Community Care Plan Florida Healthy Kids

Preferred Drug List

Effective January 1, 2022

The plan covers the drugs Florida Medicaid covers even if not specified in the PDL (see Section 409.815(2)(n)2, Florida Statutes).
If your drug is not on the plan's preferred drug list: First, please call the member's services number located on your Community Care Plan-Florida Healthy kids ID card. If the plan does not cover the drug, then:

- Ask your doctor for a similar drug that is covered.
- Your doctor can ask the plan to cover your drug through the prior approval process

LEGEND	
TIER	DESCRIPTION
1	Preferred

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.
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.
SPC — Specialty Choice	These Specialty medications are available at Magellan Specialty Pharmacy, Memorial Pharmacy, or BHMC Out Patient Pharmacy.
APS — APS: Only 1 atypical antipsychotic fill allowed per 30 days	This is a point of sale edit for Atypical Antipsychotics to limit these medications to 1 per 30 day period.
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.
PA — PA Applies	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
QPD — Quantity Per Day	Quantity Per Day.
B4G — Brand For Generic	Brand products that would bypass the DAW penalty. The strategy prefers brands over generics.
HCG — High Cost Generic	High Cost Generic.
LCG — Low Cost Generic	Generic drugs available at the lowest cost. Please note the specific strengths and dosage forms; other strengths and/or dosage forms of these products would be subject to the standard generic Cost-share.
MVG — Minimal Value Generic	Minimal Value Generic.
BSP — Benefit Shift Program	Benefit Shift Program.
SDS — Extended Specialty Day Supply	Extended Specialty Day Supply

LIST OF COVERED PRESCRIPTION MEDICATIONS

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)			
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS			
CAFERGOT TABLET *ergotamine tartrate/caffeine*	BRAND	1	
dihydroergotamine mesylate 1 mg/ml ampul	generic	1	PA BSP BENEFIT SHIFT PROGRAM
dihydroergotamine mesylate 0.5mg/spry spray/pump	generic	1	QL PA
ergoloid mesylates 1 mg tablet	generic	1	
ERGOMAR 2 MG TABLET SL *ergotamine tartrate*	BRAND	1	
ergotamine tartrate/caffeine 1 mg-100mg tablet	generic	1	
TRUDHESA NASAL SPRAY *dihydroergotamine mesylate*	BRAND	1	PA QPD 0.43 per day
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT			
alfuzosin hcl 10 mg tab er 24h	generic	1	GL Male QPD 1 per day
RAPAFLO (8 MG, 4 MG) *silodosin*	BRAND	1	GL Male QPD 1 per day
SILODOSIN (4 MG, 8 MG)	generic	1	GL Male QPD 1 per day
tamsulosin hcl 0.4 mg capsule	generic	1	QL QPD 2 per day
UROXATRAL 10 MG TABLET *alfuzosin hcl*	BRAND	1	GL Male QPD 1 per day
ANALGESICS AND ANTIPYRETICS			
ANALGESICS AND ANTIPYRETICS, MISC.			
BUPAP 50 MG-300 MG TABLET *butalbital/acetaminophen*	BRAND	1	QPD 6 per day
butalbital/acetaminophen 25mg-325mg tablet	generic	1	QPD 12 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
butalbital/acetaminophen 50mg-325mg tablet	generic	1	QPD 6 per day
BUTALBITAL/ACETAMINOPHEN/CAFFEINE (50-300-40 CAPSULE, 50-325-40 TABLET, 50-325-40 CAPSULE)	generic	1	QPD 6 per day
ESGIC 50-325-40 MG TABLET *butalbital/acetaminophen/caffeine*	BRAND	1	QPD 6 per day
GRALISE 300-600 MG SAMPLE PACK *gabapentin*	BRAND	1	
GRALISE ER 300 MG TABLET *gabapentin*	BRAND	1	QPD 1 per day
GRALISE ER 600 MG TABLET *gabapentin*	BRAND	1	QPD 3 per day
PREGABALIN (82.5 MG ER, 165 MG ER)	generic	1	PA QPD 3 per day
pregabalin 330 mg tab er 24h	generic	1	PA QPD 2 per day
TENCON 50-325 MG TABLET *butalbital/acetaminophen*	BRAND	1	QPD 6 per day
VANATOL LQ ORAL SOLUTION *butalbital/acetaminophen/caffeine*	BRAND	1	
VTOL LQ 50-325-40 MG/15 ML SOL *butalbital/acetaminophen/caffeine*	BRAND	1	
ZEBUTAL 50-325-40 MG CAPSULE *butalbital/acetaminophen/caffeine*	BRAND	1	QPD 6 per day
OPIATE AGONISTS			
acetaminophen with codeine 120-12mg/5 solution	generic	1	AL At least 12 yrs old QPD 140 per day
acetaminophen with codeine 300mg/12.5 solution	generic	1	AL At least 12 yrs old QPD 139 per day
acetaminophen with codeine 300mg-15mg tablet	generic	1	AL At least 12 yrs old QPD 22 per day
acetaminophen with codeine 300mg-30mg tablet	generic	1	AL At least 12 yrs old QPD 12 per day
acetaminophen with codeine 300mg-60mg tablet	generic	1	AL At least 12 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 6 per day
acetaminophen/caff/dihydrocod 320.5-30mg capsule	generic	1	AL At least 12 yrs old QPD 10 per day
ACTIQ (400 MCG, 600 MCG, 1,200 MCG, 1,600 MCG, 200 MCG, 800 MCG) *fentanyl citrate*	BRAND	1	AL At least 16 yrs old PA QPD 4 per day
ASCOMP WITH CODEINE CAPSULE *codeine phosphate/butalbital/aspirin/caffeine*	BRAND	1	AL At least 18 yrs old QPD 6 per day
butalbit/acetamin/caff/codeine 50-325-30 capsule	generic	1	QPD 6 per day
codeine/butalbital/asa/caffein 30-50-325 capsule	generic	1	AL At least 18 yrs old QPD 6 per day
CODEINE SULFATE (30 MG, 15 MG, 60 MG)	generic	1	AL At least 18 yrs old QPD 6 per day
DEMEROL 75 MG/ML CARPUJECT *meperidine hcl/pf*	BRAND	1	AL At least 18 yrs old QPD 7 per day
ENDOCET (7.5-325 MG, 10-325 MG, 5-325 MG) *oxycodone hcl/acetaminophen*	BRAND	1	AL At least 18 yrs old QPD 12 per day HCG HIGH COST GENERIC
ENDOCET 2.5-325 MG TABLET *oxycodone hcl/acetaminophen*	BRAND	1	AL At least 18 yrs old QPD 12 per day
FENTANYL (25 MCG/HR, 50MCG/HR, 87.5MCG/HR, 100 MCG/HR, 75MCG/HR, 12 MCG/HR)	generic	1	PA QPD 0.5 per day
FENTANYL (37.5MCG/HR, 62.5MCG/HR)	generic	1	PA QPD 0.5 per day HCG HIGH COST GENERIC
FENTANYL CITRATE (400 MCG, 600 MCG, 200 MCG, 1600 MCG, 1200 MCG)	generic	1	AL At least 16 yrs old PA QPD 4 per day HCG HIGH COST GENERIC
fentanyl citrate 800 mcg lozenge hd	generic	1	AL At least 16 yrs old PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 4 per day
FIORINAL-COD 30-50-325-40 CAP *codeine phosphate/butalbital/aspirin/caffeine*	BRAND	1	AL At least 18 yrs old QPD 6 per day
HYDROCODONE BITARTRATE (40 MG ER, 50 MG ER, 15 MG ER, 30 MG ER, 10 MG ER, 20 MG ER)	generic	1	PA QPD 2 per day
HYDROCODONE BITARTRATE (30 MG ER, 120 MG ER, 80 MG ER, 40 MG ER, 60 MG ER, 20 MG ER, 100 MG ER)	generic	1	PA QPD 1 per day
HYDROCODONE BITARTRATE/ACETAMINOPHEN (10-325/15, 5-217MG/10, 2.5-108/5)	generic	1	AL At least 2 yrs old QPD 90 per day
hydrocodone/acetaminophen 7.5-325/15 solution	generic	1	AL At least 2 yrs old QPD 90 per day HCG HIGH COST GENERIC
HYDROCODONE BITARTRATE/ACETAMINOPHEN (5 MG-300MG, 10MG-300MG, 7.5-300 MG)	generic	1	AL At least 18 yrs old QPD 13 per day HCG HIGH COST GENERIC
HYDROCODONE BITARTRATE/ACETAMINOPHEN (5 MG-325MG, 10MG-325MG, 7.5-325 MG)	generic	1	AL At least 18 yrs old QPD 12 per day
hydrocodone/acetaminophen 2.5-325 mg tablet	generic	1	AL At least 18 yrs old QPD 20 per day
hydrocodone/ibuprofen 10mg-200mg tablet	generic	1	AL At least 16 yrs old QPD 5 per day HCG HIGH COST GENERIC
hydrocodone/ibuprofen 5mg-200mg tablet	generic	1	AL At least 16 yrs old QPD 6 per day HCG HIGH COST GENERIC
hydrocodone/ibuprofen 7.5-200 mg tablet	generic	1	AL At least 16 yrs old QPD 5 per day
hydromorphone hcl 1 mg/ml liquid	generic	1	AL At least 18 yrs old QPD 13 per day HCG HIGH COST GENERIC
HYDROMORPHONE HCL (16 MG ER, 32 MG	generic	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ER, 8 MG ER, 12 MG ER)			QPD 2 per day HCG HIGH COST GENERIC
HYDROMORPHONE HCL (4 MG, 8 MG, 2 MG)	generic	1	AL At least 18 yrs old QPD 6 per day
ibuprofen/oxycodone hcl 400 mg-5mg tablet	generic	1	AL At least 14 yrs old QPD 4 per day
LORCET 5-325 MG TABLET *hydrocodone bitartrate/acetaminophen*	BRAND	1	AL At least 18 yrs old QPD 12 per day
LORCET HD 10-325 MG TABLET *hydrocodone bitartrate/acetaminophen*	BRAND	1	AL At least 18 yrs old QPD 12 per day
LORCET PLUS 7.5-325 MG TABLET *hydrocodone bitartrate/acetaminophen*	BRAND	1	AL At least 18 yrs old QPD 12 per day
LORTAB 10 MG-300 MG/15 ML ELXR *hydrocodone bitartrate/acetaminophen*	BRAND	1	AL At least 2 yrs old QPD 67.5 per day
meperidine hcl 50 mg/5 ml solution	generic	1	AL At least 18 yrs old QPD 50 per day
meperidine hcl 50 mg tablet	generic	1	AL At least 18 yrs old QPD 10 per day
methadone hcl 10 mg/ml oral conc	generic	1	PA QPD 2 per day
methadone hcl 10 mg/5 ml solution	generic	1	PA QPD 8 per day
methadone hcl 5 mg/5 ml solution	generic	1	PA QPD 18 per day
METHADONE HCL (5 MG, 10 MG)	generic	1	PA QPD 3 per day
METHADONE INTENSOL 10 MG/ML *methadone hcl*	BRAND	1	PA QPD 2 per day
METHADOSE 10 MG/ML ORAL CONC *methadone hcl*	BRAND	1	PA QPD 2 per day
MORPHABOND ER (ER 60 MG, ER 100 MG,	BRAND	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ER 15 MG) *morphine sulfate*			QPD 2 per day
MORPHINE SULFATE (100 MG ER, 10 MG ER, 50 MG ER, 20 MG ER)	generic	1	PA QPD 2 per day
MORPHINE SULFATE (30 MG CPMP 24HR, 45 MG CPMP 24HR, 30 MG CAP ER PEL)	generic	1	PA QPD 1 per day
MORPHINE SULFATE (90 MG CPMP 24HR, 40 MG CAP ER PEL, 80 MG CAP ER PEL, 60 MG CPMP 24HR, 60 MG CAP ER PEL, 120 MG CPMP 24HR, 75 MG CPMP 24HR)	generic	1	PA QPD 1 per day HCG HIGH COST GENERIC
morphine sulfate 10 mg/5 ml solution	generic	1	QPD 25 per day
morphine sulfate 100 mg/5ml solution	generic	1	QPD 3 per day
morphine sulfate 20 mg/5 ml solution	generic	1	QPD 13 per day
morphine sulfate 10 mg supp.rect	generic	1	QPD 5 per day
morphine sulfate 15 mg tablet	generic	1	AL At least 18 yrs old QPD 3 per day
morphine sulfate 30 mg tablet	generic	1	AL At least 18 yrs old QPD 2 per day
MORPHINE SULFATE (100 MG ER, 15 MG ER, 60 MG ER, 30 MG ER)	generic	1	PA QPD 3 per day
morphine sulfate 200 mg tablet er	generic	1	PA QPD 3 per day HCG HIGH COST GENERIC
OPANA 10 MG TABLET *oxymorphone hcl*	BRAND	1	QPD 12 per day
opium/belladonna alkaloids 60-16.2 mg supp.rect	generic	1	QPD 1 per day
oxycodone hcl 5 mg capsule	generic	1	AL At least 18 yrs old QPD 8 per day HCG HIGH COST GENERIC
oxycodone hcl 20 mg/ml oral conc	generic	1	QPD 2 per day HCG HIGH COST GENERIC
oxycodone hcl 5 mg/5 ml solution	generic	1	QPD 33 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			HCG HIGH COST GENERIC
OXYCODONE HCL (10 MG, 20 MG, 5 MG, 30 MG, 15 MG)	generic	1	AL At least 18 yrs old QPD 8 per day
OXYCODONE HCL/ACETAMINOPHEN (10MG-325MG, 7.5-325 MG, 5 MG-325MG)	generic	1	AL At least 18 yrs old QPD 12 per day
oxycodone hcl/acetaminophen 2.5-325 mg tablet	generic	1	AL At least 18 yrs old QPD 12 per day HCG HIGH COST GENERIC
oxycodone hcl/aspirin 4.8355-325 tablet	generic	1	AL At least 18 yrs old QPD 7 per day
OXYMORPHONE HCL (20 MG ER, 5 MG ER, 40 MG ER, 10 MG ER, 30 MG ER, 15 MG ER)	generic	1	AL At least 18 yrs old PA QPD 2 per day HCG HIGH COST GENERIC
oxymorphone hcl 7.5 mg tab er 12h	generic	1	AL At least 18 yrs old PA QPD 2 per day
OXYMORPHONE HCL (5 MG, 10 MG)	generic	1	AL At least 18 yrs old QPD 12 per day
PROLATE 10 MG-300 MG/5 ML SOLN *oxycodone hcl/acetaminophen*	BRAND	1	AL At least 18 yrs old QPD 30 per day
tramadol hcl 100 mg tablet	generic	1	AL At least 18 yrs old QPD 4 per day
tramadol hcl 50 mg tablet	generic	1	AL At least 18 yrs old QPD 8 per day
TRAMADOL HCL (300 MG TAB ER 24H, 200 MG TBMP 24HR, 150 MG CPBP 25-75, 100 MG TBMP 24HR, 200 MG TAB ER 24H, 100 MG TAB ER 24H, 300 MG TBMP 24HR)	generic	1	AL At least 18 yrs old PA QPD 1 per day
tramadol hcl/acetaminophen 37.5-325mg tablet	generic	1	AL At least 18 yrs old QPD 8 per day
TREZIX 320.5-30-16 MG CAPSULE *acetaminophen/caffeine/dihydrocodeine*	BRAND	1	AL At least 12 yrs old QPD 10 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
bitartrate			
XTAMPZA ER (ER 13.5 MG, ER 36 MG, ER 18 MG, ER 27 MG, ER 9 MG) *oxycodone myristate*	BRAND	1	PA QPD 2 per day
OPIATE PARTIAL AGONISTS			
BELBUCA (600 MCG, 300 MCG, 75 MCG, 750 MCG, 150 MCG, 900 MCG, 450 MCG) *buprenorphine hcl*	BRAND	1	AL At least 18 yrs old PA QPD 2 per day
BUNAVAIL (2.1-0.3 MG, 6.3-1 MG) *buprenorphine hcl/naloxone hcl*	BRAND	1	PA QPD 3 per day
BUNAVAIL 4.2-0.7 MG FILM *buprenorphine hcl/naloxone hcl*	BRAND	1	PA QPD 2 per day
BUPRENORPHINE (5, 10, 7.5, 15, 20)	generic	1	PA QPD 0.144 per day
buprenorphine hcl 0.3 mg/ml cartridge	generic	1	QPD 17 per day
BUPRENORPHINE HCL (750 MCG, 300 MCG, 900 MCG, 150 MCG, 75 MCG, 450 MCG, 600 MCG)	generic	1	AL At least 18 yrs old PA QPD 2 per day
BUPRENORPHINE HCL (2 MG, 8 MG)	generic	1	PA QPD 3 per day
BUPRENORPHINE HCL/NALOXONE HCL (/NALOXONE 4MG-1MG, /NALOXONE 12 MG-3 MG)	generic	1	PA QPD 2 per day
BUPRENORPHINE HCL/NALOXONE HCL (/NALOXONE 8 MG-2 MG TAB SUBL, /NALOXONE 2 MG-0.5MG FILM, /NALOXONE 8 MG-2 MG FILM, /NALOXONE 2 MG-0.5MG TAB SUBL)	generic	1	PA QPD 3 per day
butorphanol tartrate 10 mg/ml spray	generic	1	AL At least 18 yrs old QPD 0.3 per day
BUTRANS 7.5 MCG/HR PATCH *buprenorphine*	BRAND	1	PA QPD 0.144 per day
NALBUPHINE HCL (10 MG/ML VIAL, 10 MG/ML AMPUL)	generic	1	QPD 5 per day BSP BENEFIT SHIFT PROGRAM

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
NALBUPHINE HCL (20 MG/ML VIAL, 20 MG/ML AMPUL)	generic	1	QPD 3 per day BSP BENEFIT SHIFT PROGRAM
pentazocine hcl/naloxone hcl 50mg-0.5mg tablet	generic	1	AL At least 12 yrs old QPD 12 per day
ZUBSOLV (1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 0.7-0.18 MG, 11.4-2.9 MG, 8.6-2.1 MG) *buprenorphine hcl/naloxone hcl*	BRAND	1	PA QPD 3 per day
ANOREXIGENIC AGENTS			
AMPHETAMINE DERIVATIVES			
diethylpropion hcl 25 mg tablet	generic	1	AL At least 16 yrs old PA QPD 3 per day
diethylpropion hcl 75 mg tablet er	generic	1	PA QPD 1 per day
LOMAIRA 8 MG TABLET *phentermine hcl*	BRAND	1	AL At least 17 yrs old PA QPD 3 per day
phendimetrazine tartrate 105 mg capsule er	generic	1	PA QPD 1 per day
phendimetrazine tartrate 35 mg tablet	generic	1	PA QPD 3 per day
PHENTERMINE HCL (30 MG, 15 MG)	generic	1	PA QPD 1 per day
PHENTERMINE HCL (37.5 MG CAPSULE, 37.5 MG TABLET)	generic	1	AL At least 17 yrs old PA QPD 2 per day
ANOREXIGENIC AGENTS, MISCELLANEOUS			
IMCIVREE 10 MG/ML VIAL *setmelanotide acetate*	BRAND	1	SPC Specialty Choice PA QPD 0.3 per day
QSYMIA (7.5 MG-46 MG, 11.25 MG-69 MG, 3.75 MG-23 MG, 15 MG-92 MG)	BRAND	1	AL At least 18 yrs old PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
phentermine hcl/topiramate			QPD 1 per day
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS			
AMPHETAMINES			
ADZENYS ER 1.25 MG/ML SUSP *amphetamine*	BRAND	1	AL At least 6 yrs old QPD 15 per day
ADZENYS XR-ODT (9.4 MG, 12.5 MG, 6.3 MG, 18.8 MG, 3.1 MG, 15.7 MG) *amphetamine*	BRAND	1	AL At least 6 yrs old QPD 1 per day
amphetamine 1.25 mg/ml sus bp 24h	generic	1	AL At least 6 yrs old QPD 15 per day
AMPHETAMINE SULFATE (10 MG, 5 MG)	generic	1	QPD 6 per day
benzphetamine hcl 50 mg tablet	generic	1	PA QPD 3 per day
DEXEDRINE SPANSULE 10 MG *dextroamphetamine sulfate*	BRAND	1	QPD 5 per day
DEXEDRINE SPANSULE 15 MG *dextroamphetamine sulfate*	BRAND	1	QPD 4 per day
DEXEDRINE SPANSULE 5 MG *dextroamphetamine sulfate*	BRAND	1	QPD 2 per day
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE (30 MG TABLET, 10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 15 MG CAP ER 24H, 5 MG CAP ER 24H, 25 MG CAP ER 24H)	generic	1	QPD 2 per day
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE (20 MG, 7.5 MG, 10 MG, 12.5 MG, 5 MG, 15 MG)	generic	1	QPD 3 per day
dextroamphetamine sulfate 10 mg capsule er	generic	1	QPD 5 per day
dextroamphetamine sulfate 15 mg capsule er	generic	1	QPD 4 per day
dextroamphetamine sulfate 5 mg/5 ml solution	generic	1	QPD 60 per day
DEXTROAMPHETAMINE SULFATE (15 MG TABLET, 5 MG TABLET, 5 MG CAPSULE ER, 30 MG TABLET)	generic	1	QPD 2 per day
dextroamphetamine sulfate 10 mg tablet	generic	1	QPD 6 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
dextroamphetamine sulfate 20 mg tablet	generic		QPD 3 per day
DYANAVEL XR 2.5 MG/ML SUSP *amphetamine*	BRAND	1	AL At least 6 yrs old QPD 8 per day
methamphetamine hcl 5 mg tablet	generic	1	QPD 5 per day HCG HIGH COST GENERIC
MYDAYIS (ER 25 MG, ER 37.5 MG, ER 50 MG, ER 12.5 MG) *dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	BRAND	1	QPD 1 per day
PROCENTRA 5 MG/5 ML SOLUTION *dextroamphetamine sulfate*	BRAND	1	QPD 60 per day
VYVANSE (10 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 20 MG CAPSULE, 50 MG CAPSULE, 30 MG CAPSULE, 20 MG CHEWABLE TABLET, 10 MG CAPSULE, 30 MG CHEWABLE TABLET, 40 MG CHEWABLE TABLET, 70 MG CAPSULE, 40 MG CAPSULE, 50 MG CHEWABLE TABLET) *lisdexamfetamine dimesylate*	BRAND	1	QPD 1 per day
ZENZEDI (2.5 MG, 20 MG) *dextroamphetamine sulfate*	BRAND	1	QPD 3 per day
ZENZEDI (5 MG, 15 MG, 30 MG) *dextroamphetamine sulfate*	BRAND	1	QPD 2 per day
ZENZEDI 10 MG TABLET *dextroamphetamine sulfate*	BRAND	1	QPD 6 per day
ZENZEDI 7.5 MG TABLET *dextroamphetamine sulfate*	BRAND	1	QPD 8 per day
RESPIRATORY AND CNS STIMULANTS			
APTENSIO XR (40 MG, 20 MG, 30 MG, 10 MG, 15 MG, 60 MG, 50 MG) *methylphenidate hcl*	BRAND	1	QPD 1 per day
COTEMPLA XR-ODT (8.6 MG, 17.3 MG, 25.9 MG) *methylphenidate*	BRAND	1	QPD 1 per day
DAYTRANA (30 HOUR, 15 HR, 20 HOUR, 10 HR) *methylphenidate*	BRAND	1	QPD 1 per day
DEXMETHYLPHENIDATE HCL (20 MG CPBP 50-50, 10 MG TABLET)	generic	1	QPD 2 per day
DEXMETHYLPHENIDATE HCL (30 MG, 35	generic	1	QPD 1 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MG, 15 MG, 10 MG, 40 MG, 5 MG, 25 MG)			
DEXMETHYLPHENIDATE HCL (5 MG, 2.5 MG)	generic	1	QPD 3 per day
JORNAY PM (80 MG, 100 MG, 60 MG, 20 MG, 40 MG) *methylphenidate hcl*	BRAND	1	QPD 1 per day
METADATE ER 20 MG TABLET *methylphenidate hcl*	BRAND	1	QPD 3 per day LCG LOW COST GENERIC
METHYLIN 10 MG/5 ML SOLUTION *methylphenidate hcl*	BRAND	1	QPD 30 per day
METHYLIN 5 MG/5 ML SOLUTION *methylphenidate hcl*	BRAND	1	QPD 60 per day
methylphenidate hcl 10 mg/5 ml solution	generic	1	QPD 30 per day
methylphenidate hcl 5 mg/5 ml solution	generic	1	QPD 60 per day
METHYLPHENIDATE HCL (10 MG TAB CHEW, 20 MG TABLET ER, 5 MG TAB CHEW, 20 MG TABLET)	generic	1	QPD 3 per day
methylphenidate hcl 2.5 mg tab chew	generic	1	
METHYLPHENIDATE HCL (27 MG TAB ER 24, 18 MG TAB ER 24, 30 MG CPBP 50-50, 36 MG TAB ER 24, 30 MG CPBP 30-70)	generic	1	QPD 2 per day
METHYLPHENIDATE HCL (54 MG TAB ER 24, 20 MG CPBP 30-70, 40 MG CSBP 40-60, 50 MG CPBP 30-70, 30 MG CSBP 40-60, 20 MG CSBP 40-60, 10 MG CPBP 30-70, 60 MG CSBP 40-60, 10 MG CSBP 40-60, 40 MG CPBP 50-50, 20 MG CPBP 50-50, 50 MG CSBP 40-60, 72 MG TAB ER 24, 40 MG CPBP 30-70, 10 MG CPBP 50-50, 60 MG CPBP 30-70, 60 MG CPBP 50-50, 15 MG CSBP 40-60)	generic	1	QPD 1 per day
methylphenidate hcl 10 mg tablet	generic	1	QPD 5 per day LCG LOW COST GENERIC
methylphenidate hcl 5 mg tablet	generic	1	QPD 3 per day LCG LOW COST GENERIC
methylphenidate hcl 10 mg tablet er	generic	1	QPD 5 per day
QUILLICHEW ER (ER 40 MG, ER 20 MG) *methylphenidate hcl*	BRAND	1	AL At least 6 yrs old QPD 1 per day
QUILLICHEW ER 30 MG CHEW TAB *methylphenidate hcl*	BRAND	1	AL At least 6 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 2 per day
QUILLIVANT XR 25 MG/5 ML SUSP *methylphenidate hcl*	BRAND	1	QPD 12 per day
RELEXXII ER 72 MG TABLET *methylphenidate hcl*	BRAND	1	QPD 1 per day
WAKEFULNESS-PROMOTING AGENTS			
ARMODAFINIL (250 MG, 150 MG, 50 MG, 200 MG)	generic	1	PA QPD 1 per day
MODAFINIL (100 MG, 200 MG)	generic	1	PA QPD 1 per day
SUNOSI (150 MG, 75 MG) *solriamfetol hcl*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
WAKIX (17.8 MG, 4.45 MG) *pitolisant hcl*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ANTI-INFECTIVE AGENTS			
ANTHELMINTICS			
albendazole 200 mg tablet	generic	1	PA QPD 4 per day
ALBENZA 200 MG TABLET *albendazole*	BRAND	1	PA QPD 4 per day
BILTRICIDE 600 MG TABLET *praziquantel*	BRAND	1	PA
EGATEN 250 MG TABLET *triclabendazole*	BRAND	1	
EMVERM 100 MG TABLET CHEW *mebendazole*	BRAND	1	PA
ivermectin 3 mg tablet	generic	1	PA
praziquantel 600 mg tablet	generic	1	PA
STROMECTOL 3 MG TABLET *ivermectin*	BRAND	1	PA
URINARY ANTI-INFECTIVES			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
fosfomycin tromethamine 3 g packet	generic	1	
FURADANTIN 25 MG/5 ML SUSP *nitrofurantoin*	BRAND	1	
HIPREX 1 GM TABLET *methenamine hippurate*	BRAND	1	
HYOPHEN TABLET *methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin*	BRAND	1	
MACROBID 100 MG CAPSULE *nitrofurantoin monohydrate/macrocrystals*	BRAND	1	
MACRODANTIN (25 MG, 100 MG, 50 MG) *nitrofurantoin macrocrystal*	BRAND	1	
methenamine hippurate 1 g tablet	generic	1	
METHENAMINE MANDELATE (500 MG, 1 G)	generic	1	
methenam/sod phos/mblue/hyoscy 81.6-.12mg tablet	generic	1	
MONUROL 3 GM SACHET *fosfomycin tromethamine*	BRAND	1	
nitrofurantoin 25 mg/5 ml oral susp	generic	1	
NITROFURANTOIN MACROCRYSTAL (50 MG, 25 MG, 100 MG)	generic	1	
nitrofurantoin monohyd/m-cryst 100 mg capsule	generic	1	
PRIMSOL 50 MG/5 ML ORAL SOLN *trimethoprim*	BRAND	1	
trimethoprim 100 mg tablet	generic	1	
URETRON D-S TABLET *methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	BRAND	1	
URIMAR-T TABLET *methenamine/methylene blue/salicylate/sodium phos/hyoscyamin*	BRAND	1	
URO-MP CAPSULE *methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine*	BRAND	1	
UROGESIC-BLUE TABLET *methenamine/sod phosph,monobasic/methylene blue/hyoscyamine*	BRAND	1	
UROQID-ACID NO.2 500-500 TB *methenamine mandelate/sodium phosphate,monobasic*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
URYL TABLET *methenamine/sod phosph,monobasic/methylene blue/hyoscyamine*	BRAND	1	
USTELL CAPSULE *methenamine/methylene blue/salicylate/sodium phos/hyoscyamin*	BRAND	1	
ANTI-INFECTIVES (EENT)			
ANTIBACTERIALS (EENT)			
AK-POLY-BAC EYE OINTMENT *bacitracin/polymyxin b sulfate*	BRAND	1	QPD 0.434 per day
AZASITE 1% EYE DROPS *azithromycin*	BRAND	1	QPD 0.36 per day
BACIGUENT 500 UNIT/GM EYE OINT *bacitracin*	BRAND	1	QPD 0.434 per day
bacitracin 500 unit/g oint. (g)	generic	1	QPD 0.434 per day HCG HIGH COST GENERIC
bacitracin/polymyxin b sulfate 500-10k/g oint. (g)	generic	1	QPD 0.434 per day HCG HIGH COST GENERIC
BESIVANCE 0.6% SUSP *besifloxacin hcl*	BRAND	1	QPD 0.767 per day
BLEPH-10 10% EYE DROPS *sulfacetamide sodium*	BRAND	1	QL
BLEPHAMIDE EYE DROPS *sulfacetamide sodium/prednisolone acetate*	BRAND	1	QL
BLEPHAMIDE EYE OINTMENT *sulfacetamide sodium/prednisolone acetate*	BRAND	1	QL
CILOXAN (OINTMENT, EYE DROPS) *ciprofloxacin hcl*	BRAND	1	QPD 0.767 per day
CIPRO HC OTIC SUSPENSION *ciprofloxacin hcl/hydrocortisone*	BRAND	1	QPD 0.434 per day
ciprofloxacin hcl 0.2 % droperette	generic	1	QPD 0.567 per day
ciprofloxacin hcl 0.3 % drops	generic	1	QPD 0.767 per day
ciprofloxacin hcl/dexameth 0.3 %-0.1% drops susp	generic	1	QPD 0.257 per day
ciprofloxacin hcl/fluocinolone 0.3-0.025% vial	generic	1	
COLY-MYCIN S OTIC SUSP DROP *neomycin sulf/colistin sul/hydrocortisone*	BRAND	1	QL

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ac/thonzonium brom			
CORTISPORIN-TC EAR SUSPENSION *neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom*	BRAND	1	QL
erythromycin base 5 mg/gram oint. (g)	generic	1	QPD 0.54 per day
gatifloxacin 0.5 % drops	generic	1	QPD 0.36 per day HCG HIGH COST GENERIC
GENTAK 0.3 % EYE OINTMENT *gentamicin sulfate*	BRAND	1	QPD 0.54 per day
gentamicin sulfate 0.3 % drops	generic	1	QPD 2.143 per day
levofloxacin 0.5 % drops	generic	1	QPD 0.767 per day
MAXITROL EYE DROPS *neomycin/polymyxin b sulfate/dexamethasone*	BRAND	1	QL
MAXITROL EYE OINTMENT *neomycin/polymyxin b sulfate/dexamethasone*	BRAND	1	QL
MOXEZA 0.5% EYE DROPS *moxifloxacin hcl*	BRAND	1	QPD 0.434 per day
MOXIFLOXACIN HCL (0.5 VISC, 0.5)	generic	1	QPD 0.434 per day
NEO-POLYCIN EYE OINTMENT *neomycin sulfate/bacitracin/polymyxin b*	BRAND	1	QPD 0.124 per day
NEO-POLYCIN HC EYE OINTMENT *neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone*	BRAND	1	QL HCG HIGH COST GENERIC
neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)	generic	1	QL
neomycin/bacitracin/polymyxinb 3.5mg-400 oint. (g)	generic	1	QPD 0.124 per day
neomycin/polymyxn b/gramicidin 1.75mg-10k drops	generic	1	QPD 1.47 per day
neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp	generic	1	QL
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE (DROPS SUSP, SOLUTION)	generic	1	QL
neomycin/polymyxin b/dexametha 0.1 % drops susp	generic	1	QL
neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g)	generic	1	QL
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
OCUFLOX 0.3% EYE DROPS *ofloxacin*	BRAND		QPD 1.47 per day
ofloxacin 0.3 % drops	generic	1	QL QPD 1.47 per day
OTOVEL 0.3%-0.025% EAR DROPS *ciprofloxacin hcl/fluocinolone acetonide*	BRAND	1	QPD 0.473 per day
POLYCIN EYE OINTMENT *bacitracin/polymyxin b sulfate*	BRAND	1	QPD 0.434 per day
polymyxin b sulf/trimethoprim 10000-1/ml drops	generic	1	QPD 1.47 per day
POLYTRIM EYE DROPS *polymyxin b sulfate/trimethoprim*	BRAND	1	QPD 1.47 per day
PRED-G 1% EYE DROPS *gentamicin sulfate/prednisolone acetate*	BRAND	1	QL
PRED-G S.O.P. EYE OINTMENT *gentamicin sulfate/prednisolone acetate*	BRAND	1	QL
sulfacetamide sodium 10 % drops	generic	1	QL
sulfacetamide sodium 10 % oint. (g)	generic	1	QL
sulfacetamide/prednisolone sp 10 %-0.23% drops	generic	1	QL
TOBRADEX EYE OINTMENT *tobramycin/dexamethasone*	BRAND	1	QL
TOBRADEX ST 0.3-0.05% EYE DROP *tobramycin/dexamethasone*	BRAND	1	QL
tobramycin 0.3 % drops	generic	1	QPD 2.143 per day
tobramycin/dexamethasone 0.3 %-0.1% drops susp	generic	1	QL
TOBREX 0.3% EYE DROP *tobramycin*	BRAND	1	QPD 2.143 per day
TOBREX 0.3% EYE OINTMENT *tobramycin*	BRAND	1	QPD 0.54 per day
ZYMAXID 0.5% EYE DROPS *gatifloxacin*	BRAND	1	QPD 0.36 per day
ANTIFUNGALS (EENT)			
NATACYN 5% EYE DROPS *natamycin*	BRAND	1	QPD 0.767 per day
ANTIVIRALS (EENT)			
trifluridine 1 % drops	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ZIRGAN 0.15% OPHTHALMIC GEL *ganciclovir*	BRAND	1	QPD 0.167 per day
EENT ANTI-INFECTIVES, MISCELLANEOUS			
acetic acid 2 % solution	generic	1	
BETADINE 5% EYE SOLUTION *povidone-iodine*	BRAND	1	
chlorhexidine gluconate 0.12 % mouthwash	generic	1	
hydrocortisone/acetic acid 1 %-2 % drops	generic	1	
PAROEX 0.12% ORAL RINSE *chlorhexidine gluconate*	BRAND	1	
PERIDEX 0.12% ORAL RINSE *chlorhexidine gluconate*	BRAND	1	
PERIOGARD 0.12% ORAL RINSE *chlorhexidine gluconate*	BRAND	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)			
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)			
ALTABAX 1% OINTMENT *retapamulin*	BRAND	1	PA
AMZEEQ 4% FOAM *minocycline hcl*	BRAND	1	QPD 1 per day
CENTANY 2% OINTMENT *mupirocin*	BRAND	1	PA
CLEOCIN T 1% GEL *clindamycin phosphate*	BRAND	1	QL
CLEOCIN T (SOLUION, LOION) *clindamycin phosphate*	BRAND	1	
CLINDACIN ETZ 1% PLEDGET *clindamycin phosphate*	BRAND	1	HCG HIGH COST GENERIC
CLINDACIN P 1% PLEDGETS *clindamycin phosphate*	BRAND	1	HCG HIGH COST GENERIC
CLINDAMYCIN PHOSPHATE (1 LOTION, 2 CREAM/APPL, 1 MED. SWAB)	generic	1	
clindamycin phosphate 1 % gel (gram)	generic	1	QL
clindamycin phosphate 1 % solution	generic	1	QPD 2 per day
clindamycin phos/benzoyl perox 1.2(1)%-5% gel (gram)	generic	1	QPD 1.5 per day
CLINDAMYCIN PHOSPHATE/BENZOYL	generic	1	QPD 1.667 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PEROXIDE (1 %-5 % (GRAM), 1.2%-2.5% W/PUMP)			
CLINDESSE 2% VAGINAL CREAM *clindamycin phosphate*	BRAND	1	
CORTISPORIN CREAM *neomycin sulfate/polymyxin b sulfate/hydrocortisone*	BRAND	1	QPD 0.25 per day
CORTISPORIN OINTMENT *neomycin/bacitracin/polymyxin b/hydrocortisone*	BRAND	1	QPD 0.5 per day
ERY 2% PADS *erythromycin base in ethanol*	BRAND	1	
ERYGEL 2% GEL *erythromycin base in ethanol*	BRAND	1	QPD 1 per day
erythromycin base in ethanol 2 % gel (gram)	generic	1	QPD 1 per day
erythromycin base in ethanol 2 % solution	generic	1	QPD 2 per day
erythromycin/benzoyl peroxide 3 %-5 % gel (gram)	generic	1	QPD 1.6 per day
GENTAMICIN SULFATE (0.1 OINT., 0.1 CREAM)	generic	1	
METROCREAM 0.75% CREAM *metronidazole*	BRAND	1	
METROLOTION TOPICAL 0.75% *metronidazole*	BRAND	1	
METRONIDAZOLE (0.75 GEL (GRAM), 0.75 CREAM (G), 0.75 GEL W/APPL, 1 GEL W/PUMP, 0.75 LOTION, 1 GEL (GRAM))	generic	1	
mupirocin 2 % oint. (g)	generic	1	QPD 2.5 per day
mupirocin calcium 2 % cream (g)	generic	1	QPD 2 per day
NEUAC GEL *clindamycin phosphate/benzoyl peroxide*	BRAND	1	QPD 1.5 per day
ONEXTON 1.2%-3.75% GEL *clindamycin phosphate/benzoyl peroxide*	BRAND	1	QPD 1.667 per day
ONEXTON GEL PUMP *clindamycin phosphate/benzoyl peroxide*	BRAND	1	QPD 1.967 per day
ROSADAN (GEL KIT, GEL, CREAM) *metronidazole/skin cleanser combination no.23*	BRAND	1	
VANDAZOLE VAGINAL 0.75% GEL *metronidazole*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
XEPI 1% CREAM *ozenoxacin*	BRAND	1	PA
ZILXI 1.5% FOAM *minocycline hcl*	BRAND	1	PA QPD 1 per day
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)			
acyclovir 5 % cream (g)	generic	1	AL At least 12 yrs old PA QPD 0.167 per day
acyclovir 5 % oint. (g)	generic	1	
DENAVIR 1% CREAM *penciclovir*	BRAND	1	AL At least 12 yrs old PA QPD 0.167 per day
LOCAL ANTI-INFECTIVES, MISCELLANEOUS			
hydrocortisone/iodoquinol 1 %-1 % cream (g)	generic	1	
iodine/potassium iodide 5 %-10 % solution	generic	1	
iodine/sodium iodide 2 % tincture	generic	1	
IODOFLEX PAD *cadexomer iodine*	BRAND	1	
IODOSORB GEL *cadexomer iodine*	BRAND	1	
KLARON 10% LOTION *sulfacetamide sodium*	BRAND	1	QPD 4 per day
LUGOL'S STRONG IODINE SOLUTION *iodine/potassium iodide*	BRAND	1	
SELENIUM SULFIDE (2.5 LOTION, 2.25 SHAMPOO)	generic	1	
silver sulfadiazine 1 % cream (g)	generic	1	
SSD 1% CREAM *silver sulfadiazine*	BRAND	1	
sulfacetamide sodium 10 % cleanser	generic	1	QPD 12 per day
sulfacetamide sodium 10 % suspension	generic	1	QPD 4 per day
SULFAMYLON 8.5% CREAM *mafenide acetate*	BRAND	1	
SCABICIDES AND PEDICULICIDES			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
CROTAN 10% LOTION *crotamiton*	BRAND	1	
ELIMITE 5% CREAM *permethrin*	BRAND	1	
EURAX (CREAM, LOTION) *crotamiton*	BRAND	1	
ivermectin 0.5 % lotion	generic	1	
lindane 1 % shampoo	generic	1	HCG HIGH COST GENERIC
malathion 0.5 % lotion	generic	1	HCG HIGH COST GENERIC
OVIDE 0.5% LOTION *malathion*	BRAND	1	
permethrin 5 % cream (g)	generic	1	
SKLICE 0.5% LOTION *ivermectin*	BRAND	1	
ULESFIA 5% LOTION *benzyl alcohol*	BRAND	1	
ANTI-INFLAMMATORY AGENTS (EENT)			
CORTICOSTEROIDS (EENT)			
dexamethasone sodium phosphate 0.1 % drops	generic	1	QL
difluprednate 0.05 % drops	generic	1	QL
DUREZOL 0.05% EYE DROPS *difluprednate*	BRAND	1	QL
FLAC OTIC OIL 0.01% EAR DROP *fluocinolone acetonide oil*	BRAND	1	
FLAREX 0.1% EYE DROPS *fluorometholone acetate*	BRAND	1	QL
flunisolide 25 mcg spray	generic	1	QPD 0.834 per day
fluocinolone acetonide oil 0.01 % drops	generic	1	HCG HIGH COST GENERIC
fluorometholone 0.1 % drops susp	generic	1	QL
fluticasone propionate 50 mcg spray susp	generic	1	QPD 0.6 per day
FML FORTE 0.25% EYE DROPS *fluorometholone*	BRAND	1	QL
FML S.O.P. 0.1% OINTMENT *fluorometholone*	BRAND	1	QL
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
LOTEMAX 0.5% OPHTHALMIC GEL *loteprednol etabonate*	BRAND		QL
LOTEMAX 0.5% EYE OINTMENT *loteprednol etabonate*	BRAND	1	QL
LOTEMAX SM 0.38% OPHTH GEL *loteprednol etabonate*	BRAND	1	QL
loteprednol etabonate 0.5 % drops gel	generic	1	QL
loteprednol etabonate 0.5 % drops susp	generic	1	QL
mometasone furoate 50 mcg spray/pump	generic	1	QPD 0.567 per day
OMNARIS 50 MCG NASAL SPRAY *ciclesonide*	BRAND	1	QPD 0.434 per day
PRED MILD 0.12% EYE DROPS *prednisolone acetate*	BRAND	1	QL
prednisolone acetate 1 % drops susp	generic	1	QL
prednisolone sodium phosphate 1 % drops	generic	1	QL
QNASL 80 MCG NASAL SPRAY *beclomethasone dipropionate*	BRAND	1	QPD 0.4 per day
QNASL CHILDREN'S 40 MCG SPRAY *beclomethasone dipropionate*	BRAND	1	QPD 0.3 per day
triamcinolone acetonide 55 mcg spray	generic	1	QPD 0.55 per day
ZETONNA 37 MCG NASAL SPRAY *ciclesonide*	BRAND	1	QPD 0.22 per day
EENT ANTI-INFLAMMATORY AGENTS, MISC.			
RESTASIS 0.05% EYE EMULSION *cyclosporine*	BRAND	1	PA QPD 2 per day B4G Brand For Generic
RESTASIS MULTIDOSE 0.05% EYE *cyclosporine*	BRAND	1	PA QPD 0.2 per day
XIIDRA 5% EYE DROPS *lifitegrast*	BRAND	1	AL At least 17 yrs old PA QPD 2 per day
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS			
ACULAR LS 0.4% OPHTH SOL *ketorolac tromethamine*	BRAND	1	QL
		1	QL

