

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 <i>ergotamine tartrate/cafeine</i>	BRAND	1	
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	generic	1	PA BSP BENEFIT SHIFT PROGRAM
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	generic	1	QL PA
<i>ergoloid mesylates 1 mg tablet</i>	generic	1	
ERGOMAR 2 MG TABLET SL <i>ergotamine tartrate</i>	BRAND	1	
<i>ergotamine tartrate/cafeine 1 mg-100mg tablet</i>	generic	1	
TRUDHESA NASAL SPRAY <i>dihydroergotamine mesylate</i>	BRAND	1	PA QPD 0.43 per day
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT			
<i>alfuzosin hcl 10 mg tab er 24h</i>	generic	1	GL Male QPD 1 per day
RAPAFLO (8 MG, 4 MG) <i>silodosin</i>	BRAND	1	GL Male QPD 1 per day
SILODOSIN (4 MG, 8 MG)	generic	1	GL Male QPD 1 per day
<i>tamsulosin hcl 0.4 mg capsule</i>	generic	1	QL QPD 2 per day
UROXATRAL 10 MG TABLET <i>alfuzosin hcl</i>	BRAND	1	GL Male QPD 1 per day
ANALGESICS AND ANTIPYRETICS			
ANALGESICS AND ANTIPYRETICS, MISC.			
BUPAP 50 MG-300 MG TABLET <i>butalbital/acetaminophen</i>	BRAND	1	QPD 6 per day
<i>butalbital/acetaminophen 25mg-325mg tablet</i>	generic	1	QPD 12 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	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 <i>butalbital/acetaminophen/caffeine</i>	BRAND	1	 QPD 6 per day
GRALISE 300-600 MG SAMPLE PACK <i>gabapentin</i>	BRAND	1	
GRALISE ER 300 MG TABLET <i>gabapentin</i>	BRAND	1	 QPD 1 per day
GRALISE ER 600 MG TABLET <i>gabapentin</i>	BRAND	1	 QPD 3 per day
PREGABALIN (82.5 MG ER, 165 MG ER)	generic	1	 PA  QPD 3 per day
<i>pregabalin 330 mg tab er 24h</i>	generic	1	 PA  QPD 2 per day
TENCON 50-325 MG TABLET <i>butalbital/acetaminophen</i>	BRAND	1	 QPD 6 per day
VANATOL LQ ORAL SOLUTION <i>butalbital/acetaminophen/caffeine</i>	BRAND	1	
VTOL LQ 50-325-40 MG/15 ML SOL <i>butalbital/acetaminophen/caffeine</i>	BRAND	1	
ZEBUTAL 50-325-40 MG CAPSULE <i>butalbital/acetaminophen/caffeine</i>	BRAND	1	 QPD 6 per day
OPIATE AGONISTS			
<i>acetaminophen with codeine 120-12mg/5 solution</i>	generic	1	 AL At least 12 yrs old  QPD 140 per day
<i>acetaminophen with codeine 300mg/12.5 solution</i>	generic	1	 AL At least 12 yrs old  QPD 139 per day
<i>acetaminophen with codeine 300mg-15mg tablet</i>	generic	1	 AL At least 12 yrs old  QPD 22 per day
<i>acetaminophen with codeine 300mg-30mg tablet</i>	generic	1	 AL At least 12 yrs old  QPD 12 per day
<i>acetaminophen with codeine 300mg-60mg tablet</i>	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/cafein 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 <i>codeine phosphate/butalbital/aspirin/cafeine</i>	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
<i>hydrocodone/acetaminophen 7.5-325/15 solution</i>	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
<i>hydrocodone/acetaminophen 2.5-325 mg tablet</i>	generic	1	AL At least 18 yrs old QPD 20 per day
<i>hydrocodone/ibuprofen 10mg-200mg tablet</i>	generic	1	AL At least 16 yrs old QPD 5 per day HCG HIGH COST GENERIC
<i>hydrocodone/ibuprofen 5mg-200mg tablet</i>	generic	1	AL At least 16 yrs old QPD 6 per day HCG HIGH COST GENERIC
<i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>	generic	1	AL At least 16 yrs old QPD 5 per day
<i>hydromorphone hcl 1 mg/ml liquid</i>	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
<i>ibuprofen/oxycodone hcl 400 mg-5mg tablet</i>	generic	1	AL At least 14 yrs old QPD 4 per day
LORCET 5-325 MG TABLET <i>hydrocodone bitartrate/acetaminophen</i>	BRAND	1	AL At least 18 yrs old QPD 12 per day
LORCET HD 10-325 MG TABLET <i>hydrocodone bitartrate/acetaminophen</i>	BRAND	1	AL At least 18 yrs old QPD 12 per day
LORCET PLUS 7.5-325 MG TABLET <i>hydrocodone bitartrate/acetaminophen</i>	BRAND	1	AL At least 18 yrs old QPD 12 per day
LORTAB 10 MG-300 MG/15 ML ELXR <i>hydrocodone bitartrate/acetaminophen</i>	BRAND	1	AL At least 2 yrs old QPD 67.5 per day
<i>meperidine hcl 50 mg/5 ml solution</i>	generic	1	AL At least 18 yrs old QPD 50 per day
<i>meperidine hcl 50 mg tablet</i>	generic	1	AL At least 18 yrs old QPD 10 per day
<i>methadone hcl 10 mg/ml oral conc</i>	generic	1	PA QPD 2 per day
<i>methadone hcl 10 mg/5 ml solution</i>	generic	1	PA QPD 8 per day
<i>methadone hcl 5 mg/5 ml solution</i>	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 <i>methadone hcl</i>	BRAND	1	PA QPD 2 per day
METHADOSE 10 MG/ML ORAL CONC <i>methadone hcl</i>	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) <i>morphine sulfate</i>			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
<i>morphine sulfate 10 mg/5 ml solution</i>	generic	1	QPD 25 per day
<i>morphine sulfate 100 mg/5ml solution</i>	generic	1	QPD 3 per day
<i>morphine sulfate 20 mg/5 ml solution</i>	generic	1	QPD 13 per day
<i>morphine sulfate 10 mg supp.rect</i>	generic	1	QPD 5 per day
<i>morphine sulfate 15 mg tablet</i>	generic	1	AL At least 18 yrs old QPD 3 per day
<i>morphine sulfate 30 mg tablet</i>	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
<i>morphine sulfate 200 mg tablet er</i>	generic	1	PA QPD 3 per day HCG HIGH COST GENERIC
OPANA 10 MG TABLET <i>oxymorphone hcl</i>	BRAND	1	QPD 12 per day
<i>opium/belladonna alkaloids 60-16.2 mg supp.rect</i>	generic	1	QPD 1 per day
<i>oxycodone hcl 5 mg capsule</i>	generic	1	AL At least 18 yrs old QPD 8 per day HCG HIGH COST GENERIC
<i>oxycodone hcl 20 mg/ml oral conc</i>	generic	1	QPD 2 per day HCG HIGH COST GENERIC
<i>oxycodone hcl 5 mg/5 ml solution</i>	generic	1	QPD 33 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			 HIGH COST GENERIC
OXYCODONE HCL (10 MG, 20 MG, 5 MG, 30 MG, 15 MG)	generic	1	 At least 18 yrs old  8 per day
OXYCODONE HCL/ACETAMINOPHEN (10MG-325MG, 7.5-325 MG, 5 MG-325MG)	generic	1	 At least 18 yrs old  12 per day
<i>oxycodone hcl/acetaminophen 2.5-325 mg tablet</i>	generic	1	 At least 18 yrs old  12 per day  HIGH COST GENERIC
<i>oxycodone hcl/aspirin 4.8355-325 tablet</i>	generic	1	 At least 18 yrs old  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	 At least 18 yrs old   2 per day  HIGH COST GENERIC
<i>oxymorphone hcl 7.5 mg tab er 12h</i>	generic	1	 At least 18 yrs old   2 per day
OXYMORPHONE HCL (5 MG, 10 MG)	generic	1	 At least 18 yrs old  12 per day
PROLATE 10 MG-300 MG/5 ML SOLN <i>oxycodone hcl/acetaminophen</i>	BRAND	1	 At least 18 yrs old  30 per day
<i>tramadol hcl 100 mg tablet</i>	generic	1	 At least 18 yrs old  4 per day
<i>tramadol hcl 50 mg tablet</i>	generic	1	 At least 18 yrs old  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	 At least 18 yrs old   1 per day
<i>tramadol hcl/acetaminophen 37.5-325mg tablet</i>	generic	1	 At least 18 yrs old  8 per day
TREZIX 320.5-30-16 MG CAPSULE <i>acetaminophen/cafeine/dihydrocodeine</i>	BRAND	1	 At least 12 yrs old  10 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>bitartrate</i>			
XTAMPZA ER (ER 13.5 MG, ER 36 MG, ER 18 MG, ER 27 MG, ER 9 MG) <i>oxycodone myristate</i>	BRAND	1	  2 per day
OPIATE PARTIAL AGONISTS			
BELBUCA (600 MCG, 300 MCG, 75 MCG, 750 MCG, 150 MCG, 900 MCG, 450 MCG) <i>buprenorphine hcl</i>	BRAND	1	 At least 18 yrs old   2 per day
BUNAVAIL (2.1-0.3 MG, 6.3-1 MG) <i>buprenorphine hcl/naloxone hcl</i>	BRAND	1	  3 per day
BUNAVAIL 4.2-0.7 MG FILM <i>buprenorphine hcl/naloxone hcl</i>	BRAND	1	  2 per day
BUPRENORPHINE (5, 10, 7.5, 15, 20)	generic	1	  0.144 per day
<i>buprenorphine hcl 0.3 mg/ml cartridge</i>	generic	1	 17 per day
BUPRENORPHINE HCL (750 MCG, 300 MCG, 900 MCG, 150 MCG, 75 MCG, 450 MCG, 600 MCG)	generic	1	 At least 18 yrs old   2 per day
BUPRENORPHINE HCL (2 MG, 8 MG)	generic	1	  3 per day
BUPRENORPHINE HCL/NALOXONE HCL (/NALOXONE 4MG-1MG, /NALOXONE 12 MG-3 MG)	generic	1	  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	  3 per day
<i>butorphanol tartrate 10 mg/ml spray</i>	generic	1	 At least 18 yrs old  0.3 per day
BUTRANS 7.5 MCG/HR PATCH <i>buprenorphine</i>	BRAND	1	  0.144 per day
NALBUPHINE HCL (10 MG/ML VIAL, 10 MG/ML AMPUL)	generic	1	 5 per day  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
<i>phentermine hcl/topiramate</i>			QPD 1 per day
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS			
AMPHETAMINES			
ADZENYS ER 1.25 MG/ML SUSP <i>amphetamine</i>	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) <i>amphetamine</i>	BRAND	1	AL At least 6 yrs old QPD 1 per day
<i>amphetamine 1.25 mg/ml sus bp 24h</i>	generic	1	AL At least 6 yrs old QPD 15 per day
AMPHETAMINE SULFATE (10 MG, 5 MG)	generic	1	QPD 6 per day
<i>benzphetamine hcl 50 mg tablet</i>	generic	1	PA QPD 3 per day
DEXEDRINE SPANSULE 10 MG <i>dextroamphetamine sulfate</i>	BRAND	1	QPD 5 per day
DEXEDRINE SPANSULE 15 MG <i>dextroamphetamine sulfate</i>	BRAND	1	QPD 4 per day
DEXEDRINE SPANSULE 5 MG <i>dextroamphetamine sulfate</i>	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
<i>dextroamphetamine sulfate 10 mg capsule er</i>	generic	1	QPD 5 per day
<i>dextroamphetamine sulfate 15 mg capsule er</i>	generic	1	QPD 4 per day
<i>dextroamphetamine sulfate 5 mg/5 ml solution</i>	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
<i>dextroamphetamine sulfate 10 mg tablet</i>	generic	1	QPD 6 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate 20 mg tablet</i>	generic		QPD 3 per day
DYANAVEL XR 2.5 MG/ML SUSP <i>amphetamine</i>	BRAND	1	AL At least 6 yrs old QPD 8 per day
<i>methamphetamine hcl 5 mg tablet</i>	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) <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	BRAND	1	QPD 1 per day
PROCENTRA 5 MG/5 ML SOLUTION <i>dextroamphetamine sulfate</i>	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) <i>lisdexamfetamine dimesylate</i>	BRAND	1	QPD 1 per day
ZENZEDI (2.5 MG, 20 MG) <i>dextroamphetamine sulfate</i>	BRAND	1	QPD 3 per day
ZENZEDI (5 MG, 15 MG, 30 MG) <i>dextroamphetamine sulfate</i>	BRAND	1	QPD 2 per day
ZENZEDI 10 MG TABLET <i>dextroamphetamine sulfate</i>	BRAND	1	QPD 6 per day
ZENZEDI 7.5 MG TABLET <i>dextroamphetamine sulfate</i>	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) <i>methylphenidate hcl</i>	BRAND	1	QPD 1 per day
COTEMPLA XR-ODT (8.6 MG, 17.3 MG, 25.9 MG) <i>methylphenidate</i>	BRAND	1	QPD 1 per day
DAYTRANA (30 HOUR, 15 HR, 20 HOUR, 10 HR) <i>methylphenidate</i>	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) <i>methylphenidate hcl</i>	BRAND	1	QPD 1 per day
METADATE ER 20 MG TABLET <i>methylphenidate hcl</i>	BRAND	1	QPD 3 per day LCG LOW COST GENERIC
METHYLIN 10 MG/5 ML SOLUTION <i>methylphenidate hcl</i>	BRAND	1	QPD 30 per day
METHYLIN 5 MG/5 ML SOLUTION <i>methylphenidate hcl</i>	BRAND	1	QPD 60 per day
<i>methylphenidate hcl 10 mg/5 ml solution</i>	generic	1	QPD 30 per day
<i>methylphenidate hcl 5 mg/5 ml solution</i>	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
<i>methylphenidate hcl 2.5 mg tab chew</i>	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
<i>methylphenidate hcl 10 mg tablet</i>	generic	1	QPD 5 per day LCG LOW COST GENERIC
<i>methylphenidate hcl 5 mg tablet</i>	generic	1	QPD 3 per day LCG LOW COST GENERIC
<i>methylphenidate hcl 10 mg tablet er</i>	generic	1	QPD 5 per day
QUILLICHEW ER (ER 40 MG, ER 20 MG) <i>methylphenidate hcl</i>	BRAND	1	AL At least 6 yrs old QPD 1 per day
QUILLICHEW ER 30 MG CHEW TAB <i>methylphenidate hcl</i>	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 <i>methylphenidate hcl</i>	BRAND	1	QPD 12 per day
RELEXXII ER 72 MG TABLET <i>methylphenidate hcl</i>	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) <i>solriamfetol hcl</i>	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
WAKIX (17.8 MG, 4.45 MG) <i>pitolisant hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ANTI-INFECTIVE AGENTS			
ANTHELMINTICS			
<i>albendazole 200 mg tablet</i>	generic	1	PA QPD 4 per day
ALBENZA 200 MG TABLET <i>albendazole</i>	BRAND	1	PA QPD 4 per day
BILTRICIDE 600 MG TABLET <i>praziquantel</i>	BRAND	1	PA
EGATEN 250 MG TABLET <i>triclabendazole</i>	BRAND	1	
EMVERM 100 MG TABLET CHEW <i>mebendazole</i>	BRAND	1	PA
<i>ivermectin 3 mg tablet</i>	generic	1	PA
<i>praziquantel 600 mg tablet</i>	generic	1	PA
STROMEKTOL 3 MG TABLET <i>ivermectin</i>	BRAND	1	PA
URINARY ANTI-INFECTIVES			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>fosfomycin tromethamine 3 g packet</i>	generic	1	
FURADANTIN 25 MG/5 ML SUSP <i>nitrofurantoin</i>	BRAND	1	
HIPREX 1 GM TABLET <i>methenamine hippurate</i>	BRAND	1	
HYOPHEN TABLET <i>methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin</i>	BRAND	1	
MACROBID 100 MG CAPSULE <i>nitrofurantoin monohydrate/macrocrystals</i>	BRAND	1	
MACRODANTIN (25 MG, 100 MG, 50 MG) <i>nitrofurantoin macrocrystal</i>	BRAND	1	
<i>methenamine hippurate 1 g tablet</i>	generic	1	
METHENAMINE MANDELATE (500 MG, 1 G)	generic	1	
<i>methenam/sod phos/mblue/hyoscy 81.6-.12mg tablet</i>	generic	1	
MONUROL 3 GM SACHET <i>fosfomycin tromethamine</i>	BRAND	1	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	generic	1	
NITROFURANTOIN MACROCRYSTAL (50 MG, 25 MG, 100 MG)	generic	1	
<i>nitrofurantoin monohyd/m-cryst 100 mg capsule</i>	generic	1	
PRIMSOL 50 MG/5 ML ORAL SOLN <i>trimethoprim</i>	BRAND	1	
<i>trimethoprim 100 mg tablet</i>	generic	1	
URETRON D-S TABLET <i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>	BRAND	1	
URIMAR-T TABLET <i>methenamine/methylene blue/salicylate/sodium phos/hyoscyamin</i>	BRAND	1	
URO-MP CAPSULE <i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>	BRAND	1	
UROGESIC-BLUE TABLET <i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>	BRAND	1	
UROQID-ACID NO.2 500-500 TB <i>methenamine mandelate/sodium phosphate,monobasic</i>	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
<i>bacitracin 500 unit/g oint. (g)</i>	generic	1	QPD 0.434 per day HCG HIGH COST GENERIC
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	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
<i>ciprofloxacin hcl 0.2 % dropperette</i>	generic	1	QPD 0.567 per day
<i>ciprofloxacin hcl 0.3 % drops</i>	generic	1	QPD 0.767 per day
<i>ciprofloxacin hcl/dexameth 0.3 %-0.1% drops susp</i>	generic	1	QPD 0.257 per day
<i>ciprofloxacin hcl/fluocinolone 0.3-0.025% vial</i>	generic	1	
COLY-MYCIN S OTIC SUSP DROP neomycin sulf/colistin sul/hydrocortisone	BRAND	1	QL

