5, needle 30x3/4)</i>	3	
<i>hypolance</i>	2	PR
<i>incontrol lancing device</i>	2	PR
<i>incontrol pen needle (pen needle 4mm 32g, pen needle 6mm 31g, pen needle 8mm 31g, pen needle 12mm 29g)</i>	2	PR
<i>incontrol pen needle 5mm 31g</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>incontrol super thin lancets</i>	2	PR
<i>incontrol ultra thin lancets</i>	2	PR
<i>inject ease lancets</i>	2	PR
<i>insulin pen needle</i>	2	PR
<i>insupen</i>	2	PR
<i>integra precisionglide needle</i>	3	
<i>invacare lancets</i>	2	PR
<i>lancets</i>	2	PR
<i>lancets thin</i>	2	PR
<i>lancets ultra thin</i>	2	PR
<i>lancing device (autolet impression lancing dev, cvs lancing device, e-z pull & click lancing dev, fifty50 lancing device, ge lancing device, gs lancing device and lancets, invacare lancing device, kro lancing device, kroger lancing device, lancing device, live better advanced lancing, meijer lancing device, ra health care lancing device, relion lancing device, simple diagnostic lancet device, value plus lancing device)</i>	2	PR
<i>lancing system</i>	2	PR
<i>lanzo</i>	2	PR
<i>latex gloves</i>	1	
LIDOTREX 2% WOUND GEL	3	
<i>lite touch (pen needle 29g, 31gx1/4" pen needle, pen needle 31g)</i>	2	PR
<i>lite touch (28g lancets, 30g lancets, 33g lancets, lancing pen)</i>	2	PR
<i>magellan safety needle</i>	3	
<i>magellan safety syringe</i>	3	
<i>maxicomfort ii pen needle</i>	2	PR
<i>maxicomfort safety pen needle</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDIHONEY (80% GEL, 100% PASTE)	3	
<i>medisense thin lancets</i>	2	PR
<i>medlance plus</i>	2	PR
<i>medlance plus special blade</i>	2	PR
<i>micro thin lancet</i>	2	PR
<i>micro thin lancets</i>	2	PR
<i>microdot insulin pen needle</i>	2	PR
<i>microlet</i>	2	PR
<i>microlet 2</i>	2	PR
<i>microlet next lancing device</i>	2	PR
<i>microtainer lancets</i>	2	PR
<i>mini lancing device</i>	2	PR
<i>mini ultra-thin ii</i>	2	PR
<i>monoject blood collection</i>	3	
<i>monoject enfit syringe (1 ml syringe, 3 ml syringe, 6 ml syringe, 12 ml syringe, 35 ml syringe, 60 ml syringe)</i>	1	
<i>monoject enfit syringe cap</i>	1	
<i>monolet lancets</i>	2	PR
<i>monolet thin lancets</i>	2	PR
MONOVISC	3	S
		PA
		BSP
		BENEFIT SHIFT PROGRAM
<i>multi-lancet</i>	2	PR
<i>myglucohealth lancets</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nano 2nd gen pen needle</i>	2	PR
<i>needle (needle 18gx1 1/2", needle 30gx1/2")</i>	3	
<i>reli on 31g x 1/4" needles</i>	2	PR
<i>nova safety lancets</i>	2	PR
<i>nova sureflex</i>	2	PR
<i>novofine 32</i>	2	PR
<i>novofine autocover</i>	2	PR
<i>novofine plus</i>	2	PR
<i>novotwist</i>	2	PR
NUMOISYN LOZENGE	3	
NUVAIL	3	
<i>on call lancet</i>	2	PR
<i>on call lancing device</i>	2	PR
<i>on call plus lancet</i>	2	PR
<i>on call plus lancing device</i>	2	PR
<i>on-the-go</i>	2	PR
<i>onetouch delica (30g lancets, 33g lancets, lancing dev)</i>	2	PR
<i>onetouch delica plus lanc dev</i>	2	PR
<i>onetouch delica plus lancet</i>	2	PR
<i>onetouch lancets</i>	2	PR
<i>onetouch suresoft</i>	2	PR
ORAFATE	1	S
		S
ORTHOVISC	3	PA
		BSP
		BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PAIN EASE MEDIUM STREAM SPRAY	3	
PAIN EASE MIST SPRAY	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pen needle (fifty50 pen 31g x 3/16" needle, fifty50 pen 31g x 5/16" needle, fifty50 pen needle 32g x 1/4", fifty50 pen needle 32g x 5/32", gnp clickfine pen ndl 31gx1/4", gnp clickfine pen ndl 31gx5/16, 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 5/16", 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 1/4", pen needle 32g x 3/16", 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 31gx1/4", relion pen needle 31gx5/16", relion pen needle 32gx5/32", today's hlth pn needle 6mm 31g)</i>	2	PR
<i>pen needles</i>	2	PR
<i>pentips</i>	2	PR
<i>phaseal protector</i>	3	
<i>pip 28g lancet</i>	2	PR
<i>pip 30g lancet</i>	2	PR
<i>pip pen needle</i>	2	PR
<i>poly hub needle 30gx1/2"</i>	3	
<i>precision xtr b-ketone strip</i>	3	
<i>pressure activated lancets</i>	2	PR
<i>prevent dropsafe pen needle</i>	2	PR
<i>pro comfort lancet</i>	2	PR
<i>pro comfort lancets</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pro comfort pen needle</i>	2	PR
<i>prodigy lancets</i>	2	PR
<i>prodigy lancing device</i>	2	PR
<i>prodigy twist top lancet</i>	2	PR
PROTHELIAL	1	S
<i>pure comfort lancets</i>	2	PR
<i>pure comfort pen needle</i>	2	PR
<i>pure comfort safety lancets</i>	2	PR
<i>push button safety lancets</i>	2	PR
<i>ready/lance safety lancets</i>	2	PR
REGENECARE	3	
<i>reliamed</i>	2	PR
<i>reliamed mini lancing device</i>	2	PR
<i>reliamed safety seal lancets</i>	2	PR
<i>relion pen needles</i>	2	PR
<i>relion thin</i>	2	PR
<i>rightest gd500</i>	2	PR
<i>rightest gl300 lancets</i>	2	PR
<i>safety lancets</i>	2	PR
<i>safety pen needle</i>	2	PR
<i>safety seal lancets</i>	2	PR
<i>safety-let</i>	2	PR
<i>safety-lok collection set</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>safetyglide insulin syringe (safetyglid ins 1 ml, saftygld ins 0.3 ml, saftygld ins 0.5 ml)</i>	2	PR
<i>safetyglide needle</i>	3	
<i>securesafe pen needle</i>	2	PR
SILVASORB GEL	3	
SILVRSTAT	3	
<i>single-let</i>	2	PR
<i>smart sense</i>	2	PR
<i>smart sense lancets</i>	2	PR
<i>smartdiabetes vantage</i>	2	PR
<i>smartest lancet</i>	2	PR
<i>soft touch</i>	2	PR
<i>solus v2 28g lancets</i>	2	PR
<i>solus v2 lancets</i>	2	PR
<i>solus v2 lancing device</i>	2	PR
SPRAY AND STRETCH	3	
<i>sterilance t/</i>	2	PR
SUPARTZ FX	3	S
		PA
		BSP
		BENEFIT SHIFT PROGRAM
<i>super thin lancets</i>	2	PR
<i>sure comfort (pen ndl 29gx1/2", 30g pen needle, 31g pen needle, pen ndl 31gx3/16", pen ndl 32gx1/4", pen ndl 32gx5/32")</i>	2	PR
<i>sure comfort lancets</i>	2	PR
<i>sure comfort lancing pen</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sure-fine pen needles</i>	2	PR
<i>sure-lance</i>	2	PR
<i>sure-pen</i>	2	PR
<i>sure-touch</i>	2	PR
<i>sureflex</i>	2	PR
SYNVISC	3	S
		PS
		PA
		BSP BENEFIT SHIFT PROGRAM
SYNVISC-ONE	3	S
		PS
		PA
		BSP BENEFIT SHIFT PROGRAM
<i>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))</i>	2	PR
<i>techlite lancets</i>	2	PR
<i>techlite pen needle</i>	2	PR
<i>telcare ultra thin 30g lancets</i>	2	PR
<i>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)</i>	3	
<i>thin lancets</i>	2	PR
<i>topcare clickfine</i>	2	PR
<i>topcare universal1 lancet</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topcare universal/1 thin lancet</i>	2	PR
TRIVISC	3	S
		PA
		BSP BENEFIT SHIFT PROGRAM
<i>true comfort lancet</i>	2	PR
<i>true comfort pen needle</i>	2	PR
<i>truedraw</i>	2	PR
<i>trueplus lancet</i>	2	PR
<i>trueplus lancets</i>	2	PR
<i>trueplus pen needle</i>	2	PR
<i>twist lancets</i>	2	PR
<i>ulti-lance (auto-ad, automatic)</i>	2	PR
<i>ulticare pen needle</i>	2	PR
<i>ulticare safety pen needle</i>	2	PR
<i>ulticare tb safety 1ml 27gx5/8</i>	3	
<i>ultiguard safe pack</i>	2	PR
<i>ultilet basic</i>	2	PR
<i>ultilet classic</i>	2	PR
<i>ultilet lancets</i>	2	PR
<i>ultilet pen needle</i>	2	PR
<i>ultilet safety</i>	2	PR
<i>ultra fine lancets</i>	2	PR
<i>ultra flo pen needle</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultra thin</i>	2	PR
<i>ultra thin lancet</i>	2	PR
<i>ultra thin lancets</i>	2	PR
<i>ultra thin plus</i>	2	PR
<i>ultra thin plus lancets</i>	2	PR
<i>ultra-care lancets</i>	2	PR
<i>ultra-fine micro pen needle</i>	2	PR
<i>ultra-fine mini pen needle</i>	2	PR
<i>ultra-fine nano pen needle</i>	2	PR
<i>ultra-fine original pen needle</i>	2	PR
<i>ultra-fine short pen needle</i>	2	PR
<i>ultra-thin ii (pen ndl 29gx1/2", pen ndl 31gx5/16)</i>	2	PR
<i>ultra-thin ii (28g, 30g)</i>	2	PR
<i>ultracare pen needle</i>	2	PR
<i>ultralance</i>	2	PR
<i>ultratlc lancets</i>	2	PR
<i>unifine pentips</i>	2	PR
<i>unifine pentips maxflow</i>	2	PR
<i>pv unifine pentip plus 31gx8mm</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unifine pentips plus (careone pentp 29gx1/2", careone pentp 31gx1/4", careone pntp 31gx3/16", careone pntp 31gx5/16", careone pntp 32gx5/32", heb pntp plus 31gx3/16, heb pntp plus 32gx5/32, pentips plus 29gx1/2", pentips plus 31gx1/4", pentips plus 31gx3/16", pentips plus 31gx5/16", pentips plus 32gx5/32", pentips plus 33gx5/32", pub pntp plus 31gx3/16, pv pentip plus 31gx5mm, pv pentip plus 31gx6mm, pv pentip plus 32gx4mm, pv pentip plus 33gx4mm, shopko pentips 4mm 32g, shopko pentips 5mm 31g, shopko pentips 8mm 31g, shopko pntips 12mm 29g, wm pentip plus 4mm 32g, wm pentip plus 5mm 31g, wm pentip plus 6mm 31g, wm pentip plus 8mm 31g)</i>	2	PR
<i>unifine pentips plus maxflow</i>	2	PR
<i>unifine safecontrol</i>	2	PR
<i>unilet comfortouch</i>	2	PR
<i>unilet excelite</i>	2	PR
<i>unilet excelite ii</i>	2	PR
<i>unilet gp lancet</i>	2	PR
<i>unilet lancet</i>	2	PR
<i>unilet lancets</i>	2	PR
<i>unistik 2</i>	2	PR
<i>unistik 2 extra</i>	2	PR
<i>unistik 2 normal</i>	2	PR
<i>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)</i>	2	PR
<i>unistik 3 comfort</i>	2	PR
<i>unistik 3 extra</i>	2	PR
<i>unistik 3 neonatal</i>	2	PR
<i>unistik cz</i>	2	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unistik pro</i>	2	PR
<i>unistik safety</i>	2	PR
<i>unistik touch</i>	2	PR
<i>universal 1</i>	2	PR
<i>vanishpoint insulin syringe</i>	2	PR
<i>verifine pen needle</i>	2	PR
<i>vivaguard lancet</i>	2	PR
<i>vivaguard lancing device</i>	2	PR
<i>yale needle</i>	3	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR	3	S PA
DIABETES MELLITUS		
<i>contour next test strip (ndc: 00193727735)</i>	2	QL 10 / day PR
<i>contour next test strip (ndc: 00193727870)</i>	2	QL 10 / day PR
<i>contour next test strip (ndc: 00193730850)</i>	3	QL 10 / day PR
<i>contour next test strip (ndc: 00193731025)</i>	2	QL 10 / day PR
<i>contour next test strip (ndc: 00193731150)</i>	2	QL 10 / day PR
<i>contour next test strip (ndc: 00193731221)</i>	2	QL 10 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>contour next test strip (ndc: 00193731310)</i>	3	QL 10 / day PR
<i>contour next test strip (ndc: 01937027735)</i>	3	QL 10 / day PR
<i>contour next test strip (ndc: 01937027870)</i>	3	QL 10 / day PR
<i>contour next test strip (ndc: 01937030850)</i>	3	QL 10 / day PR
<i>contour next test strip (ndc: 01937031310)</i>	3	QL 10 / day PR
<i>contour test strip</i>	2	QL 10 / day PR
PITUITARY FUNCTION		