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
bromfenac sodium 0.09 % drops	generic		HCG HIGH COST GENERIC
diclofenac sodium 0.1 % drops	generic	1	QL
flurbiprofen sodium 0.03 % drops	generic	1	QL
ketorolac tromethamine 0.4 % drops	generic	1	QL
ketorolac tromethamine 0.5 % drops	generic	1	QL
PROLENSA 0.07% EYE DROPS *bromfenac sodium*	BRAND	1	QL
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)			
INTERLEUKIN ANTAGONISTS			
DUPIXENT 100 MG/0.67 ML SYRING *dupilumab*	BRAND	1	AL At least 6 yrs old SPC Specialty Choice PA QPD 0.05 per day
FASENRA 30 MG/ML SYRINGE *benralizumab*	BRAND	1	AL At least 12 yrs old SPC Specialty Choice PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
FASENRA PEN 30 MG/ML *benralizumab*	BRAND	1	AL At least 12 yrs old SPC Specialty Choice PA QPD 0.04 per day SDS Extended Specialty Day Supply
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE) *mepolizumab*	BRAND	1	AL At least 12 yrs old SPC Specialty Choice PA QPD 0.04 per day
NUCALA 100 MG/ML POWDER VIAL *mepolizumab*	BRAND	1	AL At least 6 yrs old SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM
LEUKOTRIENE MODIFIERS			
montelukast sodium 4 mg gran pack	generic	1	QPD 1 per day HCG HIGH COST GENERIC
MONTELUKAST SODIUM (10 MG TABLET, 4 MG TAB CHEW, 5 MG TAB CHEW)	generic	1	QPD 1 per day
ZAFIRLUKAST (20 MG, 10 MG)	generic	1	QPD 2 per day
zileuton 600 mg tbmp 12hr	generic	1	QPD 4 per day HCG HIGH COST GENERIC
ZYFLO 600 MG FILMTAB *zileuton*	BRAND	1	QPD 4 per day
MAST-CELL STABILIZERS			
cromolyn sodium 4 % drops	generic	1	QL
CROMOLYN SODIUM (20 MG/ML ORAL CONC, 20 MG/2 ML AMPUL-NEB)	generic	1	
GASTROCROM 100 MG/5 ML CONC *cromolyn sodium*	BRAND	1	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)			
ANTI-INFLAMMATORY AGENTS, MISC (SKIN)			
EUCRISA 2% OINTMENT *crisaborole*	BRAND	1	QPD 2.143 per day
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)			
alclometasone dipropionate 0.05 % cream (g)	generic	1	HCG HIGH COST GENERIC
alclometasone dipropionate 0.05 % oint. (g)	generic	1	
ANALPRAM HC 2.5%-1% LOTION *hydrocortisone acetate/pramoxine hcl*	BRAND	1	
ANUCORT-HC 25 MG SUPPOSITORY *hydrocortisone acetate*	BRAND	1	
BESER 0.05% LOTION *fluticasone propionate*	BRAND	1	
BETAMETHASONE DIPROPIONATE (0.05 LOTION, 0.05 GEL (GRAM), 0.05 CREAM (G),	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
0.05 OINT. (G))			
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL (0.05 CREAM (G), 0.05 OINT. (G), 0.05 LOTION)	generic	1	
betamethasone valerate 0.12 % foam	generic	1	HCG HIGH COST GENERIC
BETAMETHASONE VALERATE (0.1 CREAM (G), 0.1 LOTION, 0.1 OINT. (G))	generic	1	
BRYHALI 0.01% LOTION *halobetasol propionate*	BRAND	1	PA
CLOBETASOL PROPIONATE (0.05 SOLUTION, 0.05 SHAMPOO, 0.05 CREAM (G), 0.05 OINT. (G), 0.05 GEL (GRAM))	generic	1	
CLOBETASOL PROPIONATE (0.05 LOTION, 0.05 SPRAY)	generic	1	HCG HIGH COST GENERIC
clobetasol propionate/emoll 0.05 % cream (g)	generic	1	
clobetasol propionate/emoll 0.05 % foam	generic	1	HCG HIGH COST GENERIC
clocortolone pivalate 0.1 % cream (g)	generic	1	HCG HIGH COST GENERIC
CLODAN 0.05% SHAMPOO *clobetasol propionate*	BRAND	1	HCG HIGH COST GENERIC
COLOCORT 100 MG/60 ML ENEMA *hydrocortisone*	BRAND	1	
DERMA-SMOOTHE-FS BODY OIL *fluocinolone acetonide*	BRAND	1	
DESONIDE (0.05 GEL (GRAM), 0.05 LOTION, 0.05 CREAM (G), 0.05 OINT. (G))	generic	1	
DESOXIMETASONE (0.05 CREAM, 0.05 OINT.)	generic	1	HCG HIGH COST GENERIC
DESOXIMETASONE (0.25 SPRAY, 0.25 OINT. (G), 0.25 CREAM (G), 0.05 GEL (GRAM))	generic	1	
DESRX 0.05% GEL *desonide*	BRAND	1	
EPIFOAM FOAM *hydrocortisone acetate/pramoxine hcl*	BRAND	1	
FLUOCINOLONE ACETONIDE (0.01 CREAM (G), 0.01 OIL)	generic	1	
FLUOCINOLONE ACETONIDE (0.025 OINT. (G), 0.025 CREAM (G), 0.01 SOLUTION)	generic	1	HCG HIGH COST GENERIC
fluocinolone/shower cap 0.01 % oil	generic	1	HCG HIGH COST GENERIC
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
FLUOCINONIDE (0.05 GEL (GRAM), 0.05 SOLUTION, 0.05 CREAM (G), 0.05 OINT. (G))	generic		
fluocinonide/emollient base 0.05 % cream (g)	generic	1	
FLUTICASONE PROPIONATE (0.005 OINT., 0.05 CREAM)	generic	1	
halcinonide 0.1 % cream (g)	generic	1	PA
HALOBETASOL PROPIONATE (0.05 OINT., 0.05 CREAM)	generic	1	
HYDROCORTISONE (2.5 % LOTION, 2.5 % CREAM (G), 1 % OINT. (G), 1 % CREAM (G), 100MG/60ML ENEMA, 1 % CRM/PE APP, 2.5 % OINT. (G), 2.5 % CRM/PE APP)	generic	1	
HYDROCORTISONE ACETATE (30 MG, 25 MG)	generic	1	
HYDROCORTISONE ACETATE/PRAMOXINE HCL (1 %-1 %, 2.5 %-1 %, 2.5-1%(4G))	generic	1	
HYDROCORTISONE BUTYRATE (0.1 LOTION, 0.1 OINT. (G), 0.1 SOLUTION, 0.1 CREAM (G))	generic	1	
HYDROCORTISONE VALERATE (0.2 CREAM, 0.2 OINT.)	generic	1	
LOCOID (LOTION, SOLUTION) *hydrocortisone butyrate*	BRAND	1	
MOMETASONE FUROATE (0.1 CREAM (G), 0.1 OINT. (G), 0.1 SOLUTION)	generic	1	
OLUX 0.05% FOAM *clobetasol propionate*	BRAND	1	
OLUX-E 0.05% FOAM *clobetasol propionate/emollient base*	BRAND	1	
ORALONE 0.1% PASTE *triamcinolone acetonide*	BRAND	1	
PRAMOSONE (1%, 2.5%-1%) *hydrocortisone acetate/pramoxine hcl*	BRAND	1	
PREDNICARBATE (0.1 CREAM, 0.1 OINT.)	generic	1	
PROCTO-MED HC 2.5% CREAM *hydrocortisone*	BRAND	1	
PROCTO-PAK 1% CREAM *hydrocortisone*	BRAND	1	
PROCTOFOAM-HC 1%-1% FOAM *hydrocortisone acetate/pramoxine hcl*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PROCTOSOL-HC 2.5% CREAM *hydrocortisone*	BRAND	1	
PROCTOZONE-HC 2.5% CREAM *hydrocortisone*	BRAND	1	HCG HIGH COST GENERIC
SANADERMRX SKIN REPAIR SOLN *triamcinolone acetonide/dimethicone/silicone, adhesive*	BRAND	1	
SCALACORT 2% LOTION *hydrocortisone*	BRAND	1	
SERNIVO 0.05% SPRAY *betamethasone dipropionate*	BRAND	1	
TOPICORT (0.25% CREAM, 0.25% OINTMENT, 0.05% GEL, 0.05% OINTMENT, 0.05% CREAM) *desoximetasone*	BRAND	1	
TOVET EMOLLIENT 0.05% FOAM *clobetasol propionate/emollient base*	BRAND	1	HCG HIGH COST GENERIC
TRIAMCINOLONE ACETONIDE (0.5 OINT. (G), 0.1 LOTION, 0.025 CREAM (G), 0.5 CREAM (G), 0.1 OINT. (G), 0.1 CREAM (G), 0.1 PASTE (G), 0.025 OINT. (G), 0.025 LOTION)	generic	1	
TRIDERM (0.5%, 0.1%) *triamcinolone acetonide*	BRAND	1	
ANTIANEMIA DRUGS			
IRON PREPARATIONS			
ACCRUFER 30 MG CAPSULE *ferric maltol*	BRAND	1	PA QPD 2 per day
FOLIVANE-PLUS CAPSULE *iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	BRAND	1	
HEMATINIC-VITAMIN-MINERAL TAB *iron/folic acid/vitamin b comp and c/minerals*	BRAND	1	
HEMATINIC-FOLIC ACID TABLET *ferrous fumarate/folic acid*	BRAND	1	
INJECTAFER (750 MG/15 ML, 1,000 MG/20 ML) *ferric carboxymaltose*	BRAND	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
VIRT-FEFA PLUS CAPSULE *iron fumarate,polysac cplex/folic acid/vitb comp with c no.9*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMIC AGENTS			
CLASS IA ANTIARRHYTHMICS			
DISOPYRAMIDE PHOSPHATE (150 MG, 100 MG)	generic	1	
NORPACE (150 MG, 100 MG) *disopyramide phosphate*	BRAND	1	
NORPACE CR (150 MG, 100 MG) *disopyramide phosphate*	BRAND	1	
quinidine gluconate 324 mg tablet er	generic	1	
QUINIDINE SULFATE (300 MG, 200 MG)	generic	1	
CLASS IB ANTIARRHYTHMICS			
MEXILETINE HCL (150 MG, 200 MG, 250 MG)	generic	1	
CLASS IC ANTIARRHYTHMICS			
FLECAINIDE ACETATE (50 MG, 150 MG, 100 MG)	generic	1	
PROPAFENONE HCL (300 MG TABLET, 425 MG CAP ER 12H, 225 MG CAP ER 12H, 325 MG CAP ER 12H, 225 MG TABLET, 150 MG TABLET)	generic	1	
RYTHMOL SR (225 MG, 425 MG) *propafenone hcl*	BRAND	1	
CLASS III ANTIARRHYTHMICS			
AMIODARONE HCL (200 MG, 100 MG, 400 MG)	generic	1	
DOFETILIDE (250 MCG, 500 MCG, 125 MCG)	generic	1	SPC Specialty Choice
MULTAQ 400 MG TABLET *dronedarone hcl*	BRAND	1	PA
PACERONE (100 MG, 200 MG, 400 MG) *amiodarone hcl*	BRAND	1	
ANTIBACTERIALS			
AMINOGLYCOSIDE ANTIBIOTICS			
ARIKAYCE 590 MG/8.4 ML VIAL *amikacin sulfate liposomal with nebulizer accessories*	BRAND	1	SPC Specialty Choice PA QPD 9 per day
BETHKIS 300 MG/4 ML AMPULE *tobramycin*	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA
GENTAMICIN SULFATE (20 MG/2 ML, 40 MG/ML)	generic	1	BSP BENEFIT SHIFT PROGRAM
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC (GENTAMIC90MG/100ML, GENTAMIC70 MG/50ML)	generic	1	BSP BENEFIT SHIFT PROGRAM
GENTAMICIN SULFATE/PF (20 MG/2 ML, 60 MG/6 ML PORT, 100MG/10ML PORT)	generic	1	BSP BENEFIT SHIFT PROGRAM
KITABIS PAK 300 MG/5 ML *tobramycin/nebulizer*	BRAND	1	SPC Specialty Choice PA
neomycin sulfate 500 mg tablet	generic	1	
TOBI 300 MG/5 ML SOLUTION *tobramycin in 0.225 % sodium chloride*	BRAND	1	SPC Specialty Choice PA SDS Extended Specialty Day Supply
TOBI PODHALER 28 MG INHALE CAP *tobramycin*	BRAND	1	SPC Specialty Choice PA SDS Extended Specialty Day Supply
tobramycin 300 mg/4ml ampul-neb	generic	1	SPC Specialty Choice PA
tobramycin in 0.225% sod chlor 300 mg/5ml ampul-neb	generic	1	SPC Specialty Choice PA SDS Y
tobramycin/nebulizer 300 mg/5ml ampul-neb	generic	1	SPC Specialty Choice PA
QUINOLONE ANTIBIOTICS			
BAXDELA 450 MG TABLET *delafloxacin meglumine*	BRAND	1	PA
CIPRO 10% SUSPENSION *ciprofloxacin*	BRAND	1	QPD 10 per day
CIPRO 5% SUSPENSION *ciprofloxacin*	BRAND	1	QPD 7 per day
CIPRO (250 MG, 500 MG) *ciprofloxacin hcl*	BRAND	1	QPD 2 per day
ciprofloxacin 250 mg/5ml sus mc rec	generic	1	QPD 7 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ciprofloxacin 500 mg/5ml sus mc rec	generic	1	QPD 10 per day
CIPROFLOXACIN HCL (100 MG, 750 MG, 250 MG)	generic	1	QPD 2 per day
ciprofloxacin hcl 500 mg tablet	generic	1	QPD 2 per day LCG LOW COST GENERIC
ciprofloxacin in 5 % dextrose 200mg/0.1l piggyback	generic	1	
FACTIVE 320 MG TABLET *gemifloxacin mesylate*	BRAND	1	PA QPD 7 per day
LEVAQUIN (750 MG, 500 MG) *levofloxacin*	BRAND	1	QL
levofloxacin 250mg/10ml solution	generic	1	
LEVOFLOXACIN (500 MG, 750 MG, 250 MG)	generic	1	QL
moxifloxacin hcl 400 mg tablet	generic	1	QL
OFLOXACIN (400 MG, 300 MG)	generic	1	QL
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)			
BACTRIM 400-80 MG TABLET *sulfamethoxazole/trimethoprim*	BRAND	1	
BACTRIM DS TABLET *sulfamethoxazole/trimethoprim*	BRAND	1	
sulfadiazine 500 mg tablet	generic	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM (800-160/20 ORAL SUSP, 200-40MG/5 ORAL SUSP, 400MG-80MG TABLET)	generic	1	
sulfamethoxazole/trimethoprim 800-160 mg tablet	generic	1	LCG LOW COST GENERIC
SULFATRIM PEDIATRIC SUSPENSION *sulfamethoxazole/trimethoprim*	BRAND	1	
TETRACYCLINE ANTIBIOTICS			
AVIDOXY 100 MG TABLET *doxycycline monohydrate*	BRAND	1	
COREMINO (ER 90 MG, ER 135 MG) *minocycline hcl*	BRAND	1	QPD 1 per day
COREMINO ER 45 MG TABLET *minocycline hcl*	BRAND	1	QPD 3 per day
DEMECLOCYCLINE HCL (150 MG, 300 MG)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DOXYCYCLINE HYCLATE (100 MG CAPSULE, 100 MG TABLET, 50 MG CAPSULE)	generic	1	
DOXYCYCLINE MONOHYDRATE (50 MG CAPSULE, 100 MG TABLET, 100 MG CAPSULE, 50 MG TABLET, 25 MG/5 ML SUSP RECON)	generic	1	
LYMEPAK 100 MG TABLET *doxycycline hyclate*	BRAND	1	QPD 2 per day
MINOCYCLINE HCL (100 MG, 75 MG, 50 MG)	generic	1	
MONDOXYNE NL 100 MG CAPSULE *doxycycline monohydrate*	BRAND	1	
MORGIDOX (100 MG, 50 MG) *doxycycline hyclate*	BRAND	1	
OKEBO 75 MG CAPSULE *doxycycline monohydrate*	BRAND	1	
TETRACYCLINE HCL (500 MG, 250 MG)	generic	1	
ANTIBACTERIALS, MISCELLANEOUS			
CYCLIC LIPOPEPTIDE ANTIBIOTICS			
daptomycin 500 mg vial	generic	1	BSP BENEFIT SHIFT PROGRAM
GLYCOPEPTIDE ANTIBIOTICS			
VANCOCIN HCL (250 MG, 125 MG) *vancomycin hcl*	BRAND	1	
VANCOMYCIN HCL (250 MG, 125 MG)	generic	1	
VANCOMYCIN HCL (1, 5, 1 PORT)	generic	1	BSP BENEFIT SHIFT PROGRAM
LINCOMYCIN ANTIBIOTICS			
CLEOCIN HCL (75 MG, 300 MG, 150 MG) *clindamycin hcl*	BRAND	1	QPD 4 per day
CLEOCIN PEDIATRIC 75 MG/5 ML *clindamycin palmitate hcl*	BRAND	1	QPD 70 per day
CLEOCIN PHOSPHATE (600 MG/4ML, 900 MG/6ML) *clindamycin phosphate*	BRAND	1	
CLINDAMYCIN HCL (150 MG, 75 MG, 300 MG)	generic	1	QPD 4 per day
clindamycin palmitate hcl 75 mg/5 ml soln recon	generic	1	QPD 70 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
clindamycin phosphate/d5w 600mg/50ml piggyback	generic	1	
OTHER MISC. ANTIBACTERIAL AGENTS			
HELIDAC THERAPY PACK *bismuth subsalicylate/metronidazole/tetracycline hcl*	BRAND	1	QL
PYLERA CAPSULE *colloidal bismuth subcitrate/metronidazole/tetracycline hcl*	BRAND	1	QL
OXAZOLIDINONE ANTIBIOTICS			
linezolid 100 mg/5ml susp recon	generic	1	QL
linezolid 600 mg tablet	generic	1	QPD 2 per day
SIVEXTRO 200 MG TABLET *tedizolid phosphate*	BRAND	1	QL PA
ZYVOX 100 MG/5 ML SUSPENSION *linezolid*	BRAND	1	QL PA
ZYVOX 600 MG TABLET *linezolid*	BRAND	1	PA QPD 2 per day
PLEUROMUTILINS			
XENLETA 600 MG TABLET *lefamulin acetate*	BRAND	1	SPC Specialty Choice PA
RIFAMYCIN ANTIBIOTICS			
AEMCOLO DR 194 MG TABLET *rifamycin sodium*	BRAND	1	
XIFAXAN (550 MG, 200 MG) *rifaximin*	BRAND	1	PA
ANTICHOLINERGIC AGENTS			
ANTIMUSCARINICS/ANTISPASMODICS			
ANASPAZ 0.125 MG TABLET ODT *hyoscyamine sulfate*	BRAND	1	
ANORO ELLIPTA 62.5-25 MCG INH *umeclidinium bromide/vilanterol trifenatate*	BRAND	1	QPD 2 per day
ATROPEN (1 ML AUTOINJECT, 0.5 ML AUTOINJ, 2 ML AUTOINJECT) *atropine sulfate*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ATROVENT 17 MCG HFA INHALER *ipratropium bromide*	BRAND	1	QPD 1.29 per day
chlordiazepoxide/clidinium br 5 mg-2.5mg capsule	generic	1	
COMBIVENT RESPIMAT 20-100 MCG *ipratropium bromide/albuterol sulfate*	BRAND	1	QPD 0.267 per day
CUVPOSA 1 MG/5 ML SOLUTION *glycopyrrolate*	BRAND	1	
DICYCLOMINE HCL (10 MG CAPSULE, 10 MG/5 ML SOLUTION, 20 MG TABLET)	generic	1	LCG LOW COST GENERIC
DONNATAL (TABLET, ELIXIR) *phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	BRAND	1	
ED-SPAZ 0.125 MG ODT *hyoscyamine sulfate*	BRAND	1	
GLYCATE 1.5 MG TABLET *glycopyrrolate*	BRAND	1	
GLYCOPYRROLATE (1 MG/5 ML SOLUTION, 1 MG TABLET, 2 MG TABLET)	generic	1	
HYOSCYAMINE SULFATE (125MCG/5ML ELIXIR, 0.125MG/ML DROPS, 0.125 MG TABLET, 0.375 MG TAB ER 12H, 0.125 MG TAB RAPDIS, 0.125 MG TAB SUBL)	generic	1	
HYOSYNE (125 MCG/5 ML ELIXIR, 0.125 MG/ML DROP) *hyoscyamine sulfate*	BRAND	1	
ipratropium bromide 0.2 mg/ml solution	generic	1	QPD 12.5 per day
ipratropium/albuterol sulfate 0.5-3mg/3 ampul-neb	generic	1	
LEVSIN 0.125 MG TABLET *hyoscyamine sulfate*	BRAND	1	
LEVSIN-SL 0.125 MG TABLET SL *hyoscyamine sulfate*	BRAND	1	
LIBRAX CAPSULE *chlordiazepoxide/clidinium bromide*	BRAND	1	
LONHALA MAGNAIR 25 MCG REFILL *glycopyrrolate/nebulizer accessories*	BRAND	1	PA QPD 2 per day
LONHALA MAGNAIR 25 MCG STARTER *glycopyrrolate/nebulizer and accessories*	BRAND	1	PA QPD 2 per day
METHSCOPOLAMINE BROMIDE (2.5 MG, 5	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MG)			
NULEV 0.125 MG CHEWABLE MELT *hyoscyamine sulfate*	BRAND	1	
OSCIMIN 0.125 MG TABLET *hyoscyamine sulfate*	BRAND	1	
OSCIMIN SL 0.125 MG TABLET *hyoscyamine sulfate*	BRAND	1	
OSCIMIN SR 0.375 MG TABLET *hyoscyamine sulfate*	BRAND	1	
PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE SULF/SCOPOLAMINE HB (16.2MG/5ML ELIXIR, 16.2 MG TABLET)	generic	1	
PHENOHYTRO TABLET *phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb*	BRAND	1	HCG HIGH COST GENERIC
propantheline bromide 15 mg tablet	generic	1	
QBREXZA 2.4% CLOTH *glycopyrronium tosylate*	BRAND	1	PA QPD 1 per day
SPIRIVA 18 MCG CP-HANDIHALER *tiotropium bromide*	BRAND	1	QPD 1 per day
SPIRIVA RESPIMAT (2.5 MCG, 1.25 MCG) *tiotropium bromide*	BRAND	1	QPD 1 per day
STIOLTO RESPIMAT INHAL SPRAY *tiotropium bromide/olodaterol hcl*	BRAND	1	QPD 0.134 per day
SYMAX DUOTAB *hyoscyamine sulfate*	BRAND	1	
ANTICOAGULANTS			
ANTICOAGULANTS, MISCELLANEOUS			
ACD-A SOLUTION *citrate dextrose solution*	BRAND	1	
ARIXTRA (7.5 MG/0.6 ML, 5 MG/0.4 ML, 2.5 MG/0.5 ML, 10 MG/0.8 ML) *fondaparinux sodium*	BRAND	1	SPC Specialty Choice
citrate phosphate dextros soln 2.63 g/100 solution	generic	1	
FONDAPARINUX SODIUM (10MG/0.8ML, 2.5 MG/0.5, 5MG/0.4ML, 7.5MG/0.6)	generic	1	SPC Specialty Choice
SODIUM CITRATE (4 % (3 ML) SYRINGE, 4 G/100 ML SOLUTION)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
COUMARIN DERIVATIVES			
COUMADIN (7.5 MG, 3 MG, 1 MG, 6 MG, 2.5 MG, 4 MG, 2 MG, 10 MG, 5 MG) *warfarin sodium*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
JANTOVEN (5 MG, 2.5 MG, 4 MG, 3 MG, 1 MG) *warfarin sodium*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
JANTOVEN (7.5 MG, 6 MG, 2 MG, 10 MG) *warfarin sodium*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
WARFARIN SODIUM (5 MG, 2.5 MG, 1 MG, 2 MG, 3 MG, 4 MG)	generic	1	NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
WARFARIN SODIUM (7.5 MG, 10 MG, 6 MG)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
DIRECT FACTOR XA INHIBITORS			
ELIQUIS DVT-PE TREAT START 5MG *apixaban*	BRAND	1	QL
ELIQUIS (5 MG, 2.5 MG) *apixaban*	BRAND	1	QPD 2 per day
SAVAYSA (30 MG, 60 MG, 15 MG) *edoxaban tosylate*	BRAND	1	PA QPD 1 per day
XARELTO DVT-PE TREAT START 30D *rivaroxaban*	BRAND	1	QL
XARELTO (2.5 MG, 15 MG) *rivaroxaban*	BRAND	1	QPD 2 per day
XARELTO (20 MG, 10 MG) *rivaroxaban*	BRAND	1	QPD 1 per day
DIRECT THROMBIN INHIBITORS			
PRADAXA (110 MG, 75 MG, 150 MG) *dabigatran etexilate mesylate*	BRAND	1	QPD 2 per day
HEPARINS			
ENOXAPARIN SODIUM (300MG/3ML VIAL, 150 MG/ML SYRINGE, 120MG/.8ML SYRINGE, 100 MG/ML SYRINGE, 40MG/0.4ML SYRINGE, 30MG/0.3ML SYRINGE, 80MG/0.8ML SYRINGE, 60MG/0.6ML SYRINGE)	generic	1	SPC Specialty Choice
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
FRAGMIN (5,000 UNIT/0.2 ML SYR, 95,000 UNIT/3.8 ML VL, 10,000 UNIT/ML SYRINGE, 15,000 UNIT/0.6 ML SYR, 7,500 UNIT/0.3 ML SYR, 18,000 UNIT/0.72 ML, 2,500 UNIT/0.2 ML SYR, 12,500 UNIT/0.5 ML SYR) *dalteparin sodium,porcine*	BRAND		SPC Specialty Choice
heparin sodium,porcine 5000/ml(1) cartridge	generic	1	
HEPARIN SODIUM,PORCINE (20000/ML VIAL, 5000/ML SYRINGE, 10 UNIT/ML VIAL, 1000/ML VIAL, 100/ML VIAL, 5000/ML VIAL, 10000/ML VIAL)	generic	1	BSP BENEFIT SHIFT PROGRAM
HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM CHLORIDE (HEPAR25000/500, HEPAR12500/250, HEPAR25000/250)	generic	1	BSP BENEFIT SHIFT PROGRAM
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE (5000/500ML, 5K/1000 ML, 4K/1000 ML, 30K/1000ML)	generic	1	BSP BENEFIT SHIFT PROGRAM
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER (25000/250, 20K/500ML, 25000/500)	generic	1	BSP BENEFIT SHIFT PROGRAM
HEPARIN SODIUM,PORCINE/PF (5000/0.5ML SYRINGE, 300/3 ML SYRINGE, 10 UNIT/ML SYRINGE, 5000/ML SYRINGE, 100/ML (1) SYRINGE, 5000/0.5ML VIAL, 1 UNIT/ML SYRINGE, 10 UNIT/ML VIAL, 500/5 ML SYRINGE, 100/ML (1) VIAL, 1000/10 ML SYRINGE, 1000/ML VIAL, 200/2 ML SYRINGE, 5000/0.5ML CARTRIDGE)	generic	1	BSP BENEFIT SHIFT PROGRAM
LOVENOX (40 MG/0.4 ML SYRINGE, 150 MG/ML SYRINGE, 80 MG/0.8 ML SYRINGE, 60 MG/0.6 ML SYRINGE, 300 MG/3 ML VIAL, 30 MG/0.3 ML SYRINGE, 120 MG/0.8 ML SYRINGE, 100 MG/ML SYRINGE) *enoxaparin sodium*	BRAND	1	SPC Specialty Choice
ANTICONVULSANTS			
ANTICONVULSANTS, MISCELLANEOUS			
APTIOM (400 MG, 800 MG, 600 MG) *eslicarbazepine acetate*	BRAND	1	PA QPD 2 per day
APTIOM 200 MG TABLET *eslicarbazepine acetate*	BRAND	1	PA QPD 3 per day
BANZEL (400 MG TABLET, 40 MG/ML SUSPENSION, 200 MG TABLET) *rufinamide*	BRAND	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
BRIVIACT 10 MG/ML ORAL SOLN *brivaracetam*	BRAND	1	PA QPD 20 per day
BRIVIACT (50 MG, 10 MG) *brivaracetam*	BRAND	1	PA QPD 4 per day
BRIVIACT 100 MG TABLET *brivaracetam*	BRAND	1	PA QPD 2 per day
BRIVIACT 25 MG TABLET *brivaracetam*	BRAND	1	PA QPD 8 per day
BRIVIACT 75 MG TABLET *brivaracetam*	BRAND	1	PA QPD 3 per day
CARBAMAZEPINE (400 MG TAB ER 12H, 100 MG TAB ER 12H, 200MG/10ML ORAL SUSP, 200 MG TABLET, 300 MG CPMP 12HR, 200 MG TAB ER 12H, 200 MG CPMP 12HR, 100 MG CPMP 12HR, 100 MG/5ML ORAL SUSP, 100 MG TAB CHEW)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
DIACOMIT (500 MG POWDER PACKET, 500 MG CAPSULE, 250 MG CAPSULE, 250 MG POWDER PACKET) *stiripentol*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
DIVALPROEX SODIUM (125 MG TABLET DR, 250 MG TAB ER 24H, 125 MG CAP DR SPR, 500 MG TABLET DR, 500 MG TAB ER 24H, 250 MG TABLET DR)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
EPIDIOLEX 100 MG/ML SOLUTION *cannabidiol (cbd)*	BRAND	1	SPC Specialty Choice PA
EPITOL 200 MG TABLET *carbamazepine*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
EPRONTIA 25 MG/ML SOLUTION *topiramate*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR PA
EQUETRO (300 MG, 200 MG, 100 MG) *carbamazepine*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
FELBAMATE (400 MG TABLET, 600 MG TABLET, 600 MG/5ML ORAL SUSP)	generic	1	
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	BRAND	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
felbamate			
FINTEPLA 2.2 MG/ML SOLUTION *fenfluramine hcl*	BRAND	1	SPC Specialty Choice PA QPD 12 per day
FYCOMPA 0.5 MG/ML ORAL SUSP *perampanel*	BRAND	1	QPD 6 per day
FYCOMPA (10 MG, 6 MG, 2 MG, 12 MG, 8 MG, 4 MG) *perampanel*	BRAND	1	QPD 1 per day
GABAPENTIN (100 MG, 300 MG, 400 MG)	generic	1	QPD 9 per day
GABAPENTIN (250 MG/5ML, 300 MG/6ML)	generic	1	QPD 72 per day
gabapentin 600 mg tablet	generic	1	QPD 6 per day
gabapentin 800 mg tablet	generic	1	QPD 5 per day
GABITRIL (12 MG, 2 MG, 4 MG, 16 MG) *tiagabine hcl*	BRAND	1	
HORIZANT ER 300 MG TABLET *gabapentin enacarbil*	BRAND	1	PA QPD 4 per day
HORIZANT ER 600 MG TABLET *gabapentin enacarbil*	BRAND	1	PA QPD 2 per day
LAMOTRIGINE (50 MG TAB RAPDIS, 100 MG TAB ER 24, 25-50-100 TB RD DSPK, 300 MG TAB ER 24, 5 MG TB CHW DSP, 25(84)-100 TAB DS PK, 100 MG TAB RAPDIS, 25(42)-100 TAB DS PK, 25MG (35) TAB DS PK, 200 MG TABLET, 200 MG TAB ER 24, 25(21)-50 TB RD DSPK, 150 MG TABLET, 50 MG TAB ER 24, 100 MG TABLET, 25 MG TABLET, 25 MG TAB ER 24, 250 MG TAB ER 24, 200 MG TAB RAPDIS, 25 MG TAB RAPDIS, 50(42)-100 TB RD DSPK, 25 MG TB CHW DSP)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
LEVETIRACETAM (1000 MG TABLET, 500 MG/5ML SOLUTION, 500 MG TAB ER 24H, 100 MG/ML SOLUTION, 500 MG TABLET, 750 MG TABLET, 750 MG TAB ER 24H, 250 MG TABLET)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
OXCARBAZEPINE (150 MG TABLET, 300 MG TABLET, 600 MG TABLET, 300 MG/5ML ORAL SUSP)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
PREGABALIN (225 MG, 300 MG)	generic	1	QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PREGABALIN (75 MG, 200 MG, 100 MG, 25 MG, 150 MG, 50 MG)	generic	1	QPD 3 per day
pregabalin 20 mg/ml solution	generic	1	QPD 30 per day
ROWEEPRA (1,000 MG, 750 MG, 500 MG) *levetiracetam*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
ROWEEPRA XR (750 MG, 500 MG) *levetiracetam*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
RUFINAMIDE (400 MG TABLET, 200 MG TABLET, 40 MG/ML ORAL SUSP)	generic	1	PA
SABRIL (500 MG TABLET, 500 MG POWDER PACKET) *vigabatrin*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
SPRITAM (750 MG, 500 MG, 1,000 MG, 250 MG) *levetiracetam*	BRAND	1	AL At least 4 yrs old NTI NARROW THERAPEUTIC INDICATOR QPD 3 per day
SUBVENITE (200 MG, 150 MG, 25 MG, 100 MG) *lamotrigine*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
SUBVENITE TAB START KIT (BLUE) *lamotrigine*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
SUBVENITE TAB START KIT(GREEN) *lamotrigine*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
SUBVENITE TAB START KT(ORANGE) *lamotrigine*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
TIAGABINE HCL (4 MG, 16 MG, 2 MG, 12 MG)	generic	1	
topiramate 15 mg cap sprink	generic	1	NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
TOPIRAMATE (50 MG CAP SPR 24, 25 MG CAP SPRINK, 100 MG CAP SPR 24, 200 MG TABLET, 50 MG TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG CAP SPR 24, 200 MG CAP SPR 24, 25 MG CAP SPR 24)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
TROKENDI XR (200 MG, 25 MG, 50 MG, 100 MG)	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
topiramate			
valproic acid 250 mg capsule	generic	1	NTI NARROW THERAPEUTIC INDICATOR
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) (250 MG/5ML, 500MG/10ML)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
VIGABATRIN (500 MG TABLET, 500 MG POWD PACK)	generic	1	SPC Specialty Choice PA QPD 6 per day
VIGADRONE 500 MG POWDER PACKET *vigabatrin*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
VIMPAT 10 MG/ML SOLUTION *lacosamide*	BRAND	1	QPD 50 per day
VIMPAT (150 MG TABLET, 200 MG TABLET, STARTER KIT) *lacosamide*	BRAND	1	QPD 2 per day
VIMPAT (100 MG, 50 MG) *lacosamide*	BRAND	1	QPD 4 per day
XCOPRI (12.5-25 MG PK, 150-200 MG PK, 50-100 MG PAK) *cenobamate*	BRAND	1	PA QPD 1 per day
XCOPRI (200 MG TABLET, 350 MG DAILY DOSE PACK, 250 MG DAILY DOSE PACK, 150 MG TABLET) *cenobamate*	BRAND	1	PA QPD 2 per day
XCOPRI (50 MG, 100 MG) *cenobamate*	BRAND	1	PA QPD 4 per day
ZONISAMIDE (100 MG, 25 MG)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
zonisamide 50 mg capsule	generic	1	NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
BARBITURATES (ANTICONVULSANTS)			
MYSOLINE (250 MG, 50 MG) *primidone*	BRAND	1	
PRIMIDONE (250 MG, 50 MG)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
BENZODIAZEPINES (ANTICONVULSANTS)			
clobazam 2.5 mg/ml oral susp	generic	1	SPC Specialty Choice PA
CLOBAZAM (10 MG, 20 MG)	generic	1	PA
CLONAZEPAM (0.125 MG TAB RAPDIS, 0.5 MG TABLET, 1 MG TAB RAPDIS, 0.25 MG TAB RAPDIS, 1 MG TABLET, 0.5 MG TAB RAPDIS)	generic	1	QPD 3 per day
CLONAZEPAM (2 MG TAB RAPDIS, 2 MG TABLET)	generic	1	QPD 10 per day
NAYZILAM 5 MG NASAL SPRAY *midazolam*	BRAND	1	QL
HYDANTOINS			
DILANTIN 30 MG CAPSULE *phenytoin sodium extended*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
PEGANONE 250 MG TABLET *ethotoin*	BRAND	1	
PHENYTEK (300 MG, 200 MG) *phenytoin sodium extended*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
PHENYTOIN (50 MG TAB CHEW, 125 MG/5ML ORAL SUSP, 100 MG/4ML ORAL SUSP)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
PHENYTOIN SODIUM EXTENDED (300 MG, 100 MG, 200 MG)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
SUCCINIMIDES			
CELONTIN 300 MG KAPSEAL *methsuximide*	BRAND	1	
ETHOSUXIMIDE (250 MG/5ML SOLUTION, 250 MG CAPSULE)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION) *ethosuximide*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
ANTIDEPRESSANTS			
ANTIDEPRESSANTS, MISCELLANEOUS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
bupropion hcl 150 mg tab er 12h	generic	1	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered. QPD 2 per day
bupropion hcl 150 mg tab er 24h	generic	1	QPD 3 per day
bupropion hcl 300 mg tab er 24h	generic	1	QPD 1 per day
bupropion hcl 100 mg tablet	generic	1	QPD 5 per day
bupropion hcl 75 mg tablet	generic	1	QPD 6 per day
BUPROPION HCL (200 MG, 150 MG)	generic	1	QPD 2 per day
bupropion hcl 100 mg tab sr 12h	generic	1	QPD 4 per day
MIRTAZAPINE (15 MG TABLET, 45 MG TABLET, 45 MG TAB RAPDIS, 15 MG TAB RAPDIS, 30 MG TABLET, 30 MG TAB RAPDIS)	generic	1	QPD 1 per day
mirtazapine 7.5 mg tablet	generic	1	QPD 2 per day
REMERON (15 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB, 30 MG SOLTAB, 15 MG TABLET) *mirtazapine*	BRAND	1	QPD 1 per day
SPRAVATO (84 MG DOSE PACK, 28 MG NASAL SPRAY) *esketamine hcl*	BRAND	1	SPC Specialty Choice PA QPD 0.87 per day
SPRAVATO 56 MG DOSE PACK *esketamine hcl*	BRAND	1	SPC Specialty Choice PA QPD 0.58 per day
MONOAMINE OXIDASE INHIBITORS			
MARPLAN 10 MG TABLET *isocarboxazid*	BRAND	1	QPD 6 per day
NARDIL 15 MG TABLET *phenelzine sulfate*	BRAND	1	QPD 6 per day
PARNATE 10 MG TABLET *tranylcypromine sulfate*	BRAND	1	QPD 6 per day
phenelzine sulfate 15 mg tablet	generic	1	QPD 6 per day
tranylcypromine sulfate 10 mg tablet	generic	1	QPD 6 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR			
DESVENLAFAXINE SUCCINATE (50 MG ER, 100 MG ER, 25 MG ER)	generic	1	QPD 1 per day
DRIZALMA SPRINKLE (60 MG, 40 MG, 30 MG, 20 MG) *duloxetine hcl*	BRAND	1	QPD 2 per day
DULOXETINE HCL (40 MG, 20 MG, 60 MG)	generic	1	QPD 2 per day
duloxetine hcl 30 mg capsule dr	generic	1	QPD 4 per day
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 80 MG CAPSULE, ER 40 MG CAPSULE, ER 120 MG CAPSULE) *levomilnacipran hcl*	BRAND	1	QPD 1 per day
VENLAFAXINE HCL (37.5 MG ER, 150 MG ER)	generic	1	QPD 1 per day
venlafaxine hcl 75 mg cap er 24h	generic	1	QPD 3 per day
VENLAFAXINE HCL (50 MG, 75 MG, 37.5 MG, 100 MG)	generic	1	
venlafaxine hcl 25 mg tablet	generic	1	LCG LOW COST GENERIC
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS			
CITALOPRAM HYDROBROMIDE (20 MG/10ML, 10 MG/5 ML)	generic	1	QPD 20 per day
CITALOPRAM HYDROBROMIDE (10 MG, 20 MG)	generic	1	QPD 1 per day LCG LOW COST GENERIC
citalopram hydrobromide 40 mg tablet	generic	1	QL QPD 1 per day LCG LOW COST GENERIC
escitalopram oxalate 5 mg/5 ml solution	generic	1	QPD 20 per day
ESCITALOPRAM OXALATE (10 MG, 5 MG)	generic	1	QPD 1.5 per day
escitalopram oxalate 20 mg tablet	generic	1	QPD 1 per day
fluoxetine hcl 10 mg capsule	generic	1	QPD 1 per day LCG LOW COST GENERIC
fluoxetine hcl 20 mg capsule	generic	1	QPD 4 per day LCG LOW COST GENERIC
fluoxetine hcl 40 mg capsule	generic	1	QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
fluoxetine hcl 90 mg capsule dr	generic	1	QPD 0.15 per day HCG HIGH COST GENERIC
fluoxetine hcl 20 mg/5 ml solution	generic	1	QPD 20 per day
fluoxetine hcl 10 mg tablet	generic	1	QPD 1.5 per day HCG HIGH COST GENERIC LCG LOW COST GENERIC
fluoxetine hcl 20 mg tablet	generic	1	QPD 4 per day HCG HIGH COST GENERIC
fluoxetine hcl 60 mg tablet	generic	1	QPD 1.5 per day HCG HIGH COST GENERIC
FLUVOXAMINE MALEATE (150 MG ER, 100 MG ER)	generic	1	QPD 2 per day
FLUVOXAMINE MALEATE (25 MG, 50 MG)	generic	1	QPD 1 per day
fluvoxamine maleate 100 mg tablet	generic	1	QPD 3 per day
OLANZAPINE/FLUOXETINE HCL (6MG-50MG, 6MG-25MG, 12MG-25MG, 12MG-50MG, 3 MG-25 MG)	generic	1	AL At least 10 yrs old QPD 1 per day
paroxetine hcl 10 mg/5 ml oral susp	generic	1	PA QPD 42 per day
PAROXETINE HCL (25 MG TAB ER 24H, 30 MG TABLET, 37.5 MG TAB ER 24H)	generic	1	QPD 2 per day
PAROXETINE HCL (12.5 MG TAB ER 24H, 40 MG TABLET)	generic	1	QPD 1 per day
paroxetine hcl 10 mg tablet	generic	1	QPD 1.5 per day LCG LOW COST GENERIC
paroxetine hcl 20 mg tablet	generic	1	QPD 1 per day LCG LOW COST GENERIC
paroxetine mesylate 7.5 mg capsule	generic	1	QPD 1 per day
PAXIL 10 MG/5 ML SUSPENSION *paroxetine hcl*	BRAND	1	PA QPD 42 per day
PEXEVA (30 MG, 20 MG, 10 MG) *paroxetine mesylate*	BRAND	1	PA QPD 1 per day
SERTRALINE HCL (200 MG, 150 MG)	generic	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 1 per day MVG Minimal Value Generic
sertraline hcl 20 mg/ml oral conc	generic	1	QPD 10 per day
SERTRALINE HCL (50 MG, 25 MG)	generic	1	QPD 1.5 per day LCG LOW COST GENERIC
sertraline hcl 100 mg tablet	generic	1	QPD 2 per day LCG LOW COST GENERIC
SYMBYAX (3-25 MG, 6-25 MG, 6-50 MG, 12-50 MG) *olanzapine/fluoxetine hcl*	BRAND	1	AL At least 10 yrs old QPD 1 per day
SEROTONIN MODULATORS			
nefazodone hcl 100 mg tablet	generic	1	QPD 6 per day
nefazodone hcl 150 mg tablet	generic	1	QPD 4 per day
nefazodone hcl 200 mg tablet	generic	1	QPD 3 per day
nefazodone hcl 250 mg tablet	generic	1	QPD 2.5 per day
nefazodone hcl 50 mg tablet	generic	1	QPD 12 per day
trazodone hcl 100 mg tablet	generic	1	QPD 4 per day LCG LOW COST GENERIC
trazodone hcl 150 mg tablet	generic	1	QPD 2 per day LCG LOW COST GENERIC
trazodone hcl 300 mg tablet	generic	1	QPD 1 per day
trazodone hcl 50 mg tablet	generic	1	QPD 3 per day LCG LOW COST GENERIC
TRINTELLIX (10 MG, 5 MG, 20 MG) *vortioxetine hydrobromide*	BRAND	1	QPD 1 per day
VIIBRYD 10-20 MG STARTER PACK *vilazodone hcl*	BRAND	1	
VIIBRYD (10 MG, 20 MG, 40 MG) *vilazodone hcl*	BRAND	1	QPD 1 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS			
AMITRIPTYLINE HCL (50 MG, 75 MG, 100 MG, 25 MG, 10 MG, 150 MG)	generic	1	LCG LOW COST GENERIC
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
(12.5MG-5MG, 25 MG-10MG)			
AMOXAPINE (25 MG, 100 MG, 50 MG, 150 MG)	generic	1	
ANAFRANIL (75 MG, 50 MG, 25 MG) *clomipramine hcl*	BRAND	1	
CLOMIPRAMINE HCL (50 MG, 75 MG, 25 MG)	generic	1	
DESIPRAMINE HCL (10 MG, 75 MG, 100 MG, 25 MG, 50 MG, 150 MG)	generic	1	
DOXEPIN HCL (150 MG CAPSULE, 75 MG CAPSULE, 10 MG/ML ORAL CONC)	generic	1	
DOXEPIN HCL (50 MG, 25 MG, 100 MG, 10 MG)	generic	1	LCG LOW COST GENERIC
DOXEPIN HCL (6 MG, 3 MG)	generic	1	QPD 1 per day
ELAVIL 25 MG TABLET *amitriptyline hcl*	BRAND	1	
IMIPRAMINE HCL (25 MG, 10 MG, 50 MG)	generic	1	LCG LOW COST GENERIC
IMIPRAMINE PAMOATE (150 MG, 75 MG, 100 MG, 125 MG)	generic	1	
MAPROTILINE HCL (25 MG, 75 MG, 50 MG)	generic	1	
NORPRAMIN (25 MG, 10 MG) *desipramine hcl*	BRAND	1	
NORTRIPTYLINE HCL (50 MG CAPSULE, 10 MG/5 ML SOLUTION, 25 MG CAPSULE, 10 MG CAPSULE, 75 MG CAPSULE)	generic	1	
PAMELOR (75 MG, 25 MG, 50 MG, 10 MG) *nortriptyline hcl*	BRAND	1	
PERPHENAZINE/AMITRIPTYLINE HCL (4 MG-25 MG, 4MG-10MG, 2 MG-10 MG, 4 MG-50 MG, 2 MG-25 MG)	generic	1	
PROTRIPTYLINE HCL (5 MG, 10 MG)	generic	1	
SILENOR (3 MG, 6 MG) *doxepin hcl*	BRAND	1	QPD 1 per day
TRIMIPRAMINE MALEATE (25 MG, 50 MG, 100 MG)	generic	1	
ANTIDIABETIC AGENTS			
ALPHA-GLUCOSIDASE INHIBITORS			
acarbose 100 mg tablet	generic	1	QPD 3 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
acarbose 25 mg tablet	generic		QPD 12 per day
acarbose 50 mg tablet	generic	1	QPD 6 per day
MIGLITOL (25 MG, 100 MG, 50 MG)	generic	1	QPD 3 per day
AMYLINOMIMETICS			
SYMLINPEN 120 PEN INJECTOR *pramlintide acetate*	BRAND	1	PA QPD 0.4 per day
SYMLINPEN 60 PEN INJECTOR *pramlintide acetate*	BRAND	1	PA QPD 0.2 per day
ANTIDIABETIC AGENTS, MISCELLANEOUS			
KORLYM 300 MG TABLET *mifepristone*	BRAND	1	SPC Specialty Choice PA
BIGUANIDES			
metformin hcl 500 mg/5ml solution	generic	1	QPD 25 per day
metformin hcl 500 mg tab er 24h	generic	1	QPD 5 per day LCG LOW COST GENERIC
metformin hcl 750 mg tab er 24h	generic	1	QPD 3 per day
metformin hcl 1000 mg tablet	generic	1	QPD 2.5 per day LCG LOW COST GENERIC
metformin hcl 500 mg tablet	generic	1	QPD 5 per day LCG LOW COST GENERIC
metformin hcl 850 mg tablet	generic	1	QPD 3 per day LCG LOW COST GENERIC
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS			
JANUMET (50-1,000 MG, 50-500 MG) *sitagliptin phosphate/metformin hcl*	BRAND	1	QPD 2 per day
JANUMET XR (50-500 MG, 50-1,000 MG) *sitagliptin phosphate/metformin hcl*	BRAND	1	QPD 2 per day
JANUMET XR 100-1,000 MG TABLET *sitagliptin phosphate/metformin hcl*	BRAND	1	QPD 1 per day
JANUVIA (50 MG, 25 MG, 100 MG) *sitagliptin phosphate*	BRAND	1	QPD 1 per day
JENTADUETO (2.5 MG-850 MG, 2.5 MG-1000	BRAND	1	QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MG, 2.5 MG-500 MG) *linagliptin/metformin hcl*			
JENTADUETO XR 2.5 MG-1,000 MG *linagliptin/metformin hcl*	BRAND	1	QPD 2 per day
JENTADUETO XR 5 MG-1,000 MG TB *linagliptin/metformin hcl*	BRAND	1	QPD 1 per day
TRADJENTA 5 MG TABLET *linagliptin*	BRAND	1	QPD 1 per day
INCRETIN MIMETICS			
BYDUREON BCISE 2 MG AUTOINJECT *exenatide microspheres*	BRAND	1	QPD 0.15 per day
BYDUREON 2 MG PEN INJECT *exenatide microspheres*	BRAND	1	QPD 0.15 per day
BYETTA 10 MCG DOSE PEN INJ *exenatide*	BRAND	1	QPD 0.08 per day
BYETTA 5 MCG DOSE PEN INJ *exenatide*	BRAND	1	QPD 0.04 per day
OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML)) *semaglutide*	BRAND	1	QPD 0.124 per day
OZEMPIC 0.25-0.5 MG/DOSE PEN *semaglutide*	BRAND	1	QPD 0.067 per day
RYBELSUS (3 MG, 7 MG, 14 MG) *semaglutide*	BRAND	1	QL QPD 1 per day
SAXENDA 18 MG/3 ML PEN *liraglutide*	BRAND	1	AL At least 12 yrs old PA QPD 0.5 per day
TRULICITY (1.5 ML, 3 ML, 4.5 ML, 0.75 ML) *dulaglutide*	BRAND	1	QPD 0.08 per day
VICTOZA 2-PAK 18 MG/3 ML PEN *liraglutide*	BRAND	1	QPD 0.3 per day
VICTOZA 3-PAK 18 MG/3 ML PEN *liraglutide*	BRAND	1	QPD 0.3 per day
MEGLITINIDES			
NATEGLINIDE (120 MG, 60 MG)	generic	1	QPD 3 per day
REPAGLINIDE (1 MG, 0.5 MG)	generic	1	QPD 4 per day
repaglinide 2 mg tablet	generic	1	QPD 8 per day
REPAGLINIDE/METFORMIN HCL (1MG-	generic	1	QPD 5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
500MG, 2 MG-500MG)			
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB			
FARXIGA (10 MG, 5 MG) *dapagliflozin propanediol*	BRAND	1	QPD 1 per day
GLYXAMBI (25 MG, 10 MG) *empagliflozin/linagliptin*	BRAND	1	QPD 1 per day
JARDIANCE (10 MG, 25 MG) *empagliflozin*	BRAND	1	QPD 1 per day
SYNJARDY (5-1,000 MG, 12.5-500 MG, 5-500 MG, 12.5-1,000 MG) *empagliflozin/metformin hcl*	BRAND	1	QPD 2 per day
SYNJARDY XR (12.5-1,000 MG TAB, 5-1,000 MG TABLET, 10-1,000 MG TABLET) *empagliflozin/metformin hcl*	BRAND	1	QPD 2 per day
SYNJARDY XR 25-1,000 MG TABLET *empagliflozin/metformin hcl*	BRAND	1	QPD 1 per day
TRIJARDY XR (10-5-1,000 MG, 25-5-1,000 MG) *empagliflozin/linagliptin/metformin hcl*	BRAND	1	QPD 1 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG) *empagliflozin/linagliptin/metformin hcl*	BRAND	1	QPD 2 per day
XIGDUO XR (10 MG-1,000 MG TAB, 5 MG-500 MG TABLET, 10 MG-500 MG TABLET) *dapagliflozin propanediol/metformin hcl*	BRAND	1	QPD 1 per day
XIGDUO XR (5 MG TABLET, 2.5 MG TAB) *dapagliflozin propanediol/metformin hcl*	BRAND	1	QPD 2 per day
SULFONYLUREAS			
GLIMEPIRIDE (1 MG, 4 MG, 2 MG)	generic	1	LCG LOW COST GENERIC
GLIPIZIDE (10 MG TAB ER 24, 5 MG TABLET, 10 MG TABLET, 5 MG TAB ER 24, 2.5 MG TAB ER 24)	generic	1	LCG LOW COST GENERIC
GLIPIZIDE/METFORMIN HCL (5 MG-500MG, 2.5-500 MG)	generic	1	QPD 4 per day
glipizide/metformin hcl 2.5-250 mg tablet	generic	1	QPD 8 per day
GLYBURIDE (2.5 MG, 5 MG, 1.25 MG)	generic	1	LCG LOW COST GENERIC
GLYBURIDE,MICRONIZED (3 MG, 6 MG, 1.5 MG)	generic	1	LCG LOW COST GENERIC
GLYBURIDE/METFORMIN HCL (2.5-500 MG,	generic	1	QPD 4 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
5 MG-500MG)			
glyburide/metformin hcl 1.25-250mg tablet	generic	1	QPD 8 per day LCG LOW COST GENERIC
THIAZOLIDINEDIONES			
ACTOS (30 MG, 45 MG, 15 MG) *pioglitazone hcl*	BRAND	1	QPD 1 per day
AVANDIA 2 MG TABLET *rosiglitazone maleate*	BRAND	1	PA QPD 3 per day
AVANDIA 4 MG TABLET *rosiglitazone maleate*	BRAND	1	PA QPD 2 per day
PIOGLITAZONE HCL (30 MG, 15 MG, 45 MG)	generic	1	QPD 1 per day
PIOGLITAZONE HCL/GLIMEPIRIDE (30 MG-4 MG, 30 MG-2 MG)	generic	1	QPD 1 per day
PIOGLITAZONE HCL/METFORMIN HCL (15MG-500MG, 15MG-850MG)	generic	1	QPD 3 per day
ANTIEMETICS			
5-HT3 RECEPTOR ANTAGONISTS			
granisetron hcl 1 mg tablet	generic	1	QL
ONDANSETRON (8 MG, 4 MG)	generic	1	QL QPD 0.8 per day
ondansetron hcl 4 mg/5 ml solution	generic	1	QPD 20 per day
ONDANSETRON HCL (8 MG, 4 MG)	generic	1	QL QPD 0.8 per day
ondansetron hcl 24 mg tablet	generic	1	
ondansetron hcl 2 mg/ml vial	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
ondansetron hcl in 0.9 % nacl 16 mg/50ml piggyback	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
ondansetron hcl in 0.9 % nacl 8 mg/50 ml piggyback	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
ONDANSETRON HCL/PF (4 ML AMPUL, 4 ML	generic	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
SYRINGE)			BSP BENEFIT SHIFT PROGRAM
ondansetron hcl/pf 4 mg/2 ml vial	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
ZOFRAN (8 MG, 4 MG) *ondansetron hcl*	BRAND	1	QL
ANTIEMETICS, MISCELLANEOUS			
DRONABINOL (10 MG, 2.5 MG, 5 MG)	generic	1	QPD 5 per day
MARINOL (5 MG, 2.5 MG, 10 MG) *dronabinol*	BRAND	1	PA QPD 5 per day
scopolamine 1 mg/3 day patch td 3	generic	1	
SYNDROS 5 MG/ML SOLUTION *dronabinol*	BRAND	1	AL At least 18 yrs old PA QPD 13 per day
TRANSDERM-SCOP (1 MG/3 DAY PTCH, 1.5 MG (1MG/3D)) *scopolamine*	BRAND	1	
ANTIHISTAMINES (GI DRUGS)			
ANTIVERT 50 MG TABLET *meclizine hcl*	BRAND	1	
BONJESTA ER 20-20 MG TABLET *doxylamine succinate/pyridoxine hcl (vitamin b6)*	BRAND	1	PA QPD 2 per day
COMPAZINE (25 MG SUPPOSITORY, 5 MG TABLET, 10 MG TABLET) *prochlorperazine maleate*	BRAND	1	
COMPRO 25 MG SUPPOSITORY *prochlorperazine*	BRAND	1	
doxylamine succinate/vit b6 10 mg-10mg tablet dr	generic	1	PA QPD 4 per day
MECLIZINE HCL (25 MG, 12.5 MG)	generic	1	
prochlorperazine 25 mg supp.rect	generic	1	
prochlorperazine edisylate 5 mg/ml vial	generic	1	
PROCHLORPERAZINE MALEATE (5 MG, 10 MG)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TIGAN 300 MG CAPSULE *trimethobenzamide hcl*	BRAND	1	
trimethobenzamide hcl 300 mg capsule	generic	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS			
AKYNZEO 300-0.5 MG CAPSULE *netupitant/palonosetron hcl*	BRAND	1	PA QPD 0.15 per day
aprepitant 125mg-80mg cap ds pk	generic	1	QL HCG HIGH COST GENERIC
APREPITANT (125 MG, 40 MG)	generic	1	QPD 0.08 per day
aprepitant 80 mg capsule	generic	1	QPD 0.15 per day
EMEND TRIPACK *aprepitant*	BRAND	1	QL
EMEND (40 MG CAPSULE, 125 MG POWDER PACKET) *aprepitant*	BRAND	1	QPD 0.08 per day
EMEND 80 MG CAPSULE *aprepitant*	BRAND	1	QPD 0.15 per day
VARUBI 180 MG DOSE(2X 90MG TB) *rolapitant hcl*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
ANTIFUNGAL (SYSTEMIC)			
ALLYLAMINE ANTIFUNGALS			
terbinafine hcl 250 mg tablet	generic	1	
ANTIFUNGALS, MISCELLANEOUS			
GRISEOFULVIN ULTRAMICROSIZE (125 MG, 250 MG)	generic	1	HCG HIGH COST GENERIC
griseofulvin, microsize 125 mg/5ml oral susp	generic	1	
griseofulvin, microsize 500 mg tablet	generic	1	HCG HIGH COST GENERIC
AZOLE ANTIFUNGALS			
CRESEMBA 186 MG CAPSULE *isavuconazonium sulfate*	BRAND	1	PA
DIFLUCAN (100 MG TABLET, 200 MG TABLET, 40 MG/ML SUSPENSION, 10 MG/ML SUSPENSION, 50 MG TABLET) *fluconazole*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DIFLUCAN 150 MG TABLET *fluconazole*	BRAND	1	QPD 1 per day
FLUCONAZOLE (10 MG/ML SUSP RECON, 50 MG TABLET, 40 MG/ML SUSP RECON, 200 MG TABLET, 100 MG TABLET)	generic	1	
fluconazole 150 mg tablet	generic	1	QPD 1 per day LCG LOW COST GENERIC
ITRACONAZOLE (100 MG CAPSULE, 10 MG/ML SOLUTION)	generic	1	
ketoconazole 200 mg tablet	generic	1	
NOXAFIL 40 MG/ML SUSPENSION *posaconazole*	BRAND	1	
ONMEL 200 MG TABLET *itraconazole*	BRAND	1	PA
posaconazole 100 mg tablet dr	generic	1	
VFEND 40 MG/ML SUSPENSION *voriconazole*	BRAND	1	SPC Specialty Choice QPD 20 per day
VFEND (50 MG, 200 MG) *voriconazole*	BRAND	1	QPD 4 per day
voriconazole 200 mg/5ml susp recon	generic	1	SPC Specialty Choice QPD 20 per day
VORICONAZOLE (200 MG, 50 MG)	generic	1	QPD 4 per day
POLYENE ANTIFUNGALS			
NYSTATIN (100000/ML ORAL SUSP, 500K UNIT TABLET)	generic	1	
PYRIMIDINE ANTIFUNGALS			
ANCOBON (500 MG, 250 MG) *flucytosine*	BRAND	1	
FLUCYTOSINE (500 MG, 250 MG)	generic	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)			
AZOLES (SKIN AND MUCOUS MEMBRANE)			
CLOTRIMAZOLE (10 MG TROCHE, 1 % CREAM (G), 1 % SOLUTION)	generic	1	
clotrimazole/betamethasone dip 1 %-0.05 % cream (g)	generic	1	
econazole nitrate 1 % cream (g)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
GYNAZOLE 1 2% CREAM *butoconazole nitrate*	BRAND	1	
ketoconazole 2 % cream (g)	generic	1	QPD 2 per day
ketoconazole 2 % shampoo	generic	1	
luliconazole 1 % cream (g)	generic	1	PA QPD 2 per day
miconazole nitrate 200 mg supp.vag	generic	1	GL Female
NIZORAL 2% SHAMPOO *ketoconazole*	BRAND	1	
ORAVIG 50 MG BUCCAL TABLET *miconazole*	BRAND	1	
TERCONAZOLE (0.4, 0.8)	generic	1	GL Female QPD 1.5 per day
terconazole 80 mg supp.vag	generic	1	GL Female QPD 1.5 per day HCG HIGH COST GENERIC
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)			
CICLODAN 8% SOLUTION *ciclopirox*	BRAND	1	QPD 0.22 per day
CICLOPIROX (1 SHAMPOO, 0.77 GEL (GRAM))	generic	1	
ciclopirox 8 % solution	generic	1	QPD 0.22 per day
CICLOPIROX OLAMINE (0.77 CREAM (G), 0.77 SUSPENSION)	generic	1	
LOPROX 1% SHAMPOO *ciclopirox*	BRAND	1	
OXABOROLES			
KERYDIN 5% TOPICAL SOLUTION *tavaborole*	BRAND	1	AL At least 6 yrs old PA QPD 0.67 per day
tavaborole 5 % sol w/appl	generic	1	AL At least 6 yrs old PA QPD 0.67 per day
POLYENES (SKIN AND MUCOUS MEMBRANE)			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
NYAMYC 100,000 UNIT/GM POWDER *nystatin*	BRAND	1	
NYSTATIN (CREAM, OINT.)	generic	1	
nystatin 100000/g powder	generic	1	QPD 1 per day
nystatin/triamcin 100000-0.1 cream (g)	generic	1	
nystatin/triamcin 100000-0.1 oint. (g)	generic	1	HCG HIGH COST GENERIC
NYSTOP 100,000 UNIT/GM POWDER *nystatin*	BRAND	1	
ANTIGLAUCOMA AGENTS			
ALPHA-ADRENERGIC AGONISTS (EENT)			
ALPHAGAN P 0.1% DROPS *brimonidine tartrate*	BRAND	1	QPD 0.4 per day
brimonidine tartrate 0.15 % drops	generic	1	QPD 0.4 per day HCG HIGH COST GENERIC
brimonidine tartrate 0.2 % drops	generic	1	QPD 0.4 per day
COMBIGAN 0.2%-0.5% EYE DROPS *brimonidine tartrate/timolol maleate*	BRAND	1	QPD 0.334 per day B4G BRAND FOR GENERIC
BETA-ADRENERGIC BLOCKING AGENTS (EENT)			
betaxolol hcl 0.5 % drops	generic	1	QPD 0.54 per day
BETIMOL 0.25% EYE DROPS *timolol*	BRAND	1	QPD 0.286 per day
BETIMOL 0.5% EYE DROPS *timolol*	BRAND	1	QPD 0.334 per day
BETOPTIC S 0.25% EYE DROPS *betaxolol hcl*	BRAND	1	QPD 0.54 per day
carteolol hcl 1 % drops	generic	1	QPD 0.334 per day
ISTALOL 0.5% EYE DROPS *timolol maleate*	BRAND	1	QPD 0.286 per day
levobunolol hcl 0.5 % drops	generic	1	QPD 0.4 per day
metipranolol 0.3 % drops	generic	1	QPD 0.334 per day
TIMOLOL MALEATE (0.5 DROPS, 0.5 DROP DAILY)	generic	1	QPD 0.334 per day
TIMOLOL MALEATE (0.25 DROPS, 0.5 SOL-	generic	1	QPD 0.286 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
GEL, 0.25 SOL-GEL)			
timolol maleate/pf 0.5 % droperette	generic	1	QPD 2 per day
CARBONIC ANHYDRASE INHIBITORS (EENT)			
ACETAZOLAMIDE (125 MG TABLET, 500 MG CAPSULE ER, 250 MG TABLET)	generic	1	
brinzolamide 1 % drops susp	generic	1	QPD 0.5 per day
dorzolamide hcl 2 % drops	generic	1	QPD 0.4 per day
dorzolamide hcl/timolol maleat 22.3-6.8/1 drops	generic	1	QPD 0.334 per day
dorzolamide/timolol/pf 2 %-0.5 % droperette	generic	1	QPD 2 per day
methazolamide 25 mg tablet	generic	1	
methazolamide 50 mg tablet	generic	1	HCG HIGH COST GENERIC
SIMBRINZA 1%-0.2% EYE DROPS *brinzolamide/brimonidine tartrate*	BRAND	1	QPD 0.4 per day
TRUSOPT 2% EYE DROPS *dorzolamide hcl*	BRAND	1	QPD 0.4 per day
MIOTICS			
ISOPTO CARPINE (2%, 4%, 1%) *pilocarpine hcl*	BRAND	1	QPD 0.54 per day
PHOSPHOLINE IODIDE 0.125% *echothiophate iodide*	BRAND	1	
PILOCARPINE HCL (4, 2, 1)	generic	1	QPD 0.54 per day
PROSTAGLANDIN ANALOGS			
bimatoprost 0.03 % drops	generic	1	QPD 0.13 per day HCG HIGH COST GENERIC
latanoprost 0.005 % drops	generic	1	QPD 0.13 per day
LUMIGAN 0.01% EYE DROPS *bimatoprost*	BRAND	1	QPD 0.13 per day
travoprost 0.004 % drops	generic	1	QPD 0.13 per day
XELPROS 0.005% EYE DROP *latanoprost*	BRAND	1	QPD 0.13 per day
RHO KINASE INHIBITORS			
RHOPRESSA 0.02% OPHTH SOLUTION *netarsudil mesylate*	BRAND	1	QPD 0.1 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ROCKLATAN 0.02%-0.005% EYE DRP *netarsudil mesylate/latanoprost*	BRAND		QPD 0.1 per day
ANTIHEMORRHAGIC AGENTS			
HEMOSTATICS			
ADVATE (2,401-3,600, 401-800, 1,201-1,800, 801-1,200, 3,601-4,800, 200-400, 1,801-2,400) *antihemophilic factor (fviii) recombinant,full length*	BRAND	1	SPC Specialty Choice PA
ADYNOVATE (750 VIAL, 200-400 VIAL, 1,251-2,500 VL, 801-1,250 VIAL, 1,500 VIAL, 401-800 VIAL, 3,000 VIAL) *antihemophilic factor (fviii) recombinant, full length, peg*	BRAND	1	SPC Specialty Choice PA
AFSTYLA (3,000, 250, 1,500 RANGE, 1,000, 2,000, 2,500 RANGE, 500) *antihemophilic factor viii recomb,single-chn,b-dom truncated*	BRAND	1	SPC Specialty Choice PA
ALPHANATE (1,500-600, 1,000-400, 250-100, 500-200, 2,000-800) *antihemophilic factor, human/von willebrand factor,human*	BRAND	1	SPC Specialty Choice PA
ALPHANINE SD (1,000, 1,500, 500) *factor ix*	BRAND	1	SPC Specialty Choice
ALPROLIX (250, 4,000, 1,000, 500, 2,000, 3,000) *factor ix recombinant, fc fusion protein*	BRAND	1	SPC Specialty Choice PA
AMINOCAPROIC ACID (250 MG/ML SOLUTION, 500 MG TABLET, 1000 MG TABLET)	generic	1	
AVITENE (SHEET 70MMX35MM, SHEET 35MMX35MM, SHEET 70MMX70MM, FLOUR) *microfibrillar collagen*	BRAND	1	
BENEFIX (500, 1,000, 2,000, 250, 3,000) *factor ix human recombinant*	BRAND	1	SPC Specialty Choice PA
COAGADEX (500, 250) *coagulation factor x*	BRAND	1	SPC Specialty Choice PA
CORIFACT KIT *factor xiii*	BRAND	1	SPC Specialty Choice
ELOCTATE (6,000, 5,000, 1,000, 250, 2,000, 4,000, 3,000, 500, 1,500, 750) *antihemophilic factor (fviii) recombinant, fc fusion protein*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ENDO-AVITENE (5MM, 10MM) *microfibrillar collagen*	BRAND	1	
ESPEROCT (1,000, 2,000, 1,500, 3,000, 500) *antihemophilic factor (fviii) rec, b-dom truncated peg-exei*	BRAND	1	SPC Specialty Choice PA
EVARREST (2"X4", 4"X4") *fibrinogen/thrombin (human plasma derived)*	BRAND	1	
FEIBA NF (500, 1,000, 2,500) *anti-inhibitor coagulant complex*	BRAND	1	SPC Specialty Choice PA
HEMLIBRA (60 MG/0.4 ML, 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML) *emicizumab-kxwh*	BRAND	1	SPC Specialty Choice PA QPD 12 per day
HEMOFIL M (HEOFIL 500 NOINAL, HEOFIL 250 NOINAL, HEOFIL 1,700 NOINAL, HEOFIL 1,000 NOINAL) *antihemophilic factor, human*	BRAND	1	SPC Specialty Choice PA
HUMATE-P (2,400, 1,200, 600) *antihemophilic factor, human/von willebrand factor,human*	BRAND	1	SPC Specialty Choice PA
IDELVION (250, 3,500, 500, 2,000, 1,000) *factor ix recombinant,albumin fusion protein*	BRAND	1	SPC Specialty Choice PA
IXINITY (1,500, 3,000, 2,000, 250, 1,000, 500) *factor ix human recombinant, threonine 148*	BRAND	1	SPC Specialty Choice PA
JIVI (500, 2,000, 3,000, 1,000) *antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	BRAND	1	SPC Specialty Choice PA
KOATE (500, 1,000, 250) *antihemophilic factor, human*	BRAND	1	SPC Specialty Choice PA
KOGENATE FS (250 UNIT, 2,000 UNIT, 3,000 UNITS, 500 UNIT, 1,000 UNITS) *antihemophilic factor (fviii) recombinant,full length*	BRAND	1	SPC Specialty Choice PA
KOVALTRY (1,000 VIAL, 250 KIT, 1,000 KIT, 3,000 KIT, 3,000 VIAL, 500 KIT, 500 VIAL, 250 VIAL, 2,000 KIT, 2,000 VIAL) *antihemophilic factor (fviii) recombinant,full length*	BRAND	1	SPC Specialty Choice PA
LYSTEDA 650 MG TABLET *tranexamic acid*	BRAND	1	GL Female QPD 6 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MONONINE 1,000 UNIT VIAL *factor ix*	BRAND	1	SPC Specialty Choice PA
NOVOEIGHT (250, 2,000, 1,000, 1,500, 500, 3,000) *antihemophilic factor viii recombinant, b-domain truncated*	BRAND	1	SPC Specialty Choice PA
NOVOSEVEN RT (8 MG, 5 MG, 1 MG, 2 MG) *coagulation factor viia (recombinant)*	BRAND	1	SPC Specialty Choice PA
NUWIQ (1,000, 500 PACK, 2,000 PACK, 250, 4,000, 500, 2,500, 2,500 PACK, 3,000 PACK, 4,000 PACK, 1,000 PACK, 250 PACK, 3,000, 2,000) *antihemophilic factor viii rec hek cell, b-domain deleted*	BRAND	1	SPC Specialty Choice PA
OBIZUR (500, 500 - 5 S) *antihemophilic factor viii, recombinant porcine sequence*	BRAND	1	SPC Specialty Choice PA
PROFILNINE (500, 1,500, 1,000) *factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor*	BRAND	1	SPC Specialty Choice PA
REBINYN (500, 1,000, 2,000) *factor ix (human) recombinant, pegylated*	BRAND	1	SPC Specialty Choice PA
RECOMBINATE (801-1,240 VL, 401-800 VIAL, 220-400 VIAL, 1,801-2,400 V, 1,241-1,800 V) *antihemophilic factor viii, human recombinant*	BRAND	1	SPC Specialty Choice PA
RIXUBIS (1,000, 3,000, 2,000, 500, 250) *factor ix human recombinant*	BRAND	1	SPC Specialty Choice PA
SEVENFACT (1 MG, 5 MG) *coagulation factor viia recombinant-jncw*	BRAND	1	SPC Specialty Choice PA
SYRINGE AVITENE FLOUR *microfibrillar collagen*	BRAND	1	
TACHOSIL (4.8 4.8, 9.5 4.8) *fibrinogen/thrombin (human plasma derived)*	BRAND	1	
THROMBIN-JMI (20,000 UNITS VIAL, 5,000 UNITS VIAL, 20,000 UNITS PUMP, 5,000 UNIT EPIST, 20,000 UNITS SYR, 5,000 UNITS SYR) *thrombin (bovine)*	BRAND	1	
tranexamic acid 650 mg tablet	generic	1	GL Female QPD 6 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TRETTEN 2,500 UNIT VIAL *factor xiii a-subunit, recombinant*	BRAND	1	SPC Specialty Choice PA
ULTRAFOAM (8X6.25X1CM, 8X12.5X3CM, 2X6.25X7CM, 8X12.5X1CM) *microfibrillar collagen*	BRAND	1	
VONVENDI (1,300, 650) *von willebrand factor (recombinant)*	BRAND	1	SPC Specialty Choice PA
WILATE (500-500, 1,000-1,000) *antihemophilic factor, human/von willebrand factor,human*	BRAND	1	SPC Specialty Choice PA
XYNTHA (500 KIT, 2,000 VIAL, 2,000 KIT, 250 KIT, 1,000 KIT) *antihemophilic factor (factor viii) recomb,b-domain deleted*	BRAND	1	SPC Specialty Choice PA
XYNTHA SOLOFUSE (500 KIT, 3,000 KIT, 1,000 SYR, 500 SYR, 3,000 SYR, 1,000 KIT, 2,000 SYR, 250 SYR, 250 KIT, 2,000 KIT) *antihemophilic factor (factor viii) recomb,b-domain deleted*	BRAND	1	SPC Specialty Choice PA
ANTIHISTAMINE DRUGS			
SECOND GENERATION ANTIHISTAMINES			
cetirizine hcl 1 mg/ml solution	generic	1	QPD 10 per day
desloratadine 5 mg tablet	generic	1	QPD 1 per day
levocetirizine dihydrochloride 2.5 mg/5ml solution	generic	1	QPD 30 per day
levocetirizine dihydrochloride 5 mg tablet	generic	1	QPD 1 per day
XYZAL 2.5 MG/5 ML SOLUTION *levocetirizine dihydrochloride*	BRAND	1	QPD 30 per day
ANTIHYPOGLYCEMIC AGENTS			
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS			
diazoxide 50 mg/ml oral susp	generic	1	
PROGLYCEM 50 MG/ML ORAL SUSP *diazoxide*	BRAND	1	
GLYCOGENOLYTIC AGENTS			
BAQSIMI (3 MG ONE PACK, 3 MG, 3 MG TWO PACK) *glucagon*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
GLUCAGEN 1 MG HYPOKIT *glucagon*	BRAND	1	
GLUCAGON EMERGENCY KIT (1 MG EMERGENCY KIT, 1 MG VIAL) *glucagon*	BRAND	1	
GVOKE HYPOPEN 1-PACK (1-PK 1 MG/0.2 ML, 1PK 0.5MG/0.1 ML) *glucagon*	BRAND	1	
GVOKE HYPOPEN 2-PACK (2PK 0.5MG/0.1 ML, 2-PK 1 MG/0.2 ML) *glucagon*	BRAND	1	
GVOKE PFS 1-PACK SYRINGE (1-PK 1 MG/0.2 ML, 1PK 0.5MG/0.1 ML) *glucagon*	BRAND	1	
GVOKE PFS 2-PACK SYRINGE (2PK 0.5MG/0.1 ML, 2-PK 1 MG/0.2 ML) *glucagon*	BRAND	1	
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ *dasiglucagon hcl*	BRAND	1	
ZEGALOGUE 0.6 MG/0.6 ML SYRING *dasiglucagon hcl*	BRAND	1	
ANTILIPEMIC AGENTS			
ANTILIPEMIC AGENTS, MISCELLANEOUS			
icosapent ethyl 1 g capsule	generic	1	PA QPD 4 per day
JUXTAPID (5 MG, 10 MG) *lomitapide mesylate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
JUXTAPID (60 MG, 40 MG, 30 MG, 20 MG) *lomitapide mesylate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
NEXLETOL 180 MG TABLET *bempedoic acid*	BRAND	1	PA QPD 1 per day
NEXLIZET 180-10 MG TABLET *bempedoic acid/ezetimibe*	BRAND	1	PA QPD 1 per day
NIACIN (1000 MG ER, 750 MG ER)	generic	1	QPD 2 per day HCG HIGH COST GENERIC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
niacin 500 mg tab er 24h	generic	1	QPD 3 per day HCG HIGH COST GENERIC
NIACOR 500 MG TABLET *niacin*	BRAND	1	QPD 12 per day
omega-3 acid ethyl esters 1 g capsule	generic	1	QPD 4 per day
VASCEPA (1, 0.5) *icosapent ethyl*	BRAND	1	PA QPD 4 per day
BILE ACID SEQUESTRANTS			
cholestyramine (with sugar) 4 g powder	generic	1	QPD 24 per day
cholestyramine (with sugar) 4 g powd pack	generic	1	QPD 4 per day
cholestyramine/aspartame 4 g powder	generic	1	QPD 24 per day
cholestyramine/aspartame 4 g powd pack	generic	1	QPD 4 per day
colesevelam hcl 3.75 g powd pack	generic	1	QPD 1 per day
colesevelam hcl 625 mg tablet	generic	1	QPD 6 per day
COLESTIPOL HCL (5 PACKET, 5 RANULES)	generic	1	QPD 6 per day HCG HIGH COST GENERIC
colestipol hcl 1 g tablet	generic	1	QPD 4 per day HCG HIGH COST GENERIC
PREVALITE POWDER *cholestyramine/aspartame*	BRAND	1	QPD 24 per day
PREVALITE PACKET *cholestyramine/aspartame*	BRAND	1	QPD 4 per day
CHOLESTEROL ABSORPTION INHIBITORS			
ezetimibe 10 mg tablet	generic	1	QPD 1 per day
EZETIMIBE/SIMVASTATIN (10 MG-40MG, 10 MG-20MG, 10 MG-80MG, 10 MG-10MG)	generic	1	QPD 1 per day
FIBRIC ACID DERIVATIVES			
ANTARA 30 MG CAPSULE *fenofibrate,micronized*	BRAND	1	PA QPD 2 per day
ANTARA 90 MG CAPSULE *fenofibrate,micronized*	BRAND	1	PA QPD 1 per day
		1	QPD