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ZIRGAN 0.15% OPHTHALMIC GEL <i>ganciclovir</i>	BRAND	1	QPD 0.167 per day
EENT ANTI-INFECTIVES, MISCELLANEOUS			
<i>acetic acid 2 % solution</i>	generic	1	
BETADINE 5% EYE SOLUTION <i>povidone-iodine</i>	BRAND	1	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	generic	1	
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	generic	1	
PAROEX 0.12% ORAL RINSE <i>chlorhexidine gluconate</i>	BRAND	1	
PERIDEX 0.12% ORAL RINSE <i>chlorhexidine gluconate</i>	BRAND	1	
PERIOGARD 0.12% ORAL RINSE <i>chlorhexidine gluconate</i>	BRAND	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)			
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)			
ALTABAX 1% OINTMENT <i>retapamulin</i>	BRAND	1	PA
AMZEEQ 4% FOAM <i>minocycline hcl</i>	BRAND	1	QPD 1 per day
CENTANY 2% OINTMENT <i>mupirocin</i>	BRAND	1	PA
CLEOCIN T 1% GEL <i>clindamycin phosphate</i>	BRAND	1	QL
CLEOCIN T (SOLUION, LOION) <i>clindamycin phosphate</i>	BRAND	1	
CLINDACIN ETZ 1% PLEDGET <i>clindamycin phosphate</i>	BRAND	1	HCG HIGH COST GENERIC
CLINDACIN P 1% PLEDGETS <i>clindamycin phosphate</i>	BRAND	1	HCG HIGH COST GENERIC
CLINDAMYCIN PHOSPHATE (1 LOTION, 2 CREAM/APPL, 1 MED. SWAB)	generic	1	
<i>clindamycin phosphate 1 % gel (gram)</i>	generic	1	QL
<i>clindamycin phosphate 1 % solution</i>	generic	1	QPD 2 per day
<i>clindamycin phos/benzoyl perox 1.2(1)%-5% gel (gram)</i>	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 <i>clindamycin phosphate</i>	BRAND	1	
CORTISPORIN CREAM <i>neomycin sulfate/polymyxin b sulfate/hydrocortisone</i>	BRAND	1	QPD 0.25 per day
CORTISPORIN OINTMENT <i>neomycin/bacitracin/polymyxin b/hydrocortisone</i>	BRAND	1	QPD 0.5 per day
ERY 2% PADS <i>erythromycin base in ethanol</i>	BRAND	1	
ERYGEL 2% GEL <i>erythromycin base in ethanol</i>	BRAND	1	QPD 1 per day
<i>erythromycin base in ethanol 2 % gel (gram)</i>	generic	1	QPD 1 per day
<i>erythromycin base in ethanol 2 % solution</i>	generic	1	QPD 2 per day
<i>erythromycin/benzoyl peroxide 3 %-5 % gel (gram)</i>	generic	1	QPD 1.6 per day
GENTAMICIN SULFATE (0.1 OINT., 0.1 CREAM)	generic	1	
METROCREAM 0.75% CREAM <i>metronidazole</i>	BRAND	1	
METROLOTION TOPICAL 0.75% <i>metronidazole</i>	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	
<i>mupirocin 2 % oint. (g)</i>	generic	1	QPD 2.5 per day
<i>mupirocin calcium 2 % cream (g)</i>	generic	1	QPD 2 per day
NEUAC GEL <i>clindamycin phosphate/benzoyl peroxide</i>	BRAND	1	QPD 1.5 per day
ONEXTON 1.2%-3.75% GEL <i>clindamycin phosphate/benzoyl peroxide</i>	BRAND	1	QPD 1.667 per day
ONEXTON GEL PUMP <i>clindamycin phosphate/benzoyl peroxide</i>	BRAND	1	QPD 1.967 per day
ROSADAN (GEL KIT, GEL, CREAM) <i>metronidazole/skin cleanser combination no.23</i>	BRAND	1	
VANDAZOLE VAGINAL 0.75% GEL <i>metronidazole</i>	BRAND	1	

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

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>bromfenac sodium 0.09 % drops</i>	generic		  HIGH COST GENERIC
<i>diclofenac sodium 0.1 % drops</i>	generic	1	
<i>flurbiprofen sodium 0.03 % drops</i>	generic	1	
<i>ketorolac tromethamine 0.4 % drops</i>	generic	1	
<i>ketorolac tromethamine 0.5 % drops</i>	generic	1	
PROLENSA 0.07% EYE DROPS <i>bromfenac sodium</i>	BRAND	1	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)			
INTERLEUKIN ANTAGONISTS			
DUPIXENT 100 MG/0.67 ML SYRING <i>dupilumab</i>	BRAND	1	 At least 6 yrs old  Specialty Choice   0.05 per day
FASENRA 30 MG/ML SYRINGE <i>benralizumab</i>	BRAND	1	 At least 12 yrs old  Specialty Choice   0.04 per day  BENEFIT SHIFT PROGRAM  Extended Specialty Day Supply
FASENRA PEN 30 MG/ML <i>benralizumab</i>	BRAND	1	 At least 12 yrs old  Specialty Choice   0.04 per day  Extended Specialty Day Supply
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE) <i>mepolizumab</i>	BRAND	1	 At least 12 yrs old  Specialty Choice   0.04 per day
NUCALA 100 MG/ML POWDER VIAL <i>mepolizumab</i>	BRAND	1	 At least 6 yrs old  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	
<i>betamethasone valerate 0.12 % foam</i>	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 <i>halobetasol propionate</i>	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
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	generic	1	
<i>clobetasol propionate/emoll 0.05 % foam</i>	generic	1	HCG HIGH COST GENERIC
<i>clocortolone pivalate 0.1 % cream (g)</i>	generic	1	HCG HIGH COST GENERIC
CLODAN 0.05% SHAMPOO <i>clobetasol propionate</i>	BRAND	1	HCG HIGH COST GENERIC
COLOCORT 100 MG/60 ML ENEMA <i>hydrocortisone</i>	BRAND	1	
DERMA-SMOOTH-FS BODY OIL <i>fluocinolone acetonide</i>	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 <i>desonide</i>	BRAND	1	
EPIFOAM FOAM <i>hydrocortisone acetate/pramoxine hcl</i>	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
<i>fluocinolone/shower cap 0.01 % oil</i>	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		
<i>fluocinonide/emollient base 0.05 % cream (g)</i>	generic	1	
FLUTICASONE PROPIONATE (0.005 OINT., 0.05 CREAM)	generic	1	
<i>halcinonide 0.1 % cream (g)</i>	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) <i>hydrocortisone butyrate</i>	BRAND	1	
MOMETASONE FUROATE (0.1 CREAM (G), 0.1 OINT. (G), 0.1 SOLUTION)	generic	1	
OLUX 0.05% FOAM <i>clobetasol propionate</i>	BRAND	1	
OLUX-E 0.05% FOAM <i>clobetasol propionate/emollient base</i>	BRAND	1	
ORALONE 0.1% PASTE <i>triamcinolone acetonide</i>	BRAND	1	
PRAMOSONE (1%, 2.5%-1%) <i>hydrocortisone acetate/pramoxine hcl</i>	BRAND	1	
PREDNICARBATE (0.1 CREAM, 0.1 OINT.)	generic	1	
PROCTO-MED HC 2.5% CREAM <i>hydrocortisone</i>	BRAND	1	
PROCTO-PAK 1% CREAM <i>hydrocortisone</i>	BRAND	1	
PROCTOFOAM-HC 1%-1% FOAM <i>hydrocortisone acetate/pramoxine hcl</i>	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PROCTOSOL-HC 2.5% CREAM <i>hydrocortisone</i>	BRAND	1	
PROCTOZONE-HC 2.5% CREAM <i>hydrocortisone</i>	BRAND	1	HCG HIGH COST GENERIC
SANADERMRX SKIN REPAIR SOLN <i>triamcinolone acetonide/dimethicone/silicone, adhesive</i>	BRAND	1	
SCALACORT 2% LOTION <i>hydrocortisone</i>	BRAND	1	
SERNIVO 0.05% SPRAY <i>betamethasone dipropionate</i>	BRAND	1	
TOPICORT (0.25% CREAM, 0.25% OINTMENT, 0.05% GEL, 0.05% OINTMENT, 0.05% CREAM) <i>desoximetasone</i>	BRAND	1	
TOVET EMOLLIENT 0.05% FOAM <i>clobetasol propionate/emollient base</i>	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%) <i>triamcinolone acetonide</i>	BRAND	1	
ANTIANEMIA DRUGS			
IRON PREPARATIONS			
ACCRUFER 30 MG CAPSULE <i>ferric maltol</i>	BRAND	1	PA QPD 2 per day
FOLIVANE-PLUS CAPSULE <i>iron fumarate, polysac cplex/folic acid/vitb comp with c no.9</i>	BRAND	1	
HEMATINIC-VITAMIN-MINERAL TAB <i>iron/folic acid/vitamin b comp and c/minerals</i>	BRAND	1	
HEMATINIC-FOLIC ACID TABLET <i>ferrous fumarate/folic acid</i>	BRAND	1	
INJECTAFER (750 MG/15 ML, 1,000 MG/20 ML) <i>ferric carboxymaltose</i>	BRAND	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
VIRT-FEFA PLUS CAPSULE <i>iron fumarate, polysac cplex/folic acid/vitb comp with c no.9</i>	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) <i>disopyramide phosphate</i>	BRAND	1	
NORPACE CR (150 MG, 100 MG) <i>disopyramide phosphate</i>	BRAND	1	
<i>quinidine gluconate 324 mg tablet er</i>	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) <i>propafenone hcl</i>	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 <i>dronedarone hcl</i>	BRAND	1	PA
PACERONE (100 MG, 200 MG, 400 MG) <i>amiodarone hcl</i>	BRAND	1	
ANTIBACTERIALS			
AMINOGLYCOSIDE ANTIBIOTICS			
ARIKAYCE 590 MG/8.4 ML VIAL <i>amikacin sulfate liposomal with nebulizer accessories</i>	BRAND	1	SPC Specialty Choice PA QPD 9 per day
BETHKIS 300 MG/4 ML AMPULE <i>tobramycin</i>	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 <i>tobramycin/nebulizer</i>	BRAND	1	SPC Specialty Choice PA
<i>neomycin sulfate 500 mg tablet</i>	generic	1	
TOBI 300 MG/5 ML SOLUTION <i>tobramycin in 0.225 % sodium chloride</i>	BRAND	1	SPC Specialty Choice PA SDS Extended Specialty Day Supply
TOBI PODHALER 28 MG INHALE CAP <i>tobramycin</i>	BRAND	1	SPC Specialty Choice PA SDS Extended Specialty Day Supply
<i>tobramycin 300 mg/4ml ampul-neb</i>	generic	1	SPC Specialty Choice PA
<i>tobramycin in 0.225% sod chlor 300 mg/5ml ampul-neb</i>	generic	1	SPC Specialty Choice PA SDS Y
<i>tobramycin/nebulizer 300 mg/5ml ampul-neb</i>	generic	1	SPC Specialty Choice PA
QUINOLONE ANTIBIOTICS			
BAXDELA 450 MG TABLET <i>delafloxacin meglumine</i>	BRAND	1	PA
CIPRO 10% SUSPENSION <i>ciprofloxacin</i>	BRAND	1	QPD 10 per day
CIPRO 5% SUSPENSION <i>ciprofloxacin</i>	BRAND	1	QPD 7 per day
CIPRO (250 MG, 500 MG) <i>ciprofloxacin hcl</i>	BRAND	1	QPD 2 per day
<i>ciprofloxacin 250 mg/5ml sus mc rec</i>	generic	1	QPD 7 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin 500 mg/5ml sus mc rec</i>	generic	1	QPD 10 per day
CIPROFLOXACIN HCL (100 MG, 750 MG, 250 MG)	generic	1	QPD 2 per day
<i>ciprofloxacin hcl 500 mg tablet</i>	generic	1	QPD 2 per day LCG LOW COST GENERIC
<i>ciprofloxacin in 5 % dextrose 200mg/0.1l piggyback</i>	generic	1	
FACTIVE 320 MG TABLET <i>gemifloxacin mesylate</i>	BRAND	1	PA QPD 7 per day
LEVAQUIN (750 MG, 500 MG) <i>levofloxacin</i>	BRAND	1	QL
<i>levofloxacin 250mg/10ml solution</i>	generic	1	
LEVOFLOXACIN (500 MG, 750 MG, 250 MG)	generic	1	QL
<i>moxifloxacin hcl 400 mg tablet</i>	generic	1	QL
OFLOXACIN (400 MG, 300 MG)	generic	1	QL
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)			
BACTRIM 400-80 MG TABLET <i>sulfamethoxazole/trimethoprim</i>	BRAND	1	
BACTRIM DS TABLET <i>sulfamethoxazole/trimethoprim</i>	BRAND	1	
<i>sulfadiazine 500 mg tablet</i>	generic	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM (800-160/20 ORAL SUSP, 200-40MG/5 ORAL SUSP, 400MG-80MG TABLET)	generic	1	
<i>sulfamethoxazole/trimethoprim 800-160 mg tablet</i>	generic	1	LCG LOW COST GENERIC
SULFATRIM PEDIATRIC SUSPENSION <i>sulfamethoxazole/trimethoprim</i>	BRAND	1	
TETRACYCLINE ANTIBIOTICS			
AVIDOXY 100 MG TABLET <i>doxycycline monohydrate</i>	BRAND	1	
COREMINO (ER 90 MG, ER 135 MG) <i>minocycline hcl</i>	BRAND	1	QPD 1 per day
COREMINO ER 45 MG TABLET <i>minocycline hcl</i>	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 <i>doxycycline hyclate</i>	BRAND	1	QPD 2 per day
MINOCYCLINE HCL (100 MG, 75 MG, 50 MG)	generic	1	
MONDOXYNE NL 100 MG CAPSULE <i>doxycycline monohydrate</i>	BRAND	1	
MORGIDOX (100 MG, 50 MG) <i>doxycycline hyclate</i>	BRAND	1	
OKEBO 75 MG CAPSULE <i>doxycycline monohydrate</i>	BRAND	1	
TETRACYCLINE HCL (500 MG, 250 MG)	generic	1	
ANTIBACTERIALS, MISCELLANEOUS			
CYCLIC LIPOPEPTIDE ANTIBIOTICS			
<i>daptomycin 500 mg vial</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
GLYCOPEPTIDE ANTIBIOTICS			
VANCOCIN HCL (250 MG, 125 MG) <i>vancomycin hcl</i>	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) <i>clindamycin hcl</i>	BRAND	1	QPD 4 per day
CLEOCIN PEDIATRIC 75 MG/5 ML <i>clindamycin palmitate hcl</i>	BRAND	1	QPD 70 per day
CLEOCIN PHOSPHATE (600 MG/4ML, 900 MG/6ML) <i>clindamycin phosphate</i>	BRAND	1	
CLINDAMYCIN HCL (150 MG, 75 MG, 300 MG)	generic	1	QPD 4 per day
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	generic	1	QPD 70 per day