MACRILEN	3	S PA
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
OMNIPAQUE 12 MG/ML ORAL SOLN	3	
READI-CAT 2	3	
THYROID FUNCTION		
THYROGEN	3	S PA BSP BENEFIT SHIFT PROGRAM
URINE AND FECES CONTENTS		
<i>azo</i>	3	
<i>chek-stix</i>	3	QL 6.66 / day
<i>chemstrip 10 md</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chemstrip 10 with sg</i>	3	
<i>chemstrip 2 gp</i>	3	
<i>chemstrip 50b</i>	3	
<i>chemstrip 7</i>	3	
<i>chemstrip 9</i>	3	
<i>combistix reagent</i>	3	
<i>hema-combistix</i>	3	
<i>ictotest</i>	3	
<i>keto-diastix reagent</i>	3	
<i>labstix reagent</i>	3	
<i>multistix</i>	3	
<i>multistix 10 sg</i>	3	
<i>multistix 5</i>	3	
<i>multistix 7</i>	3	
<i>multistix 8 sg</i>	3	
<i>multistix 9</i>	3	
<i>multistix 9 sg</i>	3	
<i>urinary tract infection</i>	3	
<i>uristix 4</i>	3	
<i>uristix reagent</i>	3	
DIURETICS		
LOOP DIURETICS		
<i>bumetanide (1 mg tablet, 2 mg tablet)</i>	1	PR HCG
<i>bumetanide 0.5 mg tablet</i>	1	PR
DEMADEX	3	PR
EDECRIN	3	PR
		MVB MINIMAL VALUE BRAND
		SBA SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethacrynic acid</i>	1	PR HCG MVG MINIMAL VALUE GENERIC
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)</i>	1	PR
<i>toremide</i>	1	PR
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	1	PR
<i>amiloride-hydrochlorothiazide</i>	1	PR
DYRENIUM	3	PR PA MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
MAXZIDE	3	PR SBA Select Brand Alternative
MAXZIDE-25 MG	3	PR SBA Select Brand Alternative
<i>triamterene</i>	1	PR PA
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 50-25 mg cap, 75-50 mg tab)</i>	1	PR
THIAZIDE DIURETICS		
<i>chlorothiazide</i>	1	PR
DIURIL	3	PR
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 50 mg tab)</i>	1	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrochlorothiazide 25 mg tab</i>	1	PR
<i>methyclothiazide</i>	1	PR
MICROZIDE	3	PR
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	PR
<i>indapamide</i>	1	PR
<i>metolazone</i>	1	PR
VASOPRESSIN ANTAGONISTS		
JYNARQUE 15 MG TABLET	3	QL 1 / day S PA
JYNARQUE (15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	3	QL 2 / day S PA
SAMSCA 15 MG TABLET	3	QL 1 / day S PA
SAMSCA 30 MG TABLET	3	QL 2 / day S PA
<i>tolvaptan 15 mg tablet</i>	1	QL 1 / day S PA
<i>tolvaptan 30 mg tablet</i>	1	QL 2 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	1	HCG
<i>cabergoline</i>	1	
CYCLOSET	3	QL 6 / day PR PA
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN	3	QL 2 / day S PA
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	3	QL 5 / day S PA
KYNMOBI TITRATION KIT	3	QL 10 / 30 days S PA
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	3	PA
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole er</i>	1	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole er</i>	1	
<i>ropinirole hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS ORIGINAL	3	
ALKALINIZING AGENTS		
<i>potassium citrate</i>	1	
<i>potassium citrate er</i>	1	
UROCIT-K	3	
AMMONIA DETOXICANTS		
BUPHENYL 500 MG TABLET	3	S
CARBAGLU	3	S
CONSTULOSE	1	
ENULOSE	1	
GENERLAC	1	
KRISTALOSE	1	
<i>lactulose 10 gm packet</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)</i>	1	
RAVICTI	3	QL 20 / day S PA
<i>sodium phenylbutyrate 500mg tb</i>	1	S
CALORIC AGENTS		
CYCLINEX-1	3	
DOJOLVI	3	S PA
EAA	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESSENTIAL CARE JR	3	
GLYCOSADE 60 G POWDER PACKET	3	
GLYTACTIN 10 PE COMPLETE	3	
GLYTACTIN 15 PE BETTERMILK	3	
GLYTACTIN 15 PE COMPLETE	3	
GLYTACTIN 20PE BETTERMILK LITE	3	
GLYTACTIN BUILD 10 PE	3	
GLYTACTIN BUILD 20-20	3	
GLYTACTIN BURST 10-10	3	
GLYTACTIN BURST 20-20	3	
GLYTACTIN RESTORE 10 PE	3	
GLYTACTIN RESTORE 10 PE LITE	3	
GLYTACTIN RESTORE 5 PE	3	
GLYTACTIN RTD 10 PE	3	
GLYTACTIN RTD 15 PE	3	
GLYTACTIN RTD LITE 15	3	
GLYTACTIN SWIRL 15 PE	3	
HCY 1	3	
HOMINEX-1	3	
KETOVIE 3:1	3	
LANAFLEX	3	
PHENACTIN AA PLUS 20 PE	3	
PHENYLADE GMP DRINK POWDER	3	
PHENYLADE GMP MIX-IN POWDER	3	
TYLACTIN COMPLETE 15 PE	3	
REPLACEMENT PREPARATIONS		
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
EFFER-K 25 MEQ TABLET EFF	1		
KLOR-CON	1		
KLOR-CON 10	1		
KLOR-CON 8	1		
KLOR-CON M10	1		
KLOR-CON M15	3		
KLOR-CON M20	1		
KLOR-CON-EF	1		
<i>potassium cl 20 meq packet</i>	1	HCG	
<i>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, 20% (40 meq/15ml), er 20 meq tablet)</i>	1		
<i>sodium chloride 0.9% ampule</i>	1	BSP	BENEFIT SHIFT PROGRAM
URICOSURIC AGENTS			
<i>probenecid</i>	1	QL	4 / day
<i>probenecid-colchicine</i>	1	QL	2 / day
ENZYMES			
ALDURAZYME	3	S	
		PA	
		BSP	BENEFIT SHIFT PROGRAM
CEREZYME	3	S	
		PA	
		BSP	BENEFIT SHIFT PROGRAM
ELAPRASE	3	S	
		PA	
		BSP	BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELELYSO	3	S PS PA BSP BENEFIT SHIFT PROGRAM
FABRAZYME	3	S PA BSP BENEFIT SHIFT PROGRAM
HYQVIA HY COMPONENT	3	S PA
LUMIZYME	3	S PA BSP BENEFIT SHIFT PROGRAM
NAGLAZYME	3	S PA BSP BENEFIT SHIFT PROGRAM
PALYNZIQ (10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	3	QL S PA 2 / day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	3	QL S PA 8 / day
STRENSIQ	3	S PS PA
SUCRAID	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VPRIV	3	S PA BSP BENEFIT SHIFT PROGRAM
XIAFLEX	3	S PA BSP BENEFIT SHIFT PROGRAM
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS		
<i>clomiphene citrate</i>	1	GL Female
EVISTA	3	QL PR 1 / day
FARESTON	3	PR SBA Select Brand Alternative
OSPHENA	3	PR
<i>raloxifene hcl</i>	1	PR HCR
SEROPHENE	1	GL Female
SOLTAMOX	3	PR
<i>tamoxifen citrate</i>	1	PR HCR
<i>toremifene citrate</i>	1	PR
ESTROGENS		
ACTIVELLA 0.5-0.1 MG TABLET	3	QL GL MVB SBA 1 / day Female MINIMAL VALUE BRAND SELECT BRAND ALTERNATIVE

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTIVELLA 1 MG-0.5 MG TABLET	3	QL 1 / day GL Female MVB Minimal Value Brand SBA Select Brand Alternative
ALORA	3	QL 0.29 / day ST GL Female
AMABELZ	1	QL 1 / day GL Female
ANGELIQ	3	QL 1 / day GL Female
BIJUVA	3	QL 1 / day GL Female
CLIMARA PRO	2	QL 0.15 / day GL Female
COMBIPATCH	3	QL 0.29 / day GL Female
DEPO-ESTRADIOL	3	GL Female
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	2	QL 1 / day GL Female
DIVIGEL 1.25 MG GEL PACKET	2	QL 1.25 / day GL Female
DOTTI	1	QL 0.29 / day GL Female
DUAVEE	2	
ELESTRIN	3	QL 1.73 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol 0.01% cream</i>	1	QL 4 / day GL Female
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1	QL 1 / day GL Female
<i>estradiol 10 mcg vaginal insrt</i>	1	QL 0.643 / day GL Female
<i>estradiol 2 mg tablet</i>	1	QL 1 / day GL Female
<i>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))</i>	1	QL 0.15 / day GL Female
<i>estradiol 0.075 mg patch(1/wk)</i>	1	QL 0.15 / day GL Female HCG
<i>estradiol (twice weekly)</i>	1	QL 0.29 / day GL Female
<i>estradiol valerate</i>	1	GL Female HCG
<i>estradiol-norethindrone acetat</i>	1	QL 1 / day GL Female
ESTRING	3	QL 90 days GL Female
ESTROGEL	3	QL 1.667 / day GL Female
EVAMIST	2	QL 0.54 / day GL Female
FEMHRT	3	QL 1 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FEMRING	3	QL 0.02 / day ST GL Female
FYAVOLV	1	QL 1 / day GL Female HCR
IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	3	QL 1 / day
JINTELI	1	QL 1 / day GL Female HCR
LOPREEZA	1	QL 1 / day GL Female
LYLLANA	1	QL 0.29 / day GL Female
MENEST (0.625 MG TABLET, 1.25 MG TABLET)	3	QL 1 / day GL Female
MENEST 0.3 MG TABLET	2	QL 1 / day GL Female
MENOSTAR	3	QL 0.15 / day ST GL Female
MIMVEY	1	QL 1 / day GL Female
MIMVEY LO	1	HCG MVG MINIMAL VALUE GENERIC
MINIVELLE	3	QL 0.29 / day ST GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	1	QL 1 / day HCR
PREFEST	3	QL 1 / day GL Female
PREMARIN VAGINAL CREAM-APPL	2	QL 2 / day GL Female
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	2	QL 1 / day GL Female
PREMARIN 25 MG VIAL	2	
PREMPHASE	2	QL 1 / day GL Female
PREMPRO	2	QL 1 / day GL Female
YUVAFEM	1	QL 0.643 / day GL Female
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTIALLERGIC AGENTS		
ALOMIDE	3	QL 10 / fill MVB MINIMAL VALUE BRAND
<i>azelastine hcl 0.05% drops</i>	1	QL 0.267 / day
<i>azelastine hcl (0.1% (137 mcg) spray, 0.15% nasal spray)</i>	1	QL 2 / day
<i>azelastine-fluticasone</i>	1	QL 0.8 / day ST
BEPREVE	3	QL 0.334 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DYMISTA	2	QL 0.8 / day B4G
ELESTAT	3	QL 0.286 / day ST
EMADINE	3	QL 5 / fill ST
<i>epinastine hcl</i>	1	QL 0.286 / day
<i>ketotifen fumarate</i>	1	QL 0.167 / day
LASTACAFT	3	QL 3 / 30 days ST
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	QL 0.286 / day
<i>olopatadine 665 mcg nasal spray</i>	1	QL 31 / 30 days
PATANASE	3	QL 31 / 30 days
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine hcl</i>	1	QL 0.8 / day
CYSTADROPS	3	QL 0.72 / day S PA
CYSTARAN	3	QL 1 / day S PA
EYLEA (2 MG/0.05 ML SYRINGE, 2 MG/0.05 ML VIAL)	3	QL 0.04 / day S PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
IOPIDINE (0.5% DROPS, 1% DROPS)	3	QL	0.8 / day
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	1	QL	2 / 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)	3	QL	0.04 / day
		S	
		PA	
		BSP	BENEFIT SHIFT PROGRAM
OXERVATE	3	QL	1 / day
		S	
		PA	
LOCAL ANESTHETICS (EENT)			
AKTEN	3		
<i>proparacaine hcl</i>	1		
TETCAINE	1		
<i>tetracaine hcl (eye drop, steri-unit sol)</i>	1		
MYDRIATICS			
<i>atropine sulfate (drops, ointment)</i>	1		
VASOCONSTRICTORS			
ADRENALIN CHLORIDE	3	PA	
<i>phenylephrine hcl (2.5% drop, 10% drops)</i>	1		
UPNEEQ	3	QL	1 / day
		AL	At least 18 yrs old
		PA	
VISINE TOTALITY	3		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIRST GENERATION ANTIHISTAMINES		
ETHANOLAMINE DERIVATIVES		
<i>carbinoxamine 4 mg/5 ml liquid</i>	1	AL At least 2 yrs old
<i>carbinoxamine maleate 4 mg tab</i>	1	AL At least 6 yrs old
<i>carbinoxamine maleate 6 mg tab</i>	1	AL At least 6 yrs old HCG MVG MINIMAL VALUE GENERIC
<i>clemastine fumarate</i>	1	AL At least 2 yrs old
<i>diphenhydramine 50 mg/ml crpjt</i>	1	
<i>diphenhydramine hcl (12.5 mg/5 ml, 25 mg/10 ml)</i>	1	
<i>diphenhydramine hcl (50 mg/ml syrng, 50 mg/ml vial)</i>	1	BSP BENEFIT SHIFT PROGRAM
<i>diphenhydramine-0.9% nacl</i>	1	BSP BENEFIT SHIFT PROGRAM
KARBINAL ER	3	AL At least 2 yrs old
RYVENT	3	ST HCG MVG MINIMAL VALUE GENERIC
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)</i>	1	AL At least 2 yrs old