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
fenofibrate 160 mg tablet	generic		1 per day
fenofibrate 54 mg tablet	generic	1	QPD 2 per day
fenofibrate nanocrystallized 145 mg tablet	generic	1	QPD 1 per day
fenofibrate nanocrystallized 48 mg tablet	generic	1	QPD 2 per day
FENOFIBRATE,MICRONIZED (134 MG, 67 MG, 200 MG)	generic	1	QPD 1 per day
fenofibrate,micronized 30 mg capsule	generic	1	QPD 2 per day
fenofibrate,micronized 43 mg capsule	generic	1	QPD 2 per day
fenofibrate,micronized 90 mg capsule	generic	1	QPD 1 per day
fenofibric acid 105 mg tablet	generic	1	QPD 1 per day
fenofibric acid 35 mg tablet	generic	1	QPD 2 per day
fenofibric acid (choline) 135 mg capsule dr	generic	1	QPD 1 per day
fenofibric acid (choline) 45 mg capsule dr	generic	1	QPD 2 per day
FIBRICOR 105 MG TABLET *fenofibric acid*	BRAND	1	QPD 1 per day
FIBRICOR 35 MG TABLET *fenofibric acid*	BRAND	1	QPD 2 per day
gemfibrozil 600 mg tablet	generic	1	QPD 2 per day
LIPOFEN 150 MG CAPSULE *fenofibrate*	BRAND	1	PA QPD 1 per day
LIPOFEN 50 MG CAPSULE *fenofibrate*	BRAND	1	PA QPD 2 per day
HMG-COA REDUCTASE INHIBITORS			
ATORVASTATIN CALCIUM (20 MG, 10 MG)	generic	1	HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day
ATORVASTATIN CALCIUM (40 MG, 80 MG)	generic	1	QPD 1 per day
FLOLIPID 20 MG/5 ML ORAL SUSP *simvastatin*	BRAND	1	QPD 10 per day
FLOLIPID 40 MG/5 ML ORAL SUSP *simvastatin*	BRAND	1	QPD 5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
fluvastatin sodium 40 mg capsule	generic	1	QPD 2 per day HCG HIGH COST GENERIC
FLUVASTATIN SODIUM (80 MG TAB ER 24H, 20 MG CAPSULE)	generic	1	QPD 1 per day HCG HIGH COST GENERIC
LESCOL 20 MG CAPSULE *fluvastatin sodium*	BRAND	1	QPD 1 per day
LESCOL 40 MG CAPSULE *fluvastatin sodium*	BRAND	1	QPD 2 per day
LOVASTATIN (10 MG, 20 MG)	generic	1	HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day
lovastatin 40 mg tablet	generic	1	HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 2 per day
PRAVASTATIN SODIUM (20 MG, 40 MG, 10 MG)	generic	1	HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day LCG LOW COST GENERIC
pravastatin sodium 80 mg tablet	generic	1	HCR HCRPREVA | HCR Standard Rx & OTC QPD 1 per day
ROSUVASTATIN CALCIUM (10 MG, 5 MG)	generic	1	HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day
ROSUVASTATIN CALCIUM (40 MG, 20 MG)	generic	1	QPD 1 per day
simvastatin 20 mg/5 ml oral susp	generic	1	QPD 10 per day
SIMVASTATIN (20 MG, 40 MG, 10 MG)	generic	1	HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1.5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			LCG LOW COST GENERIC
simvastatin 5 mg tablet	generic	1	HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day LCG LOW COST GENERIC
simvastatin 80 mg tablet	generic	1	QPD 1 per day
PCSK9 INHIBITORS			
PRALUENT PEN (150 MG/ML, 75 MG/ML) *alirocumab*	BRAND	1	SPC Specialty Choice PA QPD 0.08 per day
REPATHA 420 MG/3.5ML PUSHTRONX *evolocumab*	BRAND	1	SPC Specialty Choice PA QPD 0.13 per day
REPATHA 140 MG/ML SURECLICK *evolocumab*	BRAND	1	SPC Specialty Choice PA QPD 0.08 per day
REPATHA 140 MG/ML SYRINGE *evolocumab*	BRAND	1	SPC Specialty Choice PA QPD 0.08 per day
ANTIMIGRAINE AGENTS			
CALCITONIN GENE-RELATED PEPTIDE ANTAG.			
AIMOVIG 140 MG/ML AUTOINJECTOR *erenumab-aooe*	BRAND	1	AL At least 18 yrs old PA QPD 0.04 per day
AIMOVIG 70 MG/ML AUTOINJECTOR *erenumab-aooe*	BRAND	1	QL AL At least 18 yrs old PA
EMGALITY 120 MG/ML PEN *galcanezumab-gnlm*	BRAND	1	AL At least 18 yrs old PA QPD 0.04 per day
EMGALITY 120 MG/ML SYRINGE	BRAND	1	AL At least 18 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
galcanezumab-gnlm			PA QPD 0.04 per day
EMGALITY SYRINGE (300 MG (100 MG X3SYR), 100 MG/ML SYR(1 OF 3)) *galcanezumab-gnlm*	BRAND	1	AL At least 18 yrs old PA QPD 0.1 per day
NURTEC ODT 75 MG TABLET *rimegepant sulfate*	BRAND	1	AL At least 18 yrs old PA QPD 0.8 per day
QULIPTA (10 MG, 60 MG, 30 MG) *atogepant*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
UBRELVY (50 MG, 100 MG) *ubrogepant*	BRAND	1	AL At least 18 yrs old PA QPD 0.54 per day
SELECTIVE SEROTONIN AGONISTS			
ALMOTRIPTAN MALATE (12.5 MG, 6.25 MG)	generic	1	QPD 0.4 per day HCG HIGH COST GENERIC
AMERGE (1 MG, 2.5 MG) *naratriptan hcl*	BRAND	1	QPD 0.6 per day
ELETRIPTAN HYDROBROMIDE (20 MG, 40 MG)	generic	1	QPD 0.4 per day
frovatriptan succinate 2.5 mg tablet	generic	1	QPD 0.6 per day HCG HIGH COST GENERIC
NARATRIPTAN HCL (2.5 MG, 1 MG)	generic	1	QPD 0.6 per day
RIZATRIPTAN BENZOATE (10 MG TABLET, 5 MG TABLET, 5 MG TAB RAPDIS, 10 MG TAB RAPDIS)	generic	1	QPD 0.6 per day
SUMATRIPTAN (20 MG, 5 MG)	generic	1	QL
SUMATRIPTAN SUCCINATE (50 MG, 100 MG, 25 MG)	generic	1	QPD 0.3 per day
SUMATRIPTAN SUCCINATE (6 PEN INJCTR, 6 SYRINGE, 6 CARTRIDGE, 4 PEN INJCTR, 4 CARTRIDGE, 6 VIAL)	generic	1	QPD 0.167 per day
		1	QPD

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ZOLMITRIPTAN (5 MG TAB RAPDIS, 2.5 MG TAB RAPDIS, 2.5 MG SPRAY, 5 MG SPRAY, 5 MG TABLET, 2.5 MG TABLET)	generic		0.2 per day
ZOMIG (2.5 MG, 5 MG) *zolmitriptan*	BRAND	1	QPD 0.2 per day
ANTIMYCOBACTERIALS			
ANTIMYCOBACTERIALS, MISCELLANEOUS			
DAPSONE (100 MG, 25 MG)	generic	1	
ANTITUBERCULOSIS AGENTS			
cycloserine 250 mg capsule	generic	1	
ETHAMBUTOL HCL (100 MG, 400 MG)	generic	1	
ISONIAZID (50 MG/5 ML SOLUTION, 300 MG TABLET, 100 MG TABLET)	generic	1	
MYAMBUTOL 400 MG TABLET *ethambutol hcl*	BRAND	1	
MYCOBUTIN 150 MG CAPSULE *rifabutin*	BRAND	1	
PASER GRANULES 4 GM PACKET *aminosalicylic acid*	BRAND	1	
pretomanid 200 mg tablet	generic	1	AL At least 18 yrs old PA QPD 1 per day
PRIFTIN 150 MG TABLET *rifapentine*	BRAND	1	QPD 1.25 per day
pyrazinamide 500 mg tablet	generic	1	
rifabutin 150 mg capsule	generic	1	
RIFADIN (150 MG, 300 MG) *rifampin*	BRAND	1	
RIFAMATE CAPSULE *rifampin/isoniazid*	BRAND	1	
RIFAMPIN (150 MG, 300 MG)	generic	1	
RIFATER TABLET *rifampin/isoniazid/pyrazinamide*	BRAND	1	
SIRTURO (100 MG, 20 MG) *bedaquiline fumarate*	BRAND	1	SPC Specialty Choice PA
TRECATOR 250 MG TABLET	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ethionamide			
ANTINEOPLASTIC AGENTS			
abiraterone acetate 250 mg tablet	generic	1	SPC Specialty Choice PA QPD 4 per day
abiraterone acetate 500 mg tablet	generic	1	SPC Specialty Choice PA QPD 2 per day
AFINITOR (10 MG, 7.5 MG, 5 MG) *everolimus*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
AFINITOR 2.5 MG TABLET *everolimus*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
AFINITOR DISPERZ (2 MG, 3 MG) *everolimus*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
AFINITOR DISPERZ 5 MG TABLET *everolimus*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ALECENSA 150 MG CAPSULE *alectinib hcl*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 8 per day
ALKERAN 2 MG TABLET *melphalan*	BRAND	1	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK) *brigatinib*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
ALUNBRIG 180 MG TABLET *brigatinib*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 1 per day
ALUNBRIG 30 MG TABLET *brigatinib*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 6 per day
anastrozole 1 mg tablet	generic	1	HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
AROMASIN 25 MG TABLET *exemestane*	BRAND	1	
AVASTIN (100 MG/4 ML, 400 MG/16 ML) *bevacizumab*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
AYVAKIT (300 MG, 100 MG, 25 MG, 50 MG, 200 MG) *avapritinib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
BALVERSA 3 MG TABLET *erdafitinib*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
BALVERSA 4 MG TABLET *erdafitinib*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
BALVERSA 5 MG TABLET *erdafitinib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
BESREMI 500 MCG/ML SYRINGE *ropeginterferon alfa-2b-njft*	BRAND	1	SPC Specialty Choice PA QPD 0.08 per day
bexarotene 75 mg capsule	generic	1	SPC Specialty Choice PA
bicalutamide 50 mg tablet	generic	1	
BOSULIF (400 MG, 500 MG) *bosutinib*	BRAND	1	SPC Specialty Choice PA QPD

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			1 per day
BOSULIF 100 MG TABLET *bosutinib*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
BRAFTOVI (50 MG, 75 MG) *encorafenib*	BRAND	1	SPC Specialty Choice PA
BRUKINSA 80 MG CAPSULE *zanubrutinib*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
CABOMETYX (60 MG, 40 MG, 20 MG) *cabozantinib s-malate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
CALQUENCE 100 MG CAPSULE *acalabrutinib*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
CAPECITABINE (500 MG, 150 MG)	generic	1	SPC Specialty Choice PA
CAPRELSA 100 MG TABLET *vandetanib*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
CAPRELSA 300 MG TABLET *vandetanib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
CASODEX 50 MG TABLET *bicalutamide*	BRAND	1	
COMETRIQ 100 MG DAILY-DOSE PK *cabozantinib s-malate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
COMETRIQ 140 MG DAILY-DOSE PK *cabozantinib s-malate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
		1	SPC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
COMETRIQ 60 MG DAILY-DOSE PACK *cabozantinib s-malate*	BRAND		Specialty Choice PA QPD 3 per day
COPIKTRA (25 MG, 15 MG) *duvelisib*	BRAND	1	SPC Specialty Choice PA
COTELLIC 20 MG TABLET *cobimetinib fumarate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2.5 per day
CYCLOPHOSPHAMIDE (25 MG TABLET, 50 MG TABLET, 25 MG CAPSULE, 50 MG CAPSULE)	generic	1	PA
DAURISMO (25 MG, 100 MG) *glasdegib maleate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
DROXIA (400 MG, 200 MG, 300 MG) *hydroxyurea*	BRAND	1	
EFUDEX 5% CREAM *fluorouracil*	BRAND	1	
EMCYT 140 MG CAPSULE *estramustine phosphate sodium*	BRAND	1	SPC Specialty Choice
ERIVEDGE 150 MG CAPSULE *vismodegib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
ERLEADA 60 MG TABLET *apalutamide*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ERLOTINIB HCL (25 MG, 150 MG, 100 MG)	generic	1	SPC Specialty Choice PA QPD 1 per day
etoposide 50 mg capsule	generic	1	SPC Specialty Choice
EVEROLIMUS (5 MG TAB SUSP, 7.5 MG TABLET, 10 MG TABLET, 5 MG TABLET)	generic	1	SPC Specialty Choice PA QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
EVEROLIMUS (2.5 MG TABLET, 2 MG TAB SUSP, 3 MG TAB SUSP)	generic	1	SPC Specialty Choice PA QPD 1 per day
exemestane 25 mg tablet	generic	1	HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
EXKIVITY 40 MG CAPSULE *mobocertinib succinate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
FARYDAK (10 MG, 15 MG, 20 MG) *panobinostat lactate*	BRAND	1	SPC Specialty Choice PA
FEMARA 2.5 MG TABLET *letrozole*	BRAND	1	PA
FLUOROPLEX 1% CREAM *fluorouracil*	BRAND	1	
FLUOROURACIL (5 SOLUTION, 2 SOLUTION, 5 CREAM (G), 0.5 CREAM (G))	generic	1	
flutamide 125 mg capsule	generic	1	
FOTIVDA (0.89 MG, 1.34 MG) *tivozanib hcl*	BRAND	1	SPC Specialty Choice PA QPD 0.767 per day
GAVRETO 100 MG CAPSULE *pralsetinib*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
GILOTRIF (20 MG, 40 MG, 30 MG) *afatinib dimaleate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
GLEEVEC 100 MG TABLET *imatinib mesylate*	BRAND	1	SPC Specialty Choice PA QPD 8 per day
GLEEVEC 400 MG TABLET *imatinib mesylate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
GLEOSTINE (40 MG, 100 MG, 10 MG) *lomustine*	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
HERCEPTIN 150 MG VIAL *trastuzumab*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
HERCEPTIN HYLECTA 600MG-10,000 *trastuzumab-hyaluronidase-oysk*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
HYCAMTIN (0.25 MG, 1 MG) *topotecan hcl*	BRAND	1	SPC Specialty Choice PA
HYDREA 500 MG CAPSULE *hydroxyurea*	BRAND	1	
hydroxyurea 500 mg capsule	generic	1	
IBRANCE (100 MG CAPSULE, 100 MG TABLET) *palbociclib*	BRAND	1	SPC Specialty Choice PA QPD 1.25 per day
IBRANCE (125 MG TABLET, 125 MG CAPSULE) *palbociclib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
IBRANCE (75 MG TABLET, 75 MG CAPSULE) *palbociclib*	BRAND	1	SPC Specialty Choice PA QPD 1.667 per day
ICLUSIG (10 MG, 45 MG, 30 MG) *ponatinib hcl*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
ICLUSIG 15 MG TABLET *ponatinib hcl*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
IDHIFA (50 MG, 100 MG) *enasidenib mesylate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 1 per day
imatinib mesylate 100 mg tablet	generic	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 8 per day
imatinib mesylate 400 mg tablet	generic	1	SPC Specialty Choice PA QPD 2 per day
IMBRUVICA 70 MG CAPSULE *ibrutinib*	BRAND	1	SPC Specialty Choice PA QPD 8 per day
IMBRUVICA (140 MG CAPSULE, 280 MG TABLET) *ibrutinib*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
IMBRUVICA 420 MG TABLET *ibrutinib*	BRAND	1	SPC Specialty Choice PA QPD 1.47 per day
IMBRUVICA 560 MG TABLET *ibrutinib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
INLYTA (5 MG, 1 MG) *axitinib*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
INQOVI 35 MG-100 MG TABLET *decitabine/cedazuridine*	BRAND	1	SPC Specialty Choice PA QPD 0.18 per day
INREBIC 100 MG CAPSULE *fedratinib dihydrochloride*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
IRESSA 250 MG TABLET *gefitinib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
JAKAFI (10 MG, 15 MG, 5 MG, 25 MG, 20 MG) *ruxolitinib phosphate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
KANJINTI (420 MG, 150 MG) *trastuzumab-anns*	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA BSP BENEFIT SHIFT PROGRAM
KISQALI 200 MG DAILY DOSE *ribociclib succinate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
KISQALI 400 MG DAILY DOSE *ribociclib succinate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
KISQALI 600 MG DAILY DOSE *ribociclib succinate*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
KISQALI FEMARA 200 MG CO-PACK *ribociclib succinate/letrozole*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
KISQALI FEMARA 400 MG CO-PACK *ribociclib succinate/letrozole*	BRAND	1	SPC Specialty Choice PA QPD 2.5 per day
KISQALI FEMARA 600 MG CO-PACK *ribociclib succinate/letrozole*	BRAND	1	SPC Specialty Choice PA QPD 3.334 per day
KOSELUGO (25 MG, 10 MG) *selumetinib sulfate/vitamin e tpgs*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
lapatinib ditosylate 250 mg tablet	generic	1	SPC Specialty Choice PA QPD 6 per day
LENVIMA (24 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 14 MG DAILY DOSE, 4 MG CAPSULE, 12 MG DAILY DOSE, 8 MG DAILY DOSE, 10 MG DAILY DOSE) *lenvatinib mesylate*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
letrozole 2.5 mg tablet	generic	1	HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
LEUKERAN 2 MG TABLET	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
chlorambucil			
LONSURF 15 MG-6.14 MG TABLET *trifluridine/tipiracil hcl*	BRAND	1	SPC Specialty Choice PA QPD 2.15 per day
LONSURF 20 MG-8.19 MG TABLET *trifluridine/tipiracil hcl*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
LORBRENA (25 MG, 100 MG) *lorlatinib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
LUMAKRAS 120 MG TABLET *sotorasib*	BRAND	1	SPC Specialty Choice PA QPD 8 per day
LYNPARZA (150 MG, 100 MG) *olaparib*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA
LYSODREN 500 MG TABLET *mitotane*	BRAND	1	SPC Specialty Choice
MATULANE 50 MG CAPSULE *procarbazine hcl*	BRAND	1	SPC Specialty Choice
MEKINIST 0.5 MG TABLET *trametinib dimethyl sulfoxide*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
MEKINIST 2 MG TABLET *trametinib dimethyl sulfoxide*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
MEKTOVI 15 MG TABLET *binimetinib*	BRAND	1	SPC Specialty Choice PA
melphalan 2 mg tablet	generic	1	
mercaptopurine 50 mg tablet	generic	1	
methotrexate sodium 2.5 mg tablet	generic	1	
methotrexate sodium 25 mg/ml vial	generic	1	BSP BENEFIT SHIFT PROGRAM
METHOTREXATE SODIUM/PF (1 G, 25	generic	1	BSP BENEFIT SHIFT