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ATROVENT 17 MCG HFA INHALER <i>ipratropium bromide</i>	BRAND	1	QPD 1.29 per day
<i>chlordiazepoxide/clidinium br 5 mg-2.5mg capsule</i>	generic	1	
COMBIVENT RESPIMAT 20-100 MCG <i>ipratropium bromide/albuterol sulfate</i>	BRAND	1	QPD 0.267 per day
CUVPOSA 1 MG/5 ML SOLUTION <i>glycopyrrolate</i>	BRAND	1	
DICYCLOMINE HCL (10 MG CAPSULE, 10 MG/5 ML SOLUTION, 20 MG TABLET)	generic	1	LCG LOW COST GENERIC
DONNATAL (TABLET, ELIXIR) <i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	BRAND	1	
ED-SPAZ 0.125 MG ODT <i>hyoscyamine sulfate</i>	BRAND	1	
GLYCATE 1.5 MG TABLET <i>glycopyrrolate</i>	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) <i>hyoscyamine sulfate</i>	BRAND	1	
<i>ipratropium bromide 0.2 mg/ml solution</i>	generic	1	QPD 12.5 per day
<i>ipratropium/albuterol sulfate 0.5-3mg/3 ampul-neb</i>	generic	1	
LEVSIN 0.125 MG TABLET <i>hyoscyamine sulfate</i>	BRAND	1	
LEVSIN-SL 0.125 MG TABLET SL <i>hyoscyamine sulfate</i>	BRAND	1	
LIBRAX CAPSULE <i>chlordiazepoxide/clidinium bromide</i>	BRAND	1	
LONHALA MAGNAIR 25 MCG REFILL <i>glycopyrrolate/nebulizer accessories</i>	BRAND	1	PA QPD 2 per day
LONHALA MAGNAIR 25 MCG STARTER <i>glycopyrrolate/nebulizer and accessories</i>	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 <i>hyoscyamine sulfate</i>	BRAND	1	
OSCIMIN 0.125 MG TABLET <i>hyoscyamine sulfate</i>	BRAND	1	
OSCIMIN SL 0.125 MG TABLET <i>hyoscyamine sulfate</i>	BRAND	1	
OSCIMIN SR 0.375 MG TABLET <i>hyoscyamine sulfate</i>	BRAND	1	
PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE SULF/SCOPOLAMINE HB (16.2MG/5ML ELIXIR, 16.2 MG TABLET)	generic	1	
PHENOHYTRO TABLET <i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	BRAND	1	HCG HIGH COST GENERIC
<i>propantheline bromide 15 mg tablet</i>	generic	1	
QBREXZA 2.4% CLOTH <i>glycopyrronium tosylate</i>	BRAND	1	PA QPD 1 per day
SPIRIVA 18 MCG CP-HANDIHALER <i>tiotropium bromide</i>	BRAND	1	QPD 1 per day
SPIRIVA RESPIMAT (2.5 MCG, 1.25 MCG) <i>tiotropium bromide</i>	BRAND	1	QPD 1 per day
STIOLTO RESPIMAT INHAL SPRAY <i>tiotropium bromide/olodaterol hcl</i>	BRAND	1	QPD 0.134 per day
SYMAX DUOTAB <i>hyoscyamine sulfate</i>	BRAND	1	
ANTICOAGULANTS			
ANTICOAGULANTS, MISCELLANEOUS			
ACD-A SOLUTION <i>citrate dextrose solution</i>	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) <i>fondaparinux sodium</i>	BRAND	1	SPC Specialty Choice
<i>citrate phosphate dextros soln 2.63 g/100 solution</i>	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) <i>warfarin sodium</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
JANTOVEN (5 MG, 2.5 MG, 4 MG, 3 MG, 1 MG) <i>warfarin sodium</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
JANTOVEN (7.5 MG, 6 MG, 2 MG, 10 MG) <i>warfarin sodium</i>	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 <i>apixaban</i>	BRAND	1	QL
ELIQUIS (5 MG, 2.5 MG) <i>apixaban</i>	BRAND	1	QPD 2 per day
SAVAYSA (30 MG, 60 MG, 15 MG) <i>edoxaban tosylate</i>	BRAND	1	PA QPD 1 per day
XARELTO DVT-PE TREAT START 30D <i>rivaroxaban</i>	BRAND	1	QL
XARELTO (2.5 MG, 15 MG) <i>rivaroxaban</i>	BRAND	1	QPD 2 per day
XARELTO (20 MG, 10 MG) <i>rivaroxaban</i>	BRAND	1	QPD 1 per day
DIRECT THROMBIN INHIBITORS			
PRADAXA (110 MG, 75 MG, 150 MG) <i>dabigatran etexilate mesylate</i>	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) <i>dalteparin sodium,porcine</i>	BRAND		SPC Specialty Choice
<i>heparin sodium,porcine 5000/ml(1) cartridge</i>	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) <i>enoxaparin sodium</i>	BRAND	1	SPC Specialty Choice
ANTICONVULSANTS			
ANTICONVULSANTS, MISCELLANEOUS			
APTIOM (400 MG, 800 MG, 600 MG) <i>eslicarbazepine acetate</i>	BRAND	1	PA QPD 2 per day
APTIOM 200 MG TABLET <i>eslicarbazepine acetate</i>	BRAND	1	PA QPD 3 per day
BANZEL (400 MG TABLET, 40 MG/ML SUSPENSION, 200 MG TABLET) <i>rufinamide</i>	BRAND	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
BRIVIACT 10 MG/ML ORAL SOLN <i>brivaracetam</i>	BRAND	1	PA QPD 20 per day
BRIVIACT (50 MG, 10 MG) <i>brivaracetam</i>	BRAND	1	PA QPD 4 per day
BRIVIACT 100 MG TABLET <i>brivaracetam</i>	BRAND	1	PA QPD 2 per day
BRIVIACT 25 MG TABLET <i>brivaracetam</i>	BRAND	1	PA QPD 8 per day
BRIVIACT 75 MG TABLET <i>brivaracetam</i>	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) <i>stiripentol</i>	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 <i>cannabidiol (cbd)</i>	BRAND	1	SPC Specialty Choice PA
EPITOL 200 MG TABLET <i>carbamazepine</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
EPRONTIA 25 MG/ML SOLUTION <i>topiramate</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR PA
EQUETRO (300 MG, 200 MG, 100 MG) <i>carbamazepine</i>	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
<i>felbamate</i>			
FINTEPLA 2.2 MG/ML SOLUTION <i>fenfluramine hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 12 per day
FYCOMPA 0.5 MG/ML ORAL SUSP <i>perampanel</i>	BRAND	1	QPD 6 per day
FYCOMPA (10 MG, 6 MG, 2 MG, 12 MG, 8 MG, 4 MG) <i>perampanel</i>	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
<i>gabapentin 600 mg tablet</i>	generic	1	QPD 6 per day
<i>gabapentin 800 mg tablet</i>	generic	1	QPD 5 per day
GABITRIL (12 MG, 2 MG, 4 MG, 16 MG) <i>tiagabine hcl</i>	BRAND	1	
HORIZANT ER 300 MG TABLET <i>gabapentin enacarbil</i>	BRAND	1	PA QPD 4 per day
HORIZANT ER 600 MG TABLET <i>gabapentin enacarbil</i>	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
<i>pregabalin 20 mg/ml solution</i>	generic	1	QPD 30 per day
ROWEEPRA (1,000 MG, 750 MG, 500 MG) <i>levetiracetam</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
ROWEEPRA XR (750 MG, 500 MG) <i>levetiracetam</i>	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) <i>vigabatrin</i>	BRAND	1	SPC Specialty Choice PA QPD 6 per day
SPRITAM (750 MG, 500 MG, 1,000 MG, 250 MG) <i>levetiracetam</i>	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) <i>lamotrigine</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
SUBVENITE TAB START KIT (BLUE) <i>lamotrigine</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
SUBVENITE TAB START KIT(GREEN) <i>lamotrigine</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
SUBVENITE TAB START KT(ORANGE) <i>lamotrigine</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
TIAGABINE HCL (4 MG, 16 MG, 2 MG, 12 MG)	generic	1	
<i>topiramate 15 mg cap sprink</i>	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
<i>topiramate</i>			
<i>valproic acid 250 mg capsule</i>	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 <i>vigabatrin</i>	BRAND	1	SPC Specialty Choice PA QPD 6 per day
VIMPAT 10 MG/ML SOLUTION <i>lacosamide</i>	BRAND	1	QPD 50 per day
VIMPAT (150 MG TABLET, 200 MG TABLET, STARTER KIT) <i>lacosamide</i>	BRAND	1	QPD 2 per day
VIMPAT (100 MG, 50 MG) <i>lacosamide</i>	BRAND	1	QPD 4 per day
XCOPRI (12.5-25 MG PK, 150-200 MG PK, 50-100 MG PAK) <i>cenobamate</i>	BRAND	1	PA QPD 1 per day
XCOPRI (200 MG TABLET, 350 MG DAILY DOSE PACK, 250 MG DAILY DOSE PACK, 150 MG TABLET) <i>cenobamate</i>	BRAND	1	PA QPD 2 per day
XCOPRI (50 MG, 100 MG) <i>cenobamate</i>	BRAND	1	PA QPD 4 per day
ZONISAMIDE (100 MG, 25 MG)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
<i>zonisamide 50 mg capsule</i>	generic	1	NTI NARROW THERAPEUTIC INDICATOR LCG LOW COST GENERIC
BARBITURATES (ANTICONVULSANTS)			
MYSOLINE (250 MG, 50 MG) <i>primidone</i>	BRAND	1	
PRIMIDONE (250 MG, 50 MG)	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
BENZODIAZEPINES (ANTICONVULSANTS)			
<i>clobazam 2.5 mg/ml oral susp</i>	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 <i>midazolam</i>	BRAND	1	QL
HYDANTOINS			
DILANTIN 30 MG CAPSULE <i>phenytoin sodium extended</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
PEGANONE 250 MG TABLET <i>ethotoin</i>	BRAND	1	
PHENYTEK (300 MG, 200 MG) <i>phenytoin sodium extended</i>	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 <i>methsuximide</i>	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) <i>ethosuximide</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
ANTIDEPRESSANTS			
ANTIDEPRESSANTS, MISCELLANEOUS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl 150 mg tab er 12h</i>	generic	1	HCR QPD HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered. 2 per day
<i>bupropion hcl 150 mg tab er 24h</i>	generic	1	QPD 3 per day
<i>bupropion hcl 300 mg tab er 24h</i>	generic	1	QPD 1 per day
<i>bupropion hcl 100 mg tablet</i>	generic	1	QPD 5 per day
<i>bupropion hcl 75 mg tablet</i>	generic	1	QPD 6 per day
BUPROPION HCL (200 MG, 150 MG)	generic	1	QPD 2 per day
<i>bupropion hcl 100 mg tab sr 12h</i>	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
<i>mirtazapine 7.5 mg tablet</i>	generic	1	QPD 2 per day
REMERON (15 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB, 30 MG SOLTAB, 15 MG TABLET) <i>mirtazapine</i>	BRAND	1	QPD 1 per day
SPRAVATO (84 MG DOSE PACK, 28 MG NASAL SPRAY) <i>esketamine hcl</i>	BRAND	1	SPC PA QPD Specialty Choice 0.87 per day
SPRAVATO 56 MG DOSE PACK <i>esketamine hcl</i>	BRAND	1	SPC PA QPD Specialty Choice 0.58 per day
MONOAMINE OXIDASE INHIBITORS			
MARPLAN 10 MG TABLET <i>isocarboxazid</i>	BRAND	1	QPD 6 per day
NARDIL 15 MG TABLET <i>phenelzine sulfate</i>	BRAND	1	QPD 6 per day
PARNATE 10 MG TABLET <i>tranylcypromine sulfate</i>	BRAND	1	QPD 6 per day
<i>phenelzine sulfate 15 mg tablet</i>	generic	1	QPD 6 per day
<i>tranylcypromine sulfate 10 mg tablet</i>	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) <i>duloxetine hcl</i>	BRAND	1	QPD 2 per day
DULOXETINE HCL (40 MG, 20 MG, 60 MG)	generic	1	QPD 2 per day
<i>duloxetine hcl 30 mg capsule dr</i>	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) <i>levomilnacipran hcl</i>	BRAND	1	QPD 1 per day
VENLAFAXINE HCL (37.5 MG ER, 150 MG ER)	generic	1	QPD 1 per day
<i>venlafaxine hcl 75 mg cap er 24h</i>	generic	1	QPD 3 per day
VENLAFAXINE HCL (50 MG, 75 MG, 37.5 MG, 100 MG)	generic	1	
<i>venlafaxine hcl 25 mg tablet</i>	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
<i>citalopram hydrobromide 40 mg tablet</i>	generic	1	QL QPD 1 per day LCG LOW COST GENERIC
<i>escitalopram oxalate 5 mg/5 ml solution</i>	generic	1	QPD 20 per day
ESCITALOPRAM OXALATE (10 MG, 5 MG)	generic	1	QPD 1.5 per day
<i>escitalopram oxalate 20 mg tablet</i>	generic	1	QPD 1 per day
<i>fluoxetine hcl 10 mg capsule</i>	generic	1	QPD 1 per day LCG LOW COST GENERIC
<i>fluoxetine hcl 20 mg capsule</i>	generic	1	QPD 4 per day LCG LOW COST GENERIC
<i>fluoxetine hcl 40 mg capsule</i>	generic	1	QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 90 mg capsule dr</i>	generic	1	QPD 0.15 per day HCG HIGH COST GENERIC
<i>fluoxetine hcl 20 mg/5 ml solution</i>	generic	1	QPD 20 per day
<i>fluoxetine hcl 10 mg tablet</i>	generic	1	QPD 1.5 per day HCG HIGH COST GENERIC LCG LOW COST GENERIC
<i>fluoxetine hcl 20 mg tablet</i>	generic	1	QPD 4 per day HCG HIGH COST GENERIC
<i>fluoxetine hcl 60 mg tablet</i>	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
<i>fluvoxamine maleate 100 mg tablet</i>	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
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	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
<i>paroxetine hcl 10 mg tablet</i>	generic	1	QPD 1.5 per day LCG LOW COST GENERIC
<i>paroxetine hcl 20 mg tablet</i>	generic	1	QPD 1 per day LCG LOW COST GENERIC
<i>paroxetine mesylate 7.5 mg capsule</i>	generic	1	QPD 1 per day
PAXIL 10 MG/5 ML SUSPENSION <i>paroxetine hcl</i>	BRAND	1	PA QPD 42 per day
PEXEVA (30 MG, 20 MG, 10 MG) <i>paroxetine mesylate</i>	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
<i>sertraline hcl 20 mg/ml oral conc</i>	generic	1	QPD 10 per day
SERTRALINE HCL (50 MG, 25 MG)	generic	1	QPD 1.5 per day LCG LOW COST GENERIC
<i>sertraline hcl 100 mg tablet</i>	generic	1	QPD 2 per day LCG LOW COST GENERIC
SYMBYAX (3-25 MG, 6-25 MG, 6-50 MG, 12-50 MG) <i>olanzapine/fluoxetine hcl</i>	BRAND	1	AL At least 10 yrs old QPD 1 per day
SEROTONIN MODULATORS			
<i>nefazodone hcl 100 mg tablet</i>	generic	1	QPD 6 per day
<i>nefazodone hcl 150 mg tablet</i>	generic	1	QPD 4 per day
<i>nefazodone hcl 200 mg tablet</i>	generic	1	QPD 3 per day
<i>nefazodone hcl 250 mg tablet</i>	generic	1	QPD 2.5 per day
<i>nefazodone hcl 50 mg tablet</i>	generic	1	QPD 12 per day
<i>trazodone hcl 100 mg tablet</i>	generic	1	QPD 4 per day LCG LOW COST GENERIC
<i>trazodone hcl 150 mg tablet</i>	generic	1	QPD 2 per day LCG LOW COST GENERIC
<i>trazodone hcl 300 mg tablet</i>	generic	1	QPD 1 per day
<i>trazodone hcl 50 mg tablet</i>	generic	1	QPD 3 per day LCG LOW COST GENERIC
TRINTELLIX (10 MG, 5 MG, 20 MG) <i>vortioxetine hydrobromide</i>	BRAND	1	QPD 1 per day
VIIBRYD 10-20 MG STARTER PACK <i>vilazodone hcl</i>	BRAND	1	
VIIBRYD (10 MG, 20 MG, 40 MG) <i>vilazodone hcl</i>	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) <i>clomipramine hcl</i>	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 <i>amitriptyline hcl</i>	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) <i>desipramine hcl</i>	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) <i>nortriptyline hcl</i>	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) <i>doxepin hcl</i>	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) <i>linagliptin/metformin hcl</i>			
JENTADUETO XR 2.5 MG-1,000 MG <i>linagliptin/metformin hcl</i>	BRAND	1	QPD 2 per day
JENTADUETO XR 5 MG-1,000 MG TB <i>linagliptin/metformin hcl</i>	BRAND	1	QPD 1 per day
TRADJENTA 5 MG TABLET <i>linagliptin</i>	BRAND	1	QPD 1 per day
INCRETIN MIMETICS			
BYDUREON BCISE 2 MG AUTOINJECT <i>exenatide microspheres</i>	BRAND	1	QPD 0.15 per day
BYDUREON 2 MG PEN INJECT <i>exenatide microspheres</i>	BRAND	1	QPD 0.15 per day
BYETTA 10 MCG DOSE PEN INJ <i>exenatide</i>	BRAND	1	QPD 0.08 per day
BYETTA 5 MCG DOSE PEN INJ <i>exenatide</i>	BRAND	1	QPD 0.04 per day
OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML)) <i>semaglutide</i>	BRAND	1	QPD 0.124 per day
OZEMPIC 0.25-0.5 MG/DOSE PEN <i>semaglutide</i>	BRAND	1	QPD 0.067 per day
RYBELSUS (3 MG, 7 MG, 14 MG) <i>semaglutide</i>	BRAND	1	QL QPD 1 per day
SAXENDA 18 MG/3 ML PEN <i>liraglutide</i>	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) <i>dulaglutide</i>	BRAND	1	QPD 0.08 per day
VICTOZA 2-PAK 18 MG/3 ML PEN <i>liraglutide</i>	BRAND	1	QPD 0.3 per day
VICTOZA 3-PAK 18 MG/3 ML PEN <i>liraglutide</i>	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
<i>repaglinide 2 mg tablet</i>	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) <i>dapagliflozin propanediol</i>	BRAND	1	QPD 1 per day
GLYXAMBI (25 MG, 10 MG) <i>empagliflozin/linagliptin</i>	BRAND	1	QPD 1 per day
JARDIANCE (10 MG, 25 MG) <i>empagliflozin</i>	BRAND	1	QPD 1 per day
SYNJARDY (5-1,000 MG, 12.5-500 MG, 5-500 MG, 12.5-1,000 MG) <i>empagliflozin/metformin hcl</i>	BRAND	1	QPD 2 per day
SYNJARDY XR (12.5-1,000 MG TAB, 5-1,000 MG TABLET, 10-1,000 MG TABLET) <i>empagliflozin/metformin hcl</i>	BRAND	1	QPD 2 per day
SYNJARDY XR 25-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	BRAND	1	QPD 1 per day
TRIJARDY XR (10-5-1,000 MG, 25-5-1,000 MG) <i>empagliflozin/linagliptin/metformin hcl</i>	BRAND	1	QPD 1 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG) <i>empagliflozin/linagliptin/metformin hcl</i>	BRAND	1	QPD 2 per day
XIGDUO XR (10 MG-1,000 MG TAB, 5 MG-500 MG TABLET, 10 MG-500 MG TABLET) <i>dapagliflozin propanediol/metformin hcl</i>	BRAND	1	QPD 1 per day
XIGDUO XR (5 MG TABLET, 2.5 MG TAB) <i>dapagliflozin propanediol/metformin hcl</i>	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
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	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)			
<i>glyburide/metformin hcl 1.25-250mg tablet</i>	generic	1	QPD 8 per day LCG LOW COST GENERIC
THIAZOLIDINEDIONES			
ACTOS (30 MG, 45 MG, 15 MG) <i>pioglitazone hcl</i>	BRAND	1	QPD 1 per day
AVANDIA 2 MG TABLET <i>rosiglitazone maleate</i>	BRAND	1	PA QPD 3 per day
AVANDIA 4 MG TABLET <i>rosiglitazone maleate</i>	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			
<i>granisetron hcl 1 mg tablet</i>	generic	1	QL
ONDANSETRON (8 MG, 4 MG)	generic	1	QL QPD 0.8 per day
<i>ondansetron hcl 4 mg/5 ml solution</i>	generic	1	QPD 20 per day
ONDANSETRON HCL (8 MG, 4 MG)	generic	1	QL QPD 0.8 per day
<i>ondansetron hcl 24 mg tablet</i>	generic	1	
<i>ondansetron hcl 2 mg/ml vial</i>	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
<i>ondansetron hcl in 0.9 % nacl 16 mg/50ml piggyback</i>	generic	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
<i>ondansetron hcl in 0.9 % nacl 8 mg/50 ml piggyback</i>	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)			
			 BENEFIT SHIFT PROGRAM
<i>ondansetron hcl/pf 4 mg/2 ml vial</i>	generic	1	 Specialty Choice  BENEFIT SHIFT PROGRAM
ZOFTRAN (8 MG, 4 MG) <i>ondansetron hcl</i>	BRAND	1	
ANTIEMETICS, MISCELLANEOUS			
DRONABINOL (10 MG, 2.5 MG, 5 MG)	generic	1	 5 per day
MARINOL (5 MG, 2.5 MG, 10 MG) <i>dronabinol</i>	BRAND	1	  5 per day
<i>scopolamine 1 mg/3 day patch td 3</i>	generic	1	
SYNDROS 5 MG/ML SOLUTION <i>dronabinol</i>	BRAND	1	 At least 18 yrs old   13 per day
TRANSDERM-SCOP (1 MG/3 DAY PTCH, 1.5 MG (1MG/3D)) <i>scopolamine</i>	BRAND	1	
ANTI-HISTAMINES (GI DRUGS)			
ANTIVERT 50 MG TABLET <i>meclizine hcl</i>	BRAND	1	
BONJESTA ER 20-20 MG TABLET <i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>	BRAND	1	  2 per day
COMPAZINE (25 MG SUPPOSITORY, 5 MG TABLET, 10 MG TABLET) <i>prochlorperazine maleate</i>	BRAND	1	
COMPRO 25 MG SUPPOSITORY <i>prochlorperazine</i>	BRAND	1	
<i>doxylamine succinate/vit b6 10 mg-10mg tablet dr</i>	generic	1	  4 per day
MECLIZINE HCL (25 MG, 12.5 MG)	generic	1	
<i>prochlorperazine 25 mg supp.rect</i>	generic	1	
<i>prochlorperazine edisylate 5 mg/ml vial</i>	generic	1	
PROCHLORPERAZINE MALEATE (5 MG, 10 MG)	generic	1	