PHENOTHIAZINE DERIVATIVES		
PHENADOZ	1	AL At least 2 yrs old
<i>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)</i>	1	AL At least 2 yrs old
<i>promethazine 25 mg tablet</i>	1	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl (25 mg/ml ampul, 25 mg/ml vial, 50 mg/ml ampul, 50 mg/ml vial)</i>	1	AL BSP At least 2 yrs old BENEFIT SHIFT PROGRAM
<i>promethazine hcl-0.9% nacl</i>	1	BSP BENEFIT SHIFT PROGRAM
<i>promethazine-phenylephrine</i>	1	
PROMETHEGAN	1	AL At least 2 yrs old
PROPYLAMINE DERIVATIVES		
ABATUSS DMX	1	AL At least 2 yrs old
ALLER-CHLOR	1	
CONEX SOLUTION	3	
<i>dexchlorpheniramine maleate</i>	1	AL HCG MVG At least 2 yrs old MINIMAL VALUE GENERIC
RESPA A.R.	3	
RYCLORA	3	AL At least 2 yrs old
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl</i>	1	GL AL Female At least 18 yrs old
APRISO	2	B4G
<i>balsalazide disodium</i>	1	
COLAZAL	3	SBA Select Brand Alternative
LOTRONEX	3	GL AL PA Female At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>mesalamine 4 gm/60 ml kit</i>	1	HCG	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 1,000 mg supp)</i>	1		
<i>mesalamine dr</i>	1		
<i>mesalamine er</i>	1		
PENTASA	3		
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	3		
SFROWASA	3		
ANTIDIARRHEA AGENTS			
<i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i>	1		
LOMOTIL	3		
<i>loperamide 2 mg capsule</i>	1		
MYTESI	3	S	
<i>opium tincture</i>	1	QL	5 / day
<i>paregoric</i>	1		
XERMELO	3	AL	At least 18 yrs old
		S	
		PA	
CATHARTICS AND LAXATIVES			
CLENPIQ	3	QL	11 / day
COLYTE WITH FLAVOR PACKETS	3	MVB	Minimal Value Brand
		SBA	SELECT BRAND ALTERNATIVE
GAVILYTE-C	1	HCR	
GAVILYTE-G	1	HCR	
GAVILYTE-N	1	HCR	
		HCG	
		MVG	MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCIL INSTANT POWDER	3	
KONSYL ORIGINAL FIBER POWDER	3	
<i>peg 3350-electrolyte (3350 electrolyte soln, 3350-electrolyte solution)</i>	1	HCR
<i>peg-3350 and electrolytes</i>	1	HCR
PEG-PREP	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	HCR
PREPOPIK	3	QL 2 / fill
SUPREP	3	QL 354 / fill
TRILYTE WITH FLAVOR PACKETS	1	HCR
CHOLELITHOLYTIC AGENTS		
ACTIGALL	3	
CHENODAL	3	S
URSO	3	
URSO FORTE	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
DIGESTANTS		
CREON	2	
ENZADYNE	3	
ZENPEP	2	
GI DRUGS, MISCELLANEOUS		
		QL 7 / day
CHOLBAM 250 MG CAPSULE	3	S PA
		QL 4 / day
CHOLBAM 50 MG CAPSULE	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENDARI	3	QL 6 / day S PA
ENTYVIO	3	QL 2/ 30 days S PA BSP BENEFIT SHIFT PROGRAM
GATTEX	3	S PA
HUMIRA(CF) PEDI CROHN 80-40 MG	3	QL 0.22 / day S PS PA PS1 Preferred 1st line
LINZESS	2	QL 1 / day ST
OCALIVA	3	QL 1 / day S PA
RESTORA RX	3	
SYMPROIC	2	QL 1 / day AL At least 18 yrs old PA
VIBERZI	2	QL 2 / day PA
XENICAL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROKINETIC AGENTS		
GIMOTI	3	QL 0.334 / day AL At least 18 yrs old S PA
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)</i>	1	
<i>metoclopramide hcl odt</i>	1	
MOTEGRITY	3	QL 1 / day AL At least 18 yrs old PA
REGLAN	3	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin er</i>	1	QL 1 / day
DETROL	3	QL 2 / day SBA Select Brand Alternative
DETROL LA	3	QL 1 / day SBA Select Brand Alternative
DITROPAN XL 10 MG TABLET	3	QL 2 / day SBA Select Brand Alternative
DITROPAN XL 5 MG TABLET	3	QL 1 / day SBA Select Brand Alternative
ENABLEX	3	QL 1 / day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>flavoxate hcl</i>	1	
GELNIQUE (GEL PUMP, GEL SACHET)	3	QL 1 / day ST
<i>oxybutynin 5 mg/5 ml syrup</i>	1	QL 20 / day
<i>oxybutynin 5 mg tablet</i>	1	QL 4 / day
<i>oxybutynin chloride er (er 10 mg tablet, er 15 mg tablet)</i>	1	QL 2 / day
<i>oxybutynin cl er 5 mg tablet</i>	1	QL 1 / day
OXYTROL	3	QL 0.357 / day ST
<i>solifenacin succinate</i>	1	QL 1 / day
<i>tolterodine tartrate</i>	1	QL 2 / day
<i>tolterodine tartrate er</i>	1	QL 1 / day
TOVIAZ	3	QL 1 / day
<i>trospium chloride</i>	1	QL 2 / day
<i>trospium chloride er</i>	1	QL 1 / day
GOLD COMPOUNDS		
RIDAURA	2	
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
CETROTIDE	3	GL Female
		S
		PS
		PA
<i>ganirelix acetate</i>	3	GL Female
		S
		PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORGOVYX	3	QL 1.25 / day S PA
ORIAHNN	2	QL 2 / day AL At least 18 yrs old PA
ORILISSA 150 MG TABLET	2	QL 1 / day AL At least 18 yrs old PA
ORILISSA 200 MG TABLET	2	QL 2 / day AL At least 18 yrs old PA
GONADOTROPINS		
<i>chorionic gonad 10,000 unit v/l</i>	3	S PA
ELIGARD	3	S PA BSP BENEFIT SHIFT PROGRAM
FOLLISTIM AQ	3	S PA
GONAL-F	3	S PS PA
GONAL-F RFF	3	GL Female S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GONAL-F RFF REDI-JECT	3	GL Female S PS PA
<i>leuprolide 2wk 1 mg/0.2 ml kit</i>	1	S PA
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	S PA
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	3	S PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 11.25 MG 3MO KIT	3	S PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 3.75 MG KIT	3	S PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPO 11.25MG (LUPANETA)	3	S PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 3.75MG (LUPANETA)	3	S PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	3	S PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	3	S PA BSP BENEFIT SHIFT PROGRAM
MENOPUR	3	GL Female S PA
NOVAREL	3	S PA
OVIDREL	3	S PS PA
PREGNYL	3	S PA
SUPPRELIN LA	3	S PA BSP BENEFIT SHIFT PROGRAM
SYNAREL	3	S PA
VANTAS	3	S PA BSP BENEFIT SHIFT PROGRAM
ZOLADEX 10.8 MG IMPLANT SYRN	3	S PA BSP BENEFIT SHIFT PROGRAM
ZOLADEX 3.6 MG IMPLANT SYRN	3	S PS PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA	3	QL 1 / day S PS PA
HARVONI (33.75-150 MG PELLETT PK, 45-200 MG TABLET, 90-400 MG TABLET)	3	QL 1 / day S PS PA
HARVONI 45-200 MG PELLETT PACKET	3	QL 2 / day S PS PA
<i>ledipasvir-sofosbuvir</i>	3	QL 1 / day S PS PA
<i>sofosbuvir-velpatasvir</i>	3	QL 1 / day S PS PA
SOVALDI 200 MG PELLETT PACKET	3	QL 2 / day S PS PA
SOVALDI (150 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET)	3	QL 1 / day S PS PA

PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS	
VOSEVI	3	QL	1 / day	
		AL	At least 18 yrs old	
		S		
		PS		
		PA		
HCV PROTEASE INHIBITOR ANTIVIRALS				
MAVYRET	3	QL	3 / day	
		AL	At least 18 yrs old	
		S		
		PS		
		PA		
HCV REPLICATION COMPLEX INHIBITORS				
DAKLINZA	3	QL	1 / day	
		S		
		PA		
VIEKIRA PAK	3	QL	4 / day	
		S		
		PA		
ZEPATIER	3	QL	1 / day	
		S		
		PA		
HEAVY METAL ANTAGONISTS				
CHEMET	3			
CUPRIMINE	3	S		
		PA		
D-PENAMINE	2	S		
		PA		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferasirox (90 mg granule, 90 mg tablet, 125 mg tb for susp, 180 mg granule, 180 mg tablet, 250 mg tb for susp, 360 mg granule, 360 mg tablet, 500 mg tb for susp)</i>	1	S PA
<i>deferiprone</i>	1	S PA
DEPEN	2	S PA B4G SBA SELECT BRAND ALTERNATIVE
EXJADE	3	S PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	3	S PA
FERRIPROX (2 TIMES A DAY)	3	S PA
GALZIN	3	
JADENU	3	S PA
JADENU SPRINKLE	3	S PA
<i>penicillamine (250 mg capsule, 250 mg tablet)</i>	1	S PA
<i>trientine hcl</i>	1	S PA
WILZIN	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ALKINDI SPRINKLE	3	PA
BREZTRI AEROSPHERE	2	QL 0.36/day PR
<i>budesonide ec</i>	1	HCG
<i>budesonide er</i>	1	PA
<i>cortisone acetate</i>	1	HCG
DECADRON (0.5 MG TABLET, 0.5 MG/5 ML ELIXIR, 0.75 MG TABLET, 4 MG TABLET, 6 MG TABLET)	1	
DEPO-MEDROL	3	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
<i>dexamethasone acetate la</i>	1	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone acetate-sod phos</i>	1	BSP BENEFIT SHIFT PROGRAM
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syringe, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	1	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone-0.9% nacl</i>	1	BSP BENEFIT SHIFT PROGRAM
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	3	AL At least 2 yrs old S PA
ENTOCORT EC	3	
<i>fludrocortisone acetate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
INTRAROSA	3	QL 1 / day ST AL At least 18 yrs old
KENALOG-10	3	BSP BENEFIT SHIFT PROGRAM
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	
MEDROL 2 MG TABLET	2	
<i>methylprednisolone (4 mg dosepak, 4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
MILLIPRED	3	
MILLIPRED DP	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phos odt</i>	1	
<i>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)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
PREDNISONE INTENSOL	3	
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL, 1,000 MG ACT-O-VL)	3	BSP BENEFIT SHIFT PROGRAM
<i>triamcinolone acetonide (40 mg/ml vl, 40mg/ml vl, 50 mg/ml vl, 50mg/5ml vl, 100 mg/2 ml, 400 mg/10ml)</i>	1	BSP BENEFIT SHIFT PROGRAM
<i>triamcinolone diacetate (40 mg/ml, 80 mg/2ml, 80 mg/ml)</i>	1	BSP BENEFIT SHIFT PROGRAM
UCERIS 2 MG RECTAL FOAM	3	
VERIPRED 20	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANDROGENS		
ANADROL-50	3	GL Male
ANDRODERM	2	QL 1 / day
		GL Male
		PA
ANDROID	3	GL Male
		PA
		MVB MINIMAL VALUE BRAND
		SBA SELECT BRAND ALTERNATIVE
<i>danazol</i>	1	
<i>estrogen-methyltestosterone</i>	1	GL Female
METHITEST	3	GL Male
		PA
		MVB Minimal Value Brand
<i>methyltestosterone</i>	1	GL Male
		HCG
		MVG MINIMAL VALUE GENERIC
OXANDRIN	3	PA
<i>oxandrolone</i>	1	PA
STRIANT	3	GL Male
		PA
<i>testosterone 50 mg/5 gram gel</i>	1	QL 300 / 30 days
		GL Male
<i>testosterone (1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 50 mg/5 gram pkt)</i>	1	QL 5 / day
		GL Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>testosterone 12.5 mg/1.25 gram</i>	1	QL GL	10 / day Male
<i>testosterone 1% (25mg/2.5g) pk</i>	1	QL GL	2.5 / day Male
<i>testosterone cypionate (testosteron 1,000 mg/10 ml, testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/2.5 ml, testosterone 500 mg/5 ml, testosterone 1,000 mg/5 ml, testosterone 6,000 mg/30ml)</i>	1	GL	Male
<i>testosterone enanthate</i>	1	GL	Male
TESTRED	3	GL	Male
		PA	
		MVB	Minimal Value Brand
		SBA	SELECT BRAND ALTERNATIVE
CONTRACEPTIVES			
AFIRMELLE	1	GL HCR	Female
ALTAVERA	1	GL HCR	Female
ALYACEN	1	GL HCR	Female
AMETHIA	1	QL GL HCR	91 days Female
AMETHIA LO	1	QL GL HCR	91 days Female
AMETHYST	1	QL GL HCR	1 / day Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
APRI	1	GL Female HCR