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MG/ML)			PROGRAM
MVASI (400 MG/16 ML, 100 MG/4 ML) *bevacizumab-awwb*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
MYLERAN 2 MG TABLET *busulfan*	BRAND	1	SPC Specialty Choice
NERLYNX 40 MG TABLET *neratinib maleate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 6 per day
NEXAVAR 200 MG TABLET *sorafenib tosylate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
NILANDRON 150 MG TABLET *nilutamide*	BRAND	1	SPC Specialty Choice
nilutamide 150 mg tablet	generic	1	SPC Specialty Choice
NINLARO (4 MG, 3 MG, 2.3 MG) *ixazomib citrate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 0.124 per day
NUBEQA 300 MG TABLET *darolutamide*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ODOMZO 200 MG CAPSULE *sonidegib phosphate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
OGIVRI (150 MG, 420 MG) *trastuzumab-dkst*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ONUREG (200 MG, 300 MG) *azacitidine*	BRAND	1	SPC Specialty Choice PA QPD 0.5 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PANRETIN 0.1% GEL *alitretinoin*	BRAND		SPC Specialty Choice
PEMAZYRE (9 MG, 13.5 MG, 4.5 MG) *pemigatinib*	BRAND	1	SPC Specialty Choice PA QPD 0.67 per day
PICATO (0.05%, 0.015%) *ingenol mebutate*	BRAND	1	
PIQRAY (250 MG, 300 MG) *alpelisib*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
PIQRAY 200 MG DAILY DOSE PACK *alpelisib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
POMALYST (3 MG, 2 MG, 4 MG, 1 MG) *pomalidomide*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
PURIXAN 20 MG/ML ORAL SUSP *mercaptopurine*	BRAND	1	SPC Specialty Choice PA
QINLOCK 50 MG TABLET *ripretinib*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
RASUVO (25 MG/0.5 ML, 12.5 MG/0.25 ML, 17.5 MG/0.35 ML, 15 MG/0.3 ML, 22.5 MG/0.45 ML, 30 MG/0.6 ML, 10 MG/0.2 ML, 7.5 MG/0.15 ML, 20 MG/0.4 ML) *methotrexate/pf*	BRAND	1	PA QPD 0.08 per day
RETEVMO 40 MG CAPSULE *selpercatinib*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
RETEVMO 80 MG CAPSULE *selpercatinib*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
REVLIMID (2.5 MG, 15 MG, 5 MG, 10 MG, 25 MG, 20 MG) *lenalidomide*	BRAND	1	SPC Specialty Choice PA QPD 1 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
RITUXAN 100 MG/10 ML VIAL *rituximab*	BRAND	1	SPC Specialty Choice PA QPD 4.3 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
RITUXAN 500 MG/50 ML VIAL *rituximab*	BRAND	1	SPC Specialty Choice PA QPD 14.3 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
RITUXAN HYCELA 1,400 MG-23,400 *rituximab/hyaluronidase, human recombinant*	BRAND	1	SPC Specialty Choice PA QPD 1.7 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
RITUXAN HYCELA 1,600 MG-26,800 *rituximab/hyaluronidase, human recombinant*	BRAND	1	SPC Specialty Choice PA QPD 0.5 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
ROZLYTREK 100 MG CAPSULE *entrectinib*	BRAND	1	SPC Specialty Choice PA QPD 5 per day
ROZLYTREK 200 MG CAPSULE *entrectinib*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
RUBRACA (300 MG, 200 MG, 250 MG) *rucaparib camsylate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
RUXIENCE 100 MG/10 ML VIAL	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
rituximab-pvvr			PA QPD 4.3 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
RUXIENCE 500 MG/50 ML VIAL *rituximab-pvvr*	BRAND	1	SPC Specialty Choice PA QPD 14.3 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
RYDAPT 25 MG CAPSULE *midostaurin*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
SCEMBLIX 20 MG TABLET *asciminib hydrochloride*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
SCEMBLIX 40 MG TABLET *asciminib hydrochloride*	BRAND	1	SPC Specialty Choice PA QPD 10 per day
SIKLOS (1,000 MG, 100 MG) *hydroxyurea*	BRAND	1	SPC Specialty Choice
SPRYCEL (140 MG, 100 MG) *dasatinib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
SPRYCEL (80 MG, 70 MG) *dasatinib*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
SPRYCEL 20 MG TABLET *dasatinib*	BRAND	1	SPC Specialty Choice PA QPD 9 per day
SPRYCEL 50 MG TABLET *dasatinib*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 3 per day
STIVARGA 40 MG TABLET *regorafenib*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
SUNITINIB MALATE (37.5 MG, 25 MG, 50 MG, 12.5 MG)	generic	1	SPC Specialty Choice PA QPD 1 per day
SUTENT (50 MG, 12.5 MG, 25 MG, 37.5 MG) *sunitinib malate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
SYNRIBO 3.5 MG/ML VIAL *omacetaxine mepesuccinate*	BRAND	1	SPC Specialty Choice PA
TABLOID 40 MG TABLET *thioguanine*	BRAND	1	SPC Specialty Choice
TABRECTA (150 MG, 200 MG) *capmatinib hydrochloride*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
TAFINLAR 50 MG CAPSULE *dabrafenib mesylate*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
TAFINLAR 75 MG CAPSULE *dabrafenib mesylate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
TAGRISSO (40 MG, 80 MG) *osimertinib mesylate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 1 per day
TALZENNA (0.25 MG, 1 MG) *talazoparib tosylate*	BRAND	1	SPC Specialty Choice PA
TARCEVA (150 MG, 100 MG) *erlotinib hcl*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
		1	SPC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TARCEVA 25 MG TABLET *erlotinib hcl*	BRAND		Specialty Choice PA QPD 6 per day
TARGRETIN (1% GEL, 75 MG CAPSULE) *bexarotene*	BRAND	1	SPC Specialty Choice PA
TASIGNA (150 MG, 200 MG) *nilotinib hcl*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
TASIGNA 50 MG CAPSULE *nilotinib hcl*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
TAZVERIK 200 MG TABLET *tazemetostat hydrobromide*	BRAND	1	SPC Specialty Choice PA
TEMODAR (180 MG, 140 MG, 5 MG, 250 MG, 100 MG, 20 MG) *temozolomide*	BRAND	1	SPC Specialty Choice PA
TEMOZOLOMIDE (5 MG, 20 MG, 140 MG, 100 MG, 180 MG, 250 MG)	generic	1	SPC Specialty Choice PA
TEPMETKO 225 MG TABLET *tepotinib hcl*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
TIBSOVO 250 MG TABLET *ivosidenib*	BRAND	1	SPC Specialty Choice PA
TOLAK 4% CREAM *fluorouracil*	BRAND	1	QPD 1.47 per day
TRAZIMERA (420 MG, 150 MG) *trastuzumab-qyyp*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
tretinoin 10 mg capsule	generic	1	SPC Specialty Choice
TREXALL (15 MG, 10 MG, 7.5 MG, 5 MG) *methotrexate sodium*	BRAND	1	
TRUSELTIQ (50 MG, 125 MG) *infigratinib phosphate*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 1.5 per day
TRUSELTIQ 100 MG DAILY DOSE PK *infigratinib phosphate*	BRAND	1	SPC Specialty Choice PA QPD 0.75 per day
TRUSELTIQ 75 MG DAILY DOSE PK *infigratinib phosphate*	BRAND	1	SPC Specialty Choice PA QPD 2.5 per day
TUKYSA (150 MG, 50 MG) *tucatinib*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
TURALIO 200 MG CAPSULE *pexidartinib hydrochloride*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
TYKERB 250 MG TABLET *lapatinib ditosylate*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
UKONIQ 200 MG TABLET *umbralisib tosylate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
VALCHLOR 0.016% GEL *mechlorethamine hcl*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
VENCLEXTA (50 MG TABLET, 100 MG TABLET, 10 MG TABLET, 10 MG TAB (10MG X 2)) *venetoclax*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
VENCLEXTA STARTING PACK *venetoclax*	BRAND	1	SPC Specialty Choice PA QPD 1.5 per day
VERZENIO (100 MG, 50 MG, 200 MG, 150 MG) *abemaciclib*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
VITRAKVI (25 MG CAPSULE, 100 MG CAPSULE, 20 MG/ML SOLUTION)	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
larotrectinib sulfate			PA QPD 2 per day
VIZIMPRO (30 MG, 45 MG, 15 MG) *dacomitinib*	BRAND	1	SPC Specialty Choice PA
VOTRIENT 200 MG TABLET *pazopanib hcl*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
WELIREG 40 MG TABLET *belzutifan*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
XALKORI (200 MG, 250 MG) *crizotinib*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
XATMEP 2.5 MG/ML ORAL SOLUTION *methotrexate*	BRAND	1	AL Up to 18 yrs old PA QPD 4 per day
XELODA (500 MG, 150 MG) *capecitabine*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
XOSPATA 40 MG TABLET *gilteritinib fumarate*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
XPOVIO (80 MG ONCE, 40 MG TWICE) *selinexor*	BRAND	1	SPC Specialty Choice PA QPD 0.574 per day
XPOVIO 100 MG ONCE WEEKLY DOSE *selinexor*	BRAND	1	SPC Specialty Choice PA QPD 0.767 per day
XPOVIO 40 MG ONCE WEEKLY DOSE *selinexor*	BRAND	1	SPC Specialty Choice PA QPD 0.286 per day
XPOVIO 60 MG ONCE WEEKLY DOSE *selinexor*	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA QPD 0.434 per day
XPOVIO 60 MG TWICE WEEKLY DOSE *selinexor*	BRAND	1	SPC Specialty Choice PA QPD 0.86 per day
XPOVIO 80 MG TWICE WEEKLY DOSE *selinexor*	BRAND	1	SPC Specialty Choice PA QPD 1.25 per day
XTANDI (40 MG TABLET, 40 MG CAPSULE) *enzalutamide*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
XTANDI 80 MG TABLET *enzalutamide*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
YONSA 125 MG TABLET *abiraterone acetate, submicronized*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ZEJULA 100 MG CAPSULE *niraparib tosylate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 3 per day
ZELBORAF 240 MG TABLET *vemurafenib*	BRAND	1	SPC Specialty Choice PA QPD 8 per day
ZIRABEV (400 MG/16 ML, 100 MG/4 ML) *bevacizumab-bvzr*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ZOLINZA 100 MG CAPSULE *vorinostat*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ZYDELIG (100 MG, 150 MG) *idelalisib*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 2 per day
ZYKADIA 150 MG TABLET *ceritinib*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 8 per day
ZYTIGA 250 MG TABLET *abiraterone acetate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ZYTIGA 500 MG TABLET *abiraterone acetate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ANTIPARKINSONIAN AGENTS (CNS)			
ADAMANTANES (CNS)			
AMANTADINE HCL (100 MG TABLET, 100 MG CAPSULE, 50 MG/5 ML SOLUTION)	generic	1	
OSMOLEX ER (ER 258 MG, ER 193 MG, ER 129 MG) *amantadine hcl*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
OSMOLEX ER 322 MG DAILY DOSE *amantadine hcl*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ANTICHOLINERGIC AGENTS (CNS)			
BENZTROPINE MESYLATE (1 MG, 2 MG, 0.5 MG)	generic	1	
TRIHEXYPHENIDYL HCL (2 MG TABLET, 2 MG/5 ML SOLUTION, 5 MG TABLET)	generic	1	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.			
COMTAN 200 MG TABLET *entacapone*	BRAND	1	
entacapone 200 mg tablet	generic	1	HCG HIGH COST GENERIC
ONGENTYS (25 MG, 50 MG) *opicapone*	BRAND	1	
TASMAR 100 MG TABLET *tolcapone*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
tolcapone 100 mg tablet	generic	1	
DOPAMINE PRECURSORS			
CARBIDOPA/LEVODOPA (25MG-250MG TAB RAPDIS, 25MG-250MG TABLET, 25MG-100MG TAB RAPDIS, 25MG-100MG TABLET ER, 10MG-100MG TAB RAPDIS, 50MG-200MG TABLET ER, 10MG-100MG TABLET, 25MG-100MG TABLET)	generic	1	
CARBIDOPA/LEVODOPA/ENTACAPONE (50-200-200, 37.5-150MG, 18.75-75MG, 25-100-200, 31.25-125, 12.5-50 MG)	generic	1	
DHIVY 25-100 MG TABLET *carbidopa/levodopa*	BRAND	1	
DUOPA 4.63 MG-20 MG/ML SUSPENS *carbidopa/levodopa*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
INBRIJA 42 MG INHALATION CAP *levodopa*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
RYTARY (ER 61.25 MG-245 MG, ER 36.25 MG-145 MG, ER 48.75 MG-195 MG, ER 23.75 MG-95 MG) *carbidopa/levodopa*	BRAND	1	
SINEMET 10-100 MG TABLET *carbidopa/levodopa*	BRAND	1	
SINEMET 25-100 MG TABLET *carbidopa/levodopa*	BRAND	1	
SINEMET 25-250 MG TABLET *carbidopa/levodopa*	BRAND	1	
STALEVO 100 TABLET *carbidopa/levodopa/entacapone*	BRAND	1	
STALEVO 125 TABLET *carbidopa/levodopa/entacapone*	BRAND	1	
STALEVO 150 TABLET *carbidopa/levodopa/entacapone*	BRAND	1	
STALEVO 200 TABLET *carbidopa/levodopa/entacapone*	BRAND	1	
STALEVO 50 TABLET *carbidopa/levodopa/entacapone*	BRAND	1	
STALEVO 75 TABLET	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
carbidopa/levodopa/entacapone			
MONOAMINE OXIDASE B INHIBITORS			
AZILECT (1 MG, 0.5 MG) *rasagiline mesylate*	BRAND	1	
EMSAM (12, 9, 6) *selegiline*	BRAND	1	QPD 1 per day
RASAGILINE MESYLATE (1 MG, 0.5 MG)	generic	1	
SELEGILINE HCL (5 MG TABLET, 5 MG CAPSULE)	generic	1	
XADAGO (100 MG, 50 MG) *safinamide mesylate*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
ZELAPAR 1.25 MG ODT TABLET *selegiline hcl*	BRAND	1	
ANTIPROTOZOALS			
AMEBICIDES			
HUMATIN 250 MG CAPSULE *paromomycin sulfate*	BRAND	1	
paromomycin sulfate 250 mg capsule	generic	1	
ANTIMALARIALS			
ARAKODA 100 MG TABLET *tafenoquine succinate*	BRAND	1	PA
ATOVAQUONE/PROGUANIL HCL (250-100 MG, 62.5-25 MG)	generic	1	PA
CHLOROQUINE PHOSPHATE (500 MG, 250 MG)	generic	1	
COARTEM TABLETS *artemether/lumefantrine*	BRAND	1	
HYDROXYCHLOROQUINE SULFATE (300 MG, 100 MG, 400 MG, 200 MG)	generic	1	
KRINTAFEL 150 MG TABLET *tafenoquine succinate*	BRAND	1	
MALARONE (62.5-25 MG PED TAB, 250-100 MG TABLET) *atovaquone/proguanil hcl*	BRAND	1	PA
mefloquine hcl 250 mg tablet	generic	1	
primaquine phosphate 26.3 mg tablet	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
QUALAQUIN 324 MG CAPSULE *quinine sulfate*	BRAND	1	QL PA
quinine sulfate 324 mg capsule	generic	1	QL PA
ANTIPROTOZOALS, MISCELLANEOUS			
ALINIA (500 MG TABLET, 100 MG/5 ML SUSPENSION) *nitazoxanide*	BRAND	1	PA
atovaquone 750 mg/5ml oral susp	generic	1	PA
BENZNIDAZOLE (12.5 MG, 100 MG)	generic	1	AL 2.0 to 12.0 yrs old
FLAGYL (500 MG TABLET, 375 CAPSULE, 250 MG TABLET) *metronidazole*	BRAND	1	
IMPAVIDO 50 MG CAPSULE *miltefosine*	BRAND	1	SPC Specialty Choice
LAMPIT 120 MG TABLET *nifurtimox*	BRAND	1	AL Up to 17 yrs old PA QPD 7.5 per day
LAMPIT 30 MG TABLET *nifurtimox*	BRAND	1	AL Up to 17 yrs old PA QPD 12 per day
MEPRON 750 MG/5 ML SUSPENSION *atovaquone*	BRAND	1	PA
METRONIDAZOLE (250 MG TABLET, 500 MG TABLET, 375 MG CAPSULE)	generic	1	
NEBUPENT 300 MG INHAL POWDER *pentamidine isethionate*	BRAND	1	
nitazoxanide 500 mg tablet	generic	1	PA
pentamidine isethionate 300 mg vial-neb	generic	1	
SOLOSEC 2 GM GRANULE PACKET *secnidazole*	BRAND	1	QL GL Female
TINIDAZOLE (250 MG, 500 MG)	generic	1	
ANTIPSYCHOTIC AGENTS			
ANTIPSYCHOTICS, MISCELLANEOUS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ADASUVE 10 MG INHALATION POWDR *loxapine*	BRAND	1	AL At least 18 yrs old
LOXAPINE SUCCINATE (10 MG, 5 MG, 50 MG, 25 MG)	generic	1	AL At least 18 yrs old
MOLINDONE HCL (10 MG, 5 MG, 25 MG)	generic	1	
PIMOZIDE (2 MG, 1 MG)	generic	1	
ATYPICAL ANTIPSYCHOTICS			
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG VL, ER 400 MG SYR) *aripiprazole*	BRAND	1	AL At least 18 yrs old PA QPD 0.04 per day
ABILIFY MYCITE (15 MG MAINT, 30 MG, 10 MG MAINT, 2 MG MAINT, 30 MG START, 30 MG MAINT, 15 MG START, 10 MG START, 20 MG START, 5 MG START, 10 MG, 5 MG MAINT, 5 MG, 15 MG, 2 MG, 2 MG START, 20 MG, 20 MG MAINT) *aripiprazole*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
aripiprazole 1 mg/ml solution	generic	1	AL At least 6 yrs old QPD 30 per day
ARIPIPRAZOLE (15 MG TABLET, 15 MG TAB RAPDIS, 10 MG TABLET, 30 MG TABLET, 5 MG TABLET, 20 MG TABLET, 10 MG TAB RAPDIS, 2 MG TABLET)	generic	1	AL At least 6 yrs old QPD 1 per day
ARISTADA ER 1064 MG/3.9 ML SYR *aripiprazole lauroxil*	BRAND	1	AL At least 18 yrs old PA QPD 0.15 per day
ARISTADA ER 441 MG/1.6 ML SYRN *aripiprazole lauroxil*	BRAND	1	AL At least 18 yrs old PA QPD 0.07 per day
ARISTADA ER 662 MG/2.4 ML SYRN *aripiprazole lauroxil*	BRAND	1	AL At least 18 yrs old PA QPD 0.08 per day
ARISTADA ER 882 MG/3.2 ML SYRN *aripiprazole lauroxil*	BRAND	1	AL At least 18 yrs old PA QPD 0.12 per day
ARISTADA INITIO ER 675 MG/2.4 *aripiprazole lauroxil, submicronized*	BRAND	1	AL At least 18 yrs old PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 0.08 per day
ASENAPINE MALEATE (2.5 MG, 10 MG, 5 MG)	generic	1	AL At least 10 yrs old QPD 2 per day
CAPLYTA 42 MG CAPSULE *lumateperone tosylate*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
CLOZAPINE (100 MG TABLET, 100 MG TAB RAPDIS)	generic	1	AL At least 18 yrs old QPD 9 per day
CLOZAPINE (50 MG TABLET, 12.5 MG TAB RAPDIS, 150 MG TAB RAPDIS, 25 MG TAB RAPDIS, 200 MG TAB RAPDIS)	generic	1	AL At least 18 yrs old QPD 3 per day
clozapine 200 mg tablet	generic	1	AL At least 18 yrs old QPD 4 per day
clozapine 25 mg tablet	generic	1	AL At least 18 yrs old QPD 18 per day
CLOZARIL 100 MG TABLET *clozapine*	BRAND	1	AL At least 18 yrs old QPD 9 per day
CLOZARIL 200 MG TABLET *clozapine*	BRAND	1	AL At least 18 yrs old QPD 4 per day
CLOZARIL 25 MG TABLET *clozapine*	BRAND	1	AL At least 18 yrs old QPD 18 per day
CLOZARIL 50 MG TABLET *clozapine*	BRAND	1	AL At least 18 yrs old QPD 3 per day
FANAPT TITRATION PACK *iloperidone*	BRAND	1	QL AL At least 18 yrs old
FANAPT (10 MG, 1 MG, 2 MG, 6 MG, 8 MG, 4 MG, 12 MG) *iloperidone*	BRAND	1	AL At least 18 yrs old QPD 2 per day
GEODON (80 MG, 40 MG, 60 MG, 20 MG) *ziprasidone hcl*	BRAND	1	AL At least 18 yrs old QPD 2 per day
GEODON 20 MG/ML VIAL *ziprasidone mesylate*	BRAND	1	
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
INVEGA ER 1.5 MG TABLET *paliperidone*	BRAND		AL At least 12 yrs old QPD 8 per day
INVEGA ER 3 MG TABLET *paliperidone*	BRAND	1	AL At least 12 yrs old QPD 4 per day
INVEGA ER 6 MG TABLET *paliperidone*	BRAND	1	AL At least 12 yrs old QPD 2 per day
INVEGA ER 9 MG TABLET *paliperidone*	BRAND	1	AL At least 12 yrs old QPD 1 per day
INVEGA HAFYERA 1,092 MG/3.5 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.04 per day
INVEGA HAFYERA 1,560 MG/5 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.06 per day
INVEGA SUSTENNA 117 MG/0.75 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.034 per day
INVEGA SUSTENNA 156 MG/ML SYRG *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.04 per day
INVEGA SUSTENNA 234 MG/1.5 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.057 per day
INVEGA SUSTENNA 39 MG/0.25 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.012 per day
INVEGA SUSTENNA 78 MG/0.5 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.02 per day
INVEGA TRINZA 273 MG/0.88 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.034 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 410 MG/1.32 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.057 per day
INVEGA TRINZA 546 MG/1.75 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.067 per day
INVEGA TRINZA 819 MG/2.63 ML *paliperidone palmitate*	BRAND	1	AL At least 18 yrs old PA QPD 0.1 per day
LATUDA (40 MG, 60 MG, 20 MG, 120 MG, 80 MG) *lurasidone hcl*	BRAND	1	AL At least 10 yrs old QPD 1 per day
LYBALVI (15-10 MG, 5-10 MG, 20-10 MG, 10-10 MG) *olanzapine/samidorphan malate*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
NUPLAZID (10 MG TABLET, 34 MG CAPSULE) *pimavanserin tartrate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
OLANZAPINE (10 MG TAB RAPDIS, 10 MG TABLET)	generic	1	QPD 3 per day
OLANZAPINE (15 MG TAB RAPDIS, 15 MG TABLET)	generic	1	QPD 2 per day
OLANZAPINE (20 MG TABLET, 20 MG TAB RAPDIS)	generic	1	QPD 1 per day
OLANZAPINE (5 MG TABLET, 2.5 MG TABLET, 5 MG TAB RAPDIS)	generic	1	QPD 6 per day
olanzapine 7.5 mg tablet	generic	1	QPD 4 per day
olanzapine 10 mg vial	generic	1	
paliperidone 1.5 mg tab er 24	generic	1	AL At least 12 yrs old QPD 8 per day
paliperidone 3 mg tab er 24	generic	1	AL At least 12 yrs old QPD 4 per day
paliperidone 6 mg tab er 24	generic	1	AL At least 12 yrs old QPD 2 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
paliperidone 9 mg tab er 24	generic		AL At least 12 yrs old QPD 1 per day
PERSERIS (ER 90 MG POWDER SYRNG, ER 120 MG SYRINGE KIT, ER 90 MG SYRINGE KIT) *risperidone*	BRAND	1	AL At least 18 yrs old PA QPD 0.034 per day
quetiapine fumarate 150 mg tab er 24h	generic	1	AL At least 10 yrs old QPD 5 per day
quetiapine fumarate 200 mg tab er 24h	generic	1	AL At least 10 yrs old QPD 4 per day
QUETIAPINE FUMARATE (400 MG TAB ER 24H, 400 MG TABLET, 300 MG TAB ER 24H)	generic	1	AL At least 10 yrs old QPD 2 per day
QUETIAPINE FUMARATE (50 MG TABLET, 25 MG TABLET, 50 MG TAB ER 24H)	generic	1	AL At least 10 yrs old QPD 6 per day
quetiapine fumarate 100 mg tablet	generic	1	AL At least 10 yrs old QPD 3 per day
quetiapine fumarate 200 mg tablet	generic	1	AL At least 10 yrs old QPD 1.5 per day
quetiapine fumarate 300 mg tablet	generic	1	AL At least 10 yrs old QPD 1 per day
REXULTI (1 MG, 0.5 MG, 4 MG, 3 MG, 2 MG, 0.25 MG) *brexpiprazole*	BRAND	1	AL At least 13 yrs old PA QPD 1 per day
RISPERDAL CONSTA (12.5 MG, 37.5 MG, 25 MG, 50 MG) *risperidone microspheres*	BRAND	1	AL At least 18 yrs old PA QPD 0.1 per day
risperidone 1 mg/ml solution	generic	1	AL At least 5 yrs old QPD 16 per day
RISPERIDONE (2 MG, 0.25 MG, 1 MG, 0.5 MG)	generic	1	QL AL At least 5 yrs old APS APS: Only 1 atypical antipsychotic fill allowed per 30 days QPD 8 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
risperidone 3 mg tablet	generic	1	QL AL At least 5 yrs old APS APS: Only 1 atypical antipsychotic fill allowed per 30 days QPD 5 per day
risperidone 4 mg tablet	generic	1	QL AL At least 5 yrs old APS APS: Only 1 atypical antipsychotic fill allowed per 30 days QPD 4 per day
RISPERIDONE (1 MG, 2 MG, 0.25 MG, 0.5 MG)	generic	1	AL At least 5 yrs old QPD 8 per day
risperidone 3 mg tab rapdis	generic	1	AL At least 5 yrs old QPD 5 per day
risperidone 4 mg tab rapdis	generic	1	AL At least 5 yrs old QPD 4 per day
SEROQUEL XR SAMPLE KIT *quetiapine fumarate*	BRAND	1	AL At least 10 yrs old
VERSACLOZ 50 MG/ML SUSPENSION *clozapine*	BRAND	1	AL At least 18 yrs old QPD 20 per day
VRAYLAR (1.5 MG CAPSULE, 4.5 MG CAPSULE, 1.5 MG-3 MG PACK, 6 MG CAPSULE, 3 MG CAPSULE) *cariprazine hcl*	BRAND	1	AL At least 18 yrs old QPD 1 per day
ZIPRASIDONE HCL (80 MG, 60 MG, 20 MG, 40 MG)	generic	1	AL At least 18 yrs old QPD 2 per day
ziprasidone mesylate fnl 20mg/1 vial	generic	1	
ZYPREXA RELPREVV (210 MG VIAL, 405 MG VL KIT, 210 MG VL KIT, 300 MG VL KIT, 405 MG VIAL, 300 MG VIAL) *olanzapine pamoate*	BRAND	1	AL At least 18 yrs old PA QPD 0.08 per day
ZYPREXA ZYDIS 10 MG TABLET *olanzapine*	BRAND	1	AL At least 13 yrs old QPD 3 per day
ZYPREXA ZYDIS 15 MG TABLET *olanzapine*	BRAND	1	AL At least 13 yrs old QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ZYPREXA ZYDIS 20 MG TABLET *olanzapine*	BRAND	1	AL At least 13 yrs old QPD 1 per day
ZYPREXA ZYDIS 5 MG TABLET *olanzapine*	BRAND	1	AL At least 13 yrs old QPD 6 per day
BUTYROPHENONES			
HALDOL DECANOATE 100 AMPUL *haloperidol decanoate*	BRAND	1	
HALDOL DECANOATE 50 AMPUL *haloperidol decanoate*	BRAND	1	
HALOPERIDOL (20 MG, 0.5 MG, 2 MG, 10 MG, 5 MG)	generic	1	
haloperidol 1 mg tablet	generic	1	LCG LOW COST GENERIC
HALOPERIDOL DECANOATE (50 MG/ML VIAL, 100 MG/ML AMPUL, 50 MG/ML AMPUL, 100 MG/ML VIAL)	generic	1	
HALOPERIDOL LACTATE (2 MG/ML ORAL CONC, 5 MG/ML SYRINGE)	generic	1	
PHENOTHIAZINES			
CHLORPROMAZINE HCL (100 MG TABLET, 200 MG TABLET, 100 MG/ML ORAL CONC, 25 MG TABLET, 10 MG TABLET, 50 MG TABLET, 30 MG/ML ORAL CONC)	generic	1	
fluphenazine decanoate 25 mg/ml vial	generic	1	BSP BENEFIT SHIFT PROGRAM
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 10 MG TABLET, 5 MG TABLET, 2.5 MG TABLET, 5 MG/ML ORAL CONC, 1 MG TABLET)	generic	1	
fluphenazine hcl 2.5 mg/ml vial	generic	1	BSP BENEFIT SHIFT PROGRAM
PERPHENAZINE (16 MG, 2 MG, 4 MG, 8 MG)	generic	1	AL At least 12 yrs old
THIORIDAZINE HCL (50 MG, 10 MG, 25 MG, 100 MG)	generic	1	
TRIFLUOPERAZINE HCL (10 MG, 1 MG, 2 MG, 5 MG)	generic	1	
THIOXANTHENES			
THIOTHIXENE (1 MG, 10 MG, 2 MG, 5 MG)	generic	1	
ANTIRETROVIRALS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
HIV ENTRY AND FUSION INHIBITORS			
FUZEON 90 MG VIAL *enfuvirtide*	BRAND	1	SPC Specialty Choice QPD 2 per day
RUKOBIA ER 600 MG TABLET *fostemsavir tromethamine*	BRAND	1	SPC Specialty Choice
SELZENTRY (20 MG/ML ORAL SOLN, 300 MG TABLET, 25 MG TABLET, 150 MG TABLET, 75 MG TABLET) *maraviroc*	BRAND	1	SPC Specialty Choice
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS			
DOVATO 50-300 MG TABLET *dolutegravir sodium/lamivudine*	BRAND	1	SPC Specialty Choice QPD 1 per day
ISENTRESS (100 MG POWDER PACKET, 25 MG TABLET CHEW, 400 MG TABLET, 100 MG TABLET CHEW) *raltegravir potassium*	BRAND	1	SPC Specialty Choice
ISENTRESS HD 600 MG TABLET *raltegravir potassium*	BRAND	1	SPC Specialty Choice
JULUCA 50-25 MG TABLET *dolutegravir sodium/rilpivirine hcl*	BRAND	1	SPC Specialty Choice QPD 1 per day
TIVICAY (50 MG, 10 MG, 25 MG) *dolutegravir sodium*	BRAND	1	SPC Specialty Choice
TIVICAY PD 5 MG TAB FOR SUSP *dolutegravir sodium*	BRAND	1	SPC Specialty Choice
VOCABRIA 30 MG TABLET *cabotegravir sodium*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.			
DELSTRIGO 100-300-300 MG TAB *doravirine/lamivudine/tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice
EDURANT 25 MG TABLET *rilpivirine hcl*	BRAND	1	SPC Specialty Choice
EFAVIRENZ (600 MG TABLET, 50 MG CAPSULE, 200 MG CAPSULE)	generic	1	SPC Specialty Choice
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (400-300 MG, 600-300MG)	generic	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ETRAVIRINE (200 MG, 100 MG)	generic	1	SPC Specialty Choice
INTELENCE (25 MG, 200 MG, 100 MG) *etravirine*	BRAND	1	SPC Specialty Choice
NEVIRAPINE (100 MG TAB ER 24H, 50 MG/5 ML ORAL SUSP, 200 MG TABLET, 400 MG TAB ER 24H)	generic	1	SPC Specialty Choice
PIFELTRO 100 MG TABLET *doravirine*	BRAND	1	SPC Specialty Choice
SUSTIVA (200 MG CAPSULE, 600 MG TABLET, 50 MG CAPSULE) *efavirenz*	BRAND	1	SPC Specialty Choice
SYMFI 600-300-300 MG TABLET *efavirenz/lamivudine/tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice
SYMFI LO 400-300-300 MG TABLET *efavirenz/lamivudine/tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET) *nevirapine*	BRAND	1	SPC Specialty Choice
VIRAMUNE XR 400 MG TABLET *nevirapine*	BRAND	1	SPC Specialty Choice
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS			
ABACAVIR SULFATE (20 MG/ML SOLUTION, 300 MG TABLET)	generic	1	SPC Specialty Choice
abacavir sulfate/lamivudine 600-300mg tablet	generic	1	SPC Specialty Choice
abacavir/lamivudine/zidovudine 150-300 mg tablet	generic	1	SPC Specialty Choice
ATRIPLA TABLET *efavirenz/emtricitabine/tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice
BIKTARVY (30-120-15 MG, 50-200-25 MG) *bictegravir sodium/emtricitabine/tenofovir alafenamide fumar*	BRAND	1	SPC Specialty Choice
CIMDUO 300-300 MG TABLET *lamivudine/tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice
COMBIVIR TABLET *lamivudine/zidovudine*	BRAND	1	SPC Specialty Choice
COMPLERA TABLET *emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DESCOVY 200-25 MG TABLET *emtricitabine/tenofovir alafenamide fumarate*	BRAND	1	SPC Specialty Choice HCR: Preventive use only. Quantity Limits may apply. Must try generic Truvada first. QPD 1 per day
DIDANOSINE (250 MG, 400 MG)	generic	1	SPC Specialty Choice
efavirenz/emtricit/tenofovr df 600-200mg tablet	generic	1	SPC Specialty Choice
emtricitabine 200 mg capsule	generic	1	SPC Specialty Choice
emtricitabine/tenofovir (tdf) 200-300 mg tablet	generic	1	SPC Specialty Choice HCR: Preventive use only. Quantity Limits may apply.
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (133-200 MG, 167-250 MG, 100-150 MG)	generic	1	SPC Specialty Choice
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE) *emtricitabine*	BRAND	1	SPC Specialty Choice
EPIVIR (300 MG TABLET, 10 MG/ML ORAL SOLN, 150 MG TABLET) *lamivudine*	BRAND	1	SPC Specialty Choice
EPIVIR HBV (100 MG TABLET, 25 MG/5 ML SOLN) *lamivudine*	BRAND	1	SPC Specialty Choice
EPZICOM TABLET *abacavir sulfate/lamivudine*	BRAND	1	SPC Specialty Choice
GENVOYA TABLET *elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide*	BRAND	1	SPC Specialty Choice
LAMIVUDINE (300 MG TABLET, 100 MG TABLET, 10 MG/ML SOLUTION, 150 MG TABLET)	generic	1	SPC Specialty Choice
lamivudine/zidovudine 150-300 mg tablet	generic	1	SPC Specialty Choice
ODEFSEY TABLET *emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate*	BRAND	1	SPC Specialty Choice
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE) *zidovudine*	BRAND	1	SPC Specialty Choice
STAVUDINE (30 MG, 40 MG, 15 MG, 20 MG)	generic	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
STRIBILD TABLET *elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil*	BRAND	1	SPC Specialty Choice
TEMIXYS 300-300 MG TABLET *lamivudine/tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice QPD 1 per day
tenofovir disoproxil fumarate 300 mg tablet	generic	1	SPC Specialty Choice
TRIUMEQ 600-50-300 MG TABLET *abacavir sulfate/dolutegravir sodium/lamivudine*	BRAND	1	SPC Specialty Choice
TRIZIVIR TABLET *abacavir sulfate/lamivudine/zidovudine*	BRAND	1	SPC Specialty Choice
TRUVADA (200 MG-300 MG, 133 MG-200 MG, 167 MG-250 MG, 100 MG-150 MG) *emtricitabine/tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice
VIREAD (POWDER, 300 MG TABLET, 200 MG TABLET, 150 MG TABLET, 250 MG TABLET) *tenofovir disoproxil fumarate*	BRAND	1	SPC Specialty Choice
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET) *abacavir sulfate*	BRAND	1	SPC Specialty Choice
ZIDOVUDINE (10 MG/ML SYRUP, 300 MG TABLET, 100 MG CAPSULE)	generic	1	SPC Specialty Choice
HIV PROTEASE INHIBITOR ANTIRETROVIRALS			
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE) *tipranavir*	BRAND	1	SPC Specialty Choice
ATAZANAVIR SULFATE (150 MG, 200 MG, 300 MG)	generic	1	SPC Specialty Choice
CRIXIVAN (400 MG, 200 MG) *indinavir sulfate*	BRAND	1	SPC Specialty Choice
EVOTAZ 300 MG-150 MG TABLET *atazanavir sulfate/cobicistat*	BRAND	1	SPC Specialty Choice
fosamprenavir calcium 700 mg tablet	generic	1	SPC Specialty Choice
INVIRASE 500 MG TABLET *saquinavir mesylate*	BRAND	1	SPC Specialty Choice
KALETRA (100-25 MG TABLET, 80 MG-20 MG/ML SOLN, 200-50 MG TABLET) *lopinavir/ritonavir*	BRAND	1	SPC Specialty Choice
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET) *fosamprenavir calcium*	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
lopinavir/ritonavir 400-100/5 solution	generic	1	SPC Specialty Choice
LOPINAVIR/RITONAVIR (200MG-50MG, 100MG-25MG)	generic	1	SPC Specialty Choice
NORVIR (80 MG/ML SOLUTION, 100 MG TABLET, 100 MG POWDER PACKET) *ritonavir*	BRAND	1	SPC Specialty Choice
PREZCOBIX 800 MG-150 MG TABLET *darunavir ethanolate/cobicistat*	BRAND	1	SPC Specialty Choice
PREZISTA (600 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 800 MG TABLET, 75 MG TABLET) *darunavir ethanolate*	BRAND	1	SPC Specialty Choice
REYATAZ (200 MG CAPSULE, 50 MG POWDER PACKET, 300 MG CAPSULE, 150 MG CAPSULE) *atazanavir sulfate*	BRAND	1	SPC Specialty Choice
ritonavir 100 mg tablet	generic	1	SPC Specialty Choice
SYMTUZA 800-150-200-10 MG TAB *darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide*	BRAND	1	SPC Specialty Choice
VIRACEPT (625 MG, 250 MG) *nelfinavir mesylate*	BRAND	1	SPC Specialty Choice
ANTITHROMBOTIC AGENTS			
ANTITHROMBOTIC AGENTS, MISCELLANEOUS			
CABLIVI (11 MG VIAL, 11 MG KIT) *caplacizumab-yhdp*	BRAND	1	SPC Specialty Choice
PLATELET-AGGREGATION INHIBITORS			
BRILINTA (90 MG, 60 MG) *ticagrelor*	BRAND	1	QPD 2 per day
CILOSTAZOL (50 MG, 100 MG)	generic	1	QPD 2 per day
CLOPIDOGREL BISULFATE (75 MG, 300 MG)	generic	1	QPD 1 per day
EFFIENT (10 MG, 5 MG) *prasugrel hcl*	BRAND	1	QPD 1 per day
PRASUGREL HCL (5 MG, 10 MG)	generic	1	QPD 1 per day
ZONTIVITY 2.08 MG TABLET *vorapaxar sulfate*	BRAND	1	PA QPD 1 per day
PLATELET-REDUCING AGENTS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
AGRYLIN 0.5 MG CAPSULE *anagrelide hcl*	BRAND	1	QPD 4 per day
ANAGRELIDE HCL (1 MG, 0.5 MG)	generic	1	QPD 4 per day
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES			
ALLERGENIC EXTRACTS (THERAPEUTIC)			
GRASTEK 2,800 BAU SL TABLET *allergenic extract,grass pollen-timothy,standard*	BRAND	1	PA QPD 1 per day
ODACTRA 12 SQ-HDM SL TABLET *allergenic extract, mite-d.farinae-d.pteronyssinus,standard*	BRAND	1	PA QPD 1 per day
ORALAIR (300 IR STARTER PACK, 300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT, 100-300 IR CHILD SAMPL, 100 IR STARTER PACK) *grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.*	BRAND	1	SPC Specialty Choice PA
PALFORZIA (12 MG 3), 3 MG 1)) *peanut allergen powder-dnfp*	BRAND	1	SPC Specialty Choice PA QPD 1.5 per day
PALFORZIA (300 MG (MAINTENANCE), 40 MG (LEVEL 5), 120 MG (LEVEL 7), 200 MG (LEVEL 9)) *peanut allergen powder-dnfp*	BRAND	1	QL SPC Specialty Choice PA
PALFORZIA (80 MG 6), 240 MG 10), 160 MG 8)) *peanut allergen powder-dnfp*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
PALFORZIA 6 MG (LEVEL 2) *peanut allergen powder-dnfp*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
PALFORZIA INITIAL DOSE PACK *peanut allergen powder-dnfp*	BRAND	1	SPC Specialty Choice PA QPD 0.434 per day
PALFORZIA (20 MG 4), 300 MG 11)) *peanut allergen powder-dnfp*	BRAND	1	QL SPC Specialty Choice PA
RAGWITEK SUBLINGUAL TABLET	BRAND	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
allergenic extract-weed pollen-short ragweed			QPD 1 per day
ANTITOXINS AND IMMUNE GLOBULINS			
BIVIGAM (LIQUID 10% VIAL, 5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL) *immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
CUTAQUIG ((1 G/6 VIAL, (1.65 G/10, (3.3 G/20, (2 G/12 VL, (8 G/48 VL, (4 G/24 VL) *immune globulin,gamma(igg)-hipp human/maltose*	BRAND	1	SPC Specialty Choice PA
CUVITRU (4 GRAM/20 ML, 2 GRAM/10 ML, 8 GRAM/ 40 ML, 10 GRAM/50 ML, 1 GRAM/5 ML) *immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA
FLEBOGAMMA DIF (10%, 5%) *immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
GAMMAGARD LIQUID 10% VIAL *immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA
GAMMAKED (5 GRAM/50 ML, 10 GRAM/100 ML, 20 GRAM/200 ML, 1 GRAM/10 ML) *immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml*	BRAND	1	SPC Specialty Choice PA
GAMMAPLEX (5 GRAM/50 ML, 20 GRAM/400 ML, 5 GRAM/100 ML, 10 GRAM/100 ML, 10 GRAM/200 ML, 20 GRAM/200 ML) *immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
GAMUNEX-C (40 GRAM/400 ML, 2.5 GRAM/25 ML, 1 GRAM/10 ML, 10 GRAM/100 ML, 20 GRAM/200 ML, 5 GRAM/50 ML) *immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml*	BRAND	1	SPC Specialty Choice PA
HIZENTRA (4 GRAM/20 ML SYRINGE, 2 GRAM/10 ML SYRINGE, 10 GRAM/50 ML VIAL, 2 GRAM/10 ML VIAL, 1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 4 GRAM/20 ML VIAL) *immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA
HYQVIA (30 GM-2,400, 5 GM-400, 2.5 GM-	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
200, 20 GM-1,600, 10 GM-800) *immune globulin,gamma(igg) human/hyaluronidase, human recomb*			PA
HYQVIA IG COMPONENT (20 GM/200 ML, 30 GM/300 ML, 2.5 GM/25 ML, 5 GM/50 ML, 10 GM/100 ML) *immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA
OCTAGAM (10%, 5%) *immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
PRIVIGEN 10% VIAL *immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
XEMBIFY ((10 G/50, (2 G/10, (1 G/5, (4 G/20) *immune globulin,gamma (igg)-klhw human*	BRAND	1	SPC Specialty Choice PA
TOXOIDS			
ADACEL TDAP (VIAL, SYRINGE) *diphtheria,pertussis(acellular),tetanus vaccine/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
BOOSTRIX TDAP (VIAL, SYRINGE) *diphtheria,pertussis(acellular),tetanus vaccine*	BRAND	1	HCR AAVAC3 | HCR Vaccines
DAPTACEL DTAP VACCINE *diphtheria, pertussis (acell), tetanus pediatric vaccine/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
INFANRIX DTAP (SYRINGE, VIAL) *diphtheria, pertussis (acell), tetanus pediatric vaccine/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
TENIVAC (SYRINGE, VIAL) *tetanus and diphtheria toxoids, adsorbed, adult/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
tetanus, diphtheria tox,adult 2-2 lf/0.5 vial	generic	1	HCR AAVAC2 | HCR Vaccines
tetanus,diphtheria toxd ped/pf 5-25/0.5ml vial	generic	1	HCR AAVAC3 | HCR Vaccines
VAXELIS (SYRINGE, VIAL) *diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
VACCINES			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ACTHIB (VIAL, WITH DILUENT) *haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
AFLURIA QUAD 2020-2021 VIAL *influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	BRAND	1	HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2020-21 (3YR UP) *influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf*	BRAND	1	AL At least 3 yrs old HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2020-21 (6-35MO) *influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/pf*	BRAND	1	AL Up to 3 yrs old HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2021-2022 VIAL *influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	BRAND	1	HCR AAVAC1 | HCR Vaccines
AFLURIA QUAD 2021-22 (3YR UP) *influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	BRAND	1	AL At least 3 yrs old HCR AAVAC1 | HCR Vaccines
AFLURIA QUAD 2021-22 (6-35MO) *influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	BRAND	1	AL Up to 3 yrs old HCR AAVAC1 | HCR Vaccines
BEXSERO PREFILLED SYRINGE *meningococcal group b vaccine, 4-component*	BRAND	1	HCR AAVAC2 | HCR Vaccines
BIOTHRAX VACCINE VIAL *anthrax vaccine*	BRAND	1	
COMIRNATY COVID-19 VACCINE VL *covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
DENGVAXIA (, WITH DILUENT) *dengue tetravalent vaccine, live, vero cell/pf*	BRAND	1	PA
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL) *hepatitis b virus vaccine recombinant/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
ENGERIX-B PEDI 10 MCG/0.5 SYRN *hepatitis b virus vaccine recombinant/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
FLUAD 2020-2021 SYRINGE *influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf*	BRAND	1	AL At least 65 yrs old HCR HCR: Age edits may apply. One fill per year.
FLUAD QUAD 2020-2021 SYRINGE *influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf*	BRAND	1	AL At least 65 yrs old HCR HCR: Age edits may apply. One fill per year.
FLUAD QUAD 2021-2022 SYRINGE	BRAND	1	AL At least 65 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf			HCR AAVAC1 | HCR Vaccines
FLUARIX QUAD 2020-2021 SYRINGE *influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	BRAND	1	HCR HCR: Age edits may apply. One fill per year.
FLUARIX QUAD 2021-2022 SYRINGE *influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	BRAND	1	HCR AAVAC1 | HCR Vaccines
FLUBLOK QUAD 2020-2021 SYRINGE *influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf*	BRAND	1	AL At least 18 yrs old HCR HCR: Age edits may apply. One fill per year.
FLUBLOK QUAD 2021-2022 SYRINGE *influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	BRAND	1	AL At least 18 yrs old HCR AAVAC1 | HCR Vaccines
FLUCELVAX QUAD 2020-2021 (VIAL, SYR) *flu vaccine quadriv 2020-2021(4 years and older)cell derived*	BRAND	1	AL At least 4 yrs old HCR HCR: Age edits may apply. One fill per year.
FLUCELVAX QUAD 2021-2022 (VIAL, SYR) *flu vaccine quadriv 2021-2022(6 month and older)cell derived*	BRAND	1	AL At least 2 yrs old HCR AAVAC1 | HCR Vaccines
FLULAVAL QUAD 2020-2021 SYR *influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	BRAND	1	HCR HCR: Age edits may apply. One fill per year.
FLULAVAL QUAD 2021-2022 SYR *influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	BRAND	1	HCR AAVAC1 | HCR Vaccines
FLUMIST QUAD NASAL 2020-21 VAC *influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs)*	BRAND	1	AL 2.0 to 49.0 yrs old HCR HCR: Age edits may apply. One fill per year.
FLUMIST QUAD NASAL 2021-22 VAC *influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	BRAND	1	AL 2.0 to 49.0 yrs old HCR AAVAC1 | HCR Vaccines
FLUZONE HIGH-DOSE QUAD 2020-21 *influenza virus vaccine quadrival split 2020-21(65 yr up)/pf*	BRAND	1	AL At least 65 yrs old HCR HCR: Age edits may apply. One fill per year.
FLUZONE HIGH-DOSE QUAD 2021-22 *influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	BRAND	1	AL At least 65 yrs old HCR AAVAC1 | HCR Vaccines
FLUZONE QUAD 2020-2021 (VIAL, SYRINGE) *influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	BRAND	1	HCR HCR: Age edits may apply. One fill per year.

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
FLUZONE QUAD 2021-2022 (SYRINGE, VIAL) *influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	BRAND	1	HCR AAVAC1 | HCR Vaccines
FLUZONE QUAD SOUTHERN HEM 2020 (HEM 2020 VL, HEM2020 SYR) *influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	BRAND	1	HCR HCR: Age edits may apply. One fill per year.
FLUZONE QUAD SOUTHERN HEM 2021 (HEM 2021 VL, HEM2021 SYR) *influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	BRAND	1	HCR HCR: Age edits may apply. One fill per year.
GARDASIL 9 (9 VIAL, 9 SYRINGE) *human papillomavirus vaccine, 9-valent/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
HAVRIX (1,440 UNIT/ML, 720 UNIT/0.5 ML) *hepatitis a virus vaccine/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
HEPLISAV-B 20 MCG/0.5 ML SYRNG *hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
HIBERIX (WITH DILUENT, VIAL) *haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
IMOVAX RABIES VACCINE VIAL *rabies vaccine, human diploid cell/pf*	BRAND	1	
IPOL (SINGLE DOSE SYRINGE, VIAL) *poliomyelitis vaccine, killed*	BRAND	1	HCR AAVAC2 | HCR Vaccines
IXIARO (6 UNIT(6 MCG)/0.5ML SYR, 6 MCG/0.5 ML SYRINGE) *japanese encephalitis vaccine/pf*	BRAND	1	
JANSSEN COVID-19 VACCINE (EUA) *covid-19 vac, ad26.cov2.s (janssen)/pf*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
KINRIX (VIAL, TIP-LOK SYRINGE) *diphtheria, pertussis(acell),tetanus,polio vaccine/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
M-M-R II VACCINE VIAL *measles, mumps, and rubella vaccine live/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
MENACTRA VIAL *meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
MENQUADFI VIAL *meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
MENVEO A-C-Y-W-135-DIP VIAL KT *meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf*	BRAND	1	HCR HCR: Age edits apply.

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MENVEO MENA COMPONENT *meningococcal a diphtheria-conj vaccine component 2 of 2/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
MENVEO MENCYW-135 COMPONENT *meningococcal c,y,w-135,dip-conj vaccine component 1 of 2/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
MODERNA COVID-19 VACCINE (EUA) *covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
PEDIARIX 0.5 ML SYRINGE *hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
PEDVAXHIB VACCINE VIAL *haemophilus b conjugate vaccine (meningococcal prot.conj)/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
PENTACEL VIAL KIT *diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
PENTACEL ACTHIB COMPONENT VIAL *haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
PENTACEL DTAP-IPV COMPONENT VL *diphther,pertus(acel),tetanus,polio vacc,component 1 of 2/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
PFIZER COVID (12Y UP) VAC-GRAY *covid-19 vac mrna,tris(pfizer)/pf*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
PFIZER COVID (5-11Y) VAC-ORANG *covid-19 vac mrna,tris(pfizer)/pf*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
PFIZER COVID-19 VACCINE-PURPLE *covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL) *pneumococcal 23-valent polysaccharide vaccine*	BRAND	1	HCR AAVAC3 | HCR Vaccines
PREVNAR 13 SYRINGE *pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
PREVNAR 20 SYRINGE *pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
PROQUAD VIAL *measles, mumps, rubella, and varicella vaccine live/pf*	BRAND	1	HCR AAVAC3 | HCR Vaccines
QUADRACEL DTAP-IPV VIAL	BRAND	1	HCR AAVAC3 | HCR

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
diphtheria, pertussis(acell),tetanus,polio vaccine/pf			Vaccines
RABAVERT (VACC W-DILUENT, VACCINE VIAL) *rabies vaccine, purified chicken embryo cell (pcec)/pf*	BRAND	1	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 5 MCG/0.5 ML VL, 40 MCG/ML VIAL, 10 MCG/ML SYR) *hepatitis b virus vaccine recombinant/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
ROTARIX VACCINE SUSPENSION *rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)*	BRAND	1	HCR AAVAC2 | HCR Vaccines
ROTATEQ VACCINE *rotavirus vaccine, live oral pentavalent*	BRAND	1	HCR AAVAC2 | HCR Vaccines
SHINGRIX VIAL KIT *varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf*	BRAND	1	AL At least 18 yrs old HCR HCR: Age edits apply.
SHINGRIX GE ANTIGEN COMPONENT *varicella-zoster virus glycoprotein e,rec,component 2 of 2*	BRAND	1	AL At least 18 yrs old HCR HCR: Age edits apply.
STAMARIL VIAL *yellow fever vaccine live/pf*	BRAND	1	
TICOVAC 2.4 MCG/0.5 ML SYRINGE *tick-borne encephalitis vaccine*	BRAND	1	
TRUMENBA 120 MCG/0.5 ML VACCIN *neisseria meningitidis group b, lipidated fhbp recombinant*	BRAND	1	HCR AAVAC2 | HCR Vaccines
TWINRIX VACCINE SYRINGE *hepatitis a virus and hepatitis b virus vaccine/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
TYPHIM VI (25 ML SYRNG, 25 ML AL) *typhoid vaccine vi capsular polysaccharide*	BRAND	1	
VAQTA (50 UNITS/ML SYRINGE, 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML VIAL) *hepatitis a virus vaccine/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
VARIVAX VACCINE (WITH DILUENT, VIAL) *varicella virus vaccine live/pf*	BRAND	1	HCR AAVAC2 | HCR Vaccines
VAXCHORA ACTIVE COMPONENT *cholera vaccine, live*	BRAND	1	
VAXCHORA VACCINE *cholera vaccine, live*	BRAND	1	
VAXNEUVANCE 0.5 ML SYRINGE	BRAND	1	HCR AAVAC3 | HCR

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf			Vaccines
VIVOTIF EC CAPSULE *typhoid vacc,live,attenuated*	BRAND	1	
YF-VAX (1, 5) *yellow fever vaccine live/pf*	BRAND	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS			
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC			
TALICIA DR 10-250-12.5 MG CAP *omeprazole magnesium/amoxicillin trihydrate/rifabutin*	BRAND	1	QPD 12 per day
HISTAMINE H2-ANTAGONISTS			
CIMETIDINE (300 MG, 800 MG, 200 MG, 400 MG)	generic	1	
cimetidine hcl 300 mg/5ml solution	generic	1	
famotidine 40mg/5ml susp recon	generic	1	HCG HIGH COST GENERIC
FAMOTIDINE (20 MG, 40 MG)	generic	1	
nizatidine 150 mg capsule	generic	1	QPD 2 per day
nizatidine 300 mg capsule	generic	1	
nizatidine 150mg/10ml solution	generic	1	HCG HIGH COST GENERIC
PROSTAGLANDINS			
CYTOTEC (100 MCG, 200 MCG) *misoprostol*	BRAND	1	
MISOPROSTOL (200 MCG, 100 MCG)	generic	1	
PROTECTANTS			
CARAFATE 1 GM/10 ML SUSP *sucralfate*	BRAND	1	
SUCRALFATE (1 G TABLET, 1 G/10 ML ORAL SUSP)	generic	1	
PROTON-PUMP INHIBITORS			
ACIPHEX SPRINKLE (5 MG, 10 MG) *rabeprazole sodium*	BRAND	1	QPD 1 per day
DEXILANT DR 30 MG CAPSULE *dexlansoprazole*	BRAND	1	QPD 1 per day B4G BRAND FOR GENERIC
		1	QPD