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DIFLUCAN 150 MG TABLET <i>fluconazole</i>	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	
<i>fluconazole 150 mg tablet</i>	generic	1	QPD 1 per day LCG LOW COST GENERIC
ITRACONAZOLE (100 MG CAPSULE, 10 MG/ML SOLUTION)	generic	1	
<i>ketoconazole 200 mg tablet</i>	generic	1	
NOXAFIL 40 MG/ML SUSPENSION <i>posaconazole</i>	BRAND	1	
ONMEL 200 MG TABLET <i>itraconazole</i>	BRAND	1	PA
<i>posaconazole 100 mg tablet dr</i>	generic	1	
VFEND 40 MG/ML SUSPENSION <i>voriconazole</i>	BRAND	1	SPC Specialty Choice QPD 20 per day
VFEND (50 MG, 200 MG) <i>voriconazole</i>	BRAND	1	QPD 4 per day
<i>voriconazole 200 mg/5ml susp recon</i>	generic	1	SPC Specialty Choice QPD 20 per day
VORICONAZOLE (200 MG, 50 MG)	generic	1	QPD 4 per day
POLYENE ANTIFUNGALS			
NYSTATIN (1000000/ML ORAL SUSP, 500K UNIT TABLET)	generic	1	
PYRIMIDINE ANTIFUNGALS			
ANCOBON (500 MG, 250 MG) <i>flucytosine</i>	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	
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	generic	1	
<i>econazole nitrate 1 % cream (g)</i>	generic	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
GYNAZOLE 1 2% CREAM <i>butoconazole nitrate</i>	BRAND	1	
<i>ketoconazole 2 % cream (g)</i>	generic	1	QPD 2 per day
<i>ketoconazole 2 % shampoo</i>	generic	1	
<i>luliconazole 1 % cream (g)</i>	generic	1	PA QPD 2 per day
<i>miconazole nitrate 200 mg supp.vag</i>	generic	1	GL Female
NIZORAL 2% SHAMPOO <i>ketoconazole</i>	BRAND	1	
ORAVIG 50 MG BUCCAL TABLET <i>miconazole</i>	BRAND	1	
TERCONAZOLE (0.4, 0.8)	generic	1	GL Female QPD 1.5 per day
<i>terconazole 80 mg supp.vag</i>	generic	1	GL Female QPD 1.5 per day HCG HIGH COST GENERIC
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)			
CICLODAN 8% SOLUTION <i>ciclopirox</i>	BRAND	1	QPD 0.22 per day
CICLOPIROX (1 SHAMPOO, 0.77 GEL (GRAM))	generic	1	
<i>ciclopirox 8 % solution</i>	generic	1	QPD 0.22 per day
CICLOPIROX OLAMINE (0.77 CREAM (G), 0.77 SUSPENSION)	generic	1	
LOPROX 1% SHAMPOO <i>ciclopirox</i>	BRAND	1	
OXABOROLES			
KERYDIN 5% TOPICAL SOLUTION <i>tavaborole</i>	BRAND	1	AL At least 6 yrs old PA QPD 0.67 per day
<i>tavaborole 5 % sol w/appl</i>	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 <i>nystatin</i>	BRAND	1	
NYSTATIN (CREAM, OINT.)	generic	1	
<i>nystatin 100000/g powder</i>	generic	1	QPD 1 per day
<i>nystatin/triamcin 100000-0.1 cream (g)</i>	generic	1	
<i>nystatin/triamcin 100000-0.1 oint. (g)</i>	generic	1	HCG HIGH COST GENERIC
NYSTOP 100,000 UNIT/GM POWDER <i>nystatin</i>	BRAND	1	
ANTIGLAUCOMA AGENTS			
ALPHA-ADRENERGIC AGONISTS (EENT)			
ALPHAGAN P 0.1% DROPS <i>brimonidine tartrate</i>	BRAND	1	QPD 0.4 per day
<i>brimonidine tartrate 0.15 % drops</i>	generic	1	QPD 0.4 per day HCG HIGH COST GENERIC
<i>brimonidine tartrate 0.2 % drops</i>	generic	1	QPD 0.4 per day
COMBIGAN 0.2%-0.5% EYE DROPS <i>brimonidine tartrate/timolol maleate</i>	BRAND	1	QPD 0.334 per day B4G BRAND FOR GENERIC
BETA-ADRENERGIC BLOCKING AGENTS (EENT)			
<i>betaxolol hcl 0.5 % drops</i>	generic	1	QPD 0.54 per day
BETIMOL 0.25% EYE DROPS <i>timolol</i>	BRAND	1	QPD 0.286 per day
BETIMOL 0.5% EYE DROPS <i>timolol</i>	BRAND	1	QPD 0.334 per day
BETOPTIC S 0.25% EYE DROPS <i>betaxolol hcl</i>	BRAND	1	QPD 0.54 per day
<i>carteolol hcl 1 % drops</i>	generic	1	QPD 0.334 per day
ISTALOL 0.5% EYE DROPS <i>timolol maleate</i>	BRAND	1	QPD 0.286 per day
<i>levobunolol hcl 0.5 % drops</i>	generic	1	QPD 0.4 per day
<i>metipranolol 0.3 % drops</i>	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)			
<i>timolol maleate/pf 0.5 % droperette</i>	generic	1	QPD 2 per day
CARBONIC ANHYDRASE INHIBITORS (EENT)			
ACETAZOLAMIDE (125 MG TABLET, 500 MG CAPSULE ER, 250 MG TABLET)	generic	1	
<i>brinzolamide 1 % drops susp</i>	generic	1	QPD 0.5 per day
<i>dorzolamide hcl 2 % drops</i>	generic	1	QPD 0.4 per day
<i>dorzolamide hcl/timolol maleat 22.3-6.8/1 drops</i>	generic	1	QPD 0.334 per day
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	generic	1	QPD 2 per day
<i>methazolamide 25 mg tablet</i>	generic	1	
<i>methazolamide 50 mg tablet</i>	generic	1	HCG HIGH COST GENERIC
SIMBRINZA 1%-0.2% EYE DROPS <i>brinzolamide/brimonidine tartrate</i>	BRAND	1	QPD 0.4 per day
TRUSOPT 2% EYE DROPS <i>dorzolamide hcl</i>	BRAND	1	QPD 0.4 per day
MIOTICS			
ISOPTO CARPINE (2%, 4%, 1%) <i>pilocarpine hcl</i>	BRAND	1	QPD 0.54 per day
PHOSPHOLINE IODIDE 0.125% <i>echothiophate iodide</i>	BRAND	1	
PILOCARPINE HCL (4, 2, 1)	generic	1	QPD 0.54 per day
PROSTAGLANDIN ANALOGS			
<i>bimatoprost 0.03 % drops</i>	generic	1	QPD 0.13 per day HCG HIGH COST GENERIC
<i>latanoprost 0.005 % drops</i>	generic	1	QPD 0.13 per day
LUMIGAN 0.01% EYE DROPS <i>bimatoprost</i>	BRAND	1	QPD 0.13 per day
<i>travoprost 0.004 % drops</i>	generic	1	QPD 0.13 per day
XELPROS 0.005% EYE DROP <i>latanoprost</i>	BRAND	1	QPD 0.13 per day
RHO KINASE INHIBITORS			
RHOPRESSA 0.02% OPHTH SOLUTION <i>netarsudil mesylate</i>	BRAND	1	QPD 0.1 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ROCKLATAN 0.02%-0.005% EYE DRP <i>netarsudil mesylate/latanoprost</i>	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) <i>antihemophilic factor (fviii) recombinant, full length</i>	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) <i>antihemophilic factor (fviii) recombinant, full length, peg</i>	BRAND	1	SPC Specialty Choice PA
AFSTYLA (3,000, 250, 1,500 RANGE, 1,000, 2,000, 2,500 RANGE, 500) <i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	BRAND	1	SPC Specialty Choice PA
ALPHANATE (1,500-600, 1,000-400, 250-100, 500-200, 2,000-800) <i>antihemophilic factor, human/von willebrand factor, human</i>	BRAND	1	SPC Specialty Choice PA
ALPHANINE SD (1,000, 1,500, 500) <i>factor ix</i>	BRAND	1	SPC Specialty Choice
ALPROLIX (250, 4,000, 1,000, 500, 2,000, 3,000) <i>factor ix recombinant, fc fusion protein</i>	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) <i>microfibrillar collagen</i>	BRAND	1	
BENEFIX (500, 1,000, 2,000, 250, 3,000) <i>factor ix human recombinant</i>	BRAND	1	SPC Specialty Choice PA
COAGADEX (500, 250) <i>coagulation factor x</i>	BRAND	1	SPC Specialty Choice PA
CORIFACT KIT <i>factor xiii</i>	BRAND	1	SPC Specialty Choice
ELOCTATE (6,000, 5,000, 1,000, 250, 2,000, 4,000, 3,000, 500, 1,500, 750) <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	BRAND	1	SPC Specialty Choice PA