ARANELLE	1	GL Female HCR
ASHLYNA	1	QL 91 days GL Female HCR
AUBRA	1	GL Female HCR
AUBRA EQ	1	GL Female HCR
AUROVELA	1	GL Female HCR
AUROVELA 24 FE	1	GL Female HCR
AUROVELA FE	1	GL Female HCR
AVIANE	1	GL Female HCR
AYUNA	1	GL Female HCR
AZURETTE	1	GL Female HCR
BALCOLTRA	3	GL Female
BALZIVA	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BEKYREE	1	GL Female HCR
BLISOVI 24 FE	1	GL Female HCR
BLISOVI FE	1	GL Female HCR
BRIELLYN	1	GL Female HCR
CAMILA	1	GL Female HCR
CAMRESE	1	QL 91 days GL Female HCR
CAMRESE LO	1	QL 91 days GL Female HCR
CAZIAN	1	GL Female HCR
CHARLOTTE 24 FE	1	GL Female HCR
CHATEAL	1	GL Female HCR
CHATEAL EQ	1	GL Female HCR
CRYSSELLE	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYCLAFEM	1	GL Female HCR
CYRED	1	GL Female HCR
CYRED EQ	1	GL Female HCR
DASETTA	1	GL Female HCR
DAYSEE	1	QL 91 days GL Female HCR
DEBLITANE	1	GL Female HCR
<i>desogestr-eth estrad eth estra</i>	1	GL Female HCR
<i>desogestrel-ethinyl estradiol</i>	1	GL Female HCR
<i>drosp-ee-levomef 3-0.02-0.451</i>	1	GL Female HCR HCG
<i>drosp-ee-levomef 3-0.03-0.451</i>	1	GL Female HCR
<i>drospirenone-ethinyl estradiol</i>	1	GL Female HCR
ELINEST	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELLA	3	QL 1 / day GL Female HCR
ELURYNG	1	GL Female HCR
EMOQUETTE	1	GL Female HCR
ENPRESSE	1	GL Female HCR
ENSKYCE	1	GL Female HCR
ERRIN	1	GL Female HCR
ESTARYLLA	1	GL Female HCR
<i>ethynodiol-ethinyl estradiol</i>	1	GL Female HCR
<i>etonogestrel-ethinyl estradiol</i>	1	GL Female HCR
FALMINA	1	GL Female HCR
FAYOSIM	1	QL 91 days GL Female HCR
FEMYNOR	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GEMMILY	1	GL Female HCR
GIANVI	1	GL Female HCR
HAILEY	1	GL Female HCR
HAILEY 24 FE	1	GL Female HCR
HAILEY FE	1	GL Female HCR
HEATHER	1	GL Female HCR
ICLEVIA	1	QL 91 days GL Female HCR
INCASSIA	1	GL Female HCR
INTROVALE	1	QL 91 days GL Female HCR
ISIBLOOM	1	GL Female HCR
JAIMIESS	1	QL 91 days GL Female HCR
JASMIEL	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENCYCLA	1	GL Female HCR
JOLESSA	1	QL 91 days GL Female HCR
JOLIVETTE	1	GL Female HCR
JULEBER	1	GL Female HCR
JUNEL	1	GL Female HCR
JUNEL FE	1	GL Female HCR
JUNEL FE 24	1	GL Female HCR
KAITLIB FE	1	GL Female HCR
KALLIGA	1	GL Female HCR
KARIVA	1	GL Female HCR
KELNOR 1-35	1	GL Female HCR
KELNOR 1-50	1	GL Female HCR
KURVELO	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KYLEENA	3	GL Female S HCR PS BSP BENEFIT SHIFT PROGRAM
LARIN	1	GL Female HCR
LARIN 24 FE	1	GL Female HCR
LARIN FE	1	GL Female HCR
LARISSIA	1	GL Female HCR
LAYOLIS FE	1	GL Female HCR
LEENA	1	GL Female HCR
LESSINA	1	GL Female HCR
LEVONEST	1	GL Female HCR
<i>levonorg-eth estrad eth estrad</i>	1	QL 91 days GL Female HCR
<i>levonorgestrel-eth estradiol</i>	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVORA-28	1	GL Female HCR
LILLOW	1	GL Female HCR
LO-ZUMANDIMINE	1	GL Female HCR
LOJAIMIESS	1	QL 91 days GL Female HCR
LORYNA	1	GL Female HCR
LOW-OGESTREL	1	GL Female HCR
LUTERA	1	GL Female HCR
LYLEQ	1	GL Female HCR
LYZA	1	GL Female HCR
MARLISSA	1	GL Female HCR
MELODETTA 24 FE	1	GL Female HCR HCG
MERZEE	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIBELAS 24 FE	1	GL Female HCR HCG
MICROGESTIN	1	GL Female HCR
MICROGESTIN 24 FE	1	GL Female HCR
MICROGESTIN FE	1	GL Female HCR
MILI	1	GL Female HCR
MIRENA	3	GL Female S HCR PS BSP BENEFIT SHIFT PROGRAM
MONO-LINYAH	1	GL Female HCR
MONONESSA	1	GL Female HCR
MYZILRA	1	GL Female HCR
NATAZIA	2	GL Female
NECON	1	GL Female HCR
NEXPLANON	3	S HCR BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIKKI	1	GL Female HCR
NORA-BE	1	GL Female HCR
<i>noreth-estradiol 1-0.02(24)-75</i>	1	GL Female HCR HCG MVG MINIMAL VALUE GENERIC
<i>norethin-eth estradiol-ferrous fumarate (noreth-estradiol 0.4-0.035(21)-75, noreth-estradiol 1-0.02(21)-75, norethin-estradiol 0.8-0.025 mg)</i>	1	GL Female HCR
<i>norethin-ee 1.5-0.03 mg(21) tb</i>	1	GL Female HCR
<i>norethindrone-eth estradiol 1-0.02 mg</i>	1	QL 1 / day GL Female HCR
<i>norethindrone</i>	1	GL Female HCR
<i>norethindrone-eth estradiol-ferrous fumarate</i>	1	GL Female HCR
<i>norgestimate-ethinyl estradiol</i>	1	GL Female HCR
NORLYDA	1	GL Female HCR
NORTREL	1	GL Female HCR
NUVARING	2	GL Female B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NYLIA	1	GL Female HCR
NYMYO	1	GL Female HCR
OCELLA	1	GL Female HCR
OGESTREL	1	GL Female HCR
ORSYTHIA	1	GL Female HCR
PARAGARD T 380-A	3	S HCR BSP BENEFIT SHIFT PROGRAM
PHILITH	1	GL Female HCR
PIMTREA	1	GL Female HCR
PIRMELLA	1	GL Female HCR
PORTIA	1	GL Female HCR
PREVIFEM	1	GL Female HCR
RECLIPSEN	1	GL Female HCR
RIVELSA	1	QL 91 days GL Female HCR HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SETLAKIN	1	QL 91 days GL Female HCR
SHAROBEL	1	GL Female HCR
SIMLIYA	1	GL Female HCR
SIMPESSE	1	QL 91 days GL Female HCR
SKYLA	3	GL Female S HCR PS BSP BENEFIT SHIFT PROGRAM
SPRINTEC	1	GL Female HCR
SRONYX	1	GL Female HCR
SYEDA	1	GL Female HCR
TARINA 24 FE	1	GL Female HCR
TARINA FE	1	GL Female HCR
TARINA FE 1-20 EQ	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAYTULLA	3	GL Female
TILIA FE	1	GL Female HCR
TRI FEMYNOR	1	GL Female HCR
TRI-ESTARYLLA	1	GL Female HCR
TRI-LEGEST FE	1	GL Female HCR
TRI-LINYAH	1	GL Female HCR
TRI-LO-ESTARYLLA	1	GL Female HCR
TRI-LO-MARZIA	1	GL Female HCR
TRI-LO-MILI	1	GL Female HCR
TRI-LO-SPRINTEC	1	GL Female HCR
TRI-MILI	1	GL Female HCR
TRI-NYMYO	1	GL Female HCR
TRI-PREVIFEM	1	GL Female HCR
TRI-SPRINTEC	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-VYLIBRA	1	GL Female HCR
TRI-VYLIBRA LO	1	GL Female HCR
TRIVORA-28	1	GL Female HCR
TULANA	1	GL Female HCR
TYBLUME	1	GL Female HCR
TYDEMY	1	GL Female HCR
VELIVET	1	GL Female HCR
VESTURA	1	GL Female HCR
VIENVA	1	GL Female HCR
VIORELE	1	GL Female HCR
VOLNEA	1	GL Female HCR
VYFEMLA	1	GL Female HCR
VYLIBRA	1	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WERA	1	GL Female HCR
WYMZYA FE	1	GL Female HCR HCG
XULANE	3	QL 0.12 / day GL Female HCR
ZAFEMY	1	QL 0.124 / day GL Female HCR
ZARAH	1	GL Female HCR
ZOVIA 1-35	1	GL Female HCR
ZOVIA 1-35E	1	GL Female HCR
ZUMANDIMINE	1	GL Female HCR
LEPTINS		
MYALEPT	3	S PA
PITUITARY		
DDAVP (0.01% NASAL SPRAY, 0.1 MG TABLET, 0.2 MG TABLET, 10 MCG/0.1 ML SOLUTION)	3	
<i>desmopressin acetate (0.01% solution, 0.01% spray, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOC DURNA	3	QL 1 / day PA
NORDITROPIN FLEXPPO	3	S PS PA
SEROSTIM	3	QL 1 / day S PA
STIMATE	3	S
ZORBTIVE	3	QL 1 / day S PA
PROGESTINS		
AYGESTIN	3	GL Female
CRINONE 4% GEL	3	GL Female
CRINONE 8% GEL	3	QL 2.5 / day GL Female
DEPO-PROVERA 150 MG/ML SYRINGE	3	QL 90 days GL Female
DEPO-PROVERA 150 MG/ML VIAL	3	GL Female
DEPO-PROVERA 400 MG/ML VIAL	3	
DEPO-SUBQ PROVERA 104	3	QL 90 days GL Female HCR PA
ENDOMETRIN	2	QL 3 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyprogesterone caproate (hydroxyprogest 250 mg/ml vial, hydroxyprogest 1,250 mg/5 ml, hydroxyprogesterone 1.25 g/5ml)</i>	1	GL Female S PS PA BSP BENEFIT SHIFT PROGRAM
MAKENA 275 MG/1.1 ML AUTOINJCT	3	GL Female S PS PA BSP BENEFIT SHIFT PROGRAM
MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)	3	GL Female S PS PA BSP BENEFIT SHIFT PROGRAM
<i>medroxyprogesterone 150 mg/ml</i>	1	QL 0.04 / day GL Female HCR
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	GL Female
MEGACE ES	3	GL Female
<i>megestrol acetate (acet 40 mg/ml susp, acet 400 mg/10 ml, 625 mg/5 ml susp)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	GL Female
<i>norethindrone acetate</i>	1	GL Female
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	GL Female
<i>progesterone 500 mg/10 ml vial</i>	1	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROVERA	3	GL Female
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
CATAPRES	3	PR SBA Select Brand Alternative
<i>clonidine (0.2 mg/day patch, 0.3 mg/day patch)</i>	1	QL 0.4 / day PR HCG
<i>clonidine 0.1 mg/day patch</i>	1	QL 0.15 / day PR HCG
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	PR
<i>clonidine hcl er</i>	1	QL 4 / day HCG
<i>guanfacine hcl</i>	1	PR
KAPVAY	3	QL 4 / day ST SBA Select Brand Alternative
<i>methyldopa</i>	1	PR
<i>methyldopa-hydrochlorothiazide</i>	1	PR
DIRECT VASODILATORS		
BIDIL	3	QL 6 / day PR
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	PR

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XULTOPHY 100-3.6	3	QL 0.5 / day PA
RAPID-ACTING INSULINS		
AFREZZA	3	QL 90 days PA
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL 90 days PR
HUMALOG 100 UNIT/ML VIAL	2	QL 90 days PR B4G
HUMALOG JUNIOR KWIKPEN	2	QL 90 days PR B4G
HUMALOG KWIKPEN U-100	2	QL 90 days PR B4G
HUMALOG KWIKPEN U-200	2	QL 90 days PR
HUMALOG MIX 50-50	2	QL 90 days PR
HUMALOG MIX 50-50 KWIKPEN	2	QL 90 days PR
HUMALOG MIX 75-25	2	QL 90 days PR
HUMALOG MIX 75-25 KWIKPEN	2	QL 90 days PR B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYUMJEV	2	QL 90 days PR
LYUMJEV KWIKPEN U-100	2	QL 90 days PR
LYUMJEV KWIKPEN U-200	2	QL 90 days PR
SHORT-ACTING INSULINS		
HUMULIN R	2	QL 90 days PR
HUMULIN R U-500	2	QL 90 days PR
HUMULIN R U-500 KWIKPEN	2	QL 90 days PR
ION-REMOVING AGENTS		
OTHER ION-REMOVING AGENTS		
RADIOGARDASE	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA	3	
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	3	
FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW)	3	SBA Select Brand Alternative
FOSRENOL 1,000 MG TABLET CHEW	3	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative
<i>lanthanum carb 1,000 mg tb chw</i>	1	HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew)</i>	1	
PHOSLYRA	3	
REVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET, 800 MG TABLET)	3	
<i>sevelamer 2.4 gm powder packet</i>	1	HCG
<i>sevelamer carbonate (0.8 gm powder packet, carbonate 800 mg tab)</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	3	
POTASSIUM-REMOVING AGENTS		
KIONEX	1	
LOKELMA	3	QL 1 / day
<i>sodium polystyrene sulfonate (sod polystyren 15 g/60 ml, sodium polystyrene powder)</i>	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	1	
VELTASSA	3	QL 1 / day
MACROLIDE ANTIBIOTICS		
ERYTHROMYCIN ANTIBIOTICS		
E.E.S. 200	3	SBA Select Brand Alternative
E.E.S. 400	3	
ERY-TAB	3	
ERYPED 200	2	
ERYPED 400	3	SBA Select Brand Alternative
ERYTHROCIN STEARATE	3	