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DEXILANT DR 60 MG CAPSULE *dexlansoprazole*	BRAND		1 per day
ESOMEPRAZOLE MAGNESIUM (10 MG, 40 MG, 20 MG)	generic	1	QPD 1 per day HCG HIGH COST GENERIC
LANSOPRAZOLE (30 MG CAPSULE, 15 MG TAB RAP)	generic	1	QPD 1 per day
lansoprazole 15 mg capsule dr	generic	1	
lansoprazole 30 mg tab rap dr	generic	1	QL QPD 1 per day
lansoprazole/amoxiciln/clarith 30-500-500 combo. pkg	generic	1	QL
NEXIUM (2.5 MG, 10 MG, 40 MG, 5 MG) *esomeprazole magnesium*	BRAND	1	QPD 1 per day
OMECLAMOX-PAK (DAILY CARD, COMBO PACK) *omeprazole/clarithromycin/amoxicillin trihydrate*	BRAND	1	QL
OMEPRAZOLE (10 MG, 40 MG, 20 MG)	generic	1	QPD 1 per day
pantoprazole sodium 40 mg granpkt dr	generic	1	QPD 1 per day
pantoprazole sodium 20 mg tablet dr	generic	1	QPD 1 per day LCG LOW COST GENERIC
pantoprazole sodium 40 mg tablet dr	generic	1	QPD 2 per day LCG LOW COST GENERIC
PRILOSEC (2.5 MG, 10 MG) *omeprazole magnesium*	BRAND	1	
PROTONIX 40 MG SUSPENSION *pantoprazole sodium*	BRAND	1	QPD 1 per day
rabeprazole sodium 20 mg tablet dr	generic	1	QPD 2 per day
ANTIVIRALS (SYSTEMIC)			
ADAMANTANE ANTIVIRALS			
rimantadine hcl 100 mg tablet	generic	1	
ANTIVIRALS, MISCELLANEOUS			
LIVTENCITY 200 MG TABLET *maribavir*	BRAND	1	SPC Specialty Choice PA QPD 4 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PAXLOVID CO-PACK (EUA) *nirmatrelvir/ritonavir*	BRAND	1	QL AL At least 12 yrs old QPD 6 per day
PREVYMIS (480 MG, 240 MG) *letermovir*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA
XOFLUZA (40 MG (80 MG, 20 MG (40 MG) *baloxavir marboxil*	BRAND	1	QL
XOFLUZA (40 MG, 80 MG) *baloxavir marboxil*	BRAND	1	QL
INTERFERON ANTIVIRALS			
INTRON A (50 UNITS VIL, 18 UNITS VIL, 18 UNIT/3 ML, 25 UNIT/2.5ML, 10 UNITS VIL) *interferon alfa-2b,recomb.*	BRAND	1	SPC Specialty Choice PA
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE) *peginterferon alfa-2a*	BRAND	1	SPC Specialty Choice PA
PEGINTRON 50 MCG KIT *peginterferon alfa-2b*	BRAND	1	SPC Specialty Choice PA
SYLATRON (200 MCG, 300 MCG) *peginterferon alfa-2b*	BRAND	1	SPC Specialty Choice PA
MONOCLONAL ANTIBODY ANTIVIRALS			
SYNAGIS (100 MG/ML, 50 MG/0.5 ML) *palivizumab*	BRAND	1	SPC Specialty Choice PA
NEURAMINIDASE INHIBITOR ANTIVIRALS			
OSELTAMIVIR PHOSPHATE (30 MG, 45 MG, 75 MG)	generic	1	QL
oseltamivir phosphate 6 mg/ml susp recon	generic	1	QL
RELENZA 5 MG DISKHALER *zanamivir*	BRAND	1	QL
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS			
ACYCLOVIR (200 MG CAPSULE, 400 MG TABLET, 800 MG TABLET, 200 MG/5ML ORAL SUSP)	generic	1	
adefovir dipivoxil 10 mg tablet	generic	1	SPC Specialty Choice
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
BARACLUDE 0.05 MG/ML SOLUTION *entecavir*	BRAND		SPC Specialty Choice PA QPD 20 per day
BARACLUDE (0.5 MG, 1 MG) *entecavir*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
ENTECAVIR (0.5 MG, 1 MG)	generic	1	SPC Specialty Choice QPD 1 per day
FAMCICLOVIR (500 MG, 250 MG, 125 MG)	generic	1	
HEPSERA 10 MG TABLET *adefovir dipivoxil*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
molnupiravir 200 mg capsule	generic	1	QL AL At least 18 yrs old QPD 8 per day
RIBAVIRIN (200 MG CAPSULE, 200 MG TABLET)	generic	1	SPC Specialty Choice PA QPD 6 per day
VALACYCLOVIR HCL (500 MG, 1000 MG)	generic	1	
VALCYTE 50 MG/ML SOLUTION *valganciclovir hcl*	BRAND	1	
VALCYTE 450 MG TABLET *valganciclovir hcl*	BRAND	1	QPD 4 per day
valganciclovir hcl 50 mg/ml soln recon	generic	1	
valganciclovir hcl 450 mg tablet	generic	1	QPD 4 per day
VEMLIDY 25 MG TABLET *tenofovir alafenamide*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 1 per day
ANXIOLYTICS, SEDATIVES AND HYPNOTICS			
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC			
BUSPIRONE HCL (5 MG, 30 MG, 7.5 MG, 10 MG, 15 MG)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ESZOPICLONE (2 MG, 1 MG)	generic	1	QPD 1 per day
eszopiclone 3 mg tablet	generic	1	AL Up to 65 yrs old QPD 1 per day
HETLIOZ 20 MG CAPSULE *tasimelteon*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HETLIOZ LQ 4 MG/ML SUSPENSION *tasimelteon*	BRAND	1	SPC Specialty Choice PA QPD 5 per day
HYDROXYZINE HCL (10 MG TABLET, 50 MG/25ML SOLUTION, 10 MG/5 ML SOLUTION, 50 MG TABLET, 25 MG TABLET)	generic	1	AL At least 2 yrs old
HYDROXYZINE PAMOATE (50 MG, 25 MG)	generic	1	AL At least 2 yrs old
hydroxyzine pamoate 100 mg capsule	generic	1	
MEPROBAMATE (400 MG, 200 MG)	generic	1	
ramelteon 8 mg tablet	generic	1	QPD 1 per day
ROZEREM 8 MG TABLET *ramelteon*	BRAND	1	QPD 1 per day
ZALEPLON (10 MG, 5 MG)	generic	1	QPD 1 per day
ZOLPIDEM TARTRATE (6.25 MG TAB MPHASE, 10 MG TABLET, 12.5 MG TAB MPHASE, 5 MG TABLET)	generic	1	QPD 1 per day
ZOLPIDEM TARTRATE (1.75 MG, 3.5 MG)	generic	1	QPD 1 per day HCG HIGH COST GENERIC
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)			
PHENOBARBITAL (60 MG TABLET, 15 MG TABLET, 100 MG TABLET, 64.8 MG TABLET, 30 MG TABLET, 97.2MG TABLET, 16.2 MG TABLET, 32.4 MG TABLET, 20 MG/5 ML ELIXIR)	generic	1	
SECONAL SODIUM 100 MG CAPSULE *secobarbital sodium*	BRAND	1	
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)			
ALPRAZOLAM (0.5 MG ER, 1 MG ER)	generic	1	QPD 1 per day
alprazolam 3 mg tab er 24h	generic	1	QPD 3 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ALPRAZOLAM (1 MG TABLET, 0.25 MG TAB RAPDIS, 0.5 MG TAB RAPDIS, 1 MG TAB RAPDIS, 0.25 MG TABLET, 0.5 MG TABLET)	generic	1	QPD 4 per day
ALPRAZOLAM (2 MG TAB RAPDIS, 2 MG TABLET, 2 MG TAB ER 24H)	generic	1	QPD 5 per day
ALPRAZOLAM INTENSOL 1 MG/ML *alprazolam*	BRAND	1	QPD 10 per day
chlordiazepoxide hcl 10 mg capsule	generic	1	QL QPD 30 per day
chlordiazepoxide hcl 25 mg capsule	generic	1	QL QPD 12 per day
chlordiazepoxide hcl 5 mg capsule	generic	1	QL QPD 4 per day
clorazepate dipotassium 15 mg tablet	generic	1	QPD 6 per day
clorazepate dipotassium 3.75 mg tablet	generic	1	QPD 24 per day
clorazepate dipotassium 7.5 mg tablet	generic	1	QPD 12 per day
DIASTAT 2.5 MG PEDI SYSTEM *diazepam*	BRAND	1	QPD 0.07 per day
DIASTAT ACUDIAL (5-7.5-10 MG KT, 12.5-15-20 MG) *diazepam*	BRAND	1	QPD 0.07 per day
DIAZEPAM (12.5-15-20, 2.5 MG, 5-7.5-10MG)	generic	1	QPD 0.07 per day
DIAZEPAM (2 MG TABLET, 10 MG TABLET, 5 MG/5 ML SOLUTION, 5 MG/ML ORAL CONC, 5 MG TABLET)	generic	1	
DORAL 15 MG TABLET *quazepam*	BRAND	1	QPD 1 per day
ESTAZOLAM (1 MG, 2 MG)	generic	1	QPD 1 per day
FLURAZEPAM HCL (15 MG, 30 MG)	generic	1	QPD 1 per day
HALCION 0.25 MG TABLET *triazolam*	BRAND	1	QPD 2 per day
LORAZEPAM (2 MG/ML ORAL CONC, 2 MG TABLET)	generic	1	QPD 5 per day
LORAZEPAM (0.5 MG, 1 MG)	generic	1	QPD 3 per day
LORAZEPAM INTENSOL 2 MG/ML *lorazepam*	BRAND	1	QPD 5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
midazolam hcl 2 mg/ml syrup	generic	1	
OXAZEPAM (10 MG, 15 MG, 30 MG)	generic	1	QPD 4 per day
quazepam 15 mg tablet	generic	1	QPD 1 per day
TEMAZEPAM (7.5 MG, 15 MG, 30 MG, 22.5 MG)	generic	1	QPD 1 per day
TRANXENE T-TAB 7.5 MG *clorazepate dipotassium*	BRAND	1	QPD 12 per day
triazolam 0.125 mg tablet	generic	1	QPD 1 per day
triazolam 0.25 mg tablet	generic	1	QPD 2 per day
VALTOCO (5 MG, 20 MG, 15 MG, 10 MG) *diazepam*	BRAND	1	QL
OREXIN RECEPTOR ANTAGONISTS			
BELSOMRA (5 MG, 10 MG, 20 MG, 15 MG) *suvorexant*	BRAND	1	
DAYVIGO (5 MG, 10 MG) *lemborexant*	BRAND	1	QPD 1 per day
AUTONOMIC DRUGS			
AUTONOMIC DRUGS, MISCELLANEOUS			
CHANTIX STARTING MONTH BOX *varenicline tartrate*	BRAND	1	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered.
CHANTIX (1 MG CONT MONTH BOX, 0.5 MG TABLET, 1 MG TABLET) *varenicline tartrate*	BRAND	1	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered. QPD 2 per day
NICOTROL CARTRIDGE INHALER *nicotine*	BRAND	1	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered. QPD 16 per day
NICOTROL NS 10 MG/ML SPRAY *nicotine*	BRAND	1	HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered. QPD 20 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TYRVAYA 0.03 MG NASAL SPRAY *varenicline tartrate*	BRAND		AL At least 18 yrs old PA QPD 0.28 per day
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)			
ARICEPT (23 MG, 5 MG, 10 MG) *donepezil hcl*	BRAND	1	AL At least 40 yrs old
BETHANECHOL CHLORIDE (5 MG, 25 MG, 10 MG, 50 MG)	generic	1	
cevimeline hcl 30 mg capsule	generic	1	
DONEPEZIL HCL (10 MG TABLET, 5 MG TAB RAPDIS, 10 MG TAB RAPDIS, 23 MG TABLET, 5 MG TABLET)	generic	1	AL At least 40 yrs old
EVOXAC 30 MG CAPSULE *cevimeline hcl*	BRAND	1	
EXELON (13.3, 4.6, 9.5) *rivastigmine*	BRAND	1	AL At least 40 yrs old
GALANTAMINE HBR (12 MG TABLET, 24 MG CAP24H PEL, 4 MG TABLET, 8 MG CAP24H PEL, 8 MG TABLET, 16 MG CAP24H PEL, 4 MG/ML SOLUTION)	generic	1	AL At least 40 yrs old
guanidine hcl 125 mg tablet	generic	1	
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN) *pyridostigmine bromide*	BRAND	1	
PILOCARPINE HCL (7.5 MG, 5 MG)	generic	1	
PYRIDOSTIGMINE BROMIDE (60 MG/5 ML SOLUTION, 60 MG TABLET)	generic	1	
PYRIDOSTIGMINE BROMIDE (180 MG ER, 30 MG)	generic	1	HCG HIGH COST GENERIC
RAZADYNE 4 MG TABLET *galantamine hbr*	BRAND	1	AL At least 40 yrs old
RAZADYNE ER (ER 8 MG, ER 24 MG, ER 16 MG) *galantamine hbr*	BRAND	1	AL At least 40 yrs old
RIVASTIGMINE (13.3MG/24H, 9.5MG/24HR, 4.6MG/24HR)	generic	1	AL At least 40 yrs old
RIVASTIGMINE TARTRATE (1.5 MG, 6 MG, 4.5 MG, 3 MG)	generic	1	AL At least 40 yrs old
SALAGEN (5 MG, 7.5 MG) *pilocarpine hcl*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
URECHOLINE (25 MG, 50 MG) *bethanechol chloride*	BRAND	1	
BETA-3-ADRENERGIC AGONISTS			
SELECTIVE BETA-3-ADRENERGIC AGONISTS			
MYRBETRIQ ER 8 MG/ML SUSP *mirabegron*	BRAND	1	QPD 10 per day
MYRBETRIQ (ER 25 MG, ER 50 MG) *mirabegron*	BRAND	1	QPD 1 per day
BETA-ADRENERGIC AGONISTS			
SELECTIVE BETA-2-ADRENERGIC AGONISTS			
albuterol sulfate 90 mcg hfa aer ad	generic	1	QPD 1.5 per day
ALBUTEROL SULFATE (2.5 MG/3ML VIAL-NEB, 2.5 MG/0.5 VIAL-NEB, 5 MG/ML SOLUTION)	generic	1	QPD 18 per day LCG LOW COST GENERIC
ALBUTEROL SULFATE (2 MG/5 ML SYRUP, 8 MG TAB ER 12H, 4 MG TAB ER 12H)	generic	1	
ALBUTEROL SULFATE (2 MG, 4 MG)	generic	1	LCG LOW COST GENERIC
ALBUTEROL SULFATE (1.25MG/3ML, 0.63MG/3ML)	generic	1	QPD 18 per day
arformoterol tartrate 15mcg/2ml vial-neb	generic	1	QPD 4 per day
BROVANA 15 MCG/2 ML SOLUTION *arformoterol tartrate*	BRAND	1	QPD 4 per day
formoterol fumarate 20 mcg/2ml vial-neb	generic	1	QL
LEVALBUTEROL HCL (0.63MG/3ML, 1.25MG/0.5, 1.25MG/3ML, 0.31MG/3ML)	generic	1	
metaproterenol sulfate 10 mg/5 ml syrup	generic	1	
PERFOROMIST 20 MCG/2 ML SOLN *formoterol fumarate*	BRAND	1	QL
SEREVENT DISKUS 50 MCG *salmeterol xinafoate*	BRAND	1	QPD 2 per day
STRIVERDI RESPIMAT INHAL SPRAY *olodaterol hcl*	BRAND	1	QPD 0.144 per day
TERBUTALINE SULFATE (5 MG, 2.5 MG)	generic	1	HCG HIGH COST GENERIC LCG LOW COST GENERIC
terbutaline sulfate 1 mg/ml vial	generic	1	
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
XOPENEX (0.31 ML, 1.25 ML, 0.63 ML) *levalbuterol hcl*	BRAND		
XOPENEX CONC 1.25 MG/0.5 ML *levalbuterol hcl*	BRAND	1	
BLOOD DERIVATIVES			
RYPLAZIM 68.8 MG VIAL *plasminogen, human-tvmh*	BRAND	1	SPC Specialty Choice PA QPD 5.5 per day
BLOOD FORMATION, COAGULATION, THROMBOSIS			
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.			
OXBRYTA 500 MG TABLET *voxelotor*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
OXBRYTA 300 MG TABLET FOR SUSP *voxelotor*	BRAND	1	SPC Specialty Choice PA QPD 5 per day
TAVALISSE (100 MG, 150 MG) *fostamatinib disodium*	BRAND	1	SPC Specialty Choice PA
HEMATOPOIETIC AGENTS			
ARANESP (500 MCG/1 ML SYRINGE, 40 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 40 MCG/0.4 ML SYRINGE, 300 MCG/0.6 ML SYRINGE, 100 MCG/ML VIAL, 10 MCG/0.4 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 100 MCG/0.5 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 200 MCG/ML VIAL, 60 MCG/ML VIAL) *darbepoetin alfa in polysorbate 80*	BRAND	1	SPC Specialty Choice PA
DOPTELET ((10 20 MG, (15 20 MG, (30 20 MG) *avatrombopag maleate*	BRAND	1	SPC Specialty Choice PA
EPOGEN (2,000 UNITS/ML, 10,000 UNITS/ML, 3,000 UNITS/ML, 20,000 UNITS/2 ML, 20,000 UNITS/ML, 4,000 UNITS/ML) *epoetin alfa*	BRAND	1	SPC Specialty Choice PA
FULPHILA 6 MG/0.6 ML SYRINGE *pegfilgrastim-jmdb*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL) *tbo-filgrastim*	BRAND	1	SPC Specialty Choice PA
LEUKINE 250 MCG VIAL *sargramostim*	BRAND	1	SPC Specialty Choice PA
MIRCERA (150 ML, 75 ML, 100 ML, 200 ML, 30 ML, 50 ML) *methoxy polyethylene glycol-epoetin beta*	BRAND	1	SPC Specialty Choice PA
MOZOBIL 24 MG/1.2 ML VIAL *plerixafor*	BRAND	1	SPC Specialty Choice PA
MULPLETA 3 MG TABLET *lusutrombopag*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
NEULASTA 6 MG/0.6 ML SYRINGE *pegfilgrastim*	BRAND	1	SPC Specialty Choice PA
NEULASTA ONPRO 6 MG/0.6 ML KIT *pegfilgrastim*	BRAND	1	SPC Specialty Choice PA
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR) *filgrastim*	BRAND	1	SPC Specialty Choice PA
NIVESTYM (480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL, 300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING) *filgrastim-aafi*	BRAND	1	SPC Specialty Choice PA
NYVEPRIA 6 MG/0.6 ML SYRINGE *pegfilgrastim-apgf*	BRAND	1	SPC Specialty Choice PA
PROCRIT (20,000, 10,000, 2,000, 3,000, 40,000, 4,000) *epoetin alfa*	BRAND	1	SPC Specialty Choice PA
PROMACTA (75 MG TABLET, 50 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 12.5 MG SUSPEN PACKET, 12.5 MG TABLET) *eltrombopag olamine*	BRAND	1	SPC Specialty Choice PA
RETACRIT (20,000 UNIT/2 ML, 10,000 UNIT/ML, 20,000 UNIT/ML, 2,000 UNIT/ML, 40,000 UNIT/ML, 3,000 UNIT/ML, 4,000	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
UNIT/ML) *epoetin alfa-epbx*			
UDENYCA 6 MG/0.6 ML SYRINGE *pegfilgrastim-cbqv*	BRAND	1	SPC Specialty Choice PA
ZARXIO (480 MCG/0.8 ML, 300 MCG/0.5 ML) *filgrastim-sndz*	BRAND	1	SPC Specialty Choice PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE *pegfilgrastim-bmez*	BRAND	1	SPC Specialty Choice PA
HEMORRHEOLOGIC AGENTS			
pentoxifylline 400 mg tablet er	generic	1	
CALCIUM-CHANNEL BLOCKING AGENTS			
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.			
CALAN SR (120 MG CAPLET, 240 MG CAPLET, 180 MG TABLET, 180 MG CAPLET, 240 MG TABLET, 120 MG TABLET) *verapamil hcl*	BRAND	1	QPD 1 per day
CARDIZEM (60 MG, 30 MG, 120 MG) *diltiazem hcl*	BRAND	1	QPD 4 per day
CARDIZEM CD (360 MG, 300 MG) *diltiazem hcl*	BRAND	1	QPD 1 per day
CARDIZEM CD 120 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 4 per day
CARDIZEM CD 180 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 3 per day
CARDIZEM CD 240 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 2 per day
CARTIA XT 120 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 4 per day
CARTIA XT 180 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 3 per day
CARTIA XT 240 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 2 per day
CARTIA XT 300 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 1 per day
DILT XR 120 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 4 per day
DILT-XR (180 MG, 240 MG)	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
diltiazem hcl			
DILTIAZEM HCL (180 MG CAP ER 24H, 180 MG TAB ER 24H, 180 MG CAP SA 24H, 180 MG CAP ER DEG)	generic	1	QPD 3 per day
DILTIAZEM HCL (240 MG TAB ER, 240 MG CAP ER)	generic	1	QPD 2 per day
DILTIAZEM HCL (420 MG TAB ER, 360 MG TAB ER, 300 MG TAB ER, 360 MG CAP ER, 300 MG CAP ER)	generic	1	QPD 1 per day
DILTIAZEM HCL (60 MG TABLET, 120 MG CAP ER DEG, 30 MG TABLET, 120 MG CAP SA 24H, 120 MG CAP ER 24H, 120 MG TABLET)	generic	1	QPD 4 per day
DILTIAZEM HCL (90 MG CAP ER 12H, 120 MG CAP ER 12H, 90 MG TABLET, 420 MG CAP SA 24H, 240 MG CAP SA 24H, 60 MG CAP ER 12H, 360 MG CAP SA 24H, 300 MG CAP SA 24H, 240 MG CAP ER DEG)	generic	1	
MATZIM LA (300 MG, 360 MG, 420 MG) *diltiazem hcl*	BRAND	1	QPD 1 per day
MATZIM LA 180 MG TABLET *diltiazem hcl*	BRAND	1	QPD 3 per day
MATZIM LA 240 MG TABLET *diltiazem hcl*	BRAND	1	QPD 2 per day
TAZTIA XT (300 MG, 360 MG, 240 MG) *diltiazem hcl*	BRAND	1	
TAZTIA XT 120 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 4 per day
TAZTIA XT 180 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 3 per day
TIADYLT ER (ER 360 MG, ER 420 MG, ER 240 MG, ER 300 MG) *diltiazem hcl*	BRAND	1	
TIADYLT ER 120 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 4 per day
TIADYLT ER 180 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 3 per day
TIAZAC (ER 420 MG, ER 300 MG, ER 240 MG, ER 360 MG) *diltiazem hcl*	BRAND	1	
TIAZAC ER 120 MG CAPSULE *diltiazem hcl*	BRAND	1	QPD 4 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TIAZAC ER 180 MG CAPSULE *diltiazem hcl*	BRAND		QPD 3 per day
VERAPAMIL HCL (300 MG CAP24H PCT, 120 MG TABLET ER, 240 MG CAP24H PEL, 200 MG CAP24H PCT, 240 MG TABLET ER, 180 MG TABLET ER, 180 MG CAP24H PEL, 120 MG CAP24H PEL, 100 MG CAP24H PCT)	generic	1	QPD 1 per day
verapamil hcl 360 mg cap24h pel	generic	1	QPD 1 per day HCG HIGH COST GENERIC
VERAPAMIL HCL (80 MG, 120 MG)	generic	1	QPD 3 per day
verapamil hcl 40 mg tablet	generic	1	
DIHYDROPYRIDINES			
AMLODIPINE BESYLATE (5 MG, 2.5 MG, 10 MG)	generic	1	QPD 1 per day
AMLODIPINE BESYLATE/BENAZEPRIL HCL (2.5MG-10MG, 10 MG-40MG, 5 MG-40 MG, 10 MG-20MG, 5 MG-10 MG, 5 MG-20 MG)	generic	1	QPD 1 per day
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL (10 MG-20MG, 10 MG-40MG, 5 MG-20 MG, 5 MG-40 MG)	generic	1	QPD 1 per day
AMLODIPINE BESYLATE/VALSARTAN (10MG-320MG, 10MG-160MG, 5 MG-320MG)	generic	1	QPD 1 per day
amlodipine besylate/valsartan 5 mg-160mg tablet	generic	1	QPD 2 per day
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE (5-160-25MG, 10MG-160MG, 5-160-12.5, 10-320-25, 10-160-25)	generic	1	QPD 1 per day
FELODIPINE (5 MG ER, 2.5 MG ER, 10 MG ER)	generic	1	QPD 1 per day
isradipine 2.5 mg capsule	generic	1	QPD 2 per day
isradipine 5 mg capsule	generic	1	QPD 4 per day
NICARDIPINE HCL (20 MG, 30 MG)	generic	1	HCG HIGH COST GENERIC
NIFEDIPINE (10 MG, 20 MG)	generic	1	QPD 4 per day
NIFEDIPINE (30 MG TAB ER 24, 30 MG TABLET ER, 90 MG TAB ER 24, 90 MG TABLET ER)	generic	1	QPD 1 per day
NIFEDIPINE (60 MG TABLET ER, 60 MG TAB ER 24)	generic	1	QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
nimodipine 30 mg capsule	generic	1	
NISOLDIPINE (25.5 MG ER, 30 MG ER, 8.5MG ER, 40 MG ER, 17 MG ER, 20 MG ER, 34 MG ER)	generic	1	QPD 1 per day HCG HIGH COST GENERIC
NYMALIZE (60 MG/20 ML, 30 MG/10 ML, 60 MG/10 ML) *nimodipine*	BRAND	1	QPD 120 per day
NYMALIZE (60 MG/10 ML SYRN, 30 MG/5 ML SYRNG) *nimodipine*	BRAND	1	QPD 60 per day
PROCARDIA XL (30 MG, 90 MG) *nifedipine*	BRAND	1	QPD 1 per day
PROCARDIA XL 60 MG TABLET *nifedipine*	BRAND	1	QPD 2 per day
SULAR (ER 17 MG, ER 34 MG, ER 8.5 MG) *nisoldipine*	BRAND	1	QPD 1 per day
CARDIAC DRUGS			
CARDIAC DRUGS, MISCELLANEOUS			
CORLANOR 5 MG/5 ML ORAL SOLN *ivabradine hcl*	BRAND	1	PA QPD 15 per day
CORLANOR (5 MG, 7.5 MG) *ivabradine hcl*	BRAND	1	PA QPD 2 per day
RANOLAZINE (500 MG ER, 1000 MG ER)	generic	1	QPD 2 per day
CARDIOTONIC AGENTS			
DIGITEK (250 MCG, 125 MCG) *digoxin*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
DIGOX (250 MCG, 125 MCG) *digoxin*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
DIGOXIN (250 MCG/ML AMPUL, 125 MCG TABLET, 250 MCG TABLET)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
digoxin 50 mcg/ml solution	generic	1	NTI NARROW THERAPEUTIC INDICATOR HCG HIGH COST GENERIC
LANOXIN (125 MCG, 62.5 MCG, 250 MCG, 187.5 MCG) *digoxin*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR DRUGS			
ALPHA-ADRENERGIC BLOCKING AGENTS			
CARDURA (2 MG, 4 MG, 1 MG) *doxazosin mesylate*	BRAND	1	
CARDURA XL (4 MG, 8 MG) *doxazosin mesylate*	BRAND	1	QPD 1 per day
DOXAZOSIN MESYLATE (4 MG, 1 MG, 2 MG, 8 MG)	generic	1	
PRAZOSIN HCL (1 MG, 2 MG, 5 MG)	generic	1	
TERAZOSIN HCL (5 MG, 10 MG, 1 MG, 2 MG)	generic	1	
BETA-ADRENERGIC BLOCKING AGENTS			
ACEBUTOLOL HCL (400 MG, 200 MG)	generic	1	
ATENOLOL (25 MG, 50 MG)	generic	1	LCG LOW COST GENERIC
atenolol 100 mg tablet	generic	1	
ATENOLOL/CHLORTHALIDONE (50 MG-25MG, 100MG-25MG)	generic	1	
BETAPACE (80 MG, 240 MG, 160 MG, 120 MG) *sotalol hcl*	BRAND	1	
BETAPACE AF (80 MG, 120 MG, 160 MG) *sotalol hcl*	BRAND	1	
BETAXOLOL HCL (20 MG, 10 MG)	generic	1	
BISOPROLOL FUMARATE (5 MG, 10 MG)	generic	1	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE (2.5-6.25MG, 5-6.25MG, 10-6.25MG)	generic	1	LCG LOW COST GENERIC
CARVEDILOL (12.5 MG, 25 MG, 6.25 MG, 3.125 MG)	generic	1	
CARVEDILOL PHOSPHATE (20 MG, 40 MG, 10 MG)	generic	1	QPD 2 per day HCG HIGH COST GENERIC
carvedilol phosphate 80 mg cpmp 24hr	generic	1	QPD 1 per day HCG HIGH COST GENERIC
CORGARD (40 MG, 20 MG, 80 MG) *nadolol*	BRAND	1	
HEMANGEOL 4.28 MG/ML ORAL SOLN *propranolol hcl*	BRAND	1	SPC Specialty Choice
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
LABETALOL HCL (100 MG, 200 MG, 300 MG)	generic		
LOPRESSOR (100 MG, 50 MG) *metoprolol tartrate*	BRAND	1	
METOPROLOL SUCCINATE (25 MG ER, 50 MG ER, 100 MG ER, 200 MG ER)	generic	1	
METOPROLOL TARTRATE (5 MG/5 ML CARTRIDGE, 37.5 MG TABLET, 75 MG TABLET, 100 MG TABLET)	generic	1	
METOPROLOL TARTRATE (50 MG, 25 MG)	generic	1	LCG LOW COST GENERIC
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE (50 MG-25MG, 100MG-50MG, 100MG-25MG)	generic	1	
NADOLOL (20 MG, 80 MG, 40 MG)	generic	1	
NEBIVOLOL HCL (5 MG, 10 MG)	generic	1	QPD 3 per day
nebivolol hcl 2.5 mg tablet	generic	1	QPD 1 per day
nebivolol hcl 20 mg tablet	generic	1	QPD 2 per day
PINDOLOL (5 MG, 10 MG)	generic	1	
PROPRANOLOL HCL (60 MG CAP SA 24H, 80 MG TABLET, 80 MG CAP SA 24H, 60 MG TABLET, 10 MG TABLET, 20 MG/5 ML SOLUTION, 40 MG TABLET, 20 MG TABLET, 120 MG CAP SA 24H, 160 MG CAP SA 24H, 40MG/5ML SOLUTION)	generic	1	
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE (80, 40)	generic	1	
SORINE (80 MG, 160 MG, 240 MG, 120 MG) *sotalol hcl*	BRAND	1	
SOTALOL AF (160 MG, 120 MG, 80 MG) *sotalol hcl*	BRAND	1	
SOTALOL HCL (240 MG, 160 MG, 120 MG, 80 MG)	generic	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION *sotalol hcl*	BRAND	1	
TENORETIC 100 TABLET *atenolol/chlorthalidone*	BRAND	1	
TIMOLOL MALEATE (10 MG, 20 MG, 5 MG)	generic	1	
CENTRAL NERVOUS SYSTEM AGENTS			
ANTIMANIC AGENTS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
LITHIUM CARBONATE (300 MG TABLET ER, 300 MG TABLET, 300 MG CAPSULE, 600 MG CAPSULE, 150 MG CAPSULE, 450 MG TABLET ER)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
LITHOBID ER 300 MG TABLET *lithium carbonate*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
CENTRAL NERVOUS SYSTEM AGENTS, MISC.			
acamprosate calcium 333 mg tablet dr	generic	1	
ADDYI 100 MG TABLET *flibanserin*	BRAND	1	GL Female AL 18.0 to 60.0 yrs old PA QPD 1 per day
ATOMOXETINE HCL (60 MG, 40 MG, 18 MG, 10 MG, 25 MG, 100 MG, 80 MG)	generic	1	AL At least 6 yrs old QPD 2 per day
carbidopa 25 mg tablet	generic	1	
EXSERVAN 50 MG FILM *riluzole*	BRAND	1	PA
GUANFACINE HCL (1 MG ER, 3 MG ER, 4 MG ER, 2 MG ER)	generic	1	QPD 1 per day
LODOSYN 25 MG TABLET *carbidopa*	BRAND	1	
MEMANTINE HCL (5 MG-10 MG TAB DS PK, 28 MG CAP SPR 24, 14 MG CAP SPR 24, 21 MG CAP SPR 24, 7 MG CAP SPR 24)	generic	1	AL At least 40 yrs old
memantine hcl 2 mg/ml solution	generic	1	QL AL At least 40 yrs old
memantine hcl 10 mg tablet	generic	1	AL At least 40 yrs old QPD 2 per day
memantine hcl 5 mg tablet	generic	1	AL At least 40 yrs old QPD 3 per day
NAMENDA (10 MG TABLET, 5-10 MG TITRATION PK, 5 MG TABLET) *memantine hcl*	BRAND	1	AL At least 40 yrs old
NAMENDA XR (14 MG CAPSULE, 7 MG CAPSULE, TITRATION PACK, 21 MG CAPSULE, 28 MG CAPSULE) *memantine hcl*	BRAND	1	AL At least 40 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
NAMZARIC (14 MG-10 MG CAPSULE, 7 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, TITRATION PACK, 28 MG-10 MG CAPSULE) *memantine hcl/donepezil hcl*	BRAND	1	AL At least 40 yrs old
NOURIANZ (40 MG, 20 MG) *istradefylline*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
NUEDEXTA 20-10 MG CAPSULE *dextromethorphan hbr/quinidine sulfate*	BRAND	1	PA
riluzole 50 mg tablet	generic	1	
TIGLUTIK 50 MG/10 ML SUSP *riluzole*	BRAND	1	PA
VYLEESI 1.75 MG/0.3 ML AUTOINJ *bremelanotide acetate*	BRAND	1	GL Female SPC Specialty Choice PA QPD 0.08 per day
XYREM 500 MG/ML ORAL SOLUTION *sodium oxybate*	BRAND	1	SPC Specialty Choice PA QPD 18 per day
XYWAV 0.5 GM/ML ORAL SOLUTION *sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate*	BRAND	1	SPC Specialty Choice PA QPD 18 per day
FIBROMYALGIA AGENTS			
SAVELLA (50 MG TABLET, 100 MG TABLET, TITRATION PACK, 25 MG TABLET, 12.5 MG TABLET) *milnacipran hcl*	BRAND	1	QPD 2 per day
OPIATE ANTAGONISTS			
KLOXXADO 8 MG NASAL SPRAY *naloxone hcl*	BRAND	1	QL
naloxone hcl 4 mg spray	generic	1	QL
NALOXONE HCL (0.4 MG/ML VIAL, 1 MG/ML SYRINGE, 0.4 MG/ML CARTRIDGE)	generic	1	
naltrexone hcl 50 mg tablet	generic	1	
NARCAN 4 MG NASAL SPRAY *naloxone hcl*	BRAND	1	QL
		1	SPC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT) *naltrexone microspheres*	BRAND		Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR			
AUSTEDO (9 MG, 6 MG, 12 MG) *deutetrabenazine*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 4 per day
INGREZZA (60 MG, 80 MG) *valbenazine tosylate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 1 per day
INGREZZA 40 MG CAPSULE *valbenazine tosylate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
INGREZZA INITIATION PACK *valbenazine tosylate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 1 per day
TETRABENAZINE (12.5 MG, 25 MG)	generic	1	SPC Specialty Choice PA
XENAZINE (25 MG, 12.5 MG) *tetrabenazine*	BRAND	1	SPC Specialty Choice PA
CEPHALOSPORIN ANTIBIOTICS			
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS			
CEFADROXIL (500 MG CAPSULE, 500 MG/5ML SUSP RECON, 250 MG/5ML SUSP RECON, 1 G TABLET)	generic	1	
CEPHALEXIN (250 MG TABLET, 250 MG CAPSULE, 750 MG CAPSULE, 500 MG TABLET, 250 MG/5ML SUSP RECON, 125 MG/5ML SUSP RECON, 500 MG CAPSULE)	generic	1	
KEFLEX (500 MG, 250 MG, 750 MG)	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
cephalexin			
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS			
CEFACLOR (125 MG/5ML SUSP RECON, 500 MG CAPSULE, 250 MG/5ML SUSP RECON, 250 MG CAPSULE, 375 MG/5ML SUSP RECON)	generic	1	
cefaclor 500 mg tab er 12h	generic	1	QL
CEFPROZIL (250 MG TABLET, 250 MG/5ML SUSP RECON, 125 MG/5ML SUSP RECON, 500 MG TABLET)	generic	1	
CEFUROXIME AXETIL (250 MG, 500 MG)	generic	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS			
CEFDINIR (125 MG/5ML SUSP RECON, 300 MG CAPSULE, 250 MG/5ML SUSP RECON)	generic	1	
CEFDITOREN PIVOXIL (200 MG, 400 MG)	generic	1	
cefixime 400 mg capsule	generic	1	
CEFIXIME (200, 100)	generic	1	QL
CEFPODOXIME PROXETIL (100 MG TABLET, 100 MG/5ML SUSP RECON, 50 MG/5 ML SUSP RECON, 200 MG TABLET)	generic	1	
CEFTRIAXONE SODIUM (100 G BULKBAGINJ, 1 G VIAL, 2 G VIAL PORT, 1 G VIAL PORT, 10 G VIAL, 500 MG VIAL, 250 MG VIAL, 2 G VIAL)	generic	1	BSP BENEFIT SHIFT PROGRAM
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE (2 ML PIGGYBACK, 1 ML PIGGYBACK, 1 ML FROZ.PIGGY, 2 ML FROZ.PIGGY)	generic	1	BSP BENEFIT SHIFT PROGRAM
SPECTRACEF 400 MG DOSE PACK TB *cefditoren pivoxil*	BRAND	1	
SUPRAX (100 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION, 400 MG CAPSULE, 200 MG TABLET CHEWABLE) *cefixime*	BRAND	1	
SUPRAX (100 ML, 200 ML) *cefixime*	BRAND	1	QL
CORTICOSTEROIDS (RESPIRATORY TRACT)			
ORALLY INHALED PREPARATIONS (STEROIDS)			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ADVAIR DISKUS (250-50, 500-50, 100-50) *fluticasone propionate/salmeterol xinafoate*	BRAND	1	QPD 2 per day
ADVAIR HFA (230-21 MCG, 115-21 MCG, 45-21 MCG) *fluticasone propionate/salmeterol xinafoate*	BRAND	1	QPD 0.4 per day
ARNUITY ELLIPTA 100 MCG INH *fluticasone furoate*	BRAND	1	QPD 2 per day
ARNUITY ELLIPTA 200 MCG INH *fluticasone furoate*	BRAND	1	QPD 1 per day
ARNUITY ELLIPTA 50 MCG INH *fluticasone furoate*	BRAND	1	QPD 4 per day
BREO ELLIPTA (200-25 MCG, 100-25 MCG) *fluticasone furoate/vilanterol trifenatate*	BRAND	1	QPD 2 per day
BREZTRI AEROSPHERE INHALER *budesonide/glycopyrrolate/formoterol fumarate*	BRAND	1	QPD 0.36 per day
BUDESONIDE (0.5 MG/2ML, 0.25MG/2ML)	generic	1	QL
budesonide 1 mg/2 ml ampul-neb	generic	1	QL HCG HIGH COST GENERIC
FLOVENT 250 MCG DISKUS *fluticasone propionate*	BRAND	1	QPD 8 per day
FLOVENT DISKUS (100 MCG, 50 MCG) *fluticasone propionate*	BRAND	1	QPD 4 per day
FLOVENT HFA (220 MCG, 110 MCG) *fluticasone propionate*	BRAND	1	QPD 0.8 per day
FLOVENT HFA 44 MCG INHALER *fluticasone propionate*	BRAND	1	QPD 0.767 per day
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (232-14 MCG, 55-14 MCG, 113-14 MCG)	generic	1	QPD 0.04 per day
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (500-50 MCG, 250-50 MCG, 100-50 MCG)	generic	1	QPD 2 per day
PULMICORT FLEXHALER (90 MCG, 180 MCG) *budesonide*	BRAND	1	QPD 0.07 per day
SYMBICORT (80-4.5 MCG, 160-4.5 MCG) *budesonide/formoterol fumarate*	BRAND	1	QPD 0.4 per day
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25) *fluticasone furoate/umeclidinium bromide/vilanterol trifenat*	BRAND	1	QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
WIXELA INHUB (500-50, 250-50, 100-50) *fluticasone propionate/salmeterol xinafoate*	BRAND	1	QPD 2 per day
CYSTIC FIBROSIS (CFTR) MODULATORS			
CYSTIC FIBROSIS (CFTR) CORRECTORS			
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS) *tezacaftor/ivacaftor*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG) *elexacaftor/tezacaftor/ivacaftor*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
CYSTIC FIBROSIS (CFTR) POTENTIATORS			
KALYDECO (75 MG GRANULES PACKET, 150 MG TABLET, 50 MG GRANULES PACKET, 25 MG GRANULES PACKET) *ivacaftor*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ORKAMBI (100-125 MG, 150-188 MG) *lumacaftor/ivacaftor*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ORKAMBI (200 MG, 100 MG) *lumacaftor/ivacaftor*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
DEPIGMENTING AND PIGMENTING AGENTS			
DEPIGMENTING AGENTS			
BLANCHE 4% CREAM *hydroquinone*	BRAND	1	
hydroquinone 4 % cream (g)	generic	1	
hydroquinone microspheres 4 % crm er (g)	generic	1	
PIGMENTING AGENTS			
methoxsalen 10 mg cap lq rap	generic	1	
OXSORALEN-ULTRA 10 MG CAP *methoxsalen*	BRAND	1	
DEVICES			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
APLIGRAF DISK *cultured skin substitute,human and bovine*	BRAND	1	
AQUORAL SPRAY *saliva substitute combo no.3*	BRAND	1	
ATOPICLAIR CREAM *vitamin e acet (dl,tocopheryl)/grape/hyaluronic acid*	BRAND	1	
ATRAPRO DERMAL SPRAY *hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water*	BRAND	1	
BIONECT (GEL, FOAM) *hyaluronate sodium*	BRAND	1	
CAPHOSOL SOLUTION *saliva substitute combo no.2*	BRAND	1	
CRYODOSE TA MEDIUM STREAM SPR *norflurane/pentafluoropropane (hfc 245fa)*	BRAND	1	
CRYODOSE TA MIST SPRAY *norflurane/pentafluoropropane (hfc 245fa)*	BRAND	1	
DERMAGRAFT 2"X3" SHEET *cultured skin substitute,human and bovine*	BRAND	1	
DUROLANE 60 MG/3 ML SYRINGE *hyaluronate sodium, stabilized*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
ELETONE CREAM *emollient combination no. 25*	BRAND	1	
EPISIL LIQUID *oral mucositis and stomatitis anti-inflammatory agent comb 2*	BRAND	1	
EUFLEXXA 20 MG/2 ML SYRINGE *hyaluronate sodium*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
GEL-ONE 30 MG/3 ML SYRINGE *hyaluronate sod, cross-linked*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			Day Supply
GELFOAM JMI SPONGE KIT *thrombin (bovine)/gelatin sponge,absorbable*	BRAND	1	
GENVISC 850 25 MG/2.5 ML SYR *hyaluronate sodium*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
HYALGAN (20 ML SYRINGE, 20 ML VIAL) *hyaluronate sodium*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
HYLATOPICPLUS (LOTION, EMOLLIENT FOAM, CREAM) *emollient combination no.53*	BRAND	1	
HYMOVIS 24 MG/3 ML SYRINGE *hyaluronate sodium, modified, non-crosslinked*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
LIDOTREX 2% WOUND GEL *vitamin e/lidocaine/aloe vera/collagen*	BRAND	1	
MEDIHONEY (100% PASTE, 80% GEL) *honey*	BRAND	1	
MICROCYN SKIN-WOUND CARE SPRAY *hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water*	BRAND	1	
MONOVISC 88 MG/4 ML SYRINGE *hyaluronate sodium, stabilized*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
MUCOSITISRX POWDER PACKET *saliva substitute combination no.11*	BRAND	1	
NEOSALUS (FOAM, CREAM, LOTION) *emollient combination no.47*	BRAND	1	
NEOSALUS CP CREAM	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
emollient combination no.47			
NUMOISYN (LIQUID, LOZENGE) *sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos*	BRAND	1	
NUVAIL NAIL 16% SOLUTION *poly-ureaurethane*	BRAND	1	
ORTHOVISC 15 MG/ML SYRINGE *hyaluronate sodium*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
PAIN EASE MEDIUM STREAM SPRAY *norflurane/pentafluoropropane (hfc 245fa)*	BRAND	1	
PAIN EASE MIST SPRAY *norflurane/pentafluoropropane (hfc 245fa)*	BRAND	1	
PRESERA FOAM *emollient combination no.80*	BRAND	1	
PROMISEB TOPICAL CREAM *emollient combination no.43*	BRAND	1	
PRUTECT TOPICAL EMULSION *emollient combination no.10*	BRAND	1	
REGENECARE 2% WOUND GEL *vitamin e/lidocaine/aloe vera/collagen*	BRAND	1	
SALIVAMAX POWDER PACKET *saliva substitute combination no.11*	BRAND	1	
SILVRSTAT DRESSING GEL *silver*	BRAND	1	
sodium chloride 0.9 % vial	generic	1	
SPRAY AND STRETCH SPRAY *norflurane/pentafluoropropane (hfc 245fa)*	BRAND	1	
SUPARTZ FX 25 MG/2.5 ML SYR *hyaluronate sodium*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
SYNVISC SYRINGE *hylan g-f 20*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			SDS Extended Specialty Day Supply
SYNVISC-ONE SYRINGE *hylan g-f 20*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
THROMBI-GEL (100, 40, 10) *thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic*	BRAND	1	
THROMBI-PAD 3"X3" *thrombin(bov)/calcium chlor/cme-cell sod/dressing,hemostatic*	BRAND	1	
TRIVISC 25 MG/2.5 ML SYR *hyaluronate sodium*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
XCLAIR CREAM *hyaluronate sodium/vit e/emollient no.12/allantoin/shea tree*	BRAND	1	
DIAGNOSTIC AGENTS			
ADRENOCORTICAL INSUFFICIENCY			
ACTHAR GEL 400 UNIT/5 ML VIAL *corticotropin*	BRAND	1	SPC Specialty Choice PA
CORTROPHIN GEL 400 UNIT/5 ML *corticotropin*	BRAND	1	SPC Specialty Choice PA QPD 0.75 per day
GASTROMARK 175 MCG/ML SUSP *ferumoxsil*	BRAND	1	
TOXICOLOGY SALIVA COLLECT KIT *saliva collection device/ibuprofen*	BRAND	1	
PITUITARY FUNCTION			
MACRILEN 60 MG/120 ML SOLUTION *macimorelin acetate*	BRAND	1	SPC Specialty Choice PA
METOPIRONE 250 MG CAPSULE *metyrapone*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS			
E-Z-HD SUSPENSION *barium sulfate*	BRAND	1	
E-Z-PAQUE BARIUM SULFATE SUSP *barium sulfate*	BRAND	1	
GASTROGRAFIN 66-10 SOLUTION *diatrizoate meglumine/diatrizoate sodium*	BRAND	1	
LIQUID E-Z PAQUE 60% SUSP *barium sulfate*	BRAND	1	
MD-GASTROVIEW 66%-10% SOLN *diatrizoate meglumine/diatrizoate sodium*	BRAND	1	
OMNIPAQUE 12 MG/ML ORAL SOLN *iohexol*	BRAND	1	
READI-CAT 2 (2, 2) *barium sulfate*	BRAND	1	
SITZMARKS CAPSULE *radiopaque pvc markers/barium sulfate*	BRAND	1	
TAGITOL V 40% SUSPENSION *barium sulfate*	BRAND	1	
VARIBAR NECTAR 40% SUSPENSION *barium sulfate*	BRAND	1	
VARIBAR PUDDING 40% PASTE *barium sulfate*	BRAND	1	
THYROID FUNCTION			
THYROGEN 0.9 MG VIAL *thyrotropin alfa*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
DIURETICS			
LOOP DIURETICS			
BUMETANIDE (1 MG, 2 MG)	generic	1	HCG HIGH COST GENERIC
bumetanide 0.5 mg tablet	generic	1	
FUROSEMIDE (80 MG TABLET, 20 MG TABLET, 40 MG TABLET, 10 MG/ML SOLUTION, 40MG/5ML SOLUTION)	generic	1	
TORSEMIDE (5 MG, 10 MG, 20 MG, 100 MG)	generic	1	
POTASSIUM-SPARING DIURETICS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
amiloride hcl 5 mg tablet	generic	1	
amiloride/hydrochlorothiazide 5 mg-50 mg tablet	generic	1	
MAXZIDE 75 MG-50 MG TABLET *triamterene/hydrochlorothiazide*	BRAND	1	
MAXZIDE 37.5 MG-25 MG TABLET *triamterene/hydrochlorothiazide*	BRAND	1	
TRIAMTERENE (100 MG, 50 MG)	generic	1	PA
TRIAMTERENE/HYDROCHLOROTHIAZIDE (37.5-25 MG CAPSULE, 75 MG-50MG TABLET, 37.5-25 MG TABLET)	generic	1	
THIAZIDE DIURETICS			
DIURIL 250 MG/5 ML ORAL SUSP *chlorothiazide*	BRAND	1	
HYDROCHLOROTHIAZIDE (12.5 MG CAPSULE, 50 MG TABLET, 12.5 MG TABLET)	generic	1	
hydrochlorothiazide 25 mg tablet	generic	1	LCG LOW COST GENERIC
THIAZIDE-LIKE DIURETICS			
CHLORTHALIDONE (25 MG, 50 MG)	generic	1	
INDAPAMIDE (2.5 MG, 1.25 MG)	generic	1	
METOLAZONE (10 MG, 2.5 MG, 5 MG)	generic	1	
THALITONE 15 MG TABLET *chlorthalidone*	BRAND	1	
VASOPRESSIN ANTAGONISTS			
JYNARQUE 15 MG TABLET *tolvaptan*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
JYNARQUE (30 MG, 30 MG-15 MG, 15 MG-15 MG, 90 MG-30 MG, 60 MG-30 MG, 45 MG-15 MG) *tolvaptan*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
SAMSCA 15 MG TABLET *tolvaptan*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
SAMSCA 30 MG TABLET *tolvaptan*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 2 per day
tolvaptan 15 mg tablet	generic	1	SPC Specialty Choice PA QPD 1 per day
tolvaptan 30 mg tablet	generic	1	SPC Specialty Choice PA QPD 2 per day
DOPAMINE RECEPTOR AGONISTS			
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS			
BROMOCRIPTINE MESYLATE (2.5 MG TABLET, 5 MG CAPSULE)	generic	1	HCG HIGH COST GENERIC
cabergoline 0.5 mg tablet	generic	1	
CYCLOSET 0.8 MG TABLET *bromocriptine mesylate*	BRAND	1	PA QPD 6 per day
PARLODEL (5 MG CAPSULE, 2.5 MG TABLET) *bromocriptine mesylate*	BRAND	1	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST			
APOKYN 30 MG/3 ML CARTRIDGE *apomorphine hcl*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
KYNMOBI (30 MG, 20 MG, 25 MG, 15 MG, 10 MG) *apomorphine hcl*	BRAND	1	SPC Specialty Choice PA QPD 5 per day
KYNMOBI TITRATION KIT *apomorphine hcl*	BRAND	1	QL SPC Specialty Choice PA
MIRAPEX (1 MG, 1.5 MG, 0.5 MG, 0.75 MG, 0.25 MG, 0.125 MG) *pramipexole di-hcl*	BRAND	1	
MIRAPEX ER (ER 0.375 MG, ER 3.75 MG, ER 3 MG, ER 1.5 MG, ER 2.25 MG, ER 0.75 MG, ER 4.5 MG) *pramipexole di-hcl*	BRAND	1	
NEUPRO (3, 2, 4, 1, 6, 8)	BRAND	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
rotigotine			
PRAMIPEXOLE DI-HCL (0.375 MG TAB ER 24H, 1.5 MG TABLET, 0.125 MG TABLET, 2.25 MG TAB ER 24H, 0.5 MG TABLET, 1.5 MG TAB ER 24H, 4.5 MG TAB ER 24H, 0.25 MG TABLET, 0.75 MG TAB ER 24H, 3.75 MG TAB ER 24H, 3 MG TAB ER 24H, 0.75 MG TABLET, 1 MG TABLET)	generic	1	
REQUIP XL (6 MG, 12 MG) *ropinirole hcl*	BRAND	1	
ROPINIROLE HCL (3 MG TABLET, 2 MG TAB ER 24H, 8 MG TAB ER 24H, 1 MG TABLET, 5 MG TABLET, 12 MG TAB ER 24H, 6 MG TAB ER 24H, 0.5 MG TABLET, 4 MG TABLET, 4 MG TAB ER 24H, 0.25 MG TABLET, 2 MG TABLET)	generic	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE			
ACIDIFYING AGENTS			
K-PHOS ORIGINAL TABLET *potassium phosphate,monobasic*	BRAND	1	
PHOSPHOROUS 250 MG TABLET *sodium phosphate,dibasic/pot phos,monob/sod phosphate mono*	BRAND	1	
VIRT-PHOS 250 NEUTRAL TABLET *sodium phosphate,dibasic/pot phos,monob/sod phosphate mono*	BRAND	1	
ALKALINIZING AGENTS			
POTASSIUM CITRATE (15 ER, 10 ER, 5 ER)	generic	1	
SODIUM BICARBONATE (1 SYRINGE, 1 VIAL)	generic	1	BSP BENEFIT SHIFT PROGRAM
UROCIT-K (SR 10, SR 5, ER 15) *potassium citrate*	BRAND	1	
AMMONIA DETOXICANTS			
BUPHENYL (POWDER, 500 MG TABLET) *sodium phenylbutyrate*	BRAND	1	SPC Specialty Choice
CARBAGLU 200 MG TAB FOR SUSP *carglumic acid*	BRAND	1	SPC Specialty Choice
carglumic acid 200 mg tab disper	generic	1	SPC Specialty Choice
CONSTULOSE 10 GM/15 ML SOLN *lactulose*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ENULOSE 10 GM/15 ML SOLUTION *lactulose*	BRAND	1	
GENERLAC 10 GM/15 ML SOLUTION *lactulose*	BRAND	1	
KRISTALOSE (20, 10) *lactulose*	BRAND	1	
LACTULOSE (20 G/30 ML, 10 G/15 ML)	generic	1	
LITHOSTAT 250 MG TABLET *acetohydroxamic acid*	BRAND	1	
RAVICTI 1.1 GRAM/ML LIQUID *glycerol phenylbutyrate*	BRAND	1	SPC Specialty Choice PA QPD 20 per day
SODIUM PHENYLBUTYRATE (500 MG TABLET, 0.94 G/G POWDER)	generic	1	SPC Specialty Choice
CALORIC AGENTS			
ACD-A SOLUTION *dextrose-water/sodium citrate/citric acid*	BRAND	1	
dextrose 10 % and 0.2 % nacl 10 %-0.2 % dehp fr bg	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 10 % and 0.45 % nacl 10%-0.45% iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
DEXTROSE 10 % IN WATER (10 10 IV SOLN, 10 10 DEHP FR BG)	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 2.5 % and 0.45 % nacl 2.5%-0.45% iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 20 % in water 20 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 25 % in water 25 % syringe	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 30 % in water 30 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 40 % in water 40 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 5 %-0.2 % sod chlorid 5 %-0.2 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 5 % and 0.3 % nacl 5 %-0.3 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 5 %-0.45 % sod chlord 5 %-0.45 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 5 % and 0.9 % nacl 5 %-0.9 % iv soln	generic	1	BSP BENEFIT SHIFT