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

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
GLUCAGEN 1 MG HYPOKIT <i>glucagon</i>	BRAND	1	
GLUCAGON EMERGENCY KIT (1 MG EMERGENCY KIT, 1 MG VIAL) <i>glucagon</i>	BRAND	1	
GVOKE HYPOPEN 1-PACK (1-PK 1 MG/0.2 ML, 1PK 0.5MG/0.1 ML) <i>glucagon</i>	BRAND	1	
GVOKE HYPOPEN 2-PACK (2PK 0.5MG/0.1 ML, 2-PK 1 MG/0.2 ML) <i>glucagon</i>	BRAND	1	
GVOKE PFS 1-PACK SYRINGE (1-PK 1 MG/0.2 ML, 1PK 0.5MG/0.1 ML) <i>glucagon</i>	BRAND	1	
GVOKE PFS 2-PACK SYRINGE (2PK 0.5MG/0.1 ML, 2-PK 1 MG/0.2 ML) <i>glucagon</i>	BRAND	1	
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ <i>dasiglucagon hcl</i>	BRAND	1	
ZEGALOGUE 0.6 MG/0.6 ML SYRING <i>dasiglucagon hcl</i>	BRAND	1	
ANTILIPEMIC AGENTS			
ANTILIPEMIC AGENTS, MISCELLANEOUS			
<i>icosapent ethyl 1 g capsule</i>	generic	1	PA QPD 4 per day
JUXTAPID (5 MG, 10 MG) <i>lomitapide mesylate</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
JUXTAPID (60 MG, 40 MG, 30 MG, 20 MG) <i>lomitapide mesylate</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
NEXLETOL 180 MG TABLET <i>bempedoic acid</i>	BRAND	1	PA QPD 1 per day
NEXLIZET 180-10 MG TABLET <i>bempedoic acid/ezetimibe</i>	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
<i>niacin 500 mg tab er 24h</i>	generic	1	QPD 3 per day HCG HIGH COST GENERIC
NIACOR 500 MG TABLET <i>niacin</i>	BRAND	1	QPD 12 per day
<i>omega-3 acid ethyl esters 1 g capsule</i>	generic	1	QPD 4 per day
VASCEPA (1, 0.5) <i>icosapent ethyl</i>	BRAND	1	PA QPD 4 per day
BILE ACID SEQUESTRANTS			
<i>cholestyramine (with sugar) 4 g powder</i>	generic	1	QPD 24 per day
<i>cholestyramine (with sugar) 4 g powd pack</i>	generic	1	QPD 4 per day
<i>cholestyramine/aspartame 4 g powder</i>	generic	1	QPD 24 per day
<i>cholestyramine/aspartame 4 g powd pack</i>	generic	1	QPD 4 per day
<i>colesevelam hcl 3.75 g powd pack</i>	generic	1	QPD 1 per day
<i>colesevelam hcl 625 mg tablet</i>	generic	1	QPD 6 per day
COLESTIPOL HCL (5 PACKET, 5 RANULES)	generic	1	QPD 6 per day HCG HIGH COST GENERIC
<i>colestipol hcl 1 g tablet</i>	generic	1	QPD 4 per day HCG HIGH COST GENERIC
PREVALITE POWDER <i>cholestyramine/aspartame</i>	BRAND	1	QPD 24 per day
PREVALITE PACKET <i>cholestyramine/aspartame</i>	BRAND	1	QPD 4 per day
CHOLESTEROL ABSORPTION INHIBITORS			
<i>ezetimibe 10 mg tablet</i>	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 <i>fenofibrate,micronized</i>	BRAND	1	PA QPD 2 per day
ANTARA 90 MG CAPSULE <i>fenofibrate,micronized</i>	BRAND	1	PA QPD 1 per day
		1	QPD

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate 160 mg tablet</i>	generic		1 per day
<i>fenofibrate 54 mg tablet</i>	generic	1	QPD 2 per day
<i>fenofibrate nanocrystallized 145 mg tablet</i>	generic	1	QPD 1 per day
<i>fenofibrate nanocrystallized 48 mg tablet</i>	generic	1	QPD 2 per day
FENOFIBRATE,MICRONIZED (134 MG, 67 MG, 200 MG)	generic	1	QPD 1 per day
<i>fenofibrate,micronized 30 mg capsule</i>	generic	1	QPD 2 per day
<i>fenofibrate,micronized 43 mg capsule</i>	generic	1	QPD 2 per day
<i>fenofibrate,micronized 90 mg capsule</i>	generic	1	QPD 1 per day
<i>fenofibric acid 105 mg tablet</i>	generic	1	QPD 1 per day
<i>fenofibric acid 35 mg tablet</i>	generic	1	QPD 2 per day
<i>fenofibric acid (choline) 135 mg capsule dr</i>	generic	1	QPD 1 per day
<i>fenofibric acid (choline) 45 mg capsule dr</i>	generic	1	QPD 2 per day
FIBRICOR 105 MG TABLET <i>fenofibric acid</i>	BRAND	1	QPD 1 per day
FIBRICOR 35 MG TABLET <i>fenofibric acid</i>	BRAND	1	QPD 2 per day
<i>gemfibrozil 600 mg tablet</i>	generic	1	QPD 2 per day
LIPOFEN 150 MG CAPSULE <i>fenofibrate</i>	BRAND	1	PA QPD 1 per day
LIPOFEN 50 MG CAPSULE <i>fenofibrate</i>	BRAND	1	PA QPD 2 per day
HMG-COA REDUCTASE INHIBITORS			
ATORVASTATIN CALCIUM (20 MG, 10 MG)	generic	1	HCR QPD 1 per day
ATORVASTATIN CALCIUM (40 MG, 80 MG)	generic	1	QPD 1 per day
FLOLIPID 20 MG/5 ML ORAL SUSP <i>simvastatin</i>	BRAND	1	QPD 10 per day
FLOLIPID 40 MG/5 ML ORAL SUSP <i>simvastatin</i>	BRAND	1	QPD 5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>fluvastatin sodium 40 mg capsule</i>	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 <i>fluvastatin sodium</i>	BRAND	1	QPD 1 per day
LESCOL 40 MG CAPSULE <i>fluvastatin sodium</i>	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
<i>lovastatin 40 mg tablet</i>	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
<i>pravastatin sodium 80 mg tablet</i>	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
<i>simvastatin 20 mg/5 ml oral susp</i>	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
<i>simvastatin 5 mg tablet</i>	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
<i>simvastatin 80 mg tablet</i>	generic	1	QPD 1 per day
PCSK9 INHIBITORS			
PRALUENT PEN (150 MG/ML, 75 MG/ML) <i>alirocumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.08 per day
REPATHA 420 MG/3.5ML PUSHTRONX <i>evolocumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.13 per day
REPATHA 140 MG/ML SURECLICK <i>evolocumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.08 per day
REPATHA 140 MG/ML SYRINGE <i>evolocumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.08 per day
ANTIMIGRAINE AGENTS			
CALCITONIN GENE-RELATED PEPTIDE ANTAG.			
AIMOVIG 140 MG/ML AUTOINJECTOR <i>erenumab-aooe</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.04 per day
AIMOVIG 70 MG/ML AUTOINJECTOR <i>erenumab-aooe</i>	BRAND	1	QL AL At least 18 yrs old PA
EMGALITY 120 MG/ML PEN <i>galcanezumab-gnlm</i>	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
<i>galcanezumab-gnlm</i>			PA QPD 0.04 per day
EMGALITY SYRINGE (300 MG (100 MG X3SYR), 100 MG/ML SYR(1 OF 3)) <i>galcanezumab-gnlm</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.1 per day
NURTEC ODT 75 MG TABLET <i>rimegepant sulfate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.8 per day
QULIPTA (10 MG, 60 MG, 30 MG) <i>atogepant</i>	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
UBRELVY (50 MG, 100 MG) <i>ubrogepant</i>	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) <i>naratriptan hcl</i>	BRAND	1	QPD 0.6 per day
ELETRIPTAN HYDROBROMIDE (20 MG, 40 MG)	generic	1	QPD 0.4 per day
<i>frovatriptan succinate 2.5 mg tablet</i>	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) <i>zolmitriptan</i>	BRAND	1	QPD 0.2 per day
ANTIMYCOBACTERIALS			
ANTIMYCOBACTERIALS, MISCELLANEOUS			
DAPSONE (100 MG, 25 MG)	generic	1	
ANTITUBERCULOSIS AGENTS			
<i>cycloserine 250 mg capsule</i>	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 <i>ethambutol hcl</i>	BRAND	1	
MYCOBUTIN 150 MG CAPSULE <i>rifabutin</i>	BRAND	1	
PASER GRANULES 4 GM PACKET <i>aminosalicylic acid</i>	BRAND	1	
<i>pretomanid 200 mg tablet</i>	generic	1	AL At least 18 yrs old PA QPD 1 per day
PRIFTIN 150 MG TABLET <i>rifapentine</i>	BRAND	1	QPD 1.25 per day
<i>pyrazinamide 500 mg tablet</i>	generic	1	
<i>rifabutin 150 mg capsule</i>	generic	1	
RIFADIN (150 MG, 300 MG) <i>rifampin</i>	BRAND	1	
RIFAMATE CAPSULE <i>rifampin/isoniazid</i>	BRAND	1	
RIFAMPIN (150 MG, 300 MG)	generic	1	
RIFATER TABLET <i>rifampin/isoniazid/pyrazinamide</i>	BRAND	1	
SIRTURO (100 MG, 20 MG) <i>bedaquiline fumarate</i>	BRAND	1	SPC Specialty Choice PA
TRECATOR 250 MG TABLET	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>ethionamide</i>			
ANTINEOPLASTIC AGENTS			
<i>abiraterone acetate 250 mg tablet</i>	generic	1	SPC Specialty Choice PA QPD 4 per day
<i>abiraterone acetate 500 mg tablet</i>	generic	1	SPC Specialty Choice PA QPD 2 per day
AFINITOR (10 MG, 7.5 MG, 5 MG) <i>everolimus</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
AFINITOR 2.5 MG TABLET <i>everolimus</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
AFINITOR DISPERZ (2 MG, 3 MG) <i>everolimus</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
AFINITOR DISPERZ 5 MG TABLET <i>everolimus</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ALECENSA 150 MG CAPSULE <i>alectinib hcl</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 8 per day
ALKERAN 2 MG TABLET <i>melphalan</i>	BRAND	1	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK) <i>brigatinib</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
ALUNBRIG 180 MG TABLET <i>brigatinib</i>	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 <i>brigatinib</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 6 per day
<i>anastrozole 1 mg tablet</i>	generic	1	HCR HCR: Age edits (35 and older) and Gender edits (Females) apply.
AROMASIN 25 MG TABLET <i>exemestane</i>	BRAND	1	
AVASTIN (100 MG/4 ML, 400 MG/16 ML) <i>bevacizumab</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
AYVAKIT (300 MG, 100 MG, 25 MG, 50 MG, 200 MG) <i>avapritinib</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
BALVERSA 3 MG TABLET <i>erdafitinib</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
BALVERSA 4 MG TABLET <i>erdafitinib</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
BALVERSA 5 MG TABLET <i>erdafitinib</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
BESREMI 500 MCG/ML SYRINGE <i>ropeginterferon alfa-2b-njft</i>	BRAND	1	SPC Specialty Choice PA QPD 0.08 per day
<i>bexarotene 75 mg capsule</i>	generic	1	SPC Specialty Choice PA
<i>bicalutamide 50 mg tablet</i>	generic	1	
BOSULIF (400 MG, 500 MG) <i>bosutinib</i>	BRAND	1	SPC Specialty Choice PA QPD

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
COMETRIQ 60 MG DAILY-DOSE PACK <i>cabozantinib s-malate</i>	BRAND		Specialty Choice PA QPD 3 per day
COPIKTRA (25 MG, 15 MG) <i>duvelisib</i>	BRAND	1	SPC Specialty Choice PA
COTELLIC 20 MG TABLET <i>cobimetinib fumarate</i>	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) <i>glasdegib maleate</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
DROXIA (400 MG, 200 MG, 300 MG) <i>hydroxyurea</i>	BRAND	1	
EFUDEX 5% CREAM <i>fluorouracil</i>	BRAND	1	
EMCYT 140 MG CAPSULE <i>estramustine phosphate sodium</i>	BRAND	1	SPC Specialty Choice
ERIVEDGE 150 MG CAPSULE <i>vismodegib</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
ERLEADA 60 MG TABLET <i>apalutamide</i>	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
<i>etoposide 50 mg capsule</i>	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 PA QPD Specialty Choice 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 PA QPD Specialty Choice 4 per day
FARYDAK (10 MG, 15 MG, 20 MG) panobinostat lactate	BRAND	1	SPC PA Specialty Choice
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 PA QPD Specialty Choice 0.767 per day
GAVRETO 100 MG CAPSULE pralsetinib	BRAND	1	SPC PA QPD Specialty Choice 4 per day
GILOTRIF (20 MG, 40 MG, 30 MG) afatinib dimaleate	BRAND	1	SPC PA QPD Specialty Choice 1 per day
GLEEVEC 100 MG TABLET imatinib mesylate	BRAND	1	SPC PA QPD Specialty Choice 8 per day
GLEEVEC 400 MG TABLET imatinib mesylate	BRAND	1	SPC PA QPD Specialty Choice 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 <i>trastuzumab</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
HERCEPTIN HYLECTA 600MG-10,000 <i>trastuzumab-hyaluronidase-oysk</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
HYCAMTIN (0.25 MG, 1 MG) <i>topotecan hcl</i>	BRAND	1	SPC Specialty Choice PA
HYDREA 500 MG CAPSULE <i>hydroxyurea</i>	BRAND	1	
<i>hydroxyurea 500 mg capsule</i>	generic	1	
IBRANCE (100 MG CAPSULE, 100 MG TABLET) <i>palbociclib</i>	BRAND	1	SPC Specialty Choice PA QPD 1.25 per day
IBRANCE (125 MG TABLET, 125 MG CAPSULE) <i>palbociclib</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
IBRANCE (75 MG TABLET, 75 MG CAPSULE) <i>palbociclib</i>	BRAND	1	SPC Specialty Choice PA QPD 1.667 per day
ICLUSIG (10 MG, 45 MG, 30 MG) <i>ponatinib hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
ICLUSIG 15 MG TABLET <i>ponatinib hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
IDHIFA (50 MG, 100 MG) <i>enasidenib mesylate</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 1 per day
<i>imatinib mesylate 100 mg tablet</i>	generic	1	SPC Specialty Choice PA