<i>erythromycin (250 mg filmtab, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg filmtab, dr 500 mg tablet)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTHER MACROLIDE ANTIBIOTICS		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg tablet, 600 mg tablet)</i>	1	
<i>azithromycin 250 mg tablet</i>	1	QL 6 / 5 days
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	1	
<i>clarithromycin er</i>	1	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	3	PA
ZITHROMAX 100 MG/5 ML SUSP	3	QL 30 / fill
ZITHROMAX 200 MG/5 ML SUSP	3	QL 60 / fill
ZITHROMAX (1 GM POWDER PACKET, 250 MG Z-PAK TABLET)	3	
ZITHROMAX 250 MG TABLET	3	QL 6 / 5 days
ZITHROMAX 500 MG TABLET	3	QL 5 / fill
ZITHROMAX TRI-PAK	3	
MISC. BETA-LACTAM ANTIBIOTICS		
CARBAPENEM ANTIBIOTICS		
INVANZ	3	BSP BENEFIT SHIFT PROGRAM SBA Select Brand Alternative
MONOBACTAM ANTIBIOTICS		
CAYSTON	3	S PA
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	QL 1 / day GL Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dutasteride-tamsulosin</i>	1	QL 1 / day GL Male
<i>finasteride 5 mg tablet</i>	1	QL 1 / day GL Male
JALYN	3	QL 1 / day GL Male SBA Select Brand Alternative
PROSCAR	3	QL 1 / day GL Male
ALCOHOL DETERRENTS		
ANTABUSE	3	
<i>disulfiram</i>	1	
ANTIDOTES		
DUODOTE	3	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>pralidoxime chloride</i>	1	
VISTOGARD	3	S
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	1	QL 3 / day
<i>allopurinol 300 mg tablet</i>	1	QL 2 / day
<i>colchicine 0.6 mg capsule</i>	1	QL 2 / day
<i>colchicine 0.6 mg tablet</i>	1	QL 4 / day
<i>febuxostat</i>	1	QL 1 / day ST
ULORIC	3	QL 1 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYLOPRIM 100 MG TABLET	3	QL 3 / day
ZYLOPRIM 300 MG TABLET	3	QL 2 / day SBA Select Brand Alternative
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI	3	S PA
BONE RESORPTION INHIBITORS		
ACTONEL 150 MG TABLET	3	QL 0.04 / day PR
ACTONEL 35 MG TABLET	3	QL 0.15 / day PR
ACTONEL 5 MG TABLET	3	QL 1 / day PR
<i>alendronate sod 70 mg/75 ml</i>	1	QL 12.5 / day PR
<i>alendronate sodium (35 mg tab, 40 mg tab, 70 mg tab)</i>	1	QL .15 / day PR
<i>alendronate sodium (5 mg tablet, 10 mg tab)</i>	1	QL 1 / day PR
ATELVIA	3	QL 0.15 / day ST PR
BINOSTO	3	QL .15 / day PR
BONIVA 150 MG TABLET	3	QL 0.04 / day PR SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etidronate disodium</i>	1	PR
FOSAMAX	3	QL .15 / day PR
FOSAMAX PLUS D	3	QL 0.15 / day PR
<i>ibandronate sodium 150 mg tab</i>	1	QL 0.04 / day PR
PROLIA	3	QL 0.13 / day S PA BSP BENEFIT SHIFT PROGRAM
<i>risedronate sodium 150 mg tab</i>	1	QL 0.04 / day PR HCG
<i>risedronate sodium 30 mg tab</i>	1	
<i>risedronate sodium 35 mg tab</i>	1	QL 0.15 / day PR
<i>risedronate sodium 5 mg tablet</i>	1	QL 1 / day
<i>risedronate sodium dr</i>	1	HCG
XGEVA	3	QL 0.07 / day S PA BSP BENEFIT SHIFT PROGRAM
<i>zoledronic acid (4 mg vial, 4 mg/100 ml, 4 mg/5 ml vial, 5 mg/100 ml)</i>	1	S PR BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
KEVEYIS	3	QL 4 / day S PA
CARIOSTATIC AGENTS		
DENTA 5000 PLUS	1	
DENTAGEL	1	
FLUORABON	3	
<i>fluoride</i>	1	HCR
FLUORITAB	1	HCR
FLURA-DROPS	3	HCR
LUDENT FLUORIDE	1	HCR
PREVIDENT 1.1% GEL	3	SBA Select Brand Alternative
PREVIDENT (0.2% RINSE, 5000 BOOSTER PLUS, DENTAL RINSE)	3	
PREVIDENT 5000	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	SBA Select Brand Alternative
PREVIDENT 5000 SENSITIVE	3	
SF	1	
SF 5000 PLUS	1	
<i>sodium fluoride (1.1% cream, 5000 ppm cream, 5000 ppm paste)</i>	1	
<i>sodium fluoride (0.5 mg(1.1 mg), 0.5 mg/ml drop, 1 mg (2.2 mg))</i>	1	HCR
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>	1	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM FLUORIDE 5000 DRY MOUTH	1	
<i>sodium fluoride enamel protect</i>	1	
<i>sodium fluoride sensitive</i>	1	
COMPLEMENT INHIBITORS		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	3	S PA
CINRYZE	3	S PA
FIRAZYR	3	S PA
HAEGARDA	3	QL 1.25 / day S PA
<i>icatibant</i>	1	S PA
KALBITOR	3	S PA BSP BENEFIT SHIFT PROGRAM
ORLADEYO	3	QL 1 / day S PA
RUCONEST	3	QL 0.87 / day S PA
SOLIRIS	3	S PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAKHZYRO	3	QL 0.144 / day S PA
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE	3	QL 0.15 / day S PS PA PS2 Preferred 2nd line
ACTEMRA 200 MG/10 ML VIAL	3	QL 0.36/day S PS PA BSP BENEFIT SHIFT PROGRAM PS2 Preferred 2nd line
ACTEMRA 400 MG/20 ML VIAL	3	QL 1.5 / day S PS PA BSP BENEFIT SHIFT PROGRAM PS2 Preferred 2nd line
ACTEMRA 80 MG/4 ML VIAL	3	QL 0.15 / day S PS PA BSP BENEFIT SHIFT PROGRAM PS2 Preferred 2nd line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA ACTPEN	3	QL 0.15 / day
		S
		PS
		PA
		PS2 Preferred 2nd line
ARAVA	3	
AVSOLA	3	QL 10 / 30 days
		S
		PS
		PA
		BSP BENEFIT SHIFT PROGRAM
CIMZIA (2X200 MG/ML SYRINGE KIT, 200 MG VIAL KIT)	3	QL 0.08 / day
		S
		PS
		PA
		PS1 Preferred 1st line
CIMZIA 2X200 MG/ML(X3)START KT	3	QL 3/ fill
		S
		PS
		PA
		PS1 Preferred 1st line
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	3	QL 0.29 / day
		S
		PA
ENBREL MINI	3	QL 0.15 / day
		S
		PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL SURECLICK	3	QL 0.15 / day S PA
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	3	QL 0.22 / day S PS PA PS1 Preferred 1st line
HUMIRA 10 MG/0.2 ML SYRINGE	3	QL 0.15 / day S PS PA PS1 Preferred 1st line
HUMIRA PEDIATRIC CROHN'S	3	QL 0.22 / day S PS PA PS1 Preferred 1st line
HUMIRA PEN	3	QL 0.22 / day S PS PA PS1 Preferred 1st line
HUMIRA PEN CROHN'S-UC-HS	3	QL 0.22 / day S PS PA PS1 Preferred 1st line

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INFLECTRA	3	QL 0.5 / day S PS PA BSP BENEFIT SHIFT PROGRAM PS1 Preferred 1st line
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	3	QL 0.1 / day AL At least 18 yrs old S PA
KINERET	3	QL 10 / day S PA
<i>leflunomide</i>	1	
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	3	QL 0.15 / day S PS PA PS2 Preferred 2nd line
ORENCIA 250 MG VIAL	3	QL 0.15 / day S PS PA BSP BENEFIT SHIFT PROGRAM PS2 Preferred 2nd line
ORENCIA CLICKJECT	3	QL 0.15 / day S PS PA PS2 Preferred 2nd line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	3	QL 2 / day
		S
		PS
		PA
		PS1 Preferred 1st line
RENFLEXIS	3	QL 10 / 30 days
		S
		PS
		PA
		BSP BENEFIT SHIFT PROGRAM
		PS1 Preferred 1st line
RINVOQ	3	QL 1 / day
		S
		PS
		PA
		PS1 Preferred 1st line
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	3	QL 0.04 / day
		S
		PS
		PA
		PS1 Preferred 1st line
SIMPONI ARIA	3	QL 1.5 / day
		S
		PS
		PA
		BSP BENEFIT SHIFT PROGRAM
		PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ 1 MG/ML SOLUTION	3	QL 10 / day
		S
		PS
		PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	3	QL 2 / day
		S
		PS
		PA
		PS1 Preferred 1st line
XELJANZ XR	3	QL 1 / day
		S
		PS
		PA
		PS1 Preferred 1st line
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	3	S
		PA
AUBAGIO	3	QL 1 / day
		S
		PR
		PA
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	3	QL 0.15 / day
		S
		PR
		PS
		PA
AVONEX PEN	3	QL 0.15 / day
		S
		PR
		PS
		PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	3	QL 0.5 / day S PR PS PA
COPAXONE 20 MG/ML SYRINGE	3	QL 1 / day S PS PA B4G
COPAXONE 40 MG/ML SYRINGE	3	QL 0.434 / day S PS PA B4G
ENSPRYNG	3	QL 0.11 / day S PA
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	3	QL 0.5 / day S PR PA
GILENYA 0.25 MG CAPSULE	3	QL 2 / day S PR PS PA
GILENYA 0.5 MG CAPSULE	3	QL 1 / day S PR PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glatiramer 20 mg/ml syringe</i>	3	QL 1 / day S PS PA
<i>glatiramer 40 mg/ml syringe</i>	3	QL 0.434 / day S PS PA
GLATOPA 20 MG/ML SYRINGE	3	QL 1 / day S PA
GLATOPA 40 MG/ML SYRINGE	3	QL 0.434 / day S PA
KESIMPTA PEN	3	QL 0.057 / day S PS PA
MAYZENT 0.25 MG STARTER PACK	3	QL 2.5 / day S PS PA
MAYZENT 0.25 MG TABLET	3	QL 120 / 30 days S PS PA
MAYZENT 2 MG TABLET	3	QL 1 / day S PS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEGRIDY 125 MCG/0.5 ML SYRING	3	QL 0.04 / day S PS PA
PLEGRIDY SYRINGE STARTER PACK	3	QL 1 / lifetime S PS PA
PLEGRIDY 125 MCG/0.5 ML PEN	3	QL 0.04 / day S PS PA
PLEGRIDY PEN INJ STARTER PACK	3	QL 1 / lifetime S PS PA
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	3	QL 0.22 / day S PR PA
REBIF TITRATION PACK	3	QL 4.2 / 365 days S PR PA
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	3	QL 0.22 / day S PR PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE TITRATION PACK	3	QL 4.2 / 365 days S PR PA
TECFIDERA	3	QL 2 / day S PR PS PA B4G
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	3	QL 2 / day S PA
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	3	QL 1 / day S PA
TYSABRI	3	QL 0.6 / day S PA BSP BENEFIT SHIFT PROGRAM
VUMERITY	3	QL 4 / day S PR PS PA
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAPSULE	3	QL 15 / day S PR NTI PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASTAGRAF XL 1 MG CAPSULE	3	QL 30 / day
		S
		PR
		NTI
		PA
ASTAGRAF XL 5 MG CAPSULE	3	QL 6 / day
		S
		PR
		NTI
		PA
AZASAN 100 MG TABLET	3	PR
AZASAN 75 MG TABLET	3	PR
		MVB Minimal Value Brand
<i>azathioprine</i>	1	PR
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	3	S
		PA
BENLYSTA 120 MG VIAL	3	QL 0.25 / day
		S
		PA
		BSP BENEFIT SHIFT PROGRAM
BENLYSTA 400 MG VIAL	3	QL 0.334 / day
		S
		PA
		BSP BENEFIT SHIFT PROGRAM
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	3	S
		PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	S PR NTI
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1	S PR NTI
ENVARUSUS XR	3	QL 1 / day S NTI PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	1	S PR PA
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	1	S PR NTI
IMURAN	3	PR
MAVENCLAD	3	QL 20 / 30 days S PA
<i>mycophenolate 200 mg/ml susp</i>	1	S
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	1	S PR
<i>mycophenolic acid</i>	1	S PR
MYFORTIC	3	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	3	S PR NTI
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	2	S PR NTI
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	2	S PR NTI
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	3	S PR
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	3	S PR NTI
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	S PR
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	1	S PR NTI
ZORTRESS	3	S PR PA