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PROGRAM
DEXTROSE 5 % IN WATER (5 5 IV SOLN, 5 PGY VL PRT, 5 5 VIAL, 5 PGGYBK PRT)	generic	1	BSP BENEFIT SHIFT PROGRAM
DEXTROSE 50 % IN WATER (50 50 IV SOLN, 50 50 VIAL, 50 50 SYRGE)	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 70 % in water 70 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
DOJOLVI LIQUID *triheptanoin*	BRAND	1	SPC Specialty Choice PA
EQUACARE JR POWDER *nutritional therapy for impaired digestive function*	BRAND	1	
ESSENTIAL CARE JR POWDER *nut.tx.impaired digest fxn/fiber*	BRAND	1	
GLYTACTIN 10 PE COMPLETE BAR *nutritional therapy for pku no.62*	BRAND	1	
GLYTACTIN 15 PE BETTERMILK (15, 15 PKT) *nutritional therapy for pku no.64*	BRAND	1	
GLYTACTIN 15 PE COMPLETE BAR *nutritional therapy for phenylketonuria(pku) with iron no.41*	BRAND	1	
GLYTACTIN 20PE BETTERMILK LITE *nutritional therapy for phenylketonuria(pku) with iron no.41*	BRAND	1	
GLYTACTIN BUILD 20-20 POWD PKT *nutritional therapy for pku no.64*	BRAND	1	
GLYTACTIN BURST 10-10 POWD PKT *nutritional therapy for pku no.64*	BRAND	1	
GLYTACTIN BURST 20-20 POWD PKT *nutritional therapy for pku no.64*	BRAND	1	
GLYTACTIN RESTORE 10 PE LIQUID *nutritional therapy for phenylketonuria (pku), no.49*	BRAND	1	
GLYTACTIN RESTORE 10 PE LITE *nutritional therapy for phenylketonuria (pku), no.49*	BRAND	1	
GLYTACTIN RESTORE 5 PE POWD PK *nutritional therapy for phenylketonuria (pku), no.63*	BRAND	1	
GLYTACTIN RTD 10 PE LIQUID *nutritional therapy for phenylketonuria(pku) with*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
iron no.41			
GLYTACTIN RTD 15 PE LIQUID *nutritional therapy for phenylketonuria(pku) with iron no.41*	BRAND	1	
GLYTACTIN RTD LITE 15 LIQUID *nutritional therapy for pku no.64*	BRAND	1	
GLYTACTIN SWIRL 15 PE PWDR PKT *nutritional therapy for phenylketonuria (pku) no.69*	BRAND	1	
HOMACTIN AA PLUS 15 PE PWD PKT *nutritional therapy, metabolic disorder, methionine-free*	BRAND	1	
HOMACTIN AA PLUS 20 PE LIQUID *nutritional therapy, metabolic disorder, methionine-free*	BRAND	1	
ISOVACTIN AA PLUS 20 PE LIQUID *nutritional therapy for isovaleric acidemia with iron*	BRAND	1	
KETOVIE 3:1 LIQUID *nutritional tx, ketogenic,whey*	BRAND	1	
KETOVIE 4:1 LIQUID *nutritional tx, ketogenic,whey*	BRAND	1	
PHENACTIN AA PLUS 20 PE LIQUID *nutritional therapy for pku with iron no.59*	BRAND	1	
PROSOL 20% INJECTION *parenteral amino acid 20 % combination no.1*	BRAND	1	BSP BENEFIT SHIFT PROGRAM
TYLACTIN COMPLETE 15 PE BAR *nutritional therapy for tyrosinemia with iron*	BRAND	1	
TYLACTIN RESTORE 10 PE LIQUID *nutritional therapy for tyrosinemia without iron*	BRAND	1	
TYLACTIN RESTORE 5 PE POWD PKT *nutritional therapy for tyrosinemia without iron*	BRAND	1	
TYLACTIN RTD 15 PE LIQUID *nutritional therapy for tyrosinemia with iron*	BRAND	1	
VILACTIN AA PLUS 20 PE LIQUID *nutritional therapy for msud with iron*	BRAND	1	
IRRIGATING SOLUTIONS			
acetic acid 0.25 % irrig soln	generic	1	BSP BENEFIT SHIFT PROGRAM
sodium chloride irrig solution 0.9 % irrig soln	generic	1	
REPLACEMENT PREPARATIONS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
0.9 % SODIUM CHLORIDE (0.9 0.9 IV SOLN, 0.9 0.9 AMPUL, 0.9 0.9 SYRINGE, 0.9 PGGYBK PRT, 0.9 0.9 CARTRIDGE, 0.9 0.9 VIAL, 0.9 PGY VL PRT)	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 5%-lactated ringers 5 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
dextrose 5 % in ringer's 5 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
EFFER-K (25, 20, 10) *potassium bicarbonate/citric acid*	BRAND	1	
electrolyte-48 solution/d5w 5 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
HYPER-SAL 7% VIAL *sodium chloride for inhalation*	BRAND	1	
KLOR-CON 20 MEQ PACKET *potassium chloride*	BRAND	1	
KLOR-CON 10 MEQ TABLET *potassium chloride*	BRAND	1	
KLOR-CON 8 MEQ TABLET *potassium chloride*	BRAND	1	
KLOR-CON M10 TABLET *potassium chloride*	BRAND	1	
KLOR-CON M15 TABLET *potassium chloride*	BRAND	1	
KLOR-CON M20 TABLET *potassium chloride*	BRAND	1	
KLOR-CON-EF 25 MEQ TAB EFF *potassium bicarbonate/citric acid*	BRAND	1	
NEBUSAL (6%, 3%) *sodium chloride for inhalation*	BRAND	1	
potassium chloride 20 meq packet	generic	1	HCG HIGH COST GENERIC
POTASSIUM CHLORIDE (20MEQ/15ML LIQUID, 10 MEQ TABLET ER, 10 MEQ TAB ER PRT, 15 MEQ TAB ER PRT, 8 MEQ CAPSULE ER, 20 MEQ TABLET ER, 8 MEQ TABLET ER, 20 MEQ TAB ER PRT, 40MEQ/15ML LIQUID, 10 MEQ CAPSULE ER)	generic	1	
PULMOSAL 7% VIAL *sodium chloride for inhalation*	BRAND	1	
SODIUM CHLORIDE (2.5, 4)	generic	1	BSP BENEFIT SHIFT PROGRAM
sodium chloride 0.45 % 0.45 % iv soln	generic	1	BSP BENEFIT SHIFT

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PROGRAM
sodium chloride 0.9 % (flush) 0.9 % syringe	generic	1	BSP BENEFIT SHIFT PROGRAM
sodium chloride 3 % 3 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
sodium chloride 5 % 5 % iv soln	generic	1	BSP BENEFIT SHIFT PROGRAM
SODIUM CHLORIDE FOR INHALATION (0.9, 7, 10, 3)	generic	1	
URICOSURIC AGENTS			
probenecid 500 mg tablet	generic	1	QPD 4 per day
probenecid/colchicine 500-0.5 mg tablet	generic	1	QPD 2 per day
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS			
BASIC LOTIONS AND LINIMENTS			
ammonium lactate 12 % lotion	generic	1	
BASIC OILS AND OTHER SOLVENTS			
CERACADE SKIN BARRIER EMULSION *emollient combination no.103*	BRAND	1	
BASIC OINTMENTS AND PROTECTANTS			
ammonium lactate 12 % cream (g)	generic	1	
DEXERYL CREAM *emollient combination no.104*	BRAND	1	
LUXAMEND WOUND CREAM *emollient combination no.10*	BRAND	1	
PHARMABASE BARRIER 9.38% OINT *zinc oxide*	BRAND	1	
TETRIX CREAM *protectives combination no.2*	BRAND	1	
VASELINE WHITE PETROLEUM JELLY *petrolatum,white*	BRAND	1	
ZINC OXIDE (20 OINT., 25 PASTE)	generic	1	
ENZYMES			
ALDURAZYME 2.9 MG/5 ML VIAL *laronidase*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
CEREZYME 400 UNIT VIAL *imiglucerase*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ELAPRASE 6 MG/3 ML VIAL *idursulfase*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ELELYSO 200 UNITS VIAL *taliglucerase alfa*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
FABRAZYME (35 MG, 5 MG) *agalsidase beta*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
HYQVIA HY COMPONENT (QVIA 800 UNIT/5 ML, QVIA 2,400 UNIT/15, QVIA 400 UNIT/2.5, QVIA 1,600 UNIT/10, QVIA 200 UNIT/1.25) *hyaluronidase, human recomb.*	BRAND	1	SPC Specialty Choice PA
LUMIZYME 50 MG VIAL *alglucosidase alfa*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
NAGLAZYME 5 MG/5 ML VIAL *galsulfase*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
PALYNZIQ (10 MG/0.5 ML, 20 MG/ML) *pegvaliase-pqpz*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE *pegvaliase-pqpz*	BRAND	1	SPC Specialty Choice PA QPD 8 per day
STRENSIQ (18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML, 40 MG/ML) *asfotase alfa*	BRAND	1	SPC Specialty Choice PA
SUCRAID 8,500 UNITS/ML SOLN *sacrosidase*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA
VPRIV 400 UNITS VIAL *velaglucerase alfa*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
XIAFLEX 0.9 MG VIAL *collagenase clostridium histolyticum*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ESTROGENS AND ANTIESTROGENS			
ESTROGEN AGONIST-ANTAGONISTS			
clomiphene citrate 50 mg tablet	generic	1	GL Female
EVISTA 60 MG TABLET *raloxifene hcl*	BRAND	1	QPD 1 per day
FARESTON 60 MG TABLET *toremifene citrate*	BRAND	1	
OSPHENA 60 MG TABLET *ospemifene*	BRAND	1	QPD 1 per day
raloxifene hcl 60 mg tablet	generic	1	HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
SEROPHENE 50 MG TABLET *clomiphene citrate*	BRAND	1	GL Female
SOLTAMOX 20 MG/10 ML SOLN *tamoxifen citrate*	BRAND	1	
TAMOXIFEN CITRATE (10 MG, 20 MG)	generic	1	HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
toremifene citrate 60 mg tablet	generic	1	SPC Specialty Choice
ESTROGENS			
ALORA (0.1 MG, 0.05 MG, 0.025 MG, 0.075 MG) *estradiol*	BRAND	1	GL Female QPD 0.29 per day
AMABELZ (1 MG-0.5 MG, 0.5 MG-0.1 MG) *estradiol/norethindrone acetate*	BRAND	1	GL Female QPD 1 per day
ANGELIQ (0.25 MG-0.5 MG, 0.5 MG-1 MG) *drospirenone/estradiol*	BRAND	1	GL Female QPD 1 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
BIJUVA 1 MG-100 MG CAPSULE *estradiol/progesterone*	BRAND	1	GL Female QPD 1 per day
CLIMARA PRO PATCH *estradiol/levonorgestrel*	BRAND	1	GL Female QPD 0.15 per day
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG) *estradiol/norethindrone acetate*	BRAND	1	GL Female QPD 0.29 per day
DEPO-ESTRADIOL 5 MG/ML VIAL *estradiol cypionate*	BRAND	1	GL Female
DIVIGEL (0.5 MG, 0.75 MG, 0.25 MG, 1 MG) *estradiol*	BRAND	1	GL Female QPD 1 per day
DIVIGEL 1.25 MG GEL PACKET *estradiol*	BRAND	1	GL Female QPD 1.25 per day
DOTTI (0.05 MG, 0.025 MG, 0.0375 MG, 0.075 MG, 0.1 MG) *estradiol*	BRAND	1	GL Female QPD 0.29 per day
DUAVEE 0.45-20 MG TABLET *estrogens, conjugated/bazedoxifene acetate*	BRAND	1	
ELESTRIN 0.06% GEL *estradiol*	BRAND	1	GL Female QPD 1.73 per day
estradiol 0.01 % cream/appl	generic	1	GL Female QPD 4 per day
ESTRADIOL (0.05MG/24H, .025MG/24H, .0375MG/24, 0.1MG/24HR, .075MG/24H)	generic	1	GL Female QPD 0.29 per day
ESTRADIOL (.0375MG/24, 0.06MG/24H, 0.1MG/24HR, .025MG/24H, 0.05MG/24H)	generic	1	GL Female QPD 0.15 per day
estradiol .075mg/24h patch tdwk	generic	1	GL Female QPD 0.15 per day HCG HIGH COST GENERIC
ESTRADIOL (0.5 MG, 1 MG)	generic	1	GL Female QPD 1 per day LCG LOW COST GENERIC
estradiol 10 mcg tablet	generic	1	GL Female QPD 0.643 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
estradiol 2 mg tablet	generic	1	GL Female QPD 1 per day
ESTRADIOL VALERATE (40 MG/ML, 20 MG/ML)	generic	1	GL Female HCG HIGH COST GENERIC
ESTRADIOL/NORETHINDRONE ACETATE (0.5-0.1 MG, 1 MG-0.5MG)	generic	1	GL Female QPD 1 per day
ESTRING 2 MG VAGINAL RING *estradiol*	BRAND	1	GL Female
ESTROGEL 0.06% GEL *estradiol*	BRAND	1	GL Female QPD 1.667 per day
EVAMIST 1.53 MG/SPRAY *estradiol*	BRAND	1	GL Female QPD 0.54 per day
FEMHRT 0.5 MG-2.5 MCG TABLET *norethindrone acetate-ethinyl estradiol*	BRAND	1	GL Female QPD 1 per day
FEMRING (FEM0.05, FEM0.10) *estradiol acetate*	BRAND	1	GL Female QPD 0.02 per day
FYAVOLV (1 MG-5 MCG, 0.5 MG-2.5 MCG) *norethindrone acetate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 1 per day
IMVEXXY (10 MCG MAINTENANCE PAK, 4 MCG STARTER PACK, 10 MCG STARTER PACK, 4 MCG MAINTENANCE PACK) *estradiol*	BRAND	1	QPD 1 per day
JINTELI 1 MG-5 MCG TABLET *norethindrone acetate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 1 per day
LOPREEZA 1 MG-0.5 MG TABLET *estradiol/norethindrone acetate*	BRAND	1	GL Female QPD 1 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MENEST (1.25 MG, 0.625 MG, 2.5 MG, 0.3 MG) *estrogens,esterified*	BRAND	1	GL Female QPD 1 per day
MENOSTAR 14 MCG/DAY PATCH *estradiol*	BRAND	1	GL Female QPD 0.15 per day
MINIVELLE (0.0375 MG, 0.025 MG, 0.075 MG, 0.05 MG, 0.1 MG) *estradiol*	BRAND	1	GL Female QPD 0.29 per day
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL (0.5MG-2.5, 1MG-5MCG)	generic	1	HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 1 per day
PREFEST TABLET *estradiol/norgestimate*	BRAND	1	GL Female QPD 1 per day
PREMARIN VAGINAL CREAM-APPL *estrogens, conjugated*	BRAND	1	GL Female QPD 2 per day
PREMARIN (1.25 MG, 0.3 MG, 0.625 MG, 0.45 MG, 0.9 MG) *estrogens, conjugated*	BRAND	1	GL Female QPD 1 per day
PREMARIN 25 MG VIAL *estrogens, conjugated*	BRAND	1	
PREMPHASE 0.625-5 MG TABLET *estrogens, conjugated/medroxyprogesterone acetate*	BRAND	1	GL Female QPD 1 per day
PREMPRO (0.625-5 MG, 0.625-2.5 MG, 0.45-1.5 MG, 0.3 MG-1.5 MG) *estrogens, conjugated/medroxyprogesterone acetate*	BRAND	1	GL Female QPD 1 per day
YUVAFEM 10 MCG VAGINAL INSERT *estradiol*	BRAND	1	GL Female QPD 0.643 per day
EYE, EAR, NOSE AND THROAT (EENT) PREPS.			
ANTIALLERGIC AGENTS			
azelastine hcl 0.05 % drops	generic	1	QPD 0.267 per day
AZELASTINE HCL (205.5 MCG, 137 MCG)	generic	1	QPD 2 per day
azelastine/fluticasone 137-50 mcg spray/pump	generic	1	QPD 0.8 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
bepotastine besilate 1.5 % drops	generic	1	QPD 0.334 per day
DYMISTA NASAL SPRAY *azelastine hcl/fluticasone propionate*	BRAND	1	QPD 0.8 per day
epinastine hcl 0.05 % drops	generic	1	QPD 0.286 per day
OLOPATADINE HCL (0.1, 0.2)	generic	1	QPD 0.286 per day
olopatadine hcl 0.6 % spray/pump	generic	1	QL
PATANASE 665 MCG NASAL SPRAY *olopatadine hcl*	BRAND	1	QL
EENT DRUGS, MISCELLANEOUS			
apraclonidine hcl 0.5 % drops	generic	1	QPD 0.8 per day
CYSTADROPS 0.37% EYE DROPS *cysteamine hcl*	BRAND	1	SPC Specialty Choice PA QPD 0.72 per day
CYSTARAN 0.44% EYE DROPS *cysteamine hcl*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
DEBACTEROL SWABSTICK *sulfuric acid/sulfonated phenol*	BRAND	1	
GELFILM OPHTHALMIC 25X50MM *gelatin*	BRAND	1	
IOPIDINE 1% EYE DROPS *apraclonidine hcl*	BRAND	1	QPD 0.8 per day
IPRATROPIUM BROMIDE (42 MCG, 21 MCG)	generic	1	QPD 2 per day
LACRISERT 5 MG EYE INSERT *hydroxypropyl cellulose*	BRAND	1	
OXERVATE 0.002% EYE DROP *cenegermin-bkbj*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
LOCAL ANESTHETICS (EENT)			
AKTEN 3.5% GEL DROPS *lidocaine hcl/pf*	BRAND	1	
ALCAINE 0.5% EYE DROPS *proparacaine hcl*	BRAND	1	
LIDOCAINE HCL (2 JELLY(ML), 2 SOLUTION)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
proparacaine hcl 0.5 % drops	generic	1	
tetracaine hcl 0.5 % drops	generic	1	
tetracaine hcl/pf 0.5 % drops	generic	1	
MYDRIATICS			
ATROPINE SULFATE (1 DROPS, 1 OINT. (G))	generic	1	
CYCLOGYL (0.5%, 2%, 1%) *cyclopentolate hcl*	BRAND	1	
CYCLOMYDRIL EYE DROPS *cyclopentolate hcl/phenylephrine hcl*	BRAND	1	
CYCLOPENTOLATE HCL (0.5, 2, 1)	generic	1	
MYDRIACYL 1% EYE DROPS *tropicamide*	BRAND	1	
PAREMYD EYE DROPS *hydroxyamphetamine hbr/tropicamide*	BRAND	1	
TROPICAMIDE (0.5, 1)	generic	1	
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG			
EYLEA (2 ML SYRINGE, 2 ML VIAL) *aflibercept*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM
LUCENTIS (0.5 ML SYRING, 0.5 ML VIAL, 0.3 ML SYRING, 0.3 ML VIAL) *ranibizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM
MACUGEN 0.3 MG/90 MICROLITERS *pegaptanib sodium*	BRAND	1	SPC Specialty Choice PA QPD 0.012 per day BSP BENEFIT SHIFT PROGRAM
VASOCONSTRICTORS			
ADRENALIN 1 MG/ML NASAL SOLN *epinephrine hcl*	BRAND	1	PA
PHENYLEPHRINE HCL (10, 2.5)	generic	1	
UPNEEQ 0.1% EYE DROP *oxymetazoline hcl/pf*	BRAND	1	AL At least 18 yrs old PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			LCG QPD 1 per day
FIRST GENERATION ANTIHISTAMINES			
ETHANOLAMINE DERIVATIVES			
carbinoxamine maleate 4 mg/5 ml liquid	generic	1	AL At least 2 yrs old
carbinoxamine maleate 4 mg tablet	generic	1	AL At least 6 yrs old
CLEMASTINE FUMARATE (2.68 MG TABLET, 0.5 MG/5ML SYRUP)	generic	1	AL At least 6 yrs old
diphenhydramine hcl 12.5mg/5ml elixir	generic	1	
DIPHENHYDRAMINE HCL (50 MG/ML VIAL, 50 MG/ML CARTRIDGE, 50 MG/ML SYRINGE)	generic	1	BSP BENEFIT SHIFT PROGRAM
DIPHENHYDRAMINE HCL IN 0.9 % SODIUM CHLORIDE (25, 50)	generic	1	BSP BENEFIT SHIFT PROGRAM
KARBINAL ER 4 MG/5 ML SUSP *carbinoxamine maleate*	BRAND	1	AL At least 2 yrs old
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.			
CYPROHEPTADINE HCL (4 MG/10 ML SYRUP, 4 MG TABLET, 2 MG/5 ML SYRUP)	generic	1	AL At least 2 yrs old
PHENOTHIAZINE DERIVATIVES			
PHENADOZ (12.5 MG, 25 MG) *promethazine hcl*	BRAND	1	AL At least 2 yrs old
phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup	generic	1	
PROMETHAZINE HCL (50 MG SUPP.RECT, 12.5 MG SUPP.RECT, 50 MG TABLET, 12.5 MG TABLET, 25 MG SUPP.RECT, 6.25MG/5ML SYRUP)	generic	1	AL At least 2 yrs old
promethazine hcl 25 mg tablet	generic	1	AL At least 2 yrs old LCG LOW COST GENERIC
PROMETHAZINE HCL (25 MG/ML VIAL, 50 MG/ML AMPUL, 25 MG/ML AMPUL, 50 MG/ML VIAL)	generic	1	AL At least 2 yrs old BSP BENEFIT SHIFT PROGRAM
promethazine hcl in 0.9 % nacl 25 mg/50ml piggyback	generic	1	BSP BENEFIT SHIFT PROGRAM
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	BRAND	1	AL At least 2 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
promethazine hcl			
PROPYLAMINE DERIVATIVES			
RESPA A.R. TABLET SA *pseudoephedrine hcl/chlorpheniramine maleate/bellad alk*	BRAND	1	
GASTROINTESTINAL DRUGS			
ANTI-INFLAMMATORY AGENTS (GI DRUGS)			
ALOSETRON HCL (0.5 MG, 1 MG)	generic	1	GL Female AL At least 18 yrs old
APRISO ER 0.375 GRAM CAPSULE *mesalamine*	BRAND	1	
balsalazide disodium 750 mg capsule	generic	1	
COLAZAL 750 MG CAPSULE *balsalazide disodium*	BRAND	1	
LOTRONEX (1 MG, 0.5 MG) *alosetron hcl*	BRAND	1	GL Female AL At least 18 yrs old PA
MESALAMINE (4 G/60 ML ENEMA, 1.2 G TABLET DR, 0.375G CAP ER 24H, 1000 MG SUPP.RECT, 400 MG CAP(DRTAB))	generic	1	
mesalamine w/cleansing wipes 4 g/60 ml enema kit	generic	1	HCG HIGH COST GENERIC
PENTASA (500 MG, 250 MG) *mesalamine*	BRAND	1	
ROWASA (4 ML KIT, 4 ML) *mesalamine with cleansing wipes*	BRAND	1	
SFROWASA 4 GM/60 ML ENEMA *mesalamine*	BRAND	1	
ANTIDIARRHEA AGENTS			
DIPHENOXYLATE HCL/ATROPINE SULFATE (2.5-.025MG TABLET, 2.5-.025/5 LIQUID)	generic	1	
LOMOTIL 2.5-0.025 MG TABLET *diphenoxylate hcl/atropine sulfate*	BRAND	1	
loperamide hcl 2 mg capsule	generic	1	
MYTESI 125 MG DR TABLET *crofelemer*	BRAND	1	SPC Specialty Choice
opium tincture 10 mg/ml tincture	generic	1	QPD 5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
XERMELO 250 MG TABLET *telotristat etiprate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA
CATHARTICS AND LAXATIVES			
CLENPIQ SOLUTION *sodium picosulfate/magnesium oxide/citric acid*	BRAND	1	QPD 11 per day
GAVILYTE-C SOLUTION *peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	BRAND	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
GAVILYTE-G SOLUTION *peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	BRAND	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln recon	generic	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
peg3350/sod sul/nacl/kcl/asb/c 7.5-2.691g powd pack	generic	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
PEG-PREP KIT *bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350*	BRAND	1	
PREPOPIK POWDER PACKET *sodium picosulfate/magnesium oxide/citric acid*	BRAND	1	QL
sodium chloride/nahco3/kcl/peg 420g soln recon	generic	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
SUPREP BOWEL PREP KIT *sodium sulfate/potassium sulfate/magnesium sulfate*	BRAND	1	QL
SUTAB 1.479-0.225-0.188 GM TAB *sodium sulfate/potassium chloride/magnesium sulfate*	BRAND	1	QPD 0.8 per day
TRILYTE WITH FLAVOR PACKETS *sodium chloride/sodium bicarbonate/potassium chloride/peg*	BRAND	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
CHOLELITHOLYTIC AGENTS			
CHENODAL 250 MG TABLET *chenodiol*	BRAND	1	SPC Specialty Choice
URSO FORTE 500 MG TABLET	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ursodiol			
URSODIOL (250 MG TABLET, 300 MG CAPSULE, 500 MG TABLET)	generic	1	
DIGESTANTS			
CREON (6,000, 3,000, 12,000, 36,000, 24,000) *lipase/protease/amylase*	BRAND	1	
ENZADYNE CAPSULE *lipase/protease/amylase*	BRAND	1	
ZENPEP (10,000, 15,000, 20,000, 25,000, 5,000, 40,000, 3,000) *lipase/protease/amylase*	BRAND	1	
GI DRUGS, MISCELLANEOUS			
BYLVAY (400 MCG CAPSULE, 200 MCG PELLET) *odevixibat*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
BYLVAY 1,200 MCG CAPSULE *odevixibat*	BRAND	1	SPC Specialty Choice PA QPD 5 per day
BYLVAY 600 MCG PELLET *odevixibat*	BRAND	1	SPC Specialty Choice PA QPD 10 per day
CHOLBAM 250 MG CAPSULE *cholic acid*	BRAND	1	SPC Specialty Choice PA QPD 7 per day
CHOLBAM 50 MG CAPSULE *cholic acid*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ENDARI 5 GRAM POWDER PACKET *glutamine*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
ENTYVIO 300 MG VIAL *vedolizumab*	BRAND	1	QL SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			SDS Extended Specialty Day Supply
GATTEX 5 MG 30-VIAL KIT *teduglutide*	BRAND	1	SPC Specialty Choice PA QPD 0.034 per day
GATTEX 5 MG ONE-VIAL KIT *teduglutide*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HUMIRA(CF) PEDI CROHN 80-40 MG *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
LINZESS (290 MCG, 72 MCG, 145 MCG) *linaclotide*	BRAND	1	AL At least 18 yrs old QPD 1 per day
LIVMARLI 9.5 MG/ML ORAL SOLN *maralixibat chloride*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
OCALIVA (10 MG, 5 MG) *obeticholic acid*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
SYMPROIC 0.2 MG TABLET *naldemedine tosylate*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
VIBERZI (75 MG, 100 MG) *eluxadoline*	BRAND	1	PA QPD 2 per day
XENICAL 120 MG CAPSULE *orlistat*	BRAND	1	
PROKINETIC AGENTS			
GIMOTI 15 MG NASAL SPRAY *metoclopramide hcl*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 0.334 per day
METOCLOPRAMIDE HCL (10 MG TABLET, 5 MG TABLET, 10 MG/10ML SOLUTION, 5 MG/5 ML SOLUTION)	generic	1	LCG LOW COST GENERIC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
METOCLOPRAMIDE HCL (5 MG, 10 MG)	generic	1	
MOTEGRITY (2 MG, 1 MG) *prucalopride succinate*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
REGLAN (5 MG, 10 MG) *metoclopramide hcl*	BRAND	1	
ZELNORM 6 MG TABLET *tegaserod hydrogen maleate*	BRAND	1	AL Up to 65 yrs old PA QPD 2 per day
GENERAL ANESTHETICS			
INHALATION ANESTHETICS			
FORANE LIQUID *isoflurane*	BRAND	1	
isoflurane 99.9 % liquid	generic	1	
sevoflurane liquid	generic	1	
TERRELL LIQUID *isoflurane*	BRAND	1	
ULTANE 250 ML PEN BOTTLE *sevoflurane*	BRAND	1	
GENITOURINARY SMOOTH MUSCLE RELAXANTS			
ANTIMUSCARINICS			
DARIFENACIN HYDROBROMIDE (15 MG ER, 7.5 MG ER)	generic	1	QPD 1 per day
DETROL (1 MG, 2 MG) *tolterodine tartrate*	BRAND	1	QPD 2 per day
DETROL LA (2 MG, 4 MG) *tolterodine tartrate*	BRAND	1	QPD 1 per day
DITROPAN XL 10 MG TABLET *oxybutynin chloride*	BRAND	1	QPD 2 per day
DITROPAN XL 5 MG TABLET *oxybutynin chloride*	BRAND	1	QPD 1 per day
ENABLEX 7.5 MG TABLET *darifenacin hydrobromide*	BRAND	1	QPD 1 per day
flavoxate hcl 100 mg tablet	generic	1	
GELNIQUE 10% GEL SACHET *oxybutynin chloride*	BRAND	1	QPD 1 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
oxybutynin chloride 5 mg/5 ml syrup	generic	1	QPD 20 per day
OXYBUTYNIN CHLORIDE (10 MG ER 24, 15 MG ER 24)	generic	1	QPD 2 per day
oxybutynin chloride 5 mg tab er 24	generic	1	QPD 1 per day
oxybutynin chloride 5 mg tablet	generic	1	QPD 4 per day
OXYTROL 3.9 MG/24HR PATCH *oxybutynin*	BRAND	1	QPD 0.357 per day
SOLIFENACIN SUCCINATE (10 MG, 5 MG)	generic	1	QPD 1 per day
TOLTERODINE TARTRATE (4 MG ER, 2 MG ER)	generic	1	QPD 1 per day
TOLTERODINE TARTRATE (1 MG, 2 MG)	generic	1	QPD 2 per day
TOVIAZ (ER 4 MG, ER 8 MG) *fesoterodine fumarate*	BRAND	1	QPD 1 per day
trospium chloride 60 mg cap er 24h	generic	1	QPD 1 per day
trospium chloride 20 mg tablet	generic	1	QPD 2 per day
GOLD COMPOUNDS			
RIDAURA 3 MG CAPSULE *auranofin*	BRAND	1	
GONADOTROPINS AND ANTIGONADOTROPINS			
ANTIGONADTROPINS			
CETROTIDE 0.25 MG KIT *cetrorelix acetate*	BRAND	1	GL Female SPC Specialty Choice PA
ganirelix acetate 250mcg/0.5 syringe	generic	1	GL Female SPC Specialty Choice PA
MYFEMBREE 40 MG-1 MG-0.5 MG TB *relugolix/estradiol/norethindrone acetate*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
ORGOVYX 120 MG TABLET *relugolix*	BRAND	1	SPC Specialty Choice PA
ORIAHNN 300-1-0.5MG/300MG CAPS	BRAND	1	AL At least 18 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
elagolix sodium/estradiol/norethindrone acetate			PA QPD 2 per day
ORILISSA 150 MG TABLET *elagolix sodium*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
ORILISSA 200 MG TABLET *elagolix sodium*	BRAND	1	AL At least 18 yrs old PA QPD 2 per day
GONADOTROPINS			
chorionic gonadotropin, human 10000 unit vial	generic	1	SPC Specialty Choice PA
ELIGARD (22.5 MG B, 7.5 MG B, 30 MG B, 45 MG B, 7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT) *leuprolide acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
FOLLISTIM AQ (600, 900, 300) *follitropin beta,recombinant*	BRAND	1	SPC Specialty Choice PA
GONAL-F (450, 1,050) *follitropin alfa, recombinant*	BRAND	1	SPC Specialty Choice PA
GONAL-F RFF 75 UNITS VIAL *follitropin alfa, recombinant*	BRAND	1	GL Female SPC Specialty Choice PA
GONAL-F RFF REDI-JECT (900, 300, 450) *follitropin alfa, recombinant*	BRAND	1	GL Female SPC Specialty Choice PA
LEUPROLIDE ACETATE (1 KIT, 1 VIAL)	generic	1	SPC Specialty Choice PA
LUPRON DEPOT (DEPOT 7.5 MG, DEPOT 22.5 MG 3MO, DEPOT-4 MONTH, DEPOT 3.75 MG, DEPOT 45 MG 6MO) *leuprolide acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 11.25 MG 3MO KIT *leuprolide acetate*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
LUPRON DEPO 11.25MG (LUPANETA) *leuprolide acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
LUPRON DEPOT 3.75MG (LUPANETA) *leuprolide acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED (7.5 MG, 11.25 MG, 15 MG) *leuprolide acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED (11.25 MG, 30 MG KIT) *leuprolide acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
MENOPUR 75 UNIT VIAL *menotropins*	BRAND	1	GL Female SPC Specialty Choice PA
NOVAREL (5,000, 10,000) *chorionic gonadotropin, human*	BRAND	1	SPC Specialty Choice PA
OVIDREL 250 MCG/0.5 ML SYRG *choriogonadotropin alfa*	BRAND	1	SPC Specialty Choice PA
PREGNYL 10,000 UNIT VIAL *chorionic gonadotropin, human*	BRAND	1	SPC Specialty Choice PA
SUPPRELIN LA 50 MG KIT *histrelin acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
SYNAREL 2 MG/ML NASAL SPRAY *nafarelin acetate*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
VANTAS 50 MG KIT *histrelin acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ZOLADEX (3.6 MG, 10.8 MG) *goserelin acetate*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
HCV ANTIVIRALS			
HCV POLYMERASE INHIBITOR ANTIVIRALS			
EPCLUSA 200-50 MG PELLET PACK *sofosbuvir/velpatasvir*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
EPCLUSA (400 MG-100 MG TABLET, 200 MG-50 MG TABLET, 150-37.5 MG PELLET PKT) *sofosbuvir/velpatasvir*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HARVONI 45-200 MG PELLET PACKT *ledipasvir/sofosbuvir*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
HARVONI (45-200 MG TABLET, 33.75-150 MG PELLET PK, 90-400 MG TABLET) *ledipasvir/sofosbuvir*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
ledipasvir/sofosbuvir 90mg-400mg tablet	generic	1	SPC Specialty Choice PA QPD 1 per day
sofosbuvir/velpatasvir 400-100 mg tablet	generic	1	SPC Specialty Choice PA QPD 1 per day
SOVALDI 200 MG PELLET PACKET *sofosbuvir*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
SOVALDI (400 MG TABLET, 150 MG PELLET	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PACKET, 200 MG TABLET) *sofosbuvir*			PA QPD 1 per day
VOSEVI 400-100-100 MG TABLET *sofosbuvir/velpatasvir/voxilaprevir*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HCV PROTEASE INHIBITOR ANTIVIRALS			
MAVYRET 50-20 MG PELLET PACKET *glecaprevir/pibrentasvir*	BRAND	1	SPC Specialty Choice PA QPD 5 per day
MAVYRET 100-40 MG TABLET *glecaprevir/pibrentasvir*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
HCV REPLICATION COMPLEX INHIBITORS			
VIEKIRA PAK *ombitasvir/paritaprevir/ritonavir/dasabuvir sodium*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ZEPATIER 50-100 MG TABLET *elbasvir/grazoprevir*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HEAVY METAL ANTAGONISTS			
CHEMET 100 MG CAPSULE *succimer*	BRAND	1	
CUPRIMINE 250 MG CAPSULE *penicillamine*	BRAND	1	SPC Specialty Choice PA
D-PENAMINE 125 MG TABLET *penicillamine*	BRAND	1	SPC Specialty Choice PA
DEFERASIROX (360 MG GRAN PACK, 360 MG TABLET, 90 MG TABLET, 125 MG TAB DISPER, 180 MG GRAN PACK, 90 MG GRAN PACK, 250 MG TAB DISPER, 500 MG TAB DISPER)	generic	1	SPC Specialty Choice PA
deferasirox 180 mg tablet	generic	1	SPC Specialty Choice PA
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
deferiprone 500 mg tablet	generic		SPC Specialty Choice PA
DEPEN 250 MG TITRATAB *penicillamine*	BRAND	1	SPC Specialty Choice PA
EXJADE (500 MG, 250 MG, 125 MG) *deferasirox*	BRAND	1	SPC Specialty Choice PA
FERRIPROX (1,000 MG TABLET, 100 MG/ML SOLUTION, 500 MG TABLET) *deferiprone*	BRAND	1	SPC Specialty Choice PA
FERRIPROX 1,000 MG TAB(2X/DAY) *deferiprone*	BRAND	1	SPC Specialty Choice PA
FERRIPROX 1,000 MG TAB(3X/DAY) *deferiprone*	BRAND	1	SPC Specialty Choice PA
GALZIN (50 MG, 25 MG) *zinc acetate*	BRAND	1	
JADENU (180 MG, 90 MG, 360 MG) *deferasirox*	BRAND	1	SPC Specialty Choice PA
JADENU SPRINKLE (90 MG, 360 MG, 180 MG) *deferasirox*	BRAND	1	SPC Specialty Choice PA
PENICILLAMINE (250 MG TABLET, 250 MG CAPSULE)	generic	1	SPC Specialty Choice PA
trientine hcl 250 mg capsule	generic	1	SPC Specialty Choice PA
WILZIN 25 MG CAPSULE *zinc acetate*	BRAND	1	
HORMONES AND SYNTHETIC SUBSTITUTES			
ADRENALS			
budesonide 3 mg capdr - er	generic	1	HCG HIGH COST GENERIC
budesonide 9 mg tabdr - er	generic	1	PA
cortisone acetate 25 mg tablet	generic	1	HCG HIGH COST GENERIC
DECADRON (6 MG, 0.5 MG, 0.75 MG, 4 MG) *dexamethasone*	BRAND	1	
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DEPO-MEDROL (20 MG/ML, 80 MG/ML, 40 MG/ML) *methylprednisolone acetate*	BRAND		BSP BENEFIT SHIFT PROGRAM
DEXAMETHASONE (6 MG TABLET, 0.5 MG TABLET, 2 MG TABLET, 0.75 MG TABLET, 4 MG TABLET, 1.5 MG TABLET, 0.5 MG/5ML ELIXIR, 1 MG TABLET, 0.5 MG/5ML SOLUTION)	generic	1	
DEXAMETHASONE INTENSOL 1 MG/ML *dexamethasone*	BRAND	1	
DEXAMETHASONE SODIUM PHOSPHATE (4 MG/ML SYRINGE, 10 MG/ML VIAL, 4 MG/ML VIAL)	generic	1	BSP BENEFIT SHIFT PROGRAM
DEXAMETHASONE SODIUM PHOSPHATE IN 0.9 % SODIUM CHLORIDE (0.9 10, 0.9 20)	generic	1	BSP BENEFIT SHIFT PROGRAM
DEXAMETHASONE SODIUM PHOSPHATE/PF (10 MG/ML SYRINGE, 10 MG/ML VIAL)	generic	1	BSP BENEFIT SHIFT PROGRAM
EMFLAZA (22.75 MG/ML ORAL SUSP, 36 MG TABLET, 30 MG TABLET, 6 MG TABLET, 18 MG TABLET) *deflazacort*	BRAND	1	AL At least 2 yrs old SPC Specialty Choice PA
ENTOCORT EC 3 MG CAPSULE *budesonide*	BRAND	1	
fludrocortisone acetate 0.1 mg tablet	generic	1	
HYDROCORTISONE (5 MG, 10 MG, 20 MG)	generic	1	
INTRAROSA 6.5 MG VAG INSERT *prasterone (dhea)*	BRAND	1	AL At least 18 yrs old QPD 1 per day
KENALOG-10 50 MG/5 ML VIAL *triamcinolone acetonide*	BRAND	1	BSP BENEFIT SHIFT PROGRAM
MEDROL (8 MG TABLET, 16 MG TABLET, 4 MG DOSEPAK, 32 MG TABLET, 2 MG TABLET, 4 MG TABLET) *methylprednisolone*	BRAND	1	
METHYLPREDNISOLONE (4 MG TABLET, 16 MG TABLET, 8 MG TABLET, 4 MG TAB DS PK, 32 MG TABLET)	generic	1	
ORAPRED ODT (10 MG, 30 MG, 15 MG) *prednisolone sodium phosphate*	BRAND	1	
PEDIAPRED 5 MG/5 ML SOLN *prednisolone sodium phosphate*	BRAND	1	
prednisolone 15 mg/5 ml solution	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PREDNISOLONE SODIUM PHOSPHATE (30 MG TAB RAPDIS, 15 MG/5 ML SOLUTION, 10 MG TAB RAPDIS, 25 MG/5 ML SOLUTION, 10 MG/5 ML SOLUTION, 5 MG/5 ML SOLUTION, 15 MG TAB RAPDIS, 20 MG/5 ML SOLUTION)	generic	1	
PREDNISONE (2.5 MG TABLET, 5 MG TABLET, 1 MG TABLET, 50 MG TABLET, 5 MG/5 ML SOLUTION, 20 MG TABLET, 10 MG TABLET, 10 MG TAB DS PK, 5 MG TAB DS PK)	generic	1	
PREDNISONE INTENSOL 5 MG/ML *prednisone*	BRAND	1	
SOLU-CORTEF (250 MG ACT-O-VIAL, 100 MG ACT-O-VIAL, 500 MG ACT-O-VIAL, 100 MG VIAL, 1,000 MG ACT-O-VL) *hydrocortisone sodium succinate/pf*	BRAND	1	BSP BENEFIT SHIFT PROGRAM
TRIAMCINOLONE ACETONIDE (10 MG/ML, 40 MG/ML)	generic	1	BSP BENEFIT SHIFT PROGRAM
UCERIS 2 MG RECTAL FOAM *budesonide*	BRAND	1	
VERIPRED 20 20 MG/5 ML SOLN *prednisolone sodium phosphate*	BRAND	1	
ANDROGENS			
ANADROL-50 TABLET *oxymetholone*	BRAND	1	GL Male
ANDRODERM 2 MG/24HR PATCH *testosterone*	BRAND	1	GL Male PA QPD 1 per day SDS Y
ANDRODERM 4 MG/24HR PATCH *testosterone*	BRAND	1	GL Male PA QPD 1 per day
DANAZOL (200 MG, 50 MG, 100 MG)	generic	1	
ESTROGENS,ESTERIFIED/METHYLTESTOSTERONE (0.625-1.25, 1.25-2.5MG)	generic	1	GL Female
OXANDRIN (2.5 MG, 10 MG) *oxandrolone*	BRAND	1	PA
OXANDROLONE (2.5 MG, 10 MG)	generic	1	PA
STRIANT 30 MG MUCOADHESIVE *testosterone*	BRAND	1	GL Male PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA
testosterone 50 mg (1%) gel (gram)	generic	1	QL GL Male
testosterone 12.5/1.25g gel md pmp	generic	1	GL Male QPD 10 per day
TESTOSTERONE (1.25G-1.62, 2.5G-1.62%)	generic	1	QL GL Male QPD 5 per day
TESTOSTERONE (50 MG (1%) PACKET, 20.25/1.25 MD PMP)	generic	1	GL Male QPD 5 per day
testosterone 25mg(1%) gel packet	generic	1	GL Male QPD 2.5 per day
TESTOSTERONE CYPIONATE (100 MG/ML, 200 MG/ML)	generic	1	GL Male
testosterone enanthate 200 mg/ml vial	generic	1	GL Male
XYOSTED (100 ML, 75 ML, 50 ML) *testosterone enanthate*	BRAND	1	PA
CONTRACEPTIVES			
AFIRMELLE-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ALTAVERA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ALYACEN (7-7-7-28, 1-35 28) *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
AMETHIA 0.15-0.03-0.01 MG TAB *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AMETHIA LO TABLET *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AMETHYST 90-20 MCG TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 1 per day
ANNOVERA VAGINAL RING *segesterone acetate/ethinyl estradiol*	BRAND	1	QL GL Female HCR HCROCRX | HCR Rx Contraceptives
APRI 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ARANELLE 28 TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ASHLYNA 0.15-0.03-0.01 MG TAB *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			source brands are not covered.
AUBRA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUBRA EQ-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUROVELA (21 1.5-30, 1 MG-20 MCG) *norethindrone acetate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUROVELA 24 FE 1 MG-20 MCG TAB *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUROVELA FE (1.5 MG-30 MCG TAB, 1-20 TABLET) *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AVIANE-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AYUNA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			HCR (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AZURETTE 28 DAY TABLET *desogestrel-ethinyl estradiol/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BALCOLTRA TABLET *levonorgestrel/ethinyl estradiol/ferrous bisglycinate*	BRAND	1	GL Female
BALZIVA 28 TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BEKYREE 28 DAY TABLET *desogestrel-ethinyl estradiol/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BLISOVI 24 FE TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BLISOVI FE (1.5-30, 1-20) *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BRIELLYN TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAMILA 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAMRESE 0.15-0.03-0.01 MG TAB *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	BRAND	1	QL GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAMRESE LO TABLET *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	BRAND	1	QL GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAZIANT 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CHARLOTTE 24 FE CHEWABLE TAB *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CHATEAL-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			and select single source brands are not covered.
CHATEAL EQ-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CRYSELLE-28 TABLET *norgestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CYCLAFEM (7-7-7-28, 1-35-28) *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CYRED 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CYRED EQ 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DASETTA (7/7/7-28, 1-35-28) *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DAYSEE 0.15-0.03-0.01 MG TAB	BRAND	1	GL Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
levonorgestrel/ethinyl estradiol and ethinyl estradiol			HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DEBLITANE 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
desogestrel-ethinyl estradiol 0.15-0.03 tablet	generic	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
desog-e.estradiol/e.estradiol 21-5 (28) tablet	generic	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DOLISHALE 90-20 MCG TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
drospir/eth estra/levomefol ca 3-0.02(24) tablet	generic	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCG HIGH COST GENERIC
drospir/eth estra/levomefol ca 3-0.03(21) tablet	generic	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			and select single source brands are not covered.
ELINEST-28 TABLET *norgestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ELLA 30 MG TABLET *ulipristal acetate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 1 per day
ELURYNG VAGINAL RING *etonogestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
EMOQUETTE 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ENPRESSE-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ENSKYCE 28 TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ERRIN 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ESTARYLLA 0.25-0.035 MG TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ETHINYL ESTRADIOL/DROSPIRENONE (0.03MG-3MG, 0.02-3(28))	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL (1 MG-50MCG, 1 MG-35MCG)	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
etonogestrel/ethinyl estradiol .12-.015mg vag ring	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
FALMINA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
FEMYNOR 28 TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			HCR and select single source brands are not covered.
GEMMILY 1 MG-20 MCG CAPSULE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
GIANVI 3 MG-0.02 MG TABLET *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
HAILEY 21 1.5 MG-30 MCG TAB *norethindrone acetate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
HAILEY 24 FE 1 MG-20 MCG TAB *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
HAILEY FE (1.5-30, 1-20) *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
HEATHER 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ICLEVIA 0.15 MG-0.03 MG TABLET	BRAND	1	GL Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
levonorgestrel/ethinyl estradiol			HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
INCASSIA 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ISIBLOOM 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JAIMIESS 0.15-0.03-0.01 MG TAB *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JASMIEL 3 MG-0.02 MG TABLET *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JENCYCLA 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JOLESSA 0.15 MG-0.03 MG TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			source brands are not covered.
JULEBER 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JUNEL (1 MG-20 MCG, 1.5 MG-30 MCG) *norethindrone acetate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JUNEL FE (1.5 MG-30 MCG, 1 MG-20 MCG) *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JUNEL FE 24 TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KAITLIB FE 0.8-0.025MG CHEW TB *norethindrone-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KALLIGA 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KARIVA 28 DAY TABLET *desogestrel-ethinyl estradiol/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			HCR (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KELNOR 1-35 28 TABLET *ethynodiol diacetate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KELNOR 1-50 TABLET *ethynodiol diacetate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KURVELO-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KYLEENA 19.5 MG SYSTEM *levonorgestrel*	BRAND	1	GL Female SPC Specialty Choice HCR: Gender Edits (Females) may apply. BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
LARIN (21 1-20, 1.5 MG-30 MCG) *norethindrone acetate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LARIN 24 FE 1 MG-20 MCG TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			HCR source brands are not covered.
LARIN FE (1.5-30, 1-20) *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LARISSIA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LAYOLIS FE CHEWABLE TABLET *norethindrone-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEENA 28 TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LESSINA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEVONEST-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEVONORGESTREL/ETHINYL ESTRADIOL (90-20 MCG TABLET, 0.15-0.03 TBDSPK	generic	1	GL Female HCR HCR: Gender Edits

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
3MO, 6-5-10 TABLET, 0.15-0.03 TABLET, 0.1-0.02MG TABLET)			(Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL ESTRADIOL (0.15MG(84), 150-30(84), 100-20(84))	generic	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEVORA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LILLOW-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LO-ZUMANDIMINE 3 MG-0.02 MG TB *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LOJAIMIESS 0.1-0.02-0.01 TAB *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LORYNA 3 MG-0.02 MG TABLET *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			covered.
LOW-OGESTREL-28 TABLET *norgestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LUTERA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LYLEQ 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LYZA 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MARLISSA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MELODETTA 24 FE CHEWABLE TAB *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCG HIGH COST GENERIC
MERZEE 1 MG-20 MCG CAPSULE	BRAND	1	GL Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
norethindrone acetate-ethinyl estradiol/ferrous fumarate			HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MIBELAS 24 FE CHEWABLE TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCG HIGH COST GENERIC
MICROGESTIN (21 1.5-30 TAB, 21 1-20 TABLET) *norethindrone acetate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MICROGESTIN 24 FE 1 MG-20 MCG *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MICROGESTIN FE (1.5-30 TAB, 1-20 TABLET) *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MILI 0.25-0.035 MG TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MIRENA 52 MG SYSTEM *levonorgestrel*	BRAND	1	GL Female SPC Specialty Choice HCR: Gender Edits (Females) may apply.