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA BSP BENEFIT SHIFT PROGRAM
KISQALI 200 MG DAILY DOSE <i>ribociclib succinate</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
KISQALI 400 MG DAILY DOSE <i>ribociclib succinate</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
KISQALI 600 MG DAILY DOSE <i>ribociclib succinate</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
KISQALI FEMARA 200 MG CO-PACK <i>ribociclib succinate/letrozole</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
KISQALI FEMARA 400 MG CO-PACK <i>ribociclib succinate/letrozole</i>	BRAND	1	SPC Specialty Choice PA QPD 2.5 per day
KISQALI FEMARA 600 MG CO-PACK <i>ribociclib succinate/letrozole</i>	BRAND	1	SPC Specialty Choice PA QPD 3.334 per day
KOSELUGO (25 MG, 10 MG) <i>selumetinib sulfate/vitamin e tpgs</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
<i>lapatinib ditosylate 250 mg tablet</i>	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) <i>lenvatinib mesylate</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
<i>letrozole 2.5 mg tablet</i>	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
<i>chlorambucil</i>			
LONSURF 15 MG-6.14 MG TABLET <i>trifluridine/tipiracil hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 2.15 per day
LONSURF 20 MG-8.19 MG TABLET <i>trifluridine/tipiracil hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
LORBRENA (25 MG, 100 MG) <i>lorlatinib</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
LUMAKRAS 120 MG TABLET <i>sotorasib</i>	BRAND	1	SPC Specialty Choice PA QPD 8 per day
LYNPARZA (150 MG, 100 MG) <i>olaparib</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA
LYSODREN 500 MG TABLET <i>mitotane</i>	BRAND	1	SPC Specialty Choice
MATULANE 50 MG CAPSULE <i>procarbazine hcl</i>	BRAND	1	SPC Specialty Choice
MEKINIST 0.5 MG TABLET <i>trametinib dimethyl sulfoxide</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
MEKINIST 2 MG TABLET <i>trametinib dimethyl sulfoxide</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
MEKTOVI 15 MG TABLET <i>binimetinib</i>	BRAND	1	SPC Specialty Choice PA
<i>melphalan 2 mg tablet</i>	generic	1	
<i>mercaptopurine 50 mg tablet</i>	generic	1	
<i>methotrexate sodium 2.5 mg tablet</i>	generic	1	
<i>methotrexate sodium 25 mg/ml vial</i>	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) <i>bevacizumab-awwb</i>	BRAND	1	 Specialty Choice   BENEFIT SHIFT PROGRAM
MYLERAN 2 MG TABLET <i>busulfan</i>	BRAND	1	 Specialty Choice
NERLYNX 40 MG TABLET <i>neratinib maleate</i>	BRAND	1	 At least 18 yrs old  Specialty Choice   6 per day
NEXAVAR 200 MG TABLET <i>sorafenib tosylate</i>	BRAND	1	 Specialty Choice   4 per day
NILANDRON 150 MG TABLET <i>nilutamide</i>	BRAND	1	 Specialty Choice
<i>nilutamide 150 mg tablet</i>	generic	1	 Specialty Choice
NINLARO (4 MG, 3 MG, 2.3 MG) <i>ixazomib citrate</i>	BRAND	1	 At least 18 yrs old  Specialty Choice   0.124 per day
NUBEQA 300 MG TABLET <i>darolutamide</i>	BRAND	1	 Specialty Choice   4 per day
ODOMZO 200 MG CAPSULE <i>sonidegib phosphate</i>	BRAND	1	 Specialty Choice   1 per day
OGIVRI (150 MG, 420 MG) <i>trastuzumab-dkst</i>	BRAND	1	 Specialty Choice   BENEFIT SHIFT PROGRAM
ONUREG (200 MG, 300 MG) <i>azacitidine</i>	BRAND	1	 Specialty Choice   0.5 per day
		1	

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
RITUXAN 100 MG/10 ML VIAL <i>rituximab</i>	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 <i>rituximab</i>	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 <i>rituximab/hyaluronidase, human recombinant</i>	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 <i>rituximab/hyaluronidase, human recombinant</i>	BRAND	1	SPC Specialty Choice PA QPD 0.5 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
ROZLYTREK 100 MG CAPSULE <i>entrectinib</i>	BRAND	1	SPC Specialty Choice PA QPD 5 per day
ROZLYTREK 200 MG CAPSULE <i>entrectinib</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
RUBRACA (300 MG, 200 MG, 250 MG) <i>rucaparib camsylate</i>	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
<i>rituximab-pvvr</i>			PA QPD 4.3 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
RUXIENCE 500 MG/50 ML VIAL <i>rituximab-pvvr</i>	BRAND	1	SPC Specialty Choice PA QPD 14.3 per day BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
RYDAPT 25 MG CAPSULE <i>midostaurin</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
SCEMBLIX 20 MG TABLET <i>asciminib hydrochloride</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
SCEMBLIX 40 MG TABLET <i>asciminib hydrochloride</i>	BRAND	1	SPC Specialty Choice PA QPD 10 per day
SIKLOS (1,000 MG, 100 MG) <i>hydroxyurea</i>	BRAND	1	SPC Specialty Choice
SPRYCEL (140 MG, 100 MG) <i>dasatinib</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
SPRYCEL (80 MG, 70 MG) <i>dasatinib</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
SPRYCEL 20 MG TABLET <i>dasatinib</i>	BRAND	1	SPC Specialty Choice PA QPD 9 per day
SPRYCEL 50 MG TABLET <i>dasatinib</i>	BRAND	1	SPC Specialty Choice PA

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TARCEVA 25 MG TABLET <i>erlotinib hcl</i>	BRAND		Specialty Choice PA QPD 6 per day
TARGRETIN (1% GEL, 75 MG CAPSULE) <i>bexarotene</i>	BRAND	1	SPC Specialty Choice PA
TASIGNA (150 MG, 200 MG) <i>nilotinib hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
TASIGNA 50 MG CAPSULE <i>nilotinib hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 6 per day
TAZVERIK 200 MG TABLET <i>tazemetostat hydrobromide</i>	BRAND	1	SPC Specialty Choice PA
TEMODAR (180 MG, 140 MG, 5 MG, 250 MG, 100 MG, 20 MG) <i>temozolomide</i>	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 <i>tepotinib hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
TIBSOVO 250 MG TABLET <i>ivosidenib</i>	BRAND	1	SPC Specialty Choice PA
TOLAK 4% CREAM <i>fluorouracil</i>	BRAND	1	QPD 1.47 per day
TRAZIMERA (420 MG, 150 MG) <i>trastuzumab-qyyp</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
<i>tretinoin 10 mg capsule</i>	generic	1	SPC Specialty Choice
TREXALL (15 MG, 10 MG, 7.5 MG, 5 MG) <i>methotrexate sodium</i>	BRAND	1	
TRUSELTIQ (50 MG, 125 MG) <i>infigratinib phosphate</i>	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 <i>infigratinib phosphate</i>	BRAND	1	SPC Specialty Choice PA QPD 0.75 per day
TRUSELTIQ 75 MG DAILY DOSE PK <i>infigratinib phosphate</i>	BRAND	1	SPC Specialty Choice PA QPD 2.5 per day
TUKYSA (150 MG, 50 MG) <i>tucatinib</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
TURALIO 200 MG CAPSULE <i>pexidartinib hydrochloride</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
TYKERB 250 MG TABLET <i>lapatinib ditosylate</i>	BRAND	1	SPC Specialty Choice PA QPD 6 per day
UKONIQ 200 MG TABLET <i>umbralisib tosylate</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
VALCHLOR 0.016% GEL <i>mechlorethamine hcl</i>	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)) <i>venetoclax</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
VENCLEXTA STARTING PACK <i>venetoclax</i>	BRAND	1	SPC Specialty Choice PA QPD 1.5 per day
VERZENIO (100 MG, 50 MG, 200 MG, 150 MG) <i>abemaciclib</i>	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
<i>larotrectinib sulfate</i>			PA QPD 2 per day
VIZIMPRO (30 MG, 45 MG, 15 MG) <i>dacomitinib</i>	BRAND	1	SPC Specialty Choice PA
VOTRIENT 200 MG TABLET <i>pazopanib hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
WELIREG 40 MG TABLET <i>belzutifan</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
XALKORI (200 MG, 250 MG) <i>crizotinib</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
XATMEP 2.5 MG/ML ORAL SOLUTION <i>methotrexate</i>	BRAND	1	AL Up to 18 yrs old PA QPD 4 per day
XELODA (500 MG, 150 MG) <i>capecitabine</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
XOSPATA 40 MG TABLET <i>gilteritinib fumarate</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
XPOVIO (80 MG ONCE, 40 MG TWICE) <i>selinexor</i>	BRAND	1	SPC Specialty Choice PA QPD 0.574 per day
XPOVIO 100 MG ONCE WEEKLY DOSE <i>selinexor</i>	BRAND	1	SPC Specialty Choice PA QPD 0.767 per day
XPOVIO 40 MG ONCE WEEKLY DOSE <i>selinexor</i>	BRAND	1	SPC Specialty Choice PA QPD 0.286 per day
XPOVIO 60 MG ONCE WEEKLY DOSE <i>selinexor</i>	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 <i>selinexor</i>	BRAND	1	SPC Specialty Choice PA QPD 0.86 per day
XPOVIO 80 MG TWICE WEEKLY DOSE <i>selinexor</i>	BRAND	1	SPC Specialty Choice PA QPD 1.25 per day
XTANDI (40 MG TABLET, 40 MG CAPSULE) <i>enzalutamide</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
XTANDI 80 MG TABLET <i>enzalutamide</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
YONSA 125 MG TABLET <i>abiraterone acetate, submicronized</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ZEJULA 100 MG CAPSULE <i>niraparib tosylate</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 3 per day
ZELBORAF 240 MG TABLET <i>vemurafenib</i>	BRAND	1	SPC Specialty Choice PA QPD 8 per day
ZIRABEV (400 MG/16 ML, 100 MG/4 ML) <i>bevacizumab-bvzr</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ZOLINZA 100 MG CAPSULE <i>vorinostat</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
ZYDELIG (100 MG, 150 MG) <i>idelalisib</i>	BRAND	1	SPC Specialty Choice PA

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>tolcapone 100 mg tablet</i>	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 <i>carbidopa/levodopa</i>	BRAND	1	
DUOPA 4.63 MG-20 MG/ML SUSPENS <i>carbidopa/levodopa</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
INBRIJA 42 MG INHALATION CAP <i>levodopa</i>	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) <i>carbidopa/levodopa</i>	BRAND	1	
SINEMET 10-100 MG TABLET <i>carbidopa/levodopa</i>	BRAND	1	
SINEMET 25-100 MG TABLET <i>carbidopa/levodopa</i>	BRAND	1	
SINEMET 25-250 MG TABLET <i>carbidopa/levodopa</i>	BRAND	1	
STALEVO 100 TABLET <i>carbidopa/levodopa/entacapone</i>	BRAND	1	
STALEVO 125 TABLET <i>carbidopa/levodopa/entacapone</i>	BRAND	1	
STALEVO 150 TABLET <i>carbidopa/levodopa/entacapone</i>	BRAND	1	
STALEVO 200 TABLET <i>carbidopa/levodopa/entacapone</i>	BRAND	1	
STALEVO 50 TABLET <i>carbidopa/levodopa/entacapone</i>	BRAND	1	
STALEVO 75 TABLET	BRAND	1	

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
QUALAQUIN 324 MG CAPSULE <i>quinine sulfate</i>	BRAND	1	QL PA
<i>quinine sulfate 324 mg capsule</i>	generic	1	QL PA
ANTIPROTOZOALS, MISCELLANEOUS			
ALINIA (500 MG TABLET, 100 MG/5 ML SUSPENSION) <i>nitazoxanide</i>	BRAND	1	PA
<i>atovaquone 750 mg/5ml oral susp</i>	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) <i>metronidazole</i>	BRAND	1	
IMPAVIDO 50 MG CAPSULE <i>miltefosine</i>	BRAND	1	SPC Specialty Choice
LAMPIT 120 MG TABLET <i>nifurtimox</i>	BRAND	1	AL Up to 17 yrs old PA QPD 7.5 per day
LAMPIT 30 MG TABLET <i>nifurtimox</i>	BRAND	1	AL Up to 17 yrs old PA QPD 12 per day
MEPRON 750 MG/5 ML SUSPENSION <i>atovaquone</i>	BRAND	1	PA
METRONIDAZOLE (250 MG TABLET, 500 MG TABLET, 375 MG CAPSULE)	generic	1	
NEBUPENT 300 MG INHAL POWDER <i>pentamidine isethionate</i>	BRAND	1	
<i>nitazoxanide 500 mg tablet</i>	generic	1	PA
<i>pentamidine isethionate 300 mg vial-neb</i>	generic	1	
SOLOSEC 2 GM GRANULE PACKET <i>secnidazole</i>	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 <i>loxapine</i>	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) <i>aripiprazole</i>	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) <i>aripiprazole</i>	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
<i>aripiprazole 1 mg/ml solution</i>	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 <i>aripiprazole lauroxil</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.15 per day
ARISTADA ER 441 MG/1.6 ML SYRN <i>aripiprazole lauroxil</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.07 per day
ARISTADA ER 662 MG/2.4 ML SYRN <i>aripiprazole lauroxil</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.08 per day
ARISTADA ER 882 MG/3.2 ML SYRN <i>aripiprazole lauroxil</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.12 per day
ARISTADA INITIO ER 675 MG/2.4 <i>aripiprazole lauroxil, submicronized</i>	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 <i>lumateperone tosylate</i>	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
<i>clozapine 200 mg tablet</i>	generic	1	AL At least 18 yrs old QPD 4 per day
<i>clozapine 25 mg tablet</i>	generic	1	AL At least 18 yrs old QPD 18 per day
CLOZARIL 100 MG TABLET <i>clozapine</i>	BRAND	1	AL At least 18 yrs old QPD 9 per day
CLOZARIL 200 MG TABLET <i>clozapine</i>	BRAND	1	AL At least 18 yrs old QPD 4 per day
CLOZARIL 25 MG TABLET <i>clozapine</i>	BRAND	1	AL At least 18 yrs old QPD 18 per day
CLOZARIL 50 MG TABLET <i>clozapine</i>	BRAND	1	AL At least 18 yrs old QPD 3 per day
FANAPT TITRATION PACK <i>iloperidone</i>	BRAND	1	QL AL At least 18 yrs old
FANAPT (10 MG, 1 MG, 2 MG, 6 MG, 8 MG, 4 MG, 12 MG) <i>iloperidone</i>	BRAND	1	AL At least 18 yrs old QPD 2 per day
GEODON (80 MG, 40 MG, 60 MG, 20 MG) <i>ziprasidone hcl</i>	BRAND	1	AL At least 18 yrs old QPD 2 per day
GEODON 20 MG/ML VIAL <i>ziprasidone mesylate</i>	BRAND	1	
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
INVEGA ER 1.5 MG TABLET <i>paliperidone</i>	BRAND		AL At least 12 yrs old QPD 8 per day
INVEGA ER 3 MG TABLET <i>paliperidone</i>	BRAND	1	AL At least 12 yrs old QPD 4 per day
INVEGA ER 6 MG TABLET <i>paliperidone</i>	BRAND	1	AL At least 12 yrs old QPD 2 per day
INVEGA ER 9 MG TABLET <i>paliperidone</i>	BRAND	1	AL At least 12 yrs old QPD 1 per day
INVEGA HAFYERA 1,092 MG/3.5 ML <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.04 per day
INVEGA HAFYERA 1,560 MG/5 ML <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.06 per day
INVEGA SUSTENNA 117 MG/0.75 ML <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.034 per day
INVEGA SUSTENNA 156 MG/ML SYRG <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.04 per day
INVEGA SUSTENNA 234 MG/1.5 ML <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.057 per day
INVEGA SUSTENNA 39 MG/0.25 ML <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.012 per day
INVEGA SUSTENNA 78 MG/0.5 ML <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.02 per day
INVEGA TRINZA 273 MG/0.88 ML <i>paliperidone palmitate</i>	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 <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.057 per day
INVEGA TRINZA 546 MG/1.75 ML <i>paliperidone palmitate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.067 per day
INVEGA TRINZA 819 MG/2.63 ML <i>paliperidone palmitate</i>	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) <i>lurasidone hcl</i>	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) <i>olanzapine/samidorphan malate</i>	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
NUPLAZID (10 MG TABLET, 34 MG CAPSULE) <i>pimavanserin tartrate</i>	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
<i>olanzapine 7.5 mg tablet</i>	generic	1	QPD 4 per day
<i>olanzapine 10 mg vial</i>	generic	1	
<i>paliperidone 1.5 mg tab er 24</i>	generic	1	AL At least 12 yrs old QPD 8 per day
<i>paliperidone 3 mg tab er 24</i>	generic	1	AL At least 12 yrs old QPD 4 per day
<i>paliperidone 6 mg tab er 24</i>	generic	1	AL At least 12 yrs old QPD 2 per day
		1	