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>alpha lipoic acid 100 mg cap</i>	1	
AMPYRA	3	QL 2 / day S PR PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARCALYST	3	S PA
BOTOX	3	S PA BSP BENEFIT SHIFT PROGRAM
BOTOX COSMETIC	3	S PA BSP BENEFIT SHIFT PROGRAM
CARDIOVID PLUS	3	
CERDELGA	3	S PA
<i>citrus bioflavonoids</i>	3	
CYSTADANE	3	S
CYSTAGON 150 MG CAPSULE	3	QL 13 / day S PA
CYSTAGON 50 MG CAPSULE	3	QL 40/ day S PA
<i>dalfampridine er</i>	1	QL 2 / day S PR PA
DEMSEER	3	PR
DYSPORE	3	S PS PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVRYSDI	3	QL 6.67 / day S PA
FIRDAPSE	3	S PR PA
GALAFOLD	3	S PA
ISTURISA 1 MG TABLET	3	QL 8 / day S PA
ISTURISA 10 MG TABLET	3	QL 6 / day S PA
ISTURISA 5 MG TABLET	3	QL 2 / day S PA
JEUVEAU	3	S PA BSP BENEFIT SHIFT PROGRAM
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	3	S PA
<i>levocarnitine (1 g/10 ml soln, 330 mg tablet)</i>	1	
<i>levocarnitine sf</i>	1	
<i>melatonin-vit b6 3-10 mg tab</i>	1	
<i>methylene blue powder</i>	3	
<i>metirosine</i>	1	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIDNITE FOR MENOPAUSE	3	
MIDNITE MENOPAUSE	3	
MIDNITE PM	3	
<i>miglustat</i>	1	S PA
<i>nitisinone</i>	1	S PA
NITYR	3	S PA
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	3	S PA
POTABA	3	
PROCYSBI DR 25 MG CAPSULE	3	QL 4 / day S PA
PROCYSBI DR 75 MG CAPSULE	3	QL 72 / day S PA
PROCYSBI (DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	3	S PA
RHEUMATE	3	
RUZURGI	3	QL 1 / day S PR PA
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	1	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIOLA	3	S PA
THIOLA EC	3	S PA
TYBOST	3	S
VASCULERA	3	
XURIDEN	3	S
ZAVESCA	3	S PA
ZOKINVY 50 MG CAPSULE	3	QL 6 / day S PA
ZOKINVY 75 MG CAPSULE	3	QL 4 / day S PA
PROTECTIVE AGENTS		
ELMIRON	2	QL 3 / day PA
MESNEX 400 MG TABLET	3	S
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib (50 mg capsule, 200 mg capsule)</i>	1	QL 2 / day
<i>celecoxib 100 mg capsule</i>	1	QL 3 / day
<i>celecoxib 400 mg capsule</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
ANAPROX DS	3	MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
CATAFLAM	1	
DAYPRO	3	
<i>diclofenac epolamine</i>	1	QL 2 / day HCG
<i>diclofenac potassium</i>	1	
<i>diclofenac 1.5% topical soln</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>diclofenac sodium 1% gel</i>	1	QL 1000/ 30 days ST
<i>diclofenac sod dr 25 mg tab</i>	1	HCG
<i>diclofenac sodium (dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium-misoprostol</i>	1	
<i>diflunisal</i>	1	
EC-NAPROSYN	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>ec-naproxen</i>	3	MVB Minimal Value Brand SBA SELECT BRAND ALTERNATIVE
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	1	
<i>etodolac er (er 400 mg tablet, er 600 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etodolac er 500 mg tablet</i>	1	HCG MVG MINIMAL VALUE GENERIC
FELDENE	3	
<i>fenoprofen 400 mg capsule</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>fenoprofen 600 mg tablet</i>	1	
FENORTHO	3	MVB MINIMAL VALUE BRAND
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen 100 mg/5 ml susp</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
INDOCIN 25 MG/5 ML SUSPENSION	3	QL 6 / day PA
INDOCIN 50 MG SUPPOSITORY	3	QL 4 / day PA
<i>indomethacin 25 mg capsule</i>	1	
<i>indomethacin 50 mg capsule</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen er 200 mg capsule</i>	1	HCG
<i>ketoprofen (25 mg capsule, 75 mg capsule)</i>	1	
<i>ketoprofen 50 mg capsule</i>	1	HCG
<i>ketorolac 30 mg/ml carpupject</i>	1	QL 20 / 30 days BSP BENEFIT SHIFT PROGRAM
<i>ketorolac tromethamine (15 mg/ml carpupject, 15 mg/ml isecure syr, 15 mg/ml syringe, 15 mg/ml vial)</i>	1	QL 40 / 23 days BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketorolac tromethamine (60 mg/2 ml carpject, 60 mg/2 ml vial)</i>	1	QL 20 / 30 days
<i>ketorolac 60 mg/2 ml syringe</i>	1	QL 20 / 30 days
<i>ketorolac tromethamine (30 mg/ml isecure syr, 30 mg/ml syringe)</i>	1	QL 20 / 23 days BSP BENEFIT SHIFT PROGRAM
<i>ketorolac 10 mg tablet</i>	1	QL 21 / fill
<i>ketorolac 30 mg/ml vial</i>	1	QL 20 / 23 days BSP BENEFIT SHIFT PROGRAM
<i>ketorolac 300 mg/10 ml vial</i>	1	QL 20 / 30 days BSP BENEFIT SHIFT PROGRAM
LODINE	3	
<i>meclofenamate sodium</i>	1	HCG
<i>mefenamic acid</i>	1	QL 5 / day HCG MVG MINIMAL VALUE GENERIC
<i>meloxicam (5 mg capsule, 10 mg capsule)</i>	1	QL 1 / day AL At least 18 yrs old
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	QL 1 / day
<i>nabumetone</i>	1	
NAPRELAN (CR 375 MG TABLET, CR 500 MG TABLET)	3	SBA Select Brand Alternative
NAPRELAN CR 750 MG TABLET	3	QL 1 / day MVB MINIMAL VALUE BRAND
NAPROSYN 125 MG/5 ML SUSPEN	3	MVB MINIMAL VALUE BRAND SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NAPROSYN 500 MG TABLET	3	MVB Minimal Value Brand SBA Select Brand Alternative
<i>naproxen 125 mg/5 ml suspen</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>naproxen (250 mg tablet, dr 375 mg tablet, dr 500 mg tablet)</i>	1	
<i>naproxen (375 mg tablet, 500 mg kit, 500 mg tablet)</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>naproxen sod cr 750 mg tablet</i>	3	
<i>naproxen sodium cr (cr 375 mg tablet, cr 500 mg tablet)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>naproxen sod er 375 mg tablet</i>	1	
<i>naproxen sod er 500 mg tablet</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>oxaprozin</i>	1	HCG
<i>piroxicam</i>	1	AL Up to 75 yrs old
<i>sulindac</i>	1	
<i>tolmetin sodium 400 mg cap</i>	1	HCG
<i>tolmetin sodium (200 mg tab, 600 mg tab)</i>	1	
VIVLODEX 10 MG CAPSULE	3	QL 1 / day AL At least 18 yrs old PA MVB Minimal Value Brand
VIVLODEX 5 MG CAPSULE	3	QL 1 / day AL At least 18 yrs old PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOLTAREN-XR	3	SBA Select Brand Alternative
SALICYLATES		
<i>butalbital-aspirin-cafeine (butalb-aspirin-caffe 50-325-40, butalbital-asa-cafeine cap)</i>	1	QL 6 / day
		QL 1 / day
DURLAZA	3	PA MVB MINIMAL VALUE BRAND
FIORINAL	3	QL 6 / day SBA Select Brand Alternative
GOODY'S EXTRA STRENGTH	3	
<i>salsalate</i>	1	
OXYTOCICS		
METHERGINE	1	QL 6 / day
<i>methylergonovine 0.2 mg tablet</i>	1	QL 6 / day
MIFEPREX	3	
<i>mifepristone</i>	1	
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin-salmon</i>	1	QL 0.13 / day PR
<i>cinacalcet hcl</i>	1	QL 2 / day S PA
MIACALCIN	3	S PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARATHYROID AGENTS		
FORTEO	3	S PR PA
NATPARA	3	S PA
<i>teriparatide</i>	1	S PR PA
TYMLOS	3	QL 1.60 / day AL At least 18 yrs old S PA
PENICILLIN ANTIBIOTICS		
AMINOPENICILLIN ANTIBIOTICS		
<i>amoxicillin (125 mg tab chew, 250 mg tab chew, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)</i>	1	
<i>amoxicillin (125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 400 mg/5 ml susp, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate pot er</i>	1	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1	
<i>ampicillin trihydrate</i>	1	
AUGMENTIN (125-31.25 MG/5 ML, 250-62.5 MG/5 ML, 500-125 TABLET, 875-125 TABLET)	3	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOXATAG	3	
NATURAL PENICILLIN ANTIBIOTICS		
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>penicillin g procaine</i>	1	
<i>penicillin v potassium (250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	
<i>penicillin vk 125 mg/5 ml soln</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250 mg capsule</i>	1	
<i>dicloxacillin 500 mg capsule</i>	1	
PHARMACEUTICAL AIDS		
<i>eucalyptol</i>	1	
<i>sassafras oil</i>	1	
SHINGRIX ADJUVANT COMPONENT	2	AL HCR At least 50 yrs old
<i>spearmint oil</i>	1	
RADIOACTIVE AGENTS		
<i>sodium iodide i-123</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	3	QL PR SBA 1 / day Select Brand Alternative
ATACAND HCT 16-12.5 MG TAB	3	QL PR SBA 2 / day Select Brand Alternative

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1	QL 2 / day PR
<i>losartan potassium 100 mg tab</i>	1	QL 1 / day PR
<i>losartan-hctz 50-12.5 mg tab</i>	1	QL 2 / day PR
<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	1	QL 1 / day PR
<i>olmesartan medoxomil</i>	1	QL 3 / day PR
<i>olmesartan-amlodipine-hctz</i>	1	QL 1 / day PR
<i>olmesartan-hydrochlorothiazide</i>	1	QL 1 / day PR
<i>telmisartan</i>	1	QL 1 / day PR
<i>telmisartan-amlodipine</i>	1	QL 1 / day PR
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL 2 / day PR
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1	QL 1 / day PR
TWYNSTA	3	QL 1 / day PR
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QL 2 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan 320 mg tablet</i>	1	QL 1 / day PR
<i>valsartan-hydrochlorothiazide (320-12.5 mg tab, 320-25 mg tab)</i>	1	QL 1 / day PR
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab)</i>	1	QL 2 / day PR
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	3	QL 2 / day PR
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	3	QL 2 / day PR
ACCURETIC 20-25 MG TABLET	3	QL 1 / day PR
<i>benazepril hcl (10 mg tablet, 40 mg tablet)</i>	1	QL 2 / day PR
<i>benazepril hcl 20 mg tablet</i>	1	QL 4 / day PR
<i>benazepril hcl 5 mg tablet</i>	1	QL 3 / day PR
<i>benazepril-hydrochlorothiazide</i>	1	QL 1 / day PR HCG
<i>captopril</i>	1	QL 4 / day PR HCG
<i>captopril-hydrochlorothiazide</i>	1	QL 2 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate</i>	1	QL 2 / day PR
<i>enalapril-hctz 10-25 mg tablet</i>	1	QL 2 / day PR
<i>enalapril-hctz 5-12.5 mg tab</i>	1	PR
EPANED	3	QL 5 / day PR
<i>fosinopril sodium</i>	1	QL 2 / day PR
<i>fosinopril-hydrochlorothiazide</i>	1	QL 2 / day PR
<i>lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QL 1 / day PR
<i>lisinopril (5 mg tablet, 30 mg tablet)</i>	1	QL 1 / day PR
<i>lisinopril 40 mg tablet</i>	1	QL 2 / day PR
<i>lisinopril-hctz 20-25 mg tab</i>	1	QL 2 / day PR
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	QL 2 / day PR
LOTENSIN (10 MG TABLET, 40 MG TABLET)	3	QL 2 / day PR
LOTENSIN 20 MG TABLET	3	QL 4 / day PR
LOTENSIN HCT	3	QL 1 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>moexipril hcl</i>	1	QL 1 / day PR
<i>perindopril erbumine</i>	1	QL 1 / day PR
PRESTALIA	3	QL 1 / day ST
QBRELIS	3	QL 40/ day
<i>quinapril hcl</i>	1	QL 2 / day PR
<i>quinapril-hctz 20-25 mg tab</i>	1	QL 1 / day PR