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
MONO-LINYAH 28 TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NATAZIA 28 TABLET *estradiol valerate/dienogest*	BRAND	1	GL Female
NECON 0.5-35-28 TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NEXPLANON 68 MG IMPLANT *etonogestrel*	BRAND	1	SPC Specialty Choice HCR HCR: Gender Edits (Females) may apply. BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
NIKKI 3 MG-0.02 MG TABLET *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NORA-BE TABLET *norethindrone*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
norethindrone 0.35 mg tablet	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			HCR source brands are not covered.
norethindrone ac-eth estradiol 1.5-0.03mg tablet	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
norethindrone ac-eth estradiol 1mg-20mcg tablet	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 1 per day
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE (1MG-20(24) CAPSULE, 1.5-30(21) TABLET)	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
norethindrone-e.estradiol-iron 1mg-20(21) tablet	generic	1	GL Female HCR HCROCRX | HCR Rx Contraceptives
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE (0.8-25(24), 0.4-35(21))	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NORGESTIMATE-ETHINYL ESTRADIOL (0.25-0.035, 7DAYSX3 28, 7DAYSX3 LO)	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NORLYDA 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			and select single source brands are not covered.
NORTREL (7-7-7-28, 0.5-35-28, 1-35 28, 1-35 21) *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NUVARING VAGINAL RING *etonogestrel/ethinyl estradiol*	BRAND	1	GL Female
NYLIA 1-35 28 TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR HCROCRX | HCR Rx Contraceptives
NYLIA 7-7-7-28 TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NYMYO 0.25-0.035 MG (28) TAB *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
OCELLA 3 MG-0.03 MG TABLET *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
OGESTREL TABLET *norgestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ORSYTHIA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			(Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PARAGARD T 380-A IUD *copper*	BRAND	1	SPC Specialty Choice HCR HCR: Gender Edits (Females) may apply. BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
PHILITH 0.4-0.035 MG TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PIMTREA 28 DAY TABLET *desogestrel-ethinyl estradiol/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PIRMELLA (7-7-7-28, 1-35 28) *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PORTIA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PREVIFEM TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
RECLIPSEN 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SETLAKIN 0.15 MG-0.03 MG TAB *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SHAROBEL 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SIMLIYA 28 DAY TABLET *desogestrel-ethinyl estradiol/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SIMPESSE 0.15-0.03-0.01 MG TAB *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SKYLA 13.5 MG SYSTEM *levonorgestrel*	BRAND	1	GL Female SPC Specialty Choice HCR HCR: Gender Edits (Females) may apply. BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
SPRINTEC 28 DAY TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SRONYX 0.10-0.02 MG TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
SYEDA 28 TABLET *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TARINA 24 FE 1 MG-20 MCG TAB *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TARINA FE 1-20 TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TARINA FE 1-20 EQ TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TAYSOFY 1 MG-20 MCG CAPSULE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR HCROCRX | HCR Rx Contraceptives
TILIA FE 28 TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply.

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			Multi-source brands and select single source brands are not covered.
TRI FEMYNOR 28 TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-ESTARYLLA TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LEGEST FE-28 DAY TABLET *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LINYAH TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-ESTARYLLA TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-MARZIA TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
		1	GL

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TRI-LO-MILI TABLET *norgestimate-ethinyl estradiol*	BRAND		Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-SPRINTEC TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-MILI 28 TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-NYMYO 28 TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-PREVIFEM TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-SPRINTEC TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-VYLIBRA 28 TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			HCR and select single source brands are not covered.
TRI-VYLIBRA LO TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRIVORA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TULANA 0.35 MG TABLET *norethindrone*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TYBLUME 0.1-0.02 MG CHEW TAB *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TYDEMY 3-0.03-0.451 MG TABLET *drospirenone/ethinyl estradiol/levomefolate calcium*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VELIVET 28 DAY TABLET *desogestrel-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VESTURA 3 MG-0.02 MG TABLET	BRAND	1	GL Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ethinyl estradiol/drospirenone			HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VIENVA-28 TABLET *levonorgestrel/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VIORELE 28 DAY TABLET *desogestrel-ethinyl estradiol/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VOLNEA 0.15-0.02-0.01 MG TAB *desogestrel-ethinyl estradiol/ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VYFEMLA 0.4 MG-0.035 MG TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VYLIBRA 28 TABLET *norgestimate-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
WERA 0.5/0.035 MG 28 TABLET *norethindrone-ethinyl estradiol*	BRAND	1	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			HCR source brands are not covered.
WYMZYA FE 0.4-0.035 MG CHEW TB *norethindrone-ethinyl estradiol/ferrous fumarate*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. HCG HIGH COST GENERIC
XULANE 150-35 MCG/DAY PATCH *norelgestromin/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 0.12 per day
ZAFEMY 150-35 MCG/DAY PATCH *norelgestromin/ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 0.124 per day
ZARAH TABLET *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ZOVIA 1-35 TABLET *ethynodiol diacetate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ZOVIA 1-35E TABLET *ethynodiol diacetate-ethinyl estradiol*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			source brands are not covered.
ZUMANDIMINE 3 MG-0.03 MG TAB *ethinyl estradiol/drospirenone*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEPTINS			
MYALEPT 11.3 MG (5 MG/ML) VIAL *metreleptin*	BRAND	1	SPC Specialty Choice PA
PITUITARY			
DDAVP (0.01% NASAL SPRAY, 10 MCG/0.1 ML SOLUTION, 0.1 MG TABLET, 0.2 MG TABLET) *desmopressin acetate*	BRAND	1	
DESMOPRESSIN ACETATE (0.1 MG TABLET, 0.2 MG TABLET, 10/SPRAY SPRAY/PUMP)	generic	1	
desmopressin (nonrefrigerated) 10/spray spray/pump	generic	1	
NOCDURNA (55.3 MCG, 27.7 MCG) *desmopressin acetate*	BRAND	1	PA QPD 1 per day
NORDITROPIN FLEXPRO (10 MG/1.5, 5 MG/1.5, 30 MG/3 ML, 15 MG/1.5) *somatropin*	BRAND	1	SPC Specialty Choice PA
SEROSTIM (6 MG, 4 MG, 5 MG) *somatropin*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
STIMATE 1.5 MG/ML NASAL SPRAY *desmopressin acetate*	BRAND	1	SPC Specialty Choice
ZORBTIVE 8.8 MG VIAL *somatropin*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
PROGESTINS			
AYGESTIN 5 MG TABLET *norethindrone acetate*	BRAND	1	GL Female
		1	GL

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
CRINONE 4% GEL *progesterone, micronized*	BRAND		Female
CRINONE 8% GEL *progesterone, micronized*	BRAND	1	GL Female QPD 2.5 per day
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL) *medroxyprogesterone acetate*	BRAND	1	GL Female
DEPO-PROVERA 400 MG/ML VIAL *medroxyprogesterone acetate*	BRAND	1	
DEPO-SUBQ PROVERA 104 SYRINGE *medroxyprogesterone acetate*	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. PA
ENDOMETRIN 100 MG VAG INSERT *progesterone, micronized*	BRAND	1	GL Female QPD 3 per day
hydroxyprogesterone caproate 250 mg/ml vial	generic	1	GL Female SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
hydroxyprogesterone caproat/pf 250 mg/ml vial	generic	1	GL Female SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
MAKENA (275 MG/1.1 ML AUTOINJCT, 250 MG/ML VIAL, 1,250 MG/5 ML VIAL) *hydroxyprogesterone caproate/pf*	BRAND	1	GL Female SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
medroxyprogesterone acetate 150 mg/ml syringe	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			covered.
MEDROXYPROGESTERONE ACETATE (2.5 MG, 5 MG, 10 MG)	generic	1	GL Female LCG LOW COST GENERIC
medroxyprogesterone acetate 150 mg/ml vial	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 0.04 per day
MEGACE ES 625 MG/5 ML SUSP *megestrol acetate*	BRAND	1	GL Female
MEGESTROL ACETATE (20 MG TABLET, 625MG/5ML ORAL SUSP, 400MG/10ML ORAL SUSP, 40 MG TABLET)	generic	1	
norethindrone acetate 5 mg tablet	generic	1	GL Female
progesterone 50 mg/ml vial	generic	1	GL Female
PROGESTERONE, MICRONIZED (200 MG, 100 MG)	generic	1	GL Female
PROVERA (2.5 MG, 10 MG, 5 MG) *medroxyprogesterone acetate*	BRAND	1	GL Female
HYPOTENSIVE AGENTS			
CENTRAL ALPHA-AGONISTS			
CATAPRES (0.2 MG, 0.3 MG, 0.1 MG) *clonidine hcl*	BRAND	1	
CLONIDINE (0.2MG/24HR, 0.3MG/24HR)	generic	1	QPD 0.4 per day HCG HIGH COST GENERIC
clonidine 0.1mg/24hr patch tdwk	generic	1	QPD 0.15 per day HCG HIGH COST GENERIC
clonidine hcl 0.1 mg tab er 12h	generic	1	QPD 4 per day HCG HIGH COST GENERIC
CLONIDINE HCL (0.3 MG, 0.2 MG, 0.1 MG)	generic	1	LCG LOW COST GENERIC
GUANFACINE HCL (2 MG, 1 MG)	generic	1	
KAPVAY ER 0.1 MG TABLET *clonidine hcl*	BRAND	1	QPD 4 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
METHYLDOPA (500 MG, 250 MG)	generic	1	
METHYLDOPA/HYDROCHLOROTHIAZIDE (250MG-25MG, 250MG-15MG)	generic	1	
DIRECT VASODILATORS			
BIDIL 20 MG-37.5 MG TABLET *isosorbide dinitrate/hydralazine hcl*	BRAND	1	QPD 6 per day
HYDRALAZINE HCL (50 MG, 10 MG, 25 MG, 100 MG)	generic	1	
MINOXIDIL (10 MG, 2.5 MG)	generic	1	
HYPOTENSIVE AGENTS, MISCELLANEOUS			
VECAMYL 2.5 MG TABLET *mecamylamine hcl*	BRAND	1	SPC Specialty Choice PA
INSULINS			
LONG-ACTING INSULINS			
LANTUS 100 UNIT/ML VIAL *insulin glargine,human recombinant analog*	BRAND	1	SDS Extended Specialty Day Supply
LANTUS SOLOSTAR 100 UNIT/ML *insulin glargine,human recombinant analog*	BRAND	1	SDS Extended Specialty Day Supply
SOLIQUA 100 UNIT-33 MCG/ML PEN *insulin glargine,human recombinant analog/lixisenatide*	BRAND	1	PA QPD 0.6 per day SDS Extended Specialty Day Supply
TOUJEO MAX SOLOSTR 300 UNIT/ML *insulin glargine,human recombinant analog*	BRAND	1	SDS Extended Specialty Day Supply
TOUJEO SOLOSTAR 300 UNIT/ML *insulin glargine,human recombinant analog*	BRAND	1	SDS Extended Specialty Day Supply
XULTOPHY 100 UNIT-3.6MG/ML PEN *insulin degludec/liraglutide*	BRAND	1	PA QPD 0.5 per day SDS Extended Specialty Day Supply
RAPID-ACTING INSULINS			
AFREZZA (90-4 / 90-8, 4 /8 /12, 12 CARTRIDGE, 90-8 / 90-12, 8 CARTRIDGE, 4 CARTRIDGE) *insulin regular, human*	BRAND	1	PA SDS Extended Specialty Day Supply
HUMALOG (100 CARTRIDGE, 100 VIAL) *insulin lispro*	BRAND	1	SDS Extended Specialty Day Supply
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
HUMALOG JR 100 UNIT/ML KWIKPEN *insulin lispro*	BRAND		SDS Extended Specialty Day Supply
HUMALOG 100 UNIT/ML KWIKPEN *insulin lispro*	BRAND	1	SDS Extended Specialty Day Supply
HUMALOG 200 UNIT/ML KWIKPEN *insulin lispro*	BRAND	1	SDS Extended Specialty Day Supply
HUMALOG MIX 50-50 VIAL *insulin lispro protamine and insulin lispro*	BRAND	1	SDS Extended Specialty Day Supply
HUMALOG MIX 50-50 KWIKPEN *insulin lispro protamine and insulin lispro*	BRAND	1	SDS Extended Specialty Day Supply
HUMALOG MIX 75-25 VIAL *insulin lispro protamine and insulin lispro*	BRAND	1	SDS Extended Specialty Day Supply
HUMALOG MIX 75-25 KWIKPEN *insulin lispro protamine and insulin lispro*	BRAND	1	SDS Extended Specialty Day Supply
LYUMJEV 100 UNIT/ML VIAL *insulin lispro-aabc*	BRAND	1	SDS Extended Specialty Day Supply
LYUMJEV 100 UNIT/ML KWIKPEN *insulin lispro-aabc*	BRAND	1	SDS Extended Specialty Day Supply
LYUMJEV 200 UNIT/ML KWIKPEN *insulin lispro-aabc*	BRAND	1	SDS Extended Specialty Day Supply
SHORT-ACTING INSULINS			
HUMULIN R 500 UNIT/ML VIAL *insulin regular, human*	BRAND	1	SDS Extended Specialty Day Supply
HUMULIN R 500 UNIT/ML KWIKPEN *insulin regular, human*	BRAND	1	SDS Extended Specialty Day Supply
ION-REMOVING AGENTS			
OTHER ION-REMOVING AGENTS			
RADIOGARDASE 0.5 GM CAPSULE *prussian blue (insoluble)*	BRAND	1	
PHOSPHATE-REMOVING AGENTS			
AURYXIA 210 MG TABLET *ferric citrate*	BRAND	1	
CALCIUM ACETATE (667 MG CAPSULE, 667 MG TABLET)	generic	1	
FOSRENOL (1,000 MG POWDER PACK, 500 MG TABLET CHEW, 750 MG TABLET CHEW, 750 MG POWDER PACKET) *lanthanum carbonate*	BRAND	1	
LANTHANUM CARBONATE (500 MG, 750	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MG)			
PHOSLYRA 667 MG/5 ML SOLUTION *calcium acetate*	BRAND	1	
RENVELA (800 MG TABLET, 0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET) *sevelamer carbonate*	BRAND	1	
sevelamer carbonate 2.4 g powd pack	generic	1	HCG HIGH COST GENERIC
SEVELAMER CARBONATE (0.8 G POWD PACK, 800 MG TABLET)	generic	1	
SEVELAMER HCL (800 MG, 400 MG)	generic	1	
VELPHORO 500 MG CHEWABLE TAB *sucroferric oxyhydroxide*	BRAND	1	
POTASSIUM-REMOVING AGENTS			
KIONEX 15 GM/60 ML SUSPENSION *sodium polystyrene sulfonate/sorbitol solution*	BRAND	1	
LOKELMA (10, 5) *sodium zirconium cyclosilicate*	BRAND	1	QPD 1 per day
SODIUM POLYSTYRENE SULFONATE (POWDER, 15 G/60 ML ORAL SUSP)	generic	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP) *sodium polystyrene sulfonate/sorbitol solution*	BRAND	1	
VELTASSA (16.8, 8.4, 25.2) *patiromer calcium sorbitex*	BRAND	1	QPD 1 per day
KALLIKREIN-KININ SYSTEM INHIBITORS			
BRADYKININ RECEPTOR ANTAGONISTS			
FIRAZYR 30 MG/3 ML SYRINGE *icatibant acetate*	BRAND	1	SPC Specialty Choice PA QPD 1.29 per day
icatibant acetate 30 mg/3 ml syringe	generic	1	SPC Specialty Choice PA QPD 1.29 per day
SAJAZIR 30 MG/3 ML SYRINGE *icatibant acetate*	BRAND	1	SPC Specialty Choice PA QPD 1.29 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
COMPLEMENT INHIBITORS			
BERINERT (500 VIAL, 500 KIT) c1 esterase inhibitor	BRAND	1	SPC Specialty Choice PA
CINRYZE (500 VIAL-DILUENT, 500 VIAL) c1 esterase inhibitor	BRAND	1	SPC Specialty Choice PA
HAEGARDA (3,000, 2,000) c1 esterase inhibitor	BRAND	1	SPC Specialty Choice PA QPD 1.25 per day
RUCONEST 2,100 UNIT VIAL c1 esterase inhibitor, recombinant	BRAND	1	SPC Specialty Choice PA QPD 0.87 per day
SOLIRIS 300 MG/30 ML VIAL *eculizumab*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
KALLIKREIN INHIBITORS			
KALBITOR 10 MG/ML VIAL *ecallantide*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ORLADEYO (150 MG, 110 MG) *berotralstat hydrochloride*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
TAKHZYRO 300 MG/2 ML VIAL *lanadelumab-flyo*	BRAND	1	SPC Specialty Choice PA QPD 0.144 per day
MACROLIDE ANTIBIOTICS			
ERYTHROMYCIN ANTIBIOTICS			
E.E.S. 200 MG/5 ML SUSPENSION *erythromycin ethylsuccinate*	BRAND	1	
E.E.S. 400 FILMTAB *erythromycin ethylsuccinate*	BRAND	1	
ERY-TAB (250 MG, 333 MG, 500 MG) *erythromycin base*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ERYPED 200 MG/5 ML SUSPENSION *erythromycin ethylsuccinate*	BRAND	1	
ERYPED 400 MG/5 ML SUSPENSION *erythromycin ethylsuccinate*	BRAND	1	
ERYTHROCIN 250 MG FILMTAB *erythromycin stearate*	BRAND	1	
ERYTHROMYCIN BASE (500 MG TABLET, 250 MG TABLET, 250 MG CAPSULE DR, 333 MG TABLET DR, 500 MG TABLET DR, 250 MG TABLET DR)	generic	1	
ERYTHROMYCIN ETHYLSUCCINATE (200 MG/5ML SUSP RECON, 400 MG TABLET, 400 MG/5ML SUSP RECON)	generic	1	
OTHER MACROLIDE ANTIBIOTICS			
AZITHROMYCIN (200 MG/5ML SUSP RECON, 100 MG/5ML SUSP RECON, 500 MG TABLET, 600 MG TABLET, 1 G PACKET)	generic	1	
azithromycin 250 mg tablet	generic	1	QL
CLARITHROMYCIN (250 MG/5ML SUSP RECON, 500 MG TAB ER 24H, 500 MG TABLET, 250 MG TABLET, 125 MG/5ML SUSP RECON)	generic	1	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET) *fidaxomicin*	BRAND	1	PA
ZITHROMAX 100 MG/5 ML SUSP *azithromycin*	BRAND	1	QL
ZITHROMAX 200 MG/5 ML SUSP *azithromycin*	BRAND	1	QL
ZITHROMAX (250 MG Z-PAK TABLET, 1 GM POWDER PACKET) *azithromycin*	BRAND	1	
ZITHROMAX 250 MG TABLET *azithromycin*	BRAND	1	QL
ZITHROMAX 500 MG TABLET *azithromycin*	BRAND	1	QL
ZITHROMAX TRI-PAK 500 MG TAB *azithromycin*	BRAND	1	
MISC. BETA-LACTAM ANTIBIOTICS			
CARBAPENEM ANTIBIOTICS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
INVANZ 1 GM VIAL *ertapenem sodium*	BRAND	1	BSP BENEFIT SHIFT PROGRAM
MONOBACTAM ANTIBIOTICS			
CAYSTON 75 MG INHAL SOLUTION *aztreonam lysine*	BRAND	1	SPC Specialty Choice PA SDS Extended Specialty Day Supply
MISCELLANEOUS THERAPEUTIC AGENTS			
5-ALPHA-REDUCTASE INHIBITORS			
dutasteride 0.5 mg capsule	generic	1	GL Male QPD 1 per day
dutasteride/tamsulosin hcl 0.5-0.4 mg cpmp 24hr	generic	1	GL Male QPD 1 per day
finasteride 5 mg tablet	generic	1	GL Male QPD 1 per day
JALYN 0.5-0.4 MG CAPSULE *dutasteride/tamsulosin hcl*	BRAND	1	GL Male QPD 1 per day
PROSCAR 5 MG TABLET *finasteride*	BRAND	1	GL Male QPD 1 per day
ALCOHOL DETERRENTS			
ANTABUSE (250 MG, 500 MG) *disulfiram*	BRAND	1	
DISULFIRAM (500 MG, 250 MG)	generic	1	
ANTIDOTES			
DUODOTE 2.1 MG-600 MG SYRINGE *pralidoxime chloride/atropine sulfate*	BRAND	1	
LEUCOVORIN CALCIUM (10 MG, 5 MG, 25 MG, 15 MG)	generic	1	
pralidoxime chloride 600 mg/2ml pen injctr	generic	1	
VISTOGARD 10 GRAM PACKET *uridine triacetate*	BRAND	1	SPC Specialty Choice
ANTIGOUT AGENTS			
allopurinol 100 mg tablet	generic	1	QPD 3 per day LCG LOW COST GENERIC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
allopurinol 300 mg tablet	generic	1	QPD 2 per day LCG LOW COST GENERIC
colchicine 0.6 mg tablet	generic	1	QPD 4 per day
FEBUXOSTAT (80 MG, 40 MG)	generic	1	QPD 1 per day
ULORIC (40 MG, 80 MG) *febuxostat*	BRAND	1	QPD 1 per day
ZYLOPRIM 300 MG TABLET *allopurinol*	BRAND	1	QPD 2 per day
ANTISENSE OLIGONUCLEOTIDES			
TEGSEDI 284 MG/1.5 ML SYRINGE *inotersen sodium*	BRAND	1	SPC Specialty Choice PA
BONE RESORPTION INHIBITORS			
ACTONEL 150 MG TABLET *risedronate sodium*	BRAND	1	QPD 0.04 per day
ACTONEL 35 MG TABLET *risedronate sodium*	BRAND	1	QPD 0.15 per day
ACTONEL 5 MG TABLET *risedronate sodium*	BRAND	1	QPD 1 per day
alendronate sodium 70 mg/75ml solution	generic	1	QPD 12.5 per day
ALENDRONATE SODIUM (10 MG, 5 MG)	generic	1	QPD 1 per day
ALENDRONATE SODIUM (35 MG, 70 MG)	generic	1	QL QPD 0.15 per day
ATELVIA DR 35 MG TABLET *risedronate sodium*	BRAND	1	QPD 0.15 per day
BINOSTO 70 MG EFFERVESCENT TAB *alendronate sodium*	BRAND	1	QPD 0.15 per day
BONIVA 150 MG TABLET *ibandronate sodium*	BRAND	1	QPD 0.04 per day
etidronate disodium 200 mg tablet	generic	1	
FOSAMAX 70 MG TABLET *alendronate sodium*	BRAND	1	QPD 0.15 per day
FOSAMAX PLUS D (70 MG-5600, 70 MG-2800) *alendronate sodium/cholecalciferol (vitamin d3)*	BRAND	1	QPD 0.15 per day
ibandronate sodium 150 mg tablet	generic	1	QL QPD 0.04 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PROLIA 60 MG/ML SYRINGE *denosumab*	BRAND	1	SPC Specialty Choice PA QPD 0.13 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
risedronate sodium 150 mg tablet	generic	1	QPD 0.04 per day HCG HIGH COST GENERIC
risedronate sodium 30 mg tablet	generic	1	
risedronate sodium 35 mg tablet	generic	1	QPD 0.15 per day
risedronate sodium 5 mg tablet	generic	1	QPD 1 per day
risedronate sodium 35 mg tablet dr	generic	1	HCG HIGH COST GENERIC
XGEVA 120 MG/1.7 ML VIAL *denosumab*	BRAND	1	SPC Specialty Choice PA QPD 0.07 per day BSP BENEFIT SHIFT PROGRAM
zoledronic acid 4 mg vial	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
zoledronic acid 4 mg/5 ml vial	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
zoledronic ac/mannitol/0.9nacl 4 mg/100ml piggyback	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
ZOLEDRONIC ACID IN MANNITOL AND WATER FOR INJECTION (5, 4)	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
zoledronic acid/mannitol-water 5 mg/100ml piggyback	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
CARBONIC ANHYDRASE INHIBITORS (MISC.)			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
KEVEYIS 50 MG TABLET *dichlorphenamide*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
CARIOSTATIC AGENTS			
CLINPRO 5000 1.1% TOOTHPASTE *fluoride (sodium)*	BRAND	1	
DENTA 5000 PLUS CREAM *fluoride (sodium)*	BRAND	1	
DENTAGEL 1.1% GEL *fluoride (sodium)*	BRAND	1	
FLUORIDE (SODIUM) (1.1 PASTE (ML), 0.2 SOLUTION, 1.1 CREAM (G))	generic	1	
FLUORIDE (SODIUM) (0.5 MG/ML DROPS, 0.25(0.55) TAB CHEW, 0.5(1.1)MG TAB CHEW, 1MG(2.2MG) TAB CHEW)	generic	1	HCR HCRPREVA | HCR Standard Rx & OTC
FLUORIDEX DAILY DEFENSE 1.1% *fluoride (sodium)*	BRAND	1	
FLUORITAB (1 MG, 0.5 MG) *fluoride (sodium)*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
FLURA-DROPS 0.25 MG/DROP *fluoride (sodium)*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
LUDENT FLUORIDE (0.25 MG TB CHW, 0.5 MG TB CHEW, 1 MG TAB CHEW) *fluoride (sodium)*	BRAND	1	HCR HCRPREVA | HCR Standard Rx & OTC
PREVIDENT (5000 BOOSTER PLUS, 1.1% GEL, 0.2% RINSE, DENTAL RINSE) *fluoride (sodium)*	BRAND	1	
PREVIDENT 5000 1.1% DRY MOUTH *fluoride (sodium)*	BRAND	1	
PREVIDENT 5000 ENAMEL PROTECT *sodium fluoride/potassium nitrate*	BRAND	1	
PREVIDENT 5000 ORTHO DEFENSE *fluoride (sodium)*	BRAND	1	
PREVIDENT 5000 PLUS CREAM *fluoride (sodium)*	BRAND	1	
PREVIDENT 5000 SENSITIVE PASTE *sodium fluoride/potassium nitrate*	BRAND	1	
SF 1.1% GEL *fluoride (sodium)*	BRAND	1	
SF 5000 PLUS CREAM	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
fluoride (sodium)			
SODIUM FLUORIDE 5000 DRY MOUTH *fluoride (sodium)*	BRAND	1	
sodium fluoride/potassium nit 1.1 %-5 % paste (ml)	generic	1	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS			
ACTEMRA 162 MG/0.9 ML SYRINGE *tocilizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
ACTEMRA 200 MG/10 ML VIAL *tocilizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.36 per day BSP BENEFIT SHIFT PROGRAM
ACTEMRA 400 MG/20 ML VIAL *tocilizumab*	BRAND	1	SPC Specialty Choice PA QPD 1.5 per day BSP BENEFIT SHIFT PROGRAM
ACTEMRA 80 MG/4 ML VIAL *tocilizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day BSP BENEFIT SHIFT PROGRAM
ACTEMRA ACTPEN 162 MG/0.9 ML *tocilizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
AVSOLA 100 MG VIAL *infliximab-axxq*	BRAND	1	QL SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
AZULFIDINE (500 MG TABLET, ENTAB 500 MG) *sulfasalazine*	BRAND	1	
CIMZIA (200 MG VIAL, 2X200 MG/ML	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
SYRINGE) *certolizumab pegol*			PA QPD 0.08 per day
CIMZIA 2X200 MG/ML(X3)START KT *certolizumab pegol*	BRAND	1	QL SPC Specialty Choice PA SDS Extended Specialty Day Supply
ENBREL (25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE, 25 MG KIT, 25 MG/0.5 ML SYRINGE) *etanercept*	BRAND	1	SPC Specialty Choice PA QPD 0.29 per day
ENBREL 50 MG/ML MINI CARTRIDGE *etanercept*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
ENBREL 50 MG/ML SURECLICK *etanercept*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
HUMIRA 40 MG/0.8 ML SYRINGE *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA PEN 40 MG/0.8 ML *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA PEN CROHN-UC-HS 40 MG *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA PEN PS-UV-ADOL HS 40 MG *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) (20 MG/0.2 ML, 10 MG/0.1 ML, 40 MG/0.4 ML) *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) PEDI CROHN 80MG/0.8 *adalimumab*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 0.22 per day
HUMIRA(CF) PEN (40 MG/0.4 ML, 80 MG/0.8 ML) *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) PEN CRHN-UC-HS 80MG *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) PEN PEDI UC 80 MG *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) PEN PS-UV-AHS 80-40 *adalimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
INFLECTRA 100 MG VIAL *infliximab-dyyb*	BRAND	1	SPC Specialty Choice PA QPD 0.5 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
KEVZARA (200 ML PEN INJ, 200 ML SYRINGE, 150 ML PEN INJ, 150 ML SYRINGE) *sarilumab*	BRAND	1	SPC Specialty Choice PA QPD 0.1 per day
KINERET 100 MG/0.67 ML SYRINGE *anakinra*	BRAND	1	SPC Specialty Choice PA QPD 10 per day
LEFLUNOMIDE (20 MG, 10 MG)	generic	1	
ORENCIA (125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML) *abatacept*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
ORENCIA 250 MG VIAL *abatacept/maltose*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day BSP BENEFIT SHIFT PROGRAM