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>risperidone 3 mg tablet</i>	generic	1	QL AL At least 5 yrs old APS APS: Only 1 atypical antipsychotic fill allowed per 30 days QPD 5 per day
<i>risperidone 4 mg tablet</i>	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
<i>risperidone 3 mg tab rapdis</i>	generic	1	AL At least 5 yrs old QPD 5 per day
<i>risperidone 4 mg tab rapdis</i>	generic	1	AL At least 5 yrs old QPD 4 per day
SEROQUEL XR SAMPLE KIT <i>quetiapine fumarate</i>	BRAND	1	AL At least 10 yrs old
VERSACLOZ 50 MG/ML SUSPENSION <i>clozapine</i>	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) <i>cariprazine hcl</i>	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
<i>ziprasidone mesylate fnl 20mg/1 vial</i>	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) <i>olanzapine pamoate</i>	BRAND	1	AL At least 18 yrs old PA QPD 0.08 per day
ZYPREXA ZYDIS 10 MG TABLET <i>olanzapine</i>	BRAND	1	AL At least 13 yrs old QPD 3 per day
ZYPREXA ZYDIS 15 MG TABLET <i>olanzapine</i>	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 <i>olanzapine</i>	BRAND	1	AL At least 13 yrs old QPD 1 per day
ZYPREXA ZYDIS 5 MG TABLET <i>olanzapine</i>	BRAND	1	AL At least 13 yrs old QPD 6 per day
BUTYROPHENONES			
HALDOL DECANOATE 100 AMPUL <i>haloperidol decanoate</i>	BRAND	1	
HALDOL DECANOATE 50 AMPUL <i>haloperidol decanoate</i>	BRAND	1	
HALOPERIDOL (20 MG, 0.5 MG, 2 MG, 10 MG, 5 MG)	generic	1	
<i>haloperidol 1 mg tablet</i>	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	
<i>fluphenazine decanoate 25 mg/ml vial</i>	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	
<i>fluphenazine hcl 2.5 mg/ml vial</i>	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 <i>enfuvirtide</i>	BRAND	1	SPC Specialty Choice QPD 2 per day
RUKOBIA ER 600 MG TABLET <i>fostemsavir tromethamine</i>	BRAND	1	SPC Specialty Choice
SELZENTRY (20 MG/ML ORAL SOLN, 300 MG TABLET, 25 MG TABLET, 150 MG TABLET, 75 MG TABLET) <i>maraviroc</i>	BRAND	1	SPC Specialty Choice
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS			
DOVATO 50-300 MG TABLET <i>dolutegravir sodium/lamivudine</i>	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) <i>raltegravir potassium</i>	BRAND	1	SPC Specialty Choice
ISENTRESS HD 600 MG TABLET <i>raltegravir potassium</i>	BRAND	1	SPC Specialty Choice
JULUCA 50-25 MG TABLET <i>dolutegravir sodium/rilpivirine hcl</i>	BRAND	1	SPC Specialty Choice QPD 1 per day
TIVICAY (50 MG, 10 MG, 25 MG) <i>dolutegravir sodium</i>	BRAND	1	SPC Specialty Choice
TIVICAY PD 5 MG TAB FOR SUSP <i>dolutegravir sodium</i>	BRAND	1	SPC Specialty Choice
VOCABRIA 30 MG TABLET <i>cabotegravir sodium</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.			
DELSTRIGO 100-300-300 MG TAB <i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice
EDURANT 25 MG TABLET <i>rilpivirine hcl</i>	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) <i>etravirine</i>	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 <i>doravirine</i>	BRAND	1	SPC Specialty Choice
SUSTIVA (200 MG CAPSULE, 600 MG TABLET, 50 MG CAPSULE) <i>efavirenz</i>	BRAND	1	SPC Specialty Choice
SYMFI 600-300-300 MG TABLET <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice
SYMFI LO 400-300-300 MG TABLET <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET) <i>nevirapine</i>	BRAND	1	SPC Specialty Choice
VIRAMUNE XR 400 MG TABLET <i>nevirapine</i>	BRAND	1	SPC Specialty Choice
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS			
ABACAVIR SULFATE (20 MG/ML SOLUTION, 300 MG TABLET)	generic	1	SPC Specialty Choice
<i>abacavir sulfate/lamivudine 600-300mg tablet</i>	generic	1	SPC Specialty Choice
<i>abacavir/lamivudine/zidovudine 150-300 mg tablet</i>	generic	1	SPC Specialty Choice
ATRIPLA TABLET <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice
BIKTARVY (30-120-15 MG, 50-200-25 MG) <i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumarate</i>	BRAND	1	SPC Specialty Choice
CIMDUO 300-300 MG TABLET <i>lamivudine/tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice
COMBIVIR TABLET <i>lamivudine/zidovudine</i>	BRAND	1	SPC Specialty Choice
COMPLERA TABLET <i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DESCOVY 200-25 MG TABLET <i>emtricitabine/tenofovir alafenamide fumarate</i>	BRAND	1	SPC HCR QPD Specialty Choice HCR: Preventive use only. Quantity Limits may apply. Must try generic Truvada first. 1 per day
DIDANOSINE (250 MG, 400 MG)	generic	1	SPC Specialty Choice
<i>efavirenz/emtricit/tenofovr df 600-200mg tablet</i>	generic	1	SPC Specialty Choice
<i>emtricitabine 200 mg capsule</i>	generic	1	SPC Specialty Choice
<i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>	generic	1	SPC HCR 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) <i>emtricitabine</i>	BRAND	1	SPC Specialty Choice
EPIVIR (300 MG TABLET, 10 MG/ML ORAL SOLN, 150 MG TABLET) <i>lamivudine</i>	BRAND	1	SPC Specialty Choice
EPIVIR HBV (100 MG TABLET, 25 MG/5 ML SOLN) <i>lamivudine</i>	BRAND	1	SPC Specialty Choice
EPZICOM TABLET <i>abacavir sulfate/lamivudine</i>	BRAND	1	SPC Specialty Choice
GENVOYA TABLET <i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>	BRAND	1	SPC Specialty Choice
LAMIVUDINE (300 MG TABLET, 100 MG TABLET, 10 MG/ML SOLUTION, 150 MG TABLET)	generic	1	SPC Specialty Choice
<i>lamivudine/zidovudine 150-300 mg tablet</i>	generic	1	SPC Specialty Choice
ODEFSEY TABLET <i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>	BRAND	1	SPC Specialty Choice
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE) <i>zidovudine</i>	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 <i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>	BRAND	1	SPC Specialty Choice
TEMIXYS 300-300 MG TABLET <i>lamivudine/tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice QPD 1 per day
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	generic	1	SPC Specialty Choice
TRIUMEQ 600-50-300 MG TABLET <i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	BRAND	1	SPC Specialty Choice
TRIZIVIR TABLET <i>abacavir sulfate/lamivudine/zidovudine</i>	BRAND	1	SPC Specialty Choice
TRUVADA (200 MG-300 MG, 133 MG-200 MG, 167 MG-250 MG, 100 MG-150 MG) <i>emtricitabine/tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice
VIREAD (POWDER, 300 MG TABLET, 200 MG TABLET, 150 MG TABLET, 250 MG TABLET) <i>tenofovir disoproxil fumarate</i>	BRAND	1	SPC Specialty Choice
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET) <i>abacavir sulfate</i>	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) <i>tipranavir</i>	BRAND	1	SPC Specialty Choice
ATAZANAVIR SULFATE (150 MG, 200 MG, 300 MG)	generic	1	SPC Specialty Choice
CRIXIVAN (400 MG, 200 MG) <i>indinavir sulfate</i>	BRAND	1	SPC Specialty Choice
EVOTAZ 300 MG-150 MG TABLET <i>atazanavir sulfate/cobicistat</i>	BRAND	1	SPC Specialty Choice
<i>fosamprenavir calcium 700 mg tablet</i>	generic	1	SPC Specialty Choice
INVIRASE 500 MG TABLET <i>saquinavir mesylate</i>	BRAND	1	SPC Specialty Choice
KALETRA (100-25 MG TABLET, 80 MG-20 MG/ML SOLN, 200-50 MG TABLET) <i>lopinavir/ritonavir</i>	BRAND	1	SPC Specialty Choice
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET) <i>fosamprenavir calcium</i>	BRAND	1	SPC Specialty Choice

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
AGRYLIN 0.5 MG CAPSULE <i>anagrelide hcl</i>	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 <i>allergenic extract,grass pollen-timothy,standard</i>	BRAND	1	PA QPD 1 per day
ODACTRA 12 SQ-HDM SL TABLET <i>allergenic extract, mite-d.farinae-d.pteronyssinus,standard</i>	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) <i>grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.</i>	BRAND	1	SPC Specialty Choice PA
PALFORZIA (12 MG 3), 3 MG 1)) <i>peanut allergen powder-dnfp</i>	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)) <i>peanut allergen powder-dnfp</i>	BRAND	1	QL SPC Specialty Choice PA
PALFORZIA (80 MG 6), 240 MG 10), 160 MG 8)) <i>peanut allergen powder-dnfp</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
PALFORZIA 6 MG (LEVEL 2) <i>peanut allergen powder-dnfp</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
PALFORZIA INITIAL DOSE PACK <i>peanut allergen powder-dnfp</i>	BRAND	1	SPC Specialty Choice PA QPD 0.434 per day
PALFORZIA (20 MG 4), 300 MG 11)) <i>peanut allergen powder-dnfp</i>	BRAND	1	QL SPC Specialty Choice PA
RAGWITEK SUBLINGUAL TABLET	BRAND	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>allergenic extract-weed pollen-short ragweed</i>			QPD 1 per day
ANTITOXINS AND IMMUNE GLOBULINS			
BIVIGAM (LIQUID 10% VIAL, 5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL) <i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	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) <i>immune globulin,gamma(igg)-hipp human/maltose</i>	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) <i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	BRAND	1	SPC Specialty Choice PA
FLEBOGAMMA DIF (10%, 5%) <i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
GAMMAGARD LIQUID 10% VIAL <i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	BRAND	1	SPC Specialty Choice PA
GAMMAKED (5 GRAM/50 ML, 10 GRAM/100 ML, 20 GRAM/200 ML, 1 GRAM/10 ML) <i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	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) <i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>	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) <i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>	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) <i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	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) <i>immune globulin,gamma(igg)</i> <i>human/hyaluronidase, human recomb</i>			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) <i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	BRAND	1	SPC Specialty Choice PA
OCTAGAM (10%, 5%) <i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
PRIVIGEN 10% VIAL <i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
XEMBIFY ((10 G/50, (2 G/10, (1 G/5, (4 G/20) <i>immune globulin,gamma (igg)-klhw human</i>	BRAND	1	SPC Specialty Choice PA
TOXOIDS			
ADACEL TDAP (VIAL, SYRINGE) <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>	BRAND	1	HCR AAVAC3 HCR Vaccines
BOOSTRIX TDAP (VIAL, SYRINGE) <i>diphtheria,pertussis(acellular),tetanus vaccine</i>	BRAND	1	HCR AAVAC3 HCR Vaccines
DAPTACEL DTAP VACCINE <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>	BRAND	1	HCR AAVAC3 HCR Vaccines
INFANRIX DTAP (SYRINGE, VIAL) <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>	BRAND	1	HCR AAVAC3 HCR Vaccines
TENIVAC (SYRINGE, VIAL) <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>	BRAND	1	HCR AAVAC2 HCR Vaccines
<i>tetanus, diphtheria tox,adult 2-2 lf/0.5 vial</i>	generic	1	HCR AAVAC2 HCR Vaccines
<i>tetanus,diphtheria toxd ped/pf 5-25/0.5ml vial</i>	generic	1	HCR AAVAC3 HCR Vaccines
VAXELIS (SYRINGE, VIAL) <i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>	BRAND	1	HCR AAVAC3 HCR Vaccines
VACCINES			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ACTHIB (VIAL, WITH DILUENT) <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	BRAND	1	HCR AAVAC2 HCR Vaccines
AFLURIA QUAD 2020-2021 VIAL <i>influenza virus vaccine quadrivalent 2020-21 (6 mos and up)</i>	BRAND	1	HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2020-21 (3YR UP) <i>influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf</i>	BRAND	1	AL At least 3 yrs old HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2020-21 (6-35MO) <i>influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/pf</i>	BRAND	1	AL Up to 3 yrs old HCR HCR: Age edits may apply. One fill per year.
AFLURIA QUAD 2021-2022 VIAL <i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	BRAND	1	HCR AAVAC1 HCR Vaccines
AFLURIA QUAD 2021-22 (3YR UP) <i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i>	BRAND	1	AL At least 3 yrs old HCR AAVAC1 HCR Vaccines
AFLURIA QUAD 2021-22 (6-35MO) <i>influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf</i>	BRAND	1	AL Up to 3 yrs old HCR AAVAC1 HCR Vaccines
BEXSERO PREFILLED SYRINGE <i>meningococcal group b vaccine, 4-component</i>	BRAND	1	HCR AAVAC2 HCR Vaccines
BIOTHRAX VACCINE VIAL <i>anthrax vaccine</i>	BRAND	1	
COMIRNATY COVID-19 VACCINE VL <i>covid-19 vaccine, mrna, bnt162b2, Inp-s (pfizer)/pf</i>	BRAND	1	HCR HCRPREVA HCR Standard Rx & OTC
DENGVAIXA (, WITH DILUENT) <i>dengue tetravalent vaccine, live, vero cell/pf</i>	BRAND	1	PA
ENGRIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL) <i>hepatitis b virus vaccine recombinant/pf</i>	BRAND	1	HCR AAVAC2 HCR Vaccines
ENGRIX-B PEDI 10 MCG/0.5 SYRN <i>hepatitis b virus vaccine recombinant/pf</i>	BRAND	1	HCR AAVAC2 HCR Vaccines
FLUAD 2020-2021 SYRINGE <i>influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf</i>	BRAND	1	AL At least 65 yrs old HCR HCR: Age edits may apply. One fill per year.
FLUAD QUAD 2020-2021 SYRINGE <i>influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf</i>	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
<i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf</i>			  AAVAC1 HCR Vaccines
FLUARIX QUAD 2020-2021 SYRINGE <i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i>	BRAND		 HCR: Age edits may apply. One fill per year.
FLUARIX QUAD 2021-2022 SYRINGE <i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	BRAND		 AAVAC1 HCR Vaccines
FLUBLOK QUAD 2020-2021 SYRINGE <i>influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf</i>	BRAND		 At least 18 yrs old  HCR: Age edits may apply. One fill per year.
FLUBLOK QUAD 2021-2022 SYRINGE <i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i>	BRAND		 At least 18 yrs old  AAVAC1 HCR Vaccines
FLUCELVAX QUAD 2020-2021 (VIAL, SYR) <i>flu vaccine quadriv 2020-2021(4 years and older)cell derived</i>	BRAND		 At least 4 yrs old  HCR: Age edits may apply. One fill per year.
FLUCELVAX QUAD 2021-2022 (VIAL, SYR) <i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i>	BRAND		 At least 2 yrs old  AAVAC1 HCR Vaccines
FLULAVAL QUAD 2020-2021 SYR <i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i>	BRAND		 HCR: Age edits may apply. One fill per year.
FLULAVAL QUAD 2021-2022 SYR <i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	BRAND		 AAVAC1 HCR Vaccines
FLUMIST QUAD NASAL 2020-21 VAC <i>influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs)</i>	BRAND		 2.0 to 49.0 yrs old  HCR: Age edits may apply. One fill per year.
FLUMIST QUAD NASAL 2021-22 VAC <i>influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)</i>	BRAND		 2.0 to 49.0 yrs old  AAVAC1 HCR Vaccines
FLUZONE HIGH-DOSE QUAD 2020-21 <i>influenza virus vaccine quadrival split 2020-21(65 yr up)/pf</i>	BRAND		 At least 65 yrs old  HCR: Age edits may apply. One fill per year.
FLUZONE HIGH-DOSE QUAD 2021-22 <i>influenza virus vaccine quadrival split 2021-22(65 yr up)/pf</i>	BRAND		 At least 65 yrs old  AAVAC1 HCR Vaccines
FLUZONE QUAD 2020-2021 (VIAL, SYRINGE) <i>influenza virus vaccine quadrivalent 2020-21 (6 mos and up)</i>	BRAND		 HCR: Age edits may apply. One fill per year.