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	QL 2 / day PR
<i>ramipril</i>	1	QL 2 / day PR
TARKA	3	QL 1 / day PR SBA Select Brand Alternative
<i>trandolapril</i>	1	QL 2 / day PR
<i>trandolapril-verapamil er</i>	1	PR
VASERETIC	3	QL 2 / day PR
VASOTEC	3	QL 2 / day PR SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZESTORETIC	3	QL 2 / day PR
MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS		
ALDACTAZIDE	3	PR
ALDACTONE	3	PR SBA Select Brand Alternative
CAROSPIR	2	PA MVB MINIMAL VALUE BRAND
<i>eplerenone</i>	1	PR HCG
INSPIRA 25 MG TABLET	3	PR SBA SELECT BRAND ALTERNATIVE
INSPIRA 50 MG TABLET	3	PR
<i>spironolactone</i>	1	PR
<i>spironolactone-hctz</i>	1	PR
RENIN INHIBITORS		
<i>aliskiren</i>	1	QL 1 / day PR
TEKTURNA	3	QL 1 / day PR
TEKTURNA HCT	3	QL 1 / day PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	3	QL 9 / day S PA
ESBRIET 801 MG TABLET	3	QL 3 / day S PA
OFEV	3	QL 2 / day S PA
ANTITUSSIVES		
<i>benzonatate (100 mg capsule, perle 100 mg cap)</i>	1	AL At least 10 yrs old
<i>benzonatate (150 mg capsule, 200 mg capsule)</i>	1	AL At least 10 yrs old HCG
BROMFED DM	1	AL At least 2 yrs old
<i>brompheniramine-pseudoephed-dm</i>	1	AL At least 2 yrs old
<i>codeine-guaifenesin</i>	1	QL 60 / day AL At least 6 yrs old
CORICIDIN HBP COUGH AND COLD	3	
<i>guaifenesin-codeine</i>	1	QL 60 / day AL At least 6 yrs old
HYCODAN	3	QL 30 / day AL At least 18 yrs old
<i>hydrocod-cpm-pseudoephedrine</i>	1	QL 20 / day AL At least 18 yrs old HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-chlorpheniramine er</i>	1	QL 10 / day AL At least 6 yrs old
<i>hydrocodone-guaifenesin</i>	1	QL 60 / day AL At least 18 yrs old
<i>hydrocodone-homatropine mbr (soln, syrup)</i>	1	QL 30 / day AL At least 2 yrs old
<i>hydrocodone-homatropine 5-1.5</i>	1	QL 6 / day AL At least 6 yrs old HCG
HYDROMET	1	QL 30 / day AL At least 18 yrs old
NEOTUSS PLUS	3	
NIVA-HIST DM	1	
OBREDON	3	QL 60 / day AL At least 18 yrs old MVB Minimal Value Brand SBA Select Brand Alternative
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	AL At least 2 yrs old
<i>promethazine-phenyleph-codeine</i>	1	QL 30 / day AL At least 6 yrs old
TESSALON PERLE	3	AL At least 11 yrs old SBA SELECT BRAND ALTERNATIVE
TUSNEL CAPLET	3	
TUSNEL DM PEDIATRIC DROPS	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUSSICAPS	3	QL 6 / day AL At least 6 yrs old MVB MINIMAL VALUE BRAND
TUSSIONEX	3	QL 10 / day AL At least 18 yrs old MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
TUXARIN ER	3	QL 2 / day AL At least 18 yrs old
TUZISTRA XR	3	QL 20 / day AL At least 18 yrs old MVB Minimal Value Brand
ZODRYL DAC 50	3	
ZODRYL DAC 60	3	
ZODRYL DAC 80	3	
ZODRYL DEC 50	3	
ZODRYL DEC 60	3	
ZODRYL DEC 80	3	
EXPECTORANTS		
GILPHEX TR	3	
GILTUSS TR	3	
TUSNEL PEDIATRIC DROPS	3	
TUSSI-PRES PEDIATRIC LIQUID	3	
TUSSLIN PEDIATRIC DROPS	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MUCOLYTIC AGENTS		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	
PULMOZYME	3	QL 5 / day S PA
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP	3	QL 1 / day PA
PULMONARY SURFACTANTS		
CUROSURF	3	
INFASURF	3	
SURVANTA	3	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP	3	S PA BSP BENEFIT SHIFT PROGRAM
GLASSIA	3	S PA BSP BENEFIT SHIFT PROGRAM
PROLASTIN C	3	S PA BSP BENEFIT SHIFT PROGRAM
XOLAIR 150 MG/ML SYRINGE	3	QL 0.15 / day AL At least 6 yrs old S PS PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
XOLAIR 75 MG/0.5 ML SYRINGE	3	QL	0.04 / day
		AL	At least 6 yrs old
		S	
		PS	
		PA	
		BSP	BENEFIT SHIFT PROGRAM
XOLAIR 150 MG/1.2 ML POWDER VL	3	QL	0.22 / day
		AL	At least 6 yrs old
		S	
		PS	
		PA	
		BSP	BENEFIT SHIFT PROGRAM
ZEMAIRA	3	S	
		PA	
		BSP	BENEFIT SHIFT PROGRAM
VASODILATING AGENTS (RESPIRATORY TRACT)			
ADEMPAS	3	QL	3 / day
		S	
		PA	
ambrisentan	1	QL	1 / day
		S	
		PA	
bosentan	3	QL	2 / day
		S	
		PA	
FLOLAN	3	S	
		PA	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LETAIRIS	3	QL 1 / day S PA
OPSUMIT	3	QL 1 / day S PA
ORENITRAM ER	3	QL 3 / day S PA
REMODULIN	3	S PA
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	3	QL 2 / day S PA
<i>treprostinil</i>	1	S PA
TYVASO	3	QL 1 / day S PA
TYVASO INSTITUTIONAL START KIT	3	QL 1 / day S PA
TYVASO REFILL KIT	3	QL 3 / day S PA
TYVASO STARTER KIT	3	QL 3 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 200-800 TITRATION PACK	3	AL S PA At least 18 yrs old
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	3	QL AL S PA 2 / day At least 18 yrs old
VELETRI	3	S PA
VENTAVIS	3	QL S PA 9 / day
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
<i>carisoprodol 250 mg tablet</i>	1	HCG
<i>carisoprodol 350 mg tablet</i>	1	
<i>carisoprodol compound</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	QL 21 / day
<i>chlorzoxazone (375 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>chlorzoxazone 250 mg tablet</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>cyclobenzaprine 10 mg tablet</i>	1	
<i>cyclobenzaprine 5 mg tablet</i>	1	
<i>cyclobenzaprine 7.5 mg tablet</i>	1	HCG
<i>cyclobenzaprine hcl er</i>	1	HCG

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
FEXMID	3	MVB	Minimal Value Brand
		SBA	SELECT BRAND ALTERNATIVE
LORZONE	3		
METAXALL	1		
<i>metaxalone</i>	1	HCG	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1		
ROBAXIN-750	3	SBA	Select Brand Alternative
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	1	HCG	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1		
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS			
DANTRIUM (25 MG CAPSULE, 50 MG CAPSULE)	3		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	HCG	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT			
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1		
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS			
<i>orphenadrine citrate er</i>	1		
<i>orphenadrine-aspirin-caffeine</i>	1		
SKIN AND MUCOUS MEMBRANE AGENTS			
ANTIPRURITICS AND LOCAL ANESTHETICS			
ANACAINE	3		
ANASTIA	3		
<i>ethyl chloride</i>	1		
<i>lidocaine 5% patch</i>	1	QL	3 / day
<i>lidocaine 5% ointment</i>	1		
<i>lidocaine hcl 3% lotion</i>	1	HCG	
		MVG	MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl (3% cream, hcl 4% solution)</i>	1	
<i>lidocaine-hc 2.8-0.55% gel</i>	1	
<i>lidocaine-prilocaine</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>lidocaine-tetracaine</i>	3	HCG MVG MINIMAL VALUE GENERIC
LIDODOSE	2	QL 1 / day PA
LIDOPIN 3% CREAM	1	
LIDOPRIL	1	
LIDTOPIC MAX	3	
NUMBONEX	3	
<i>phenazopyridine hcl</i>	1	
PLIAGLIS	3	MVB Minimal Value Brand
PONTOCAINE	3	
<i>pramoxine hcl</i>	1	
PRE-ATTACHED LTA KIT	3	
PRIKAAN	1	HCG MVG MINIMAL VALUE GENERIC
PRIKAAN LITE	1	
PRUDOXIN	3	QL 49 / fill PA MVB MINIMAL VALUE BRAND
PYRIDIUM 100 MG TABLET	3	
PYRIDIUM 200 MG TABLET	3	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RADIAGUARD	3	
SYNERA	3	MVB Minimal Value Brand
WAL-DRYL 2%-0.1% CREAM	1	
ZONALON	3	QL 49 / fill PA
ASTRINGENTS		
DRYSOL	3	
CVS MEDICATED PADS	1	
XERAC AC	3	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO	3	QL 1.5 / day PA
ATRALIN	3	QL 1.5 / day PA
REFISSA	3	
REGRANEX	3	QL 1 / day
RENOVA	3	MVB Minimal Value Brand
RENOVA PUMP	3	MVB Minimal Value Brand
TRETIN-X 0.075% CREAM	3	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	1	
<i>tretinoin 0.05% emollient crm</i>	1	
<i>tretinoin 0.05% gel</i>	1	QL 1.5 / day
<i>tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)</i>	1	QL 1.667 / day PA HCG MVG MINIMAL VALUE GENERIC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DETERGENTS		
<i>polysorbate 60</i>	1	
<i>polysorbate 80</i>	1	
<i>triton x-100</i>	3	
KERATOLYTIC AGENTS		
AVAR CLEANSER	1	
AVAR 9.5-5% CLEANSING PADS	3	
AVAR LS (10-2% CLEANSING PADS, CLEANSER)	3	
AVAR-E	1	
AVAR-E GREEN	1	HCG
AVAR-E LS	3	
BENZEPRO 5.2% EMOLLIENT FOAM	3	
<i>benzoyl peroxide (pr 7% wash, 9.8% foam)</i>	1	
BP 10-1	1	HCG MVG MINIMAL VALUE GENERIC
PACNEX	1	
PLEXION (9.8-4.8% CLEANSER, 9.8-4.8% LOTION)	3	SBA Select Brand Alternative
PLEXION 9.8-4.8% CREAM	3	MVB Minimal Value Brand SBA Select Brand Alternative
PLEXION 9.8-4.8% CLNSING CLOTH	3	
<i>pr benzoyl peroxide</i>	1	
ROSANIL	1	
ROSULA 10%-4.5% WASH	3	
ROSULA 10%-5% CLOTHS	1	
SALEX 6% SHAMPOO	3	MVB Minimal Value Brand SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>salicylic acid (foam, gel)</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>salicylic acid (6% cream, 6% lotion, 26% liquid, 27.5% liquid)</i>	1	
<i>salicylic acid er</i>	1	HCG MVG MINIMAL VALUE GENERIC
SALIMEZ FORTE	3	
<i>sod sulfacet-sulfur 10-2% clsr</i>	1	HCG MVG MINIMAL VALUE GENERIC
<i>sod sulfacet-sulfur 10-5% clsr</i>	1	
<i>sodium sulfacetamide-sulfur (sod sulfac-sulfur 9.8-4.8% crm, sod sulfac-sulfur 9.8-4.8% lot, sod sulfacet-sulf 9.8-4.8% clsr, sod sulfacetamide-sulfur lotn, sod sulfacetamide-sulfur susp, sodium sulfacet-sulfur wash, sulfacetamide-sulfur 10-2% crm, sulfacetamide-sulfur 10-5% crm)</i>	3	HCG MVG MINIMAL VALUE GENERIC
<i>sod sulfacet-sulfur 10-4% pad</i>	1	
<i>sodium sulfacetamide-sulfur (sod sulfacet-sulfur 9-4.5% wash, sulfacetamide-sulfur 8-4% susp)</i>	3	
SSS 10-5 (10-5 CREAM, 10-5 FOAM)	1	
SULFACLEANSE 8-4	1	
SUMADAN 9%-4.5% WASH	3	
SUMAXIN (9%-4% WASH, CLEANSING PADS)	3	
SUMAXIN TS	3	
<i>urea (35% foam, 39% cream, 40% lotion, 45% cream, 45% nail gel)</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
<i>acitretin (17.5 mg capsule, 25 mg capsule)</i>	1	QL 2 / day
<i>acitretin 10 mg capsule</i>	1	QL 4 / day
ACZONE 7.5% GEL PUMP	3	QL 3 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adapalene (0.1% cream, 0.1% gel, 0.3% gel, 0.3% gel pump)</i>	1	QL 1.5 / day
<i>adapalene 0.1% swab</i>	1	QL 1 / day PA
<i>adapalene 0.1% solution</i>	1	QL 2 / day PA
<i>adapalene-benzoyl peroxide</i>	1	QL 1.5 / day
ALDARA	3	QL 0.434 / day AL At least 12 yrs old
AMNESTEEM	1	PA
AVAGE	3	QL 1.47 / day
<i>azelaic acid</i>	3	QL 50 / 30 days PA
AZELEX	3	QL 1.667 / day
<i>calcipotriene 0.005% cream</i>	1	QL 2 / day HCG
<i>calcipotriene (ointment, solution)</i>	1	QL 2 / day
<i>calcipotriene-betamethasone dp</i>	1	QL 3 / day PA
CALCITRENE	1	QL 2 / day HCG MVG MINIMAL VALUE GENERIC
<i>calcitriol 3 mcg/g ointment</i>	1	QL 3.334 / day HCG MVG MINIMAL VALUE GENERIC