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ORENCIA CLICKJECT 125 MG/ML *abatacept*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
OTEZLA (STARTER PACK, 28 DAY STARTER PACK, 30 MG TABLET) *apremilast*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
RINVOQ (ER 15 MG, ER 30 MG) *upadacitinib*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
SIMPONI (100 MG/ML PEN INJECTOR, 50 MG/0.5 ML SYRINGE, 50 MG/0.5 ML PEN INJEC, 100 MG/ML SYRINGE) *golimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
SIMPONI ARIA 50 MG/4 ML VIAL *golimumab*	BRAND	1	SPC Specialty Choice PA QPD 1.5 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
SULFASALAZINE (500 MG, 500 MG DR)	generic	1	
XELJANZ 1 MG/ML SOLUTION *tofacitinib citrate*	BRAND	1	SPC Specialty Choice PA QPD 10 per day
XELJANZ (5 MG, 10 MG) *tofacitinib citrate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
XELJANZ XR (22 MG, 11 MG) *tofacitinib citrate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
IMMUNOMODULATORY AGENTS			
ACTIMMUNE 100 MCG/0.5 ML VIAL *interferon gamma-1b,recomb.*	BRAND	1	SPC Specialty Choice PA
AUBAGIO (7 MG, 14 MG) *teriflunomide*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 1 per day
AVONEX PREFILLED SYR 30 MCG KT *interferon beta-1a*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
AVONEX PEN 30 MCG/0.5 ML KIT *interferon beta-1a*	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
BETASERON (0.3 MG VIAL, 0.3 MG KIT) *interferon beta-1b*	BRAND	1	SPC Specialty Choice PA QPD 0.5 per day
COPAXONE 20 MG/ML SYRINGE *glatiramer acetate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
COPAXONE 40 MG/ML SYRINGE *glatiramer acetate*	BRAND	1	SPC Specialty Choice PA QPD 0.434 per day
DIMETHYL FUMARATE (120 MG, 120-240 MG, 240 MG)	generic	1	SPC Specialty Choice PA QPD 2 per day
ENSPRYNG 120 MG/ML SYRINGE *satralizumab-mwge*	BRAND	1	SPC Specialty Choice PA QPD 0.11 per day
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT) *interferon beta-1b*	BRAND	1	SPC Specialty Choice PA QPD 0.5 per day
GILENYA 0.25 MG CAPSULE *fingolimod hcl*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
GILENYA 0.5 MG CAPSULE *fingolimod hcl*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
glatiramer acetate 20 mg/ml syringe	generic	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA QPD 1 per day
glatiramer acetate 40 mg/ml syringe	generic	1	SPC Specialty Choice PA QPD 0.434 per day
GLATOPA 20 MG/ML SYRINGE *glatiramer acetate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
GLATOPA 40 MG/ML SYRINGE *glatiramer acetate*	BRAND	1	SPC Specialty Choice PA QPD 0.434 per day
KESIMPTA 20 MG/0.4 ML PEN *ofatumumab*	BRAND	1	SPC Specialty Choice PA QPD 0.057 per day
MAYZENT 0.25MG START-2MG MAINT *siponimod*	BRAND	1	SPC Specialty Choice PA QPD 2.5 per day
MAYZENT 0.25 MG TABLET *siponimod*	BRAND	1	QL SPC Specialty Choice PA
MAYZENT 2 MG TABLET *siponimod*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
PLEGRIDY 125 MCG/0.5 ML SYRING *peginterferon beta-1a*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
PLEGRIDY SYRINGE STARTER PACK *peginterferon beta-1a*	BRAND	1	QL SPC Specialty Choice PA
PLEGRIDY 125 MCG/0.5 ML PEN *peginterferon beta-1a*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PLEGRIDY PEN INJ STARTER PACK *peginterferon beta-1a*	BRAND		QL SPC Specialty Choice PA
PONVORY (20 MG TABLET, 14-DAY STARTER PACK) *ponesimod*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
REBIF (22 ML, 44 ML) *interferon beta-1a/albumin human*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
REBIF TITRATION PACK *interferon beta-1a/albumin human*	BRAND	1	QL SPC Specialty Choice PA
REBIF REBIDOSE (44 ML, 22 ML) *interferon beta-1a/albumin human*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
REBIF REBIDOSE TITRATION PACK *interferon beta-1a/albumin human*	BRAND	1	QL SPC Specialty Choice PA
THALOMID (150 MG, 200 MG) *thalidomide*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
THALOMID (50 MG, 100 MG) *thalidomide*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
TYSABRI 300 MG/15 ML VIAL *natalizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.6 per day BSP BENEFIT SHIFT PROGRAM
VUMERITY DR 231 MG CAPSULE *diroximel fumarate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
IMMUNOSUPPRESSIVE AGENTS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ASTAGRAF XL 0.5 MG CAPSULE *tacrolimus*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR PA QPD 15 per day
ASTAGRAF XL 1 MG CAPSULE *tacrolimus*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR PA QPD 30 per day
ASTAGRAF XL 5 MG CAPSULE *tacrolimus*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR PA QPD 6 per day
AZASAN 100 MG TABLET *azathioprine*	BRAND	1	
AZATHIOPRINE (75 MG, 50 MG, 100 MG)	generic	1	
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT) *belimumab*	BRAND	1	SPC Specialty Choice PA
BENLYSTA 120 MG VIAL *belimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.25 per day BSP BENEFIT SHIFT PROGRAM
BENLYSTA 400 MG VIAL *belimumab*	BRAND	1	SPC Specialty Choice PA QPD 0.334 per day BSP BENEFIT SHIFT PROGRAM
CELLCEPT (500 MG TABLET, 200 MG/ML ORAL SUSP, 250 MG CAPSULE) *mycophenolate mofetil*	BRAND	1	SPC Specialty Choice
cyclosporine 100 mg capsule	generic	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
cyclosporine 25 mg capsule	generic	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
CYCLOSPORINE, MODIFIED (50 MG, 100 MG, 25 MG)	generic	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
cyclosporine, modified 100 mg/ml solution	generic	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
ENVARSUS XR (0.75 MG, 4 MG, 1 MG) *tacrolimus*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR PA QPD 1 per day
EVEROLIMUS (0.25 MG, 0.75 MG, 0.5 MG)	generic	1	SPC Specialty Choice PA
everolimus 1 mg tablet	generic	1	SPC Specialty Choice PA
GENGRAF (25 MG, 100 MG) *cyclosporine, modified*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
GENGRAF 100 MG/ML SOLUTION *cyclosporine, modified*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
IMURAN 50 MG TABLET *azathioprine*	BRAND	1	
LUPKYNIS 7.9 MG CAPSULE *voclosporin*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
MAVENCLAD (10 MG 6, 10 MG 7, 10 MG 5, 10 MG 4, 10 MG 8, 10 MG 10, 10 MG 9) *cladribine*	BRAND	1	QL SPC Specialty Choice PA
MYCOPHENOLATE MOFETIL (500 MG TABLET, 200 MG/ML SUSP RECON, 250 MG	generic	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
CAPSULE)			
MYCOPHENOLATE SODIUM (180 MG, 360 MG)	generic	1	SPC Specialty Choice
MYFORTIC (360 MG, 180 MG) *mycophenolate sodium*	BRAND	1	SPC Specialty Choice
NEORAL (100 MG/ML SOLUTION, 100 MG GELATIN CAPSULE, 25 MG GELATIN CAPSULE) *cyclosporine, modified*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
PROGRAF (5 MG CAPSULE, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 0.2 MG GRANULE PACKET) *tacrolimus*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
RAPAMUNE (1 MG TABLET, 1 MG/ML ORAL SOLN, 0.5 MG TABLET, 2 MG TABLET) *sirolimus*	BRAND	1	SPC Specialty Choice
SANDIMMUNE (100 MG/ML SOLN, 25 MG CAPSULE, 100 MG CAPSULE) *cyclosporine*	BRAND	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
SIROLIMUS (1 MG TABLET, 2 MG TABLET, 1 MG/ML SOLUTION, 0.5 MG TABLET)	generic	1	SPC Specialty Choice
TACROLIMUS (1 MG, 5 MG, 0.5 MG)	generic	1	SPC Specialty Choice NTI NARROW THERAPEUTIC INDICATOR
ZORTRESS (1 MG, 0.75 MG, 0.5 MG, 0.25 MG) *everolimus*	BRAND	1	SPC Specialty Choice PA
KALLIKREIN-KININ SYSTEM INHIBITORS			
EMPAVELI 1,080 MG/20 ML VIAL *pegcetacoplan*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
TAVNEOS 10 MG CAPSULE *avacopan*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
OTHER MISCELLANEOUS THERAPEUTIC AGENTS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
AMPYRA ER 10 MG TABLET *dalfampridine*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ARCALYST 220 MG VIAL *rilonacept*	BRAND	1	SPC Specialty Choice PA
BOTOX (200, 100) *onabotulinumtoxina*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
BOTOX COSMETIC (50, 100) *onabotulinumtoxina*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
CARDIOVID PLUS SOFTGEL *fish oil/omega-3 fatty acids/vit e/folic acid/b6-b12*	BRAND	1	
CERDELGA 84 MG CAPSULE *eliglustat tartrate*	BRAND	1	SPC Specialty Choice PA
CERENX CAPSULE *citicoline sodium*	BRAND	1	
CYSTADANE 1 GRAM/SCOOP POWDER *betaine*	BRAND	1	SPC Specialty Choice
CYSTAGON 150 MG CAPSULE *cysteamine bitartrate*	BRAND	1	SPC Specialty Choice PA QPD 13 per day
CYSTAGON 50 MG CAPSULE *cysteamine bitartrate*	BRAND	1	SPC Specialty Choice PA QPD 40 per day
dalfampridine 10 mg tab er 12h	generic	1	SPC Specialty Choice PA QPD 2 per day
DEMSER 250 MG CAPSULE *metyrosine*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DYSPORT (300 UNIT, 500 UNITS) *abobotulinumtoxina*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
ENTERAGAM POWDER PACKET *immune globulin,bovine/plasma protein fraction, bovine*	BRAND	1	
EPIFIX AMNIOTIC MEMBRANE (AMNIOTIC 14MM, 5CM X 6CM, 2CM X 3CM, 4CM X 4CM, 7CM X 7CM) *human regenerative tissue matrix*	BRAND	1	
EVRYSDI 60 MG/80 ML(0.75MG/ML) *risdiplam*	BRAND	1	SPC Specialty Choice PA QPD 6.67 per day
FIRDAPSE 10 MG TABLET *amifampridine phosphate*	BRAND	1	SPC Specialty Choice PA
FOSTEUM PLUS CAPSULE *calcium comb no.19/phosphate/genistein/d3/citrated zinc/k2*	BRAND	1	
GALAFOLD 123 MG CAPSULE *migalastat hcl*	BRAND	1	SPC Specialty Choice PA
GRAFIX CORE 5CM X 5CM MATRIX *human regenerative tissue matrix*	BRAND	1	
GRAFIX PRIME 5CM X 5CM MATRIX *human regenerative tissue matrix*	BRAND	1	
ISTURISA 1 MG TABLET *osilodrostat phosphate*	BRAND	1	SPC Specialty Choice PA QPD 8 per day
ISTURISA 10 MG TABLET *osilodrostat phosphate*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
ISTURISA 5 MG TABLET *osilodrostat phosphate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
JEUVEAU 100 UNIT VIAL *prabotulinumtoxina-xvfs*	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA BSP BENEFIT SHIFT PROGRAM
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET) *sapropterin dihydrochloride*	BRAND	1	SPC Specialty Choice PA
LEVOCARNITINE (330 MG TABLET, 100 MG/ML SOLUTION)	generic	1	
levocarnitine (with sugar) 100 mg/ml solution	generic	1	
metyrosine 250 mg capsule	generic	1	
miglustat 100 mg capsule	generic	1	SPC Specialty Choice PA
NITISINONE (10 MG, 5 MG, 2 MG)	generic	1	SPC Specialty Choice PA
NITYR (5 MG, 2 MG, 10 MG) *nitisinone*	BRAND	1	SPC Specialty Choice PA
ORFADIN (20 MG CAPSULE, 5 MG CAPSULE, 4 MG/ML SUSPENSION, 2 MG CAPSULE, 10 MG CAPSULE) *nitisinone*	BRAND	1	SPC Specialty Choice PA
POTABA 500 MG CAPSULE *potassium aminobenzoate*	BRAND	1	
PROCYSBI DR 25 MG CAPSULE *cysteamine bitartrate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
PROCYSBI DR 75 MG CAPSULE *cysteamine bitartrate*	BRAND	1	SPC Specialty Choice PA QPD 72 per day
PROCYSBI (300 MG, 75 MG) *cysteamine bitartrate*	BRAND	1	SPC Specialty Choice PA
REZUROCK 200 MG TABLET *belumosudil mesylate*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
RUZURGI 10 MG TABLET *amifampridine*	BRAND	1	SPC Specialty Choice PA QPD 1 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
SAPROPTERIN DIHYDROCHLORIDE (500 MG POWD PACK, 100 MG TABLET SOL, 100 MG POWD PACK)	generic	1	SPC Specialty Choice PA
STRAVIX 3CM X 6CM MATRIX *human regenerative tissue matrix*	BRAND	1	
THIOLA 100 MG TABLET *tiopronin*	BRAND	1	SPC Specialty Choice PA
THIOLA EC (300 MG, 100 MG) *tiopronin*	BRAND	1	SPC Specialty Choice PA
tiopronin 100 mg tablet	generic	1	SPC Specialty Choice PA
TYBOST 150 MG TABLET *cobicistat*	BRAND	1	SPC Specialty Choice
VOXZOGO 0.4 MG VIAL *vosoritide*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
VYNDAMAX 61 MG CAPSULE *tafamidis*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
VYNDAQEL 20 MG CAPSULE *tafamidis meglumine*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
XURIDEN GRANULE PACKET *uridine triacetate*	BRAND	1	SPC Specialty Choice
ZAVESCA 100 MG CAPSULE *miglustat*	BRAND	1	SPC Specialty Choice PA
ZOKINVY 50 MG CAPSULE *lonafarnib*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
ZOKINVY 75 MG CAPSULE *lonafarnib*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
PROTECTIVE AGENTS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MESNEX 400 MG TABLET *mesna*	BRAND	1	SPC Specialty Choice
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS			
CYCLOOXYGENASE-2 (COX-2) INHIBITORS			
CELECOXIB (50 MG, 200 MG)	generic	1	QPD 2 per day
celecoxib 100 mg capsule	generic	1	QPD 3 per day
celecoxib 400 mg capsule	generic	1	QPD 1 per day
ELYXYB 120 MG/4.8 ML SOLUTION *celecoxib*	BRAND	1	AL At least 18 yrs old PA QPD 4.8 per day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS			
DAYPRO 600 MG CAPLET *oxaprozin*	BRAND	1	
diclofenac epolamine 1.3 % patch td12	generic	1	QPD 2 per day HCG HIGH COST GENERIC
diclofenac potassium 50 mg tablet	generic	1	
diclofenac sodium 1 % gel (gram)	generic	1	QL
DICLOFENAC SODIUM (50 MG TABLET DR, 100 MG TAB ER 24H, 75 MG TABLET DR)	generic	1	
diclofenac sodium 25 mg tablet dr	generic	1	HCG HIGH COST GENERIC
DICLOFENAC SODIUM/MISOPROSTOL (50 IR, 75 IR)	generic	1	
diflunisal 500 mg tablet	generic	1	
ETODOLAC (200 MG CAPSULE, 400 MG TAB ER 24H, 400 MG TABLET, 300 MG CAPSULE, 500 MG TABLET, 600 MG TAB ER 24H)	generic	1	
FELDENE (10 MG, 20 MG) *piroxicam*	BRAND	1	
fenoprofen calcium 600 mg tablet	generic	1	
flurbiprofen 100 mg tablet	generic	1	
IBU (400 MG, 800 MG, 600 MG) *ibuprofen*	BRAND	1	LCG LOW COST GENERIC
ibuprofen 100 mg/5ml oral susp	generic	1	
IBUPROFEN (400 MG, 600 MG, 800 MG)	generic	1	LCG LOW COST GENERIC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
INDOCIN 25 MG/5 ML SUSPENSION *indomethacin*	BRAND	1	PA QPD 6 per day
INDOCIN 50 MG SUPPOSITORY *indomethacin*	BRAND	1	PA QPD 4 per day
indomethacin 25 mg capsule	generic	1	LCG LOW COST GENERIC
INDOMETHACIN (75 MG ER, 50 MG)	generic	1	
ketoprofen 200 mg cap24h pel	generic	1	HCG HIGH COST GENERIC
KETOPROFEN (75 MG, 25 MG)	generic	1	
ketoprofen 50 mg capsule	generic	1	HCG HIGH COST GENERIC LCG LOW COST GENERIC
ketorolac tromethamine 30 mg/ml cartridge	generic	1	QL LCG LOW COST GENERIC BSP BENEFIT SHIFT PROGRAM
ketorolac tromethamine 30 mg/ml syringe	generic	1	QL BSP BENEFIT SHIFT PROGRAM
ketorolac tromethamine 60 mg/2 ml syringe	generic	1	QL
ketorolac tromethamine 10 mg tablet	generic	1	QL LCG LOW COST GENERIC
KETOROLAC TROMETHAMINE (15 MG/ML VIAL, 15 MG/ML CARTRIDGE, 15 MG/ML SYRINGE)	generic	1	QL BSP BENEFIT SHIFT PROGRAM
KETOROLAC TROMETHAMINE (60 ML CARTRIDGE, 60 ML VIAL)	generic	1	QL LCG LOW COST GENERIC
ketorolac tromethamine 30 mg/ml vial	generic	1	QL BSP BENEFIT SHIFT PROGRAM
ketorolac tromethamine 30mg/ml(1) vial	generic	1	QL LCG LOW COST GENERIC BSP BENEFIT SHIFT PROGRAM
LODINE 400 MG TABLET *etodolac*	BRAND	1	
MECLOFENAMATE SODIUM (50 MG, 100	generic	1	HCG HIGH COST GENERIC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MG)			
MELOXICAM (15 MG, 7.5 MG)	generic	1	QPD 1 per day LCG LOW COST GENERIC
NABUMETONE (500 MG, 750 MG)	generic	1	
NAPRELAN (375 MG, 500 MG) *naproxen sodium*	BRAND	1	
NAPROXEN (375 MG, 500 MG)	generic	1	LCG LOW COST GENERIC
NAPROXEN (500 MG DR, 250 MG, 375 MG DR)	generic	1	
naproxen sodium 375 mg tbmp 24hr	generic	1	
oxaprozin 600 mg tablet	generic	1	HCG HIGH COST GENERIC
PIROXICAM (20 MG, 10 MG)	generic	1	AL Up to 75 yrs old
SULINDAC (200 MG, 150 MG)	generic	1	
tolmetin sodium 400 mg capsule	generic	1	HCG HIGH COST GENERIC
TOLMETIN SODIUM (600 MG, 200 MG)	generic	1	
VOLTAREN-XR 100 MG TABLET *diclofenac sodium*	BRAND	1	
SALICYLATES			
BUTALBITAL/ASPIRIN/CAFFEINE (CAPSULE, TABLET)	generic	1	QPD 6 per day
FIORINAL 50-325-40 MG CAPSULE *butalbital/aspirin/caffeine*	BRAND	1	QPD 6 per day
SALSALATE (750 MG, 500 MG)	generic	1	
OXYTOCICS			
CERVIDIL 10 MG VAGINAL INSRT *dinoprostone*	BRAND	1	GL Female
METHERGINE 0.2 MG TABLET *methylergonovine maleate*	BRAND	1	QPD 6 per day
methylergonovine maleate 0.2 mg tablet	generic	1	QPD 6 per day
MIFEPREX 200 MG TABLET *mifepristone*	BRAND	1	
mifepristone 200 mg tablet	generic	1	
PREPIDIL 0.5 MG/3 GM GEL *dinoprostone*	BRAND	1	GL Female
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PROSTIN E2 VAGINAL 20 MG SUP *dinoprostone*	BRAND		GL Female
PARATHYROID AND ANTIPARATHYROID AGENTS			
ANTIPARATHYROID AGENTS			
calcitonin,salmon,synthetic 200/spray spray/pump	generic	1	QPD 0.13 per day
calcitonin,salmon,synthetic 200/ml vial	generic	1	SPC Specialty Choice
CINACALCET HCL (60 MG, 30 MG, 90 MG)	generic	1	SPC Specialty Choice PA QPD 2 per day
MIACALCIN 400 UNIT/2 ML VIAL *calcitonin,salmon,synthetic*	BRAND	1	SPC Specialty Choice
PARATHYROID AGENTS			
FORTEO 600 MCG/2.4 ML PEN INJ *teriparatide*	BRAND	1	SPC Specialty Choice PA
NATPARA (100 MCG, 25 MCG, 75 MCG, 50 MCG) *parathyroid hormone*	BRAND	1	SPC Specialty Choice PA
teriparatide 20mcg/dose pen injctr	generic	1	SPC Specialty Choice PA
TYMLOS 80 MCG DOSE PEN INJECTR *abaloparatide*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 1.6 per day
PENICILLIN ANTIBIOTICS			
AMINOPENICILLIN ANTIBIOTICS			
AMOXICILLIN (250 MG CAPSULE, 400 MG/5ML SUSP RECON, 125 MG/5ML SUSP RECON, 875 MG TABLET, 200 MG/5ML SUSP RECON)	generic	1	LCG LOW COST GENERIC
AMOXICILLIN (500 MG TABLET, 500 MG CAPSULE, 125 MG TAB CHEW, 250 MG TAB CHEW, 250 MG/5ML SUSP RECON)	generic	1	
AMOXICILLIN/POTASSIUM CLAVULANATE (600-42.9/5 SUSP RECON, 400-57MG TAB CHEW, 200-28.5MG TAB CHEW, 875-125 MG	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TABLET, 400-57MG/5 SUSP RECON, 250-62.5/5 SUSP RECON, 250-125 MG TABLET, 200-28.5/5 SUSP RECON, 1000-62.5 TAB ER 12H, 500-125 MG TABLET)			
AMPICILLIN SODIUM (500 MG, 2 G, 250 MG)	generic	1	
AMPICILLIN TRIHYDRATE (250 MG, 500 MG)	generic	1	
AUGMENTIN (500-125 TABLET, 250-62.5 MG/5 ML, 125-31.25 MG/5 ML) *amoxicillin/potassium clavulanate*	BRAND	1	
AUGMENTIN ES-600 SUSPENSION *amoxicillin/potassium clavulanate*	BRAND	1	
AUGMENTIN XR 1,000-62.5 TAB *amoxicillin/potassium clavulanate*	BRAND	1	
MOXATAG ER 775 MG TABLET *amoxicillin*	BRAND	1	
EXTENDED-SPECTRUM PENICILLINS			
piperacillin sodium/tazobactam 4.5 g vial	generic	1	
NATURAL PENICILLIN ANTIBIOTICS			
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE) *penicillin g benzathine/penicillin g procaine*	BRAND	1	
BICILLIN L-A (2,400,000 UNITS, 600,000 UNIT/ML, 1,200,000 UNITS) *penicillin g benzathine*	BRAND	1	
PENICILLIN G PROCAINE (1.2MM/2 ML SYRINE, 600000/ML SYRINE)	generic	1	
penicillin v potassium 125 mg/5ml soln recon	generic	1	
PENICILLIN V POTASSIUM (500 MG TABLET, 250 MG TABLET, 250 MG/5ML SOLN RECON)	generic	1	LCG LOW COST GENERIC
PENICILLINASE-RESISTANT PENICILLINS			
dicloxacillin sodium 250 mg capsule	generic	1	
dicloxacillin sodium 500 mg capsule	generic	1	LCG LOW COST GENERIC
PHARMACEUTICAL AIDS			
DILUENT FOR ELIGARD (30 MG, 45 MG) *diluent for leuprolide (polyglactin)*	BRAND	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
diluent for epoprostenol(glyc) vial	generic	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DILUENT FOR NOVOSEVEN RT (2 ML, 1 ML, 5 ML, 8 ML) *diluent for coagulation factor vlla (histidine)*	BRAND	1	SPC Specialty Choice
DILUENT FOR VIVITROL *diluent for naltrexone microspheres (carboxymethylcellulose)*	BRAND	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
PH 12 DILUENT FOR FLOLAN *diluent for epoprostenol sodium (glycine)*	BRAND	1	SPC Specialty Choice
SHINGRIX ADJUVANT COMPONENT *vaccine adjuvant system, as01b/pf, component vial 1 of 2*	BRAND	1	AL At least 18 yrs old HCR HCR: Age edits apply.
VAXCHORA BUFFER COMPONENT *cholera vaccine buffer component*	BRAND	1	
water for injection,sterile vial	generic	1	BSP BENEFIT SHIFT PROGRAM
RADIOACTIVE AGENTS			
SODIUM IODIDE-123 (7.4, 3.7)	generic	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB			
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET) *candesartan cilexetil/hydrochlorothiazide*	BRAND	1	QPD 1 per day
ATACAND HCT 16-12.5 MG TAB *candesartan cilexetil/hydrochlorothiazide*	BRAND	1	QPD 2 per day
AVALIDE 150-12.5 MG TABLET *irbesartan/hydrochlorothiazide*	BRAND	1	QPD 2 per day
AVALIDE 300-12.5 MG TABLET *irbesartan/hydrochlorothiazide*	BRAND	1	QPD 1 per day
CANDESARTAN CILEXETIL (4 MG, 32 MG, 16 MG, 8 MG)	generic	1	QPD 1 per day
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE (32-12.5MG, 32MG-25MG)	generic	1	QPD 1 per day
candesartan/hydrochlorothiazid 16-12.5mg tablet	generic	1	QPD 2 per day
EDARBI (40 MG, 80 MG) *azilsartan medoxomil*	BRAND	1	QPD 1 per day
EDARBYCLOR (40-12.5 MG, 40-25 MG) *azilsartan medoxomil/chlorthalidone*	BRAND	1	QPD 1 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ENTRESTO (97 MG-103 MG, 49 MG-51 MG, 24 MG-26 MG) *sacubitril/valsartan*	BRAND		QPD 2 per day
eprosartan mesylate 600 mg tablet	generic	1	QPD 1 per day
IRBESARTAN (75 MG, 300 MG, 150 MG)	generic	1	QPD 1 per day
irbesartan/hydrochlorothiazide 150-12.5mg tablet	generic	1	QPD 2 per day
irbesartan/hydrochlorothiazide 300-12.5mg tablet	generic	1	QPD 1 per day
LOSARTAN POTASSIUM (50 MG, 25 MG)	generic	1	QL QPD 2 per day LCG LOW COST GENERIC
losartan potassium 100 mg tablet	generic	1	QL QPD 1 per day LCG LOW COST GENERIC
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE (100-12.5MG, 100MG-25MG)	generic	1	QL QPD 1 per day
losartan/hydrochlorothiazide 50-12.5 mg tablet	generic	1	QL QPD 2 per day
OLMESARTAN MEDOXOMIL (40 MG, 20 MG, 5 MG)	generic	1	QPD 3 per day
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE (40-10-25MG, 40-10-12.5, 40-5-25 MG, 40-5-12.5, 20-5-12.5)	generic	1	QPD 1 per day
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE (20-12.5 MG, 40 MG-25MG, 40-12.5 MG)	generic	1	QPD 1 per day
TELMISARTAN (80 MG, 20 MG, 40 MG)	generic	1	QPD 1 per day
TELMISARTAN/AMLODIPINE BESYLATE (80 MG-10MG, 40 MG-10MG, 80 MG-5 MG, 40 MG-5 MG)	generic	1	QPD 1 per day
telmisartan/hydrochlorothiazid 80-12.5mg tablet	generic	1	QPD 2 per day
TELMISARTAN/HYDROCHLOROTHIAZIDE (40-12.5 MG, 80 MG-25MG)	generic	1	QPD 1 per day
VALSARTAN (80 MG, 40 MG, 160 MG)	generic	1	QPD 2 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
valsartan 320 mg tablet	generic		QPD 1 per day
VALSARTAN/HYDROCHLOROTHIAZIDE (160-12.5MG, 160MG-25MG, 80-12.5MG)	generic	1	QPD 2 per day
VALSARTAN/HYDROCHLOROTHIAZIDE (320MG-25MG, 320-12.5MG)	generic	1	QPD 1 per day
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS			
BENAZEPRIL HCL (40 MG, 10 MG)	generic	1	QPD 2 per day
benazepril hcl 20 mg tablet	generic	1	QPD 4 per day
benazepril hcl 5 mg tablet	generic	1	QPD 3 per day
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE (20-12.5 MG, 10-12.5MG, 5-6.25MG, 20 MG-25MG)	generic	1	QPD 1 per day HCG HIGH COST GENERIC
CAPTOPRIL (50 MG, 25 MG, 100 MG, 12.5 MG)	generic	1	QPD 4 per day HCG HIGH COST GENERIC
CAPTOPRIL/HYDROCHLOROTHIAZIDE (25 MG-25MG, 25 MG-15MG, 50 MG-15MG, 50 MG-25MG)	generic	1	QPD 2 per day
enalapril maleate 1 mg/ml solution	generic	1	QPD 5 per day
ENALAPRIL MALEATE (5 MG, 20 MG, 2.5 MG, 10 MG)	generic	1	QPD 2 per day
enalapril/hydrochlorothiazide 10 mg-25mg tablet	generic	1	QPD 2 per day
enalapril/hydrochlorothiazide 5mg-12.5mg tablet	generic	1	
EPANED 1 MG/ML ORAL SOLUTION *enalapril maleate*	BRAND	1	QPD 5 per day
FOSINOPRIL SODIUM (40 MG, 20 MG, 10 MG)	generic	1	QPD 2 per day
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE (20-12.5 MG, 10-12.5MG)	generic	1	QPD 2 per day
LISINOPRIL (10 MG, 2.5 MG, 20 MG)	generic	1	QPD 1 per day LCG LOW COST GENERIC
LISINOPRIL (30 MG, 5 MG)	generic	1	QPD 1 per day
lisinopril 40 mg tablet	generic	1	QPD 2 per day
LISINOPRIL/HYDROCHLOROTHIAZIDE (20-	generic	1	QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
12.5 MG, 10-12.5MG)			
lisinopril/hydrochlorothiazide 20 mg-25mg tablet	generic	1	QPD 2 per day LCG LOW COST GENERIC
MOEXIPRIL HCL (15 MG, 7.5 MG)	generic	1	QPD 1 per day
PERINDOPRIL ERBUMINE (4 MG, 8 MG, 2 MG)	generic	1	QPD 1 per day
PRESTALIA (14 MG-10 MG, 7 MG-5 MG, 3.5 MG-2.5 MG) *perindopril arginine/amlodipine besylate*	BRAND	1	QPD 1 per day
QBRELIS 1MG/ML SOLUTION *lisinopril*	BRAND	1	QPD 40 per day
QUINAPRIL HCL (5 MG, 10 MG, 40 MG, 20 MG)	generic	1	QPD 2 per day
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE (10-12.5MG, 20-12.5 MG)	generic	1	QPD 2 per day
quinapril/hydrochlorothiazide 20 mg-25mg tablet	generic	1	QL QPD 1 per day
RAMIPRIL (5 MG, 10 MG, 2.5 MG, 1.25 MG)	generic	1	QPD 2 per day
TARKA (ER 2-180 MG, ER 2-240 MG, ER 4-240 MG) *trandolapril/verapamil hcl*	BRAND	1	QPD 1 per day
TRANDOLAPRIL (2 MG, 4 MG, 1 MG)	generic	1	QPD 2 per day
TRANDOLAPRIL/VERAPAMIL HCL (4MG-240 MG, 2 MG-180MG, 1MG-240 MG, 2MG-240 MG)	generic	1	
VASOTEC (5 MG, 10 MG, 2.5 MG, 20 MG) *enalapril maleate*	BRAND	1	QPD 2 per day
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS			
ALDACTONE (25 MG, 50 MG, 100 MG) *spironolactone*	BRAND	1	
EPLERENONE (25 MG, 50 MG)	generic	1	HCG HIGH COST GENERIC
INSPRA 25 MG TABLET *eplerenone*	BRAND	1	
KERENDIA (10 MG, 20 MG) *finerenone*	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
SPIRONOLACTONE (50 MG, 100 MG, 25 MG)	generic		
spironolact/hydrochlorothiazid 25 mg-25mg tablet	generic	1	
RENIN INHIBITORS			
ALISKIREN HEMIFUMARATE (150 MG, 300 MG)	generic	1	QPD 1 per day
RESPIRATORY TRACT AGENTS			
ANTIFIBROTIC AGENTS			
ESBRIET (267 MG CAPSULE, 267 MG TABLET) *pirfenidone*	BRAND	1	SPC Specialty Choice PA QPD 9 per day
ESBRIET 801 MG TABLET *pirfenidone*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
OFEV (150 MG, 100 MG) *nintedanib esylate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ANTITUSSIVES			
BENZONATATE (150 MG, 200 MG)	generic	1	AL At least 10 yrs old HCG HIGH COST GENERIC
benzonatate 100 mg capsule	generic	1	AL At least 10 yrs old
BROMFED DM 2-30-10 MG/5 ML SYR *brompheniramine maleate/pseudoephedrine hcl/dextromethorphan*	BRAND	1	AL At least 2 yrs old
brompheniramine/pseudoephed/dm 2-30-10/5 syrup	generic	1	AL At least 2 yrs old
HYCODAN 5 MG-1.5 MG/5 ML SOLN *hydrocodone bitartrate/homatropine methylbromide*	BRAND	1	AL At least 18 yrs old QPD 30 per day
HYCODAN 5 MG-1.5 MG TABLET *hydrocodone bitartrate/homatropine methylbromide*	BRAND	1	AL At least 18 yrs old QPD 6 per day
hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup	generic	1	AL At least 2 yrs old QPD 30 per day
hydrocodone bit/homatrop me-br 5 mg-1.5mg	generic	1	AL At least 6 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
tablet			QPD 6 per day HCG HIGH COST GENERIC
hydrocodone/chlorphen p-stirex 10-8mg/5ml sus er 12h	generic	1	AL At least 6 yrs old QPD 10 per day
HYDROMET 5 MG-1.5 MG/5 ML SOLN *hydrocodone bitartrate/homatropine methylbromide*	BRAND	1	AL At least 18 yrs old QPD 30 per day
promethazine hcl/codeine 6.25-10/5 syrup	generic	1	
promethazine/dextromethorphan 6.25-15/5 syrup	generic	1	AL At least 2 yrs old LCG LOW COST GENERIC
promethazine/phenyleph/codeine 6.25-5-10 syrup	generic	1	AL At least 6 yrs old QPD 30 per day
TESSALON PERLE 100 MG CAP *benzonatate*	BRAND	1	AL At least 11 yrs old
TUXARIN ER 8-54.3 MG TABLET *chlorpheniramine maleate/codeine phosphate*	BRAND	1	AL At least 18 yrs old QPD 2 per day
MUCOLYTIC AGENTS			
ACETYLCYSTEINE (100 MG/ML, 200 MG/ML)	generic	1	
PULMOZYME 1 MG/ML AMPUL *dornase alfa*	BRAND	1	SPC Specialty Choice PA QPD 5 per day
PHOSPHODIESTERASE TYPE 4 INHIBITORS			
DALIRESP (500 MCG, 250 MCG) *roflumilast*	BRAND	1	PA QPD 1 per day
RESPIRATORY TRACT AGENTS, MISCELLANEOUS			
ARALAST NP (1,000 MG, 500 MG) *alpha-1-proteinase inhibitor*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
BRONCHITOL 40 MG INHALE CAP *mannitol*	BRAND	1	SPC Specialty Choice PA QPD 20 per day
GLASSIA 1 GM/50 ML VIAL *alpha-1-proteinase inhibitor*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			BSP BENEFIT SHIFT PROGRAM
PROLASTIN C (MG VIAL, MG/20 ML VL) *alpha-1-proteinase inhibitor*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
XOLAIR 150 MG/ML SYRINGE *omalizumab*	BRAND	1	AL At least 6 yrs old SPC Specialty Choice PA QPD 0.15 per day
XOLAIR 75 MG/0.5 ML SYRINGE *omalizumab*	BRAND	1	AL At least 6 yrs old SPC Specialty Choice PA QPD 0.04 per day
XOLAIR 150 MG/1.2 ML POWDER VL *omalizumab*	BRAND	1	AL At least 6 yrs old SPC Specialty Choice PA QPD 0.22 per day BSP BENEFIT SHIFT PROGRAM
ZEMAIRA 1,000 MG VIAL *alpha-1-proteinase inhibitor*	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
VASODILATING AGENTS (RESPIRATORY TRACT)			
ADEMPAS (0.5 MG, 1.5 MG, 1 MG, 2 MG, 2.5 MG) *riociguat*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
AMBRISENTAN (10 MG, 5 MG)	generic	1	SPC Specialty Choice PA QPD 1 per day
BOSENTAN (125 MG, 62.5 MG)	generic	1	SPC Specialty Choice PA QPD 2 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
epoprostenol sodium (glycine) 1.5 mg vial	generic		SPC Specialty Choice PA
FLOLAN (1.5 MG, 0.5 MG) *epoprostenol sodium (glycine)*	BRAND	1	SPC Specialty Choice PA
LETAIRIS (5 MG, 10 MG) *ambrisentan*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
OPSUMIT 10 MG TABLET *macitentan*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
ORENITRAM ER (ER 1 MG, ER 0.25 MG, ER 2.5 MG, ER 5 MG, ER 0.125 MG) *treprostinil diolamine*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
REMODULIN (10 MG/ML, 5 MG/ML, 2.5 MG/ML, 1 MG/ML) *treprostinil sodium*	BRAND	1	SPC Specialty Choice PA
TRACLEER (125 MG, 32 MG FOR SUSP, 62.5 MG) *bosentan*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
TREPROSTINIL SODIUM (10 MG/ML, 1 MG/ML, 2.5 MG/ML, 5 MG/ML)	generic	1	SPC Specialty Choice PA
TYVASO 1.74 MG/2.9 ML SOLUTION *treprostinil*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
TYVASO INSTITUTIONAL START KIT *treprostinil/nebulizer and accessories*	BRAND	1	SPC Specialty Choice PA QPD 1 per day
TYVASO INHALATION REFILL KIT *treprostinil/nebulizer accessories*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
TYVASO INHALATION STARTER KIT *treprostinil/nebulizer and accessories*	BRAND	1	SPC Specialty Choice PA QPD 3 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
UPTRAVI 200-800 TITRATION PACK *selexipag*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA
UPTRAVI (800 MCG TABLET, 200 MCG TABLET, 1,800 MCG VIAL, 1,200 MCG TABLET, 1,000 MCG TABLET, 1,600 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 1,400 MCG TABLET) *selexipag*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
VELETRI (1.5 MG, 0.5 MG) *epoprostenol sodium*	BRAND	1	SPC Specialty Choice PA
VENTAVIS (10 ML, 20 ML) *iloprost tromethamine*	BRAND	1	SPC Specialty Choice PA QPD 9 per day
SKELETAL MUSCLE RELAXANTS			
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT			
carisoprodol 250 mg tablet	generic	1	HCG HIGH COST GENERIC
carisoprodol 350 mg tablet	generic	1	
carisoprodol/aspirin 200-325 mg tablet	generic	1	
carisoprodol/aspirin/codeine 200-325-16 tablet	generic	1	QPD 21 per day
CHLORZOXAZONE (750 MG, 500 MG, 375 MG)	generic	1	
CYCLOBENZAPRINE HCL (15 MG CAP ER 24H, 30 MG CAP ER 24H, 7.5 MG TABLET)	generic	1	HCG HIGH COST GENERIC
cyclobenzaprine hcl 10 mg tablet	generic	1	LCG LOW COST GENERIC
cyclobenzaprine hcl 5 mg tablet	generic	1	
LORZONE (750 MG, 375 MG) *chlorzoxazone*	BRAND	1	
METAXALL 800 MG TABLET *metaxalone*	BRAND	1	
METAXALONE (800 MG, 400 MG)	generic	1	HCG HIGH COST GENERIC
METHOCARBAMOL (750 MG, 500 MG)	generic	1	
ROBAXIN-750 TABLET *methocarbamol*	BRAND	1	
TIZANIDINE HCL (6 MG, 2 MG, 4 MG)	generic	1	HCG HIGH COST GENERIC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TIZANIDINE HCL (4 MG, 2 MG)	generic	1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS			
DANTRIUM (25 MG, 50 MG) *dantrolene sodium*	BRAND	1	
DANTROLENE SODIUM (100 MG, 50 MG, 25 MG)	generic	1	HCG HIGH COST GENERIC
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT			
BACLOFEN (20 MG, 10 MG, 5 MG)	generic	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS			
orphenadrine citrate 100 mg tablet er	generic	1	
orphenadrine/aspirin/caffeine 50-770-60 tablet	generic	1	
SKIN AND MUCOUS MEMBRANE AGENTS			
ANTIPRURITICS AND LOCAL ANESTHETICS			
ANACAINE OINTMENT *benzocaine*	BRAND	1	
ANASTIA 2.75% LOTION *lidocaine hcl*	BRAND	1	
ethyl chloride 100 % spray	generic	1	
hydrocortisone/lidocaine/aloe 0.55%-2.8% gel w/appl	generic	1	
lidocaine 5 % adh. patch	generic	1	QPD 3 per day
lidocaine 5 % oint. (g)	generic	1	
lidocaine hcl 3 % cream (g)	generic	1	
LIDOCAINE/PRILOCAINE (2.5 CREAM (G), 2.5 KIT)	generic	1	
LIDOPIN 3% CREAM *lidocaine hcl*	BRAND	1	
LIDOPRIL 2.5%-2.5% CREAM-DRESS *lidocaine/prilocaine*	BRAND	1	
LIDTOPIC MAX 10% CREAM *lidocaine hcl*	BRAND	1	
NUMBONEX 2.75% LOTION *lidocaine hcl*	BRAND	1	
PHENAZOPYRIDINE HCL (200 MG, 100 MG)	generic	1	
PONTOCAINE 2% SOLUTION *tetracaine hcl*	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PRE-ATTACHED LTA KIT *lidocaine hcl*	BRAND	1	
PRIKAAN LITE 2.5-2.5% CRM DRSS *lidocaine/prilocaine*	BRAND	1	
PYRIDIUM (100 MG, 200 MG) *phenazopyridine hcl*	BRAND	1	
ZONALON 5% CREAM *doxepin hcl*	BRAND	1	QL PA
ASTRINGENTS			
DRYSOL (DAB-O-MATIC,) *aluminum chloride*	BRAND	1	
CELL STIMULANTS AND PROLIFERANTS			
ALTRENO 0.05% LOTION *tretinoin*	BRAND	1	PA QPD 1.5 per day
ATRALIN 0.05% GEL *tretinoin*	BRAND	1	PA QPD 1.5 per day
REFISSA 0.05% CREAM *tretinoin/emollient base*	BRAND	1	
REGRANEX 0.01% GEL *becaplermin*	BRAND	1	QPD 1 per day
RETIN-A MICRO PUMP (0.08%, 0.06%) *tretinoin microspheres*	BRAND	1	QL AL Up to 25 yrs old
TRETIN-X 0.075% CREAM *tretinoin*	BRAND	1	PA
TRETINOIN (0.05 CREAM (G), 0.1 CREAM (G), 0.025 GEL (GRAM), 0.025 CREAM (G), 0.01 GEL (GRAM))	generic	1	
tretinoin 0.05 % gel (gram)	generic	1	QPD 1.5 per day
tretinoin/emollient base 0.05 % cream (g)	generic	1	
KERATOLYTIC AGENTS			
AVAR (CLEANSER, 9.5-5% CLEANSING PADS) *sulfacetamide sodium/sulfur*	BRAND	1	
AVAR LS (CLEANSER, 10-2% CLEANSING PADS) *sulfacetamide sodium/sulfur*	BRAND	1	
AVAR-E EMOLLIENT CREAM	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
sulfacetamide sodium/sulfur			
AVAR-E GREEN EMOLLIENT CREAM *sulfacetamide sodium/sulfur*	BRAND	1	HCG HIGH COST GENERIC
AVAR-E LS CREAM *sulfacetamide sodium/sulfur*	BRAND	1	
BENZOYL PEROXIDE (7 CLEANSER, 9.8 FOAM)	generic	1	
benzoyl peroxide microspheres 7 % cleanser	generic	1	
PACNEX 7% WASH *benzoyl peroxide*	BRAND	1	
ROSANIL CLEANSER LOTION *sulfacetamide sodium/sulfur*	BRAND	1	
ROSULA (10%-4.5% WASH, 10%-5% CLOTHS) *sulfacetamide sodium/sulfur*	BRAND	1	
SALICYLIC ACID (6 CREAM (G), 6 CRM ER (G), 6 LOTION ER, 6 LOTION)	generic	1	
SALIMEZ FORTE 10% CREAM *salicylic acid*	BRAND	1	
SSS 10-5 (FOAM, CREAM) *sulfacetamide sodium/sulfur*	BRAND	1	
SULFACETAMIDE SODIUM/SULFUR (10 %-4 % MED. PAD, 8 %-4 % SUSPENSION, 9 %-4.5 % CLEANSER, 10-5%(W/W) CLEANSER)	generic	1	
SULFACLEANSE 8-4 SUSPENSION *sulfacetamide sodium/sulfur*	BRAND	1	
SUMADAN 9%-4.5% WASH *sulfacetamide sodium/sulfur*	BRAND	1	
SUMAXIN (CLEANSING PADS, 9%-4% WASH) *sulfacetamide sodium/sulfur*	BRAND	1	
SUMAXIN TS TOPICAL SUSPENSION *sulfacetamide sodium/sulfur*	BRAND	1	
UREA (45 GEL (ML), 45 CREAM (G), 40 LOTION, 39 CREAM (G))	generic	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.			
ACCUTANE (20 MG, 10 MG, 30 MG, 40 MG) *isotretinoin*	BRAND	1	PA
ACITRETIN (17.5 MG, 25 MG)	generic	1	QPD 2 per day
acitretin 10 mg capsule	generic	1	QPD 4 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ACZONE 7.5% GEL PUMP *dapsone*	BRAND	1	PA QPD 3 per day
ADAPALENE (0.3 GEL (GRAM), 0.1 GEL (GRAM), 0.3 GEL W/PUMP, 0.1 CREAM (G))	generic	1	QPD 1.5 per day
adapalene 0.1 % solution	generic	1	PA QPD 2 per day
adapalene/benzoyl peroxide 0.1 %-2.5% gel w/pump	generic	1	QPD 1.5 per day
ALDARA 5% CREAM *imiquimod*	BRAND	1	AL At least 12 yrs old QPD 0.434 per day
AMNESTEEM (10 MG, 20 MG, 40 MG) *isotretinoin*	BRAND	1	PA
ARTISS (2 ML, 4 ML, 10 ML) *thrombin(human plas)/fibrinogen/aprotinin,syn/calcium chloride*	BRAND	1	
azelaic acid 15 % gel (gram)	generic	1	QL PA
calcipotriene 0.005 % cream (g)	generic	1	QPD 2 per day HCG HIGH COST GENERIC
CALCIPOTRIENE (0.005 OINT. (G), 0.005 SOLUTION)	generic	1	QPD 2 per day
calcipotriene/betamethasone 0.005-.064 oint. (g)	generic	1	PA QPD 3 per day
CLARAVIS (40 MG, 30 MG, 20 MG, 10 MG) *isotretinoin*	BRAND	1	PA
dapsone 5 % gel (gram)	generic	1	QPD 3 per day HCG HIGH COST GENERIC
DUPIXENT PEN (200 MG/1.14 ML, 300 MG/2 ML) *dupilumab*	BRAND	1	AL At least 6 yrs old SPC Specialty Choice PA QPD 0.15 per day
DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE) *dupilumab*	BRAND	1	AL At least 6 yrs old SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 0.15 per day
ENSTILAR 0.005%-0.064% FOAM *calcipotriene/betamethasone dipropionate*	BRAND	1	QPD 2 per day
EPIDUO FORTE 0.3-2.5% GEL PUMP *adapalene/benzoyl peroxide*	BRAND	1	QPD 1.667 per day B4G Brand For Generic
FINACEA 15% FOAM *azelaic acid*	BRAND	1	QL
FINACEA 15% GEL *azelaic acid*	BRAND	1	QL PA
finasteride 1 mg tablet	generic	1	
imiquimod 5 % cream pack	generic	1	AL At least 12 yrs old QPD 0.434 per day
ISOTRETINOIN (35 MG, 40 MG, 20 MG, 30 MG, 25 MG, 10 MG)	generic	1	PA
ivermectin 1 % cream (g)	generic	1	QPD 1.5 per day
KLISYRI 1% OINTMENT PACKET *tirbanibulin*	BRAND	1	QL PA
LEVULAN KERASTICK *aminolevulinic acid hcl*	BRAND	1	
MIRVASO (, PUMP) *brimonidine tartrate*	BRAND	1	QPD 1 per day
MYORISAN (10 MG, 30 MG, 20 MG, 40 MG) *isotretinoin*	BRAND	1	PA
pimecrolimus 1 % cream (g)	generic	1	AL At least 2 yrs old QPD 2.5 per day
PODOCON-25 LIQUID *podophyllum resin*	BRAND	1	
podofilox 0.5 % solution	generic	1	
PROTOPIC 0.03% OINTMENT *tacrolimus*	BRAND	1	QL AL At least 2 yrs old QPD 2.5 per day
PROTOPIC 0.1% OINTMENT *tacrolimus*	BRAND	1	QL AL At least 16 yrs old QPD 2.5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
RECTIV 0.4% OINTMENT *nitroglycerin*	BRAND	1	
RHOFADE 1% CREAM *oxymetazoline hcl*	BRAND	1	QPD 1.25 per day
SANTYL OINTMENT *collagenase clostridium histolyticum*	BRAND	1	
SILIQ 210 MG/1.5 ML SYRINGE *brodalumab*	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
SKYRIZI 150 MG/ML SYRINGE *risankizumab-rzaa*	BRAND	1	SPC Specialty Choice PA QPD 0.012 per day SDS Extended Specialty Day Supply
SKYRIZI 75 MG/0.83 ML SYRINGE *risankizumab-rzaa*	BRAND	1	SPC Specialty Choice PA QPD 0.02 per day SDS Extended Specialty Day Supply
SKYRIZI 150 MG DOSE KIT-2 SYRN *risankizumab-rzaa*	BRAND	1	SPC Specialty Choice PA QPD 0.012 per day SDS Extended Specialty Day Supply
SKYRIZI 150 MG/ML PEN *risankizumab-rzaa*	BRAND	1	SPC Specialty Choice PA QPD 0.012 per day SDS Extended Specialty Day Supply
SOOLANTRA 1% CREAM *ivermectin*	BRAND	1	QPD 1.5 per day
SORIATANE 10 MG CAPSULE *acitretin*	BRAND	1	QPD 4 per day
SORIATANE 25 MG CAPSULE *acitretin*	BRAND	1	QPD 2 per day
STELARA 90 MG/ML SYRINGE *ustekinumab*	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 0.036 per day SDS Y
STELARA (45 ML VIAL, 45 ML SYRINGE) *ustekinumab*	BRAND	1	SPC Specialty Choice PA QPD 0.018 per day SDS Extended Specialty Day Supply
STELARA 130 MG/26 ML VIAL *ustekinumab*	BRAND	1	SPC Specialty Choice PA QPD 1.0 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
TACLONEX 0.005%-0.064% SUSPENS *calcipotriene/betamethasone dipropionate*	BRAND	1	QPD 4 per day
TACROLIMUS (0.1, 0.03)	generic	1	QL
TALTZ 80 MG/ML AUTOINJECTOR *ixekizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
TALTZ 80 MG/ML AUTOINJ (2-PK) *ixekizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
TALTZ 80 MG/ML AUTOINJ (3-PK) *ixekizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
TALTZ 80 MG/ML SYRINGE *ixekizumab*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
tazarotene 0.1 % cream (g)	generic	1	QPD 1.47 per day
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE) *guselkumab*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day SDS Extended Specialty Day Supply
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TRICHLOROACETIC ACID (75, 20, 50, 100, 25, 30, 35, 85, 80, 90, 40)	generic		
VENELEX OINTMENT *balsam peru/castor oil*	BRAND	1	
ZENATANE (20 MG, 10 MG, 40 MG, 30 MG) *isotretinoin*	BRAND	1	PA
SMOOTH MUSCLE RELAXANTS			
RESPIRATORY SMOOTH MUSCLE RELAXANTS			
ELIXOPHYLLIN 80 MG/15 ML ELIX *theophylline anhydrous*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
THEO-24 (ER 100 MG, ER 200 MG, ER 300 MG, ER 400 MG) *theophylline anhydrous*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
THEOPHYLLINE ANHYDROUS (80 MG/15ML ELIXIR, 300 MG TAB ER 12H, 100 MG TAB ER 12H, 450 MG TAB ER 12H, 400 MG TAB ER 24H, 80 MG/15ML SOLUTION, 600 MG TAB ER 24H, 200 MG TAB ER 12H)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
SOMATOSTATIN AGONISTS AND ANTAGONISTS			
SOMATOSTATIN AGONISTS			
BYNFEZIA 2,500 MCG/ML PEN *octreotide acetate*	BRAND	1	SPC Specialty Choice PA QPD 0.6 per day
MYCAPSSA DR 20 MG CAPSULE *octreotide acetate*	BRAND	1	SPC Specialty Choice PA QPD 4 per day
OCTREOTIDE ACETATE (500 MCG/ML, 50 MCG/ML, 100 MCG/ML)	generic	1	SPC Specialty Choice PA
OCTREOTIDE ACETATE (50 MCG/ML VIAL, 1000MCG/ML VIAL, 100 MCG/ML VIAL, 500 MCG/ML SYRINGE, 50 MCG/ML SYRINGE, 200 MCG/ML VIAL, 500 MCG/ML VIAL, 100 MCG/ML SYRINGE)	generic	1	SPC Specialty Choice PA
SANDOSTATIN 0.05 MG/ML AMPUL *octreotide acetate*	BRAND	1	SPC Specialty Choice PA QPD 30 per day
		1	SPC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
SANDOSTATIN 0.1 MG/ML AMPUL *octreotide acetate*	BRAND		Specialty Choice PA QPD 15 per day
SANDOSTATIN 0.5 MG/ML AMPUL *octreotide acetate*	BRAND	1	SPC Specialty Choice PA QPD 3 per day
SANDOSTATIN LAR DEPOT (20 MG VL, 20 MG KT) *octreotide acetate, microspheres*	BRAND	1	SPC Specialty Choice PA QPD 0.07 per day BSP BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT (30 MG KT, 10 MG VL, 30 MG VL, 10 MG KT) *octreotide acetate, microspheres*	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM
SIGNIFOR (0.6 MG/ML, 0.9 MG/ML, 0.3 MG/ML) *pasireotide diaspartate*	BRAND	1	SPC Specialty Choice PA
SIGNIFOR LAR (20 MG VIAL, 60 MG VIAL, 40 MG KIT, 30 MG KIT, 30 MG VIAL, 60 MG KIT, 10 MG KIT, 40 MG VIAL, 20 MG KIT, 10 MG VIAL) *pasireotide pamoate*	BRAND	1	SPC Specialty Choice PA
SOMATULINE DEPOT (90 MG/0.3 ML, 120 MG/0.5 ML, 60 MG/0.2 ML) *lanreotide acetate*	BRAND	1	SPC Specialty Choice PA QPD 0.02 per day BSP BENEFIT SHIFT PROGRAM
SOMATOTROPIN AGONISTS AND ANTAGONISTS			
SOMATOTROPIN AGONISTS			
EGRIFTA 1 MG VIAL *tesamorelin acetate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
EGRIFTA SV 2 MG VIAL *tesamorelin acetate*	BRAND	1	SPC Specialty Choice PA QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
INCRELEX 40 MG/4 ML VIAL *mecasermin*	BRAND	1	SPC Specialty Choice PA
SOMATOTROPIN ANTAGONISTS			
SOMAVERT (15 MG, 20 MG, 10 MG, 30 MG, 25 MG) *pegvisomant*	BRAND	1	SPC Specialty Choice
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			
ALPHA- AND BETA-ADRENERGIC AGONISTS			
DROXIDOPA (100 MG, 200 MG)	generic	1	QL SPC Specialty Choice PA QPD 6 per day
droxidopa 300 mg capsule	generic	1	SPC Specialty Choice PA QPD 6 per day
EPINEPHRINE (0.15MG/0.3, 0.3MG/0.3, 0.15/0.15)	generic	1	QL
EPINEPHRINESNAP-EMS KIT *epinephrine*	BRAND	1	QL
EPINEPHRINESNAP-V KIT *epinephrine*	BRAND	1	QL
EPIPEN 0.3 MG AUTO-INJECTOR *epinephrine*	BRAND	1	QL PA
EPIPEN 2-PAK 0.3 MG AUTO-INJCT *epinephrine*	BRAND	1	QL PA
NORTHERA (200 MG, 300 MG, 100 MG) *droxidopa*	BRAND	1	SPC Specialty Choice PA QPD 6 per day
SYMJEPI (0.15 ML, 0.3 ML) *epinephrine*	BRAND	1	QL
ALPHA-ADRENERGIC AGONISTS			
LUCEMYRA 0.18 MG TABLET *lofexidine hcl*	BRAND	1	QL PA
MIDODRINE HCL (5 MG, 2.5 MG, 10 MG)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TETRACYCLINE ANTIBIOTICS			
AMINOMETHYLCYCLINES			
NUZYRA 150 MG TABLET *omadacycline tosylate*	BRAND	1	PA
SEYSARA (150 MG, 100 MG, 60 MG) *sarecycline hcl*	BRAND	1	PA QPD 1 per day
THYROID AND ANTITHYROID AGENTS			
ANTITHYROID AGENTS			
LUGOL'S STRONG IODINE SOLUTION *potassium iodide/iodine*	BRAND	1	
METHIMAZOLE (5 MG, 10 MG)	generic	1	
propylthiouracil 50 mg tablet	generic	1	
SSKI 1 GM/ML SOLUTION *potassium iodide*	BRAND	1	
TAPAZOLE (10 MG, 5 MG) *methimazole*	BRAND	1	
THYROID AGENTS			
EUTHYROX (112 MCG, 88 MCG, 175 MCG, 75 MCG, 200 MCG, 150 MCG, 125 MCG, 100 MCG, 50 MCG, 25 MCG, 137 MCG) *levothyroxine sodium*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
LEVO-T (25 MCG, 150 MCG, 125 MCG, 50 MCG, 75 MCG, 112 MCG, 175 MCG, 300 MCG, 137 MCG, 88 MCG, 100 MCG, 200 MCG) *levothyroxine sodium*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
LEVOTHYROXINE SODIUM (25 MCG, 112 MCG, 137 MCG, 125 MCG, 175 MCG, 100 MCG, 50 MCG, 150 MCG)	generic	1	NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
LEVOTHYROXINE SODIUM (75 MCG, 300 MCG, 200 MCG, 88 MCG)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
LEVOTHYROXINE SODIUM (200MCG/5ML, 500MCG/5ML, 100MCG/5ML)	generic	1	
LEVOXYL (112 MCG, 125 MCG, 88 MCG, 200 MCG, 137 MCG, 75 MCG, 150 MCG, 175 MCG) *levothyroxine sodium*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
LEVOXYL (50 MCG, 100 MCG, 25 MCG) *levothyroxine sodium*	BRAND		NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
LIOTHYRONINE SODIUM (25 MCG, 5 MCG, 50 MCG)	generic	1	
NATURE-THROID (16.25 MG, 146.25 MG, 65 MG, 325 MG, 113.75 MG, 195 MG, 97.5 MG, 48.75 MG, 32.5 MG, 81.25 MG, 162.5 MG, 130 MG, 260 MG) *thyroid,pork*	BRAND	1	
NP THYROID (90 MG, 15 MG, 30 MG, 60 MG, 120 MG) *thyroid,pork*	BRAND	1	
UNITHROID (200 MCG, 75 MCG, 150 MCG, 137 MCG, 300 MCG, 125 MCG, 175 MCG, 88 MCG) *levothyroxine sodium*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
UNITHROID (50 MCG, 100 MCG, 25 MCG, 112 MCG) *levothyroxine sodium*	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
WESTHROID (65 MG, 32.5 MG) *thyroid,pork*	BRAND	1	
Uncategorized			
Unclassified			
CAVERJECT 40 MCG/2 ML AMPUL *alprostadil*	BRAND	1	
yohimbine hcl 5.4 mg tablet	generic	1	
VASODILATING AGENTS			
NITRATES AND NITRITES			
GONITRO 0.4 MG SUBLINGUAL PWD *nitroglycerin*	BRAND	1	AL At least 18 yrs old PA QPD 1.25 per day
ISORDIL 40 MG TABLET *isosorbide dinitrate*	BRAND	1	QPD 12 per day
ISORDIL TITRADOSE 5 MG TAB *isosorbide dinitrate*	BRAND	1	QPD 12 per day
ISOSORBIDE DINITRATE (5 MG, 10 MG, 20 MG, 40 MG, 30 MG)	generic	1	QPD 12 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ISOSORBIDE MONONITRATE (10 MG TABLET, 60 MG TAB ER 24H, 30 MG TAB ER 24H, 20 MG TABLET, 120 MG TAB ER 24H)	generic	1	QPD 2 per day
MINITRAN (0.2, 0.6, 0.4, 0.1) *nitroglycerin*	BRAND	1	QPD 1 per day
NITRO-BID 2% OINTMENT *nitroglycerin*	BRAND	1	QPD 4 per day
NITRO-DUR (0.8, 0.3) *nitroglycerin*	BRAND	1	QPD 1 per day
NITRO-TIME (ER 6.5 MG, ER 2.5 MG) *nitroglycerin*	BRAND	1	QPD 4 per day
NITROGLYCERIN (0.2MG/HR, 0.6MG/HR, 0.4MG/HR, 0.1MG/HR)	generic	1	QPD 1 per day
nitroglycerin 400mcg/spr spray	generic	1	QPD 0.8 per day
NITROGLYCERIN (0.4 MG, 0.3 MG, 0.6 MG)	generic	1	QPD 6 per day
NITROLINGUAL 400 MCG SPRAY *nitroglycerin*	BRAND	1	QPD 0.8 per day
NITROMIST 400 MCG SPRAY *nitroglycerin*	BRAND	1	QPD 0.3 per day
PHOSPHODIESTERASE TYPE 5 INHIBITORS			
ADCIRCA 20 MG TABLET *tadalafil*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ALYQ 20 MG TABLET *tadalafil*	BRAND	1	SPC Specialty Choice PA QPD 2 per day
REVATIO 10 MG/ML ORAL SUSP *sildenafil citrate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 6 per day
REVATIO 20 MG TABLET *sildenafil citrate*	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 3 per day
sildenafil citrate 10 mg/ml susp recon	generic	1	AL At least 18 yrs old SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA QPD 6 per day
SILDENAFIL CITRATE (100 MG, 50 MG, 25 MG)	generic	1	GL Male AL At least 18 yrs old QPD 0.2 per day
sildenafil citrate 20 mg tablet	generic	1	SPC Specialty Choice PA QPD 3 per day
TADALAFIL (5 MG, 2.5 MG)	generic	1	GL Male QPD 1 per day
tadalafil 10 mg tablet	generic	1	GL Male QPD 0.2 per day
tadalafil 20 mg tablet	generic	1	SPC Specialty Choice PA QPD 2 per day
VARDENAFIL HCL (20 MG, 5 MG, 2.5 MG, 10 MG)	generic	1	GL Male AL At least 18 yrs old QPD 0.2 per day HCG HIGH COST GENERIC
VASODILATING AGENTS, MISCELLANEOUS			
AGGRENOX 25 MG-200 MG CAPSULE *aspirin/dipyridamole*	BRAND	1	QPD 2 per day
aspirin/dipyridamole 25mg-200mg cpmp 12hr	generic	1	QPD 2 per day
CAVERJECT (40 MCG VIAL, IMPULSE 20 MCG KIT, IMPULSE 10 MCG KIT, 20 MCG VIAL) *alprostadil*	BRAND	1	GL Male
CAVERJECT (10 MCG, 20 MCG) *alprostadil*	BRAND	1	
DIPYRIDAMOLE (75 MG, 25 MG, 50 MG)	generic	1	QL QPD 4 per day
EDEX (20 MCG 2-PK, 40 MCG 6-PK, 20 MCG 6-PK, 10 MCG 2-PK, 40 MCG 2-PK, 10 MCG 6-PK) *alprostadil*	BRAND	1	GL Male

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MUSE (1,000 MCG SUPP, 500 MCG SUPPOS, 125 MCG SUPPOS, 250 MCG SUPPOS) *alprostadil*	BRAND	1	GL Male
VERQUVO (2.5 MG, 5 MG, 10 MG) *vericiguat*	BRAND	1	PA QPD 1 per day
VITAMINS			
MULTIVITAMIN PREPARATIONS			
ELITE-OB CAPLET *multivitamin with minerals no.69/iron,carbonyl/folic acid*	BRAND	1	GL Female
FORTAVIT SOFTGEL *multivit with iron, mins/dietary sup 4/dna/ribonucleic acid*	BRAND	1	
M-NATAL PLUS TABLET *prenatal vits with calcium no.72/ferrous fumarate/folic acid*	BRAND	1	GL Female
multivit no.51/iron/folic acid 106.5-1mg capsule	generic	1	GL Female
MYNATAL CAPSULE *prenatal vitamins with calcium/ferrous fumarate/folic acid*	BRAND	1	GL Female
MYNATAL PLUS CAPTAB *prenatal vitamins with calcium/ferrous fumarate/folic acid*	BRAND	1	GL Female
MYNATAL-Z CAPTAB *prenatal vitamins with calcium/ferrous fumarate/folic acid*	BRAND	1	GL Female
NEWGEN TABLET *prenatal vitamin no.86/iron bis-glycinate/folic acid*	BRAND	1	GL Female
PNV 29-1 TABLET *prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	BRAND	1	GL Female
PNV-OMEGA SOFTGEL *multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha*	BRAND	1	GL Female
PRENA1 CHEW TABLET *prenatal vitamins combination no.42/folic acid*	BRAND	1	GL Female
PRENA1 PEARL SOFTGEL *prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha*	BRAND	1	GL Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PRENA1 TRUE COMBO PACK *prenatal vits no.105/iron amino acid chelate/folic acid/dha*	BRAND	1	GL Female
PRENATABS RX TABLET *prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	BRAND	1	GL Female
prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet	generic	1	GL Female
PREPLUS CA-FE 27 MG-FA 1 MG TB *prenatal vits with calcium no.72/ferrous fumarate/folic acid*	BRAND	1	GL Female
PRETAB 29 MG-1 MG TABLET *prenatal vits with calcium no.78/ferrous fumarate/folic acid*	BRAND	1	GL Female
PROTECT IRON TABLET *multivitamin with minerals no.24/iron ps complex/folic acid*	BRAND	1	
PROVIDA OB CAPSULE *prenatal vits no.65/iron fumarate,polysac complex/folic acid*	BRAND	1	GL Female
R-NATAL OB SOFTGEL *prenatal vitamins no.66/iron,carbonyl/folic acid/dha*	BRAND	1	GL Female
REQ49+ TABLET *multivitamin with minerals no.16/folic acid/lutein/lycopene*	BRAND	1	
THRIVITE RX TABLET *prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	BRAND	1	GL Female
TRINATE TABLET *prenatal vits with calcium no.73/ferrous fumarate/folic acid*	BRAND	1	GL Female
VIC-FORTE CAPSULE *multivitamin with minerals no.7/folic acid*	BRAND	1	
VIRT-C DHA SOFTGEL *mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa*	BRAND	1	
VIRT-NATE DHA SOFTGEL *prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3*	BRAND	1	GL Female
VIRT-PN PLUS SOFTGEL *multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha*	BRAND	1	GL Female
VP-PNV-DHA SOFTGEL	BRAND	1	GL Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
prenatal vitamins no.52/ferrous fumarate/folic acid/dha			
VITAMIN A			
AQUASOL A (QUSOL 100,000 UNIT/2 ML VL, QUSOL 50,000 UNITS/ML VIL) *vitamin a palmitate*	BRAND	1	
VITAMIN B COMPLEX			
ACTIVITE TABLET *folic acid/vitamin b complex and vitamin c*	BRAND	1	
B-12 COMPLIANCE INJ KIT *cyanocobalamin (vitamin b-12)*	BRAND	1	
CEREFOLIN NAC CAPLET *levomefolate cal/acetylcysteine/mecobalamin/schiz.algal oil*	BRAND	1	
cyanocobalamin (vitamin b-12) 1000mcg/ml vial	generic	1	
folic acid 1 mg tablet	generic	1	
FOLTX TABLET *cyanocobalamin/levomefolate calcium/vit b6*	BRAND	1	
hydroxocobalamin 1000mcg/ml vial	generic	1	
L-METHYL-MC NAC TABLET *acetylcysteine/mecobalamin/levomefolate calcium*	BRAND	1	
l-mefol/a-cyst/meb12/algal oil 6-600-2 mg tablet	generic	1	
levomefolate calcium 7.5 mg tablet	generic	1	
levomefolate/algal oil 15-90.314 capsule	generic	1	
NASCOBAL 500 MCG NASAL SPRAY *cyanocobalamin (vitamin b-12)*	BRAND	1	
NEPHRO-VITE RX TABLET *vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin*	BRAND	1	
RENA-VITE RX TABLET *vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin*	BRAND	1	
SUPERVITE LIQUID *lysine hcl/vitamin b complex/folic acid/zinc*	BRAND	1	
thiamine hcl 100 mg/ml vial	generic	1	BSP BENEFIT SHIFT PROGRAM
VITAMIN D			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
CALCITRIOL (1 MCG/ML SOLUTION, 0.5 MCG CAPSULE, 0.25 MCG CAPSULE)	generic	1	
DOXERCALCIFEROL (1 MCG, 2.5 MCG, 0.5 MCG)	generic	1	SPC Specialty Choice
ergocalciferol (vitamin d2) 1250 mcg capsule	generic	1	
PARICALCITOL (2 MCG, 4 MCG, 1 MCG)	generic	1	SPC Specialty Choice
RAYALDEE ER 30 MCG CAPSULE *calcifediol*	BRAND	1	SPC Specialty Choice
ROCALTROL (1 MCG/ML ORAL SOLN, 0.25 MCG CAPSULE, 0.5 MCG CAPSULE) *calcitriol*	BRAND	1	
ZEMPLAR (1 MCG, 2 MCG) *paricalcitol*	BRAND	1	SPC Specialty Choice PA
VITAMIN K ACTIVITY			
MEPHYTON 5 MG TABLET *phytonadione (vit k1)*	BRAND	1	
phytonadione (vit k1) 5 mg tablet	generic	1	

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