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

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

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

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

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
BARACLUDE 0.05 MG/ML SOLUTION <i>entecavir</i>	BRAND		SPC PA QPD Specialty Choice 20 per day
BARACLUDE (0.5 MG, 1 MG) <i>entecavir</i>	BRAND	1	SPC PA QPD Specialty Choice 1 per day
ENTECAVIR (0.5 MG, 1 MG)	generic	1	SPC QPD Specialty Choice 1 per day
FAMCICLOVIR (500 MG, 250 MG, 125 MG)	generic	1	
HEPSERA 10 MG TABLET <i>adefovir dipivoxil</i>	BRAND	1	SPC PA QPD Specialty Choice 1 per day
<i>molnupiravir 200 mg capsule</i>	generic	1	QL AL QPD At least 18 yrs old 8 per day
RIBAVIRIN (200 MG CAPSULE, 200 MG TABLET)	generic	1	SPC PA QPD Specialty Choice 6 per day
VALACYCLOVIR HCL (500 MG, 1000 MG)	generic	1	
VALCYTE 50 MG/ML SOLUTION <i>valganciclovir hcl</i>	BRAND	1	
VALCYTE 450 MG TABLET <i>valganciclovir hcl</i>	BRAND	1	QPD 4 per day
<i>valganciclovir hcl 50 mg/ml soln recon</i>	generic	1	
<i>valganciclovir hcl 450 mg tablet</i>	generic	1	QPD 4 per day
VEMLIDY 25 MG TABLET <i>tenofovir alafenamide</i>	BRAND	1	AL SPC PA QPD At least 18 yrs old Specialty Choice 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
<i>eszopiclone 3 mg tablet</i>	generic	1	AL Up to 65 yrs old QPD 1 per day
HETLIOZ 20 MG CAPSULE <i>tasimelteon</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HETLIOZ LQ 4 MG/ML SUSPENSION <i>tasimelteon</i>	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
<i>hydroxyzine pamoate 100 mg capsule</i>	generic	1	
MEPROBAMATE (400 MG, 200 MG)	generic	1	
<i>ramelteon 8 mg tablet</i>	generic	1	QPD 1 per day
ROZEREM 8 MG TABLET <i>ramelteon</i>	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 <i>secobarbital sodium</i>	BRAND	1	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)			
ALPRAZOLAM (0.5 MG ER, 1 MG ER)	generic	1	QPD 1 per day
<i>alprazolam 3 mg tab er 24h</i>	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 <i>alprazolam</i>	BRAND	1	QPD 10 per day
<i>chlordiazepoxide hcl 10 mg capsule</i>	generic	1	QL QPD 30 per day
<i>chlordiazepoxide hcl 25 mg capsule</i>	generic	1	QL QPD 12 per day
<i>chlordiazepoxide hcl 5 mg capsule</i>	generic	1	QL QPD 4 per day
<i>clorazepate dipotassium 15 mg tablet</i>	generic	1	QPD 6 per day
<i>clorazepate dipotassium 3.75 mg tablet</i>	generic	1	QPD 24 per day
<i>clorazepate dipotassium 7.5 mg tablet</i>	generic	1	QPD 12 per day
DIASTAT 2.5 MG PEDI SYSTEM <i>diazepam</i>	BRAND	1	QPD 0.07 per day
DIASTAT ACUDIAL (5-7.5-10 MG KT, 12.5-15-20 MG) <i>diazepam</i>	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 <i>quazepam</i>	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 <i>triazolam</i>	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 <i>lorazepam</i>	BRAND	1	QPD 5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>midazolam hcl 2 mg/ml syrup</i>	generic	1	
OXAZEPAM (10 MG, 15 MG, 30 MG)	generic	1	QPD 4 per day
<i>quazepam 15 mg tablet</i>	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 <i>clorazepate dipotassium</i>	BRAND	1	QPD 12 per day
<i>triazolam 0.125 mg tablet</i>	generic	1	QPD 1 per day
<i>triazolam 0.25 mg tablet</i>	generic	1	QPD 2 per day
VALTOCO (5 MG, 20 MG, 15 MG, 10 MG) <i>diazepam</i>	BRAND	1	QL
OREXIN RECEPTOR ANTAGONISTS			
BELSOMRA (5 MG, 10 MG, 20 MG, 15 MG) <i>suvorexant</i>	BRAND	1	
DAYVIGO (5 MG, 10 MG) <i>lemborexant</i>	BRAND	1	QPD 1 per day
AUTONOMIC DRUGS			
AUTONOMIC DRUGS, MISCELLANEOUS			
CHANTIX STARTING MONTH BOX <i>varenicline tartrate</i>	BRAND	1	HCR 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) <i>varenicline tartrate</i>	BRAND	1	HCR HCR: Age Edits (18 and older) and Quantity Limits apply. Multi-source brands are not covered. QPD 2 per day
NICOTROL CARTRIDGE INHALER <i>nicotine</i>	BRAND	1	HCR 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 <i>nicotine</i>	BRAND	1	HCR 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 <i>varenicline tartrate</i>	BRAND		AL At least 18 yrs old PA QPD 0.28 per day
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)			
ARICEPT (23 MG, 5 MG, 10 MG) <i>donepezil hcl</i>	BRAND	1	AL At least 40 yrs old
BETHANECHOL CHLORIDE (5 MG, 25 MG, 10 MG, 50 MG)	generic	1	
<i>cevimeline hcl 30 mg capsule</i>	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 <i>cevimeline hcl</i>	BRAND	1	
EXELON (13.3, 4.6, 9.5) <i>rivastigmine</i>	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
<i>guanidine hcl 125 mg tablet</i>	generic	1	
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN) <i>pyridostigmine bromide</i>	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 <i>galantamine hbr</i>	BRAND	1	AL At least 40 yrs old
RAZADYNE ER (ER 8 MG, ER 24 MG, ER 16 MG) <i>galantamine hbr</i>	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) <i>pilocarpine hcl</i>	BRAND	1	

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
XOPENEX (0.31 ML, 1.25 ML, 0.63 ML) <i>levalbuterol hcl</i>	BRAND		
XOPENEX CONC 1.25 MG/0.5 ML <i>levalbuterol hcl</i>	BRAND	1	
BLOOD DERIVATIVES			
RYPLAZIM 68.8 MG VIAL <i>plasminogen, human-tvmh</i>	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 <i>voxelotor</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
OXBRYTA 300 MG TABLET FOR SUSP <i>voxelotor</i>	BRAND	1	SPC Specialty Choice PA QPD 5 per day
TAVALISSE (100 MG, 150 MG) <i>fostamatinib disodium</i>	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) <i>darbepoetin alfa in polysorbate 80</i>	BRAND	1	SPC Specialty Choice PA
DOPTELET ((10 20 MG, (15 20 MG, (30 20 MG) <i>avatrombopag maleate</i>	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) <i>epoetin alfa</i>	BRAND	1	SPC Specialty Choice PA
FULPHILA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-jmdb</i>	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) <i>tbo-filgrastim</i>	BRAND	1	SPC Specialty Choice PA
LEUKINE 250 MCG VIAL <i>sargramostim</i>	BRAND	1	SPC Specialty Choice PA
MIRCERA (150 ML, 75 ML, 100 ML, 200 ML, 30 ML, 50 ML) <i>methoxy polyethylene glycol-epoetin beta</i>	BRAND	1	SPC Specialty Choice PA
MOZOBIL 24 MG/1.2 ML VIAL <i>plerixafor</i>	BRAND	1	SPC Specialty Choice PA
MULPLETA 3 MG TABLET <i>lusutrombopag</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
NEULASTA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim</i>	BRAND	1	SPC Specialty Choice PA
NEULASTA ONPRO 6 MG/0.6 ML KIT <i>pegfilgrastim</i>	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) <i>filgrastim</i>	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) <i>filgrastim-aafi</i>	BRAND	1	SPC Specialty Choice PA
NYVEPRIA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-apgf</i>	BRAND	1	SPC Specialty Choice PA
PROCRIT (20,000, 10,000, 2,000, 3,000, 40,000, 4,000) <i>epoetin alfa</i>	BRAND	1	SPC Specialty Choice PA
PROMACTA (75 MG TABLET, 50 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PKCT, 12.5 MG SUSPEN PACKET, 12.5 MG TABLET) <i>eltrombopag olamine</i>	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) <i>epoetin alfa-epbx</i>			
UDENYCA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-cbqv</i>	BRAND	1	SPC Specialty Choice PA
ZARXIO (480 MCG/0.8 ML, 300 MCG/0.5 ML) <i>filgrastim-sndz</i>	BRAND	1	SPC Specialty Choice PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-bmez</i>	BRAND	1	SPC Specialty Choice PA
HEMORRHEOLOGIC AGENTS			
<i>pentoxifylline 400 mg tablet er</i>	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) <i>verapamil hcl</i>	BRAND	1	QPD 1 per day
CARDIZEM (60 MG, 30 MG, 120 MG) <i>diltiazem hcl</i>	BRAND	1	QPD 4 per day
CARDIZEM CD (360 MG, 300 MG) <i>diltiazem hcl</i>	BRAND	1	QPD 1 per day
CARDIZEM CD 120 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 4 per day
CARDIZEM CD 180 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 3 per day
CARDIZEM CD 240 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 2 per day
CARTIA XT 120 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 4 per day
CARTIA XT 180 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 3 per day
CARTIA XT 240 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 2 per day
CARTIA XT 300 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 1 per day
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 4 per day
DILT-XR (180 MG, 240 MG)	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl</i>			
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) <i>diltiazem hcl</i>	BRAND	1	QPD 1 per day
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	BRAND	1	QPD 3 per day
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	BRAND	1	QPD 2 per day
TAZTIA XT (300 MG, 360 MG, 240 MG) <i>diltiazem hcl</i>	BRAND	1	
TAZTIA XT 120 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 4 per day
TAZTIA XT 180 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 3 per day
TIADYLT ER (ER 360 MG, ER 420 MG, ER 240 MG, ER 300 MG) <i>diltiazem hcl</i>	BRAND	1	
TIADYLT ER 120 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 4 per day
TIADYLT ER 180 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 3 per day
TIAZAC (ER 420 MG, ER 300 MG, ER 240 MG, ER 360 MG) <i>diltiazem hcl</i>	BRAND	1	
TIAZAC ER 120 MG CAPSULE <i>diltiazem hcl</i>	BRAND	1	QPD 4 per day
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TIAZAC ER 180 MG CAPSULE <i>diltiazem hcl</i>	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
<i>verapamil hcl 360 mg cap24h pel</i>	generic	1	QPD 1 per day HCG HIGH COST GENERIC
VERAPAMIL HCL (80 MG, 120 MG)	generic	1	QPD 3 per day
<i>verapamil hcl 40 mg tablet</i>	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
<i>amlodipine besylate/valsartan 5 mg-160mg tablet</i>	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
<i>isradipine 2.5 mg capsule</i>	generic	1	QPD 2 per day
<i>isradipine 5 mg capsule</i>	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
<i>nimodipine 30 mg capsule</i>	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) <i>nimodipine</i>	BRAND	1	QPD 120 per day
NYMALIZE (60 MG/10 ML SYRN, 30 MG/5 ML SYRNG) <i>nimodipine</i>	BRAND	1	QPD 60 per day
PROCARDIA XL (30 MG, 90 MG) <i>nifedipine</i>	BRAND	1	QPD 1 per day
PROCARDIA XL 60 MG TABLET <i>nifedipine</i>	BRAND	1	QPD 2 per day
SULAR (ER 17 MG, ER 34 MG, ER 8.5 MG) <i>nisoldipine</i>	BRAND	1	QPD 1 per day
CARDIAC DRUGS			
CARDIAC DRUGS, MISCELLANEOUS			
CORLANOR 5 MG/5 ML ORAL SOLN <i>ivabradine hcl</i>	BRAND	1	PA QPD 15 per day
CORLANOR (5 MG, 7.5 MG) <i>ivabradine hcl</i>	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) <i>digoxin</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
DIGOX (250 MCG, 125 MCG) <i>digoxin</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
DIGOXIN (250 MCG/ML AMPUL, 125 MCG TABLET, 250 MCG TABLET)