CLARAVIS	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONDYLOX	3	
<i>dapsone 5% gel</i>	1	QL 3 / day HCG MVG MINIMAL VALUE GENERIC
DEBACTEROL SWABSTICK	3	
DOVONEX	3	QL 2 / day PA MVB MINIMAL VALUE BRAND SBA SELECT BRAND ALTERNATIVE
DUPIXENT PEN	3	QL 0.15 / day AL At least 6 yrs old S PS PA
DUPIXENT 300 MG/2 ML SYRINGE	3	QL 0.15 / day AL At least 6 yrs old S PS PA
ENSTILAR	3	QL 2 / day
EPIDUO FORTE	3	QL 1.667 / day
FINACEA 15% FOAM	3	QL 50 / 30 days
FINACEA 15% GEL	3	QL 50 / 30 days PA B4G
<i>finasteride 1 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>imiquimod 5% cream packet</i>	1	QL 0.434 / day AL At least 12 yrs old
<i>isotretinoin</i>	1	PA
<i>ivermectin 1% cream</i>	1	QL 1.5 / day
MIRVASO (GEL, GEL PUMP)	3	QL 1 / day
MYORISAN	1	PA
<i>pimecrolimus</i>	1	QL 2.5 / day ST AL At least 2 yrs old
PODOCON-25	3	
<i>podofilox</i>	1	
PROTOPIC 0.03% OINTMENT	3	QL 2.5 / day ST AL At least 2 yrs old
PROTOPIC 0.1% OINTMENT	3	QL 2.5 / day ST AL At least 16 yrs old
RECTIV	3	
RHOFADE	3	QL 1.25 / day
SANTYL	3	
SILIQ	3	AL At least 18 yrs old S PA
SKYRIZI	3	QL 0.07 / day S PS PA PS1 Preferred 1st line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI (2 SYRINGES) KIT	3	QL 0.04 / day S PS PA PS1 Preferred 1st line
SOOLANTRA	3	QL 1.5 / day B4G
SORIATANE 10 MG CAPSULE	3	QL 4 / day
SORIATANE 25 MG CAPSULE	3	QL 2 / day
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	3	QL 0.08 / day S PS PA PS1 Preferred 1st line
STELARA 130 MG/26 ML VIAL	3	QL 3.73 / day S PS PA BSP BENEFIT SHIFT PROGRAM PS1 Preferred 1st line
TACLONEX 0.005%-0.064% SUSPENS	3	QL 4 / day B4G
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	1	QL 100 / 30 days ST
TALTZ AUTOINJECTOR	3	QL 0.15 / day S PS PA PS2 Preferred 2nd line

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALTZ AUTOINJECTOR (2 PACK)	3	QL 0.15 / day S PS PA PS2 Preferred 2nd line
TALTZ AUTOINJECTOR (3 PACK)	3	QL 0.15 / day S PS PA PS2 Preferred 2nd line
TALTZ SYRINGE	3	QL 0.15 / day S PS PA PS2 Preferred 2nd line
<i>tazarotene 0.1% cream</i>	1	QL 1.47 / day
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	3	QL 0.04 / day AL At least 18 yrs old S PS PA PS1 Preferred 1st line
<i>trichloroacetic acid (20%, 25%, 50%, 75%, 80%, 85%, 90%, 100%)</i>	1	
VANIQA	3	MVB Minimal Value Brand
VENELEX OINTMENT	3	
VEREGEN	3	MVB MINIMAL VALUE BRAND

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WINLEVI	3	QL 2 / day PA
WYNZORA	3	QL 15 / day
ZENATANE	1	PA
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
ELIXOPHYLLIN	3	PR NTI
THEO-24	3	PR NTI
<i>theophylline 80 mg/15 ml soln</i>	1	PR NTI
<i>theophylline (er 400 mg tablet, er 600 mg tablet)</i>	1	PR NTI
<i>theophylline anhydrous</i>	1	PR NTI
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
BYNFEZIA	3	QL 0.6 / day S PA
MYCAPSSA	3	QL 4 / day S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	1	S PA
SANDOSTATIN 0.05 MG/ML AMPUL	3	QL 30 / day S PA SBA Select Brand Alternative
SANDOSTATIN 0.1 MG/ML AMPUL	3	QL 15 / day S PA SBA Select Brand Alternative
SANDOSTATIN 0.5 MG/ML AMPUL	3	QL 3 / day S PA SBA Select Brand Alternative
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 30 MG KT, 30 MG VL)	3	QL 0.04 / day S PA BSP BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	3	QL 0.07 / day S PA BSP BENEFIT SHIFT PROGRAM
SIGNIFOR	3	S PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR LAR	3	S PA
SOMATULINE DEPOT	3	QL 0.02 / day S PA BSP BENEFIT SHIFT PROGRAM
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
EGRIFTA	3	QL 2 / day S PA
EGRIFTA SV	3	QL 2 / day S PA
INCRELEX	3	S PA
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	3	S
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
<i>droxidopa</i>	1	QL 6 / day S PA
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	1	QL 4 / fill
EPINEPHRINESNAP-EMS	3	QL 2 / fill
EPINEPHRINESNAP-V	3	QL 2 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPIPEN	3	QL PA 4 / fill
EPIPEN 2-PAK	3	QL PA 4 / fill
EPIPEN JR	3	QL PA 4 / fill
NORTHERA	3	QL S PA 6 / day
SYMJEPI	3	QL 2 / fill
ALPHA-ADRENERGIC AGONISTS		
LUCEMYRA	3	QL PA 48 tablets/180 days
<i>midodrine hcl</i>	1	
TETRACYCLINE ANTIBIOTICS		
AMINOMETHYLCYCLINES		
NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD)	3	PA
SEYSARA	3	QL PA 1 / day
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE 10 MG TABLET	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAPAZOLE 5 MG TABLET	3	SBA Select Brand Alternative
THYROID AGENTS		
EUTHYROX	1	NTI
LEVO-T	1	NTI
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet)</i>	1	NTI
<i>levothyroxine sodium (75 mcg tablet, 88 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	NTI
<i>levothyroxine sodium (100 mcg/5 ml vial, 200 mcg/5 ml vial, 500 mcg/5 ml vial)</i>	1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET)	1	NTI
LEVOXYL (75 MCG TABLET, 88 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	1	NTI
<i>lithyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NATURE-THROID	3	
NP THYROID	1	
<i>thyroid (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET)	1	NTI
UNITHROID (75 MCG TABLET, 88 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	1	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WESTHROID	3	
URINE AND FECES CONTENTS		
KETONES		
<i>ketone care test strip</i>	3	QL 6.66 / day
<i>ketone test strip</i>	3	QL 6.66 / day
<i>ketostix reagent</i>	3	QL 6.66 / day
<i>trueplus ketone test strip</i>	3	QL 6.66 / day
PH		
<i>chemstrip 2 In</i>	3	
PROTEIN		
<i>albustix reagent</i>	3	
<i>chemstrip micral</i>	3	
SUGAR		
<i>diastix reagent</i>	3	QL 10 / day
<i>no-stick glucose</i>	3	
Uncategorized		
Unclassified		
CAVERJECT 40 MCG/2 ML AMPUL	3	
<i>yohimbine hcl</i>	1	
VASODILATING AGENTS		
NITRATES AND NITRITES		
DILATRATE-SR	3	QL 4 / day MVB Minimal Value Brand
GONITRO	3	QL 1.25 / day AL At least 18 yrs old PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISOCHRON	1	QL 4 / day
ISORDIL	3	QL 12 / day SBA SELECT BRAND ALTERNATIVE
ISORDIL TITRADOSE	3	QL 12 / day SBA SELECT BRAND ALTERNATIVE
<i>isosorbide dinitrate</i>	1	QL 12 / day
<i>isosorbide dinitrate er</i>	1	QL 4 / day
<i>isosorbide mononitrate</i>	1	QL 2 / day
<i>isosorbide mononitrate er</i>	1	QL 2 / day
MINITRAN	1	QL 1 / day
NITRO-BID	2	QL 4 / day
NITRO-DUR	3	QL 1 / day
NITRO-TIME (ER 2.5 MG CAPSULE, ER 6.5 MG CAPSULE)	1	QL 4 / day
<i>nitroglycerin (er 2.5 mg cap, er 6.5 mg cap, er 9 mg capsule)</i>	1	QL 4 / day
<i>nitroglycerin 400 mcg spray</i>	1	QL 0.8 / day
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	1	QL 6 / day
<i>nitroglycerin patch</i>	1	QL 1 / day
NITROLINGUAL	3	QL 0.8 / day
NITROMIST	3	QL 0.3 / day
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	3	QL 2 / day
		S
		PA
		SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALYQ	1	QL 2 / day S PA
REVATIO 10 MG/ML ORAL SUSP	3	QL 6 / day AL At least 18 yrs old S PA
REVATIO 20 MG TABLET	3	QL 3 / day AL At least 18 yrs old S PA
<i>sildenafil 20 mg tablet (pah)</i>	1	QL 3 / day S PA
<i>sildenafil 10 mg/ml oral susp</i>	1	QL 6 / day AL At least 18 yrs old S PA
<i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL 0.2 / day GL Male AL At least 18 yrs old
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	1	QL 1 / day GL Male
<i>tadalafil 10 mg tablet</i>	1	QL 0.2 / day GL Male
<i>tadalafil 20 mg tablet (ed/bph)</i>	1	QL 0.2 / day GL Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tadalafil 20 mg tablet (pah)</i>	1	QL 2 / day S PA
<i>varafenafil hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QL 0.2 / day GL Male AL At least 18 yrs old HCG
<i>varafenafil hcl 10 mg odt</i>	1	QL 0.2 / day GL Male AL At least 18 yrs old HCG MVG MINIMAL VALUE GENERIC
VASODILATING AGENTS, MISCELLANEOUS		
AGGRENOX	3	QL 2 / day PR SBA SELECT BRAND ALTERNATIVE
<i>aspirin-dipyridamole er</i>	1	QL 2 / day PR
CAVERJECT (IMPULSE 10 MCG KIT, 20 MCG VIAL, IMPULSE 20 MCG KIT, 40 MCG VIAL)	3	GL Male
CAVERJECT (10 MCG, 20 MCG)	3	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	QL 4 / day PR
EDEX	3	GL Male
<i>isoxsuprine 10 mg tablet</i>	1	
MUSE	3	GL Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMINS		
MULTIVITAMIN PREPARATIONS		
CADEAU DHA	3	GL Female
MVW COMPLETE FORMLTN PEDIATRIC	3	
MVW COMPLETE FORMUL D3000 SFGL	3	
MYNATAL	3	GL Female PR
MYNATAL PLUS	3	GL Female PR
MYNATAL-Z	3	GL Female PR
NEWGEN	3	GL Female PR
OBTREX DHA	3	GL Female PR
PRENA1 CHEW	3	GL Female PR
PRENA1 PEARL	3	GL Female PR
PRENA1 TRUE	3	GL Female PR
PRENATABS RX	3	GL Female PR
<i>prenatal low iron</i>	3	GL Female PR
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	GL Female PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prenatal-u</i>	3	GL Female PR
R-NATAL OB	3	GL Female PR
REQ49+	3	
TRINATE	3	GL Female PR
TRUST NATAL DHA	3	GL Female PR
VINATE DHA RF	3	GL Female PR
VINATE ONE	3	GL Female PR
VINATE-M	3	GL Female PR
VIRT-C DHA	3	
VITAMIN A		
AQUASOL A	3	
VITAMIN B COMPLEX		
ACTIVITE	1	
B-12 COMPLIANCE	3	
CEREFOLIN NAC	3	
<i>cyanocobalamin injection</i>	1	
DEPLIN-ALGAL OIL	3	
<i>folic acid 1 mg tablet</i>	1	
FOLTX	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
GENICIN VITA-Q	3		
<i>hydroxocobalamin</i>	1		
L-METHYL-B6-B12	1		
L-METHYL-MC NAC	3		
l-methylfol-algal-nac-me-cbl	1		
l-methylfol-algal-p5p-me-cbl	1		
l-methylfolate 15 mg caplet	1		
l-methylfolate calcium	1		
l-methylfolate calcium-algal	1		
<i>levomefolate calcium-algal</i>	1		
<i>levomefolate-nac-mecobal-algal</i>	3		
METANX	3		
NASCOBAL	3		
NEPHRO-VITE RX	3		
NEPHRONEX-SL	1		
RENA-VITE RX	1		
SUPERVITE	3		
<i>thiamine 200 mg/2 ml vial</i>	1	BSP	BENEFIT SHIFT PROGRAM
VITAMIN C			
<i>ascorbic acid granules</i>	3		
VITAMIN D			
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1		
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	1	S	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	1	S	
RAYALDEE	3	S	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROCALtrol (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	
<i>vitamin d2 1.25mg(50,000 unit)</i>	1	
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)	3	S PA
VITAMIN E		
<i>wheat germ oil</i>	1	
VITAMIN K ACTIVITY		
MEPHYTON	3	SBA Select Brand Alternative
<i>phytonadione 5 mg tablet</i>	1	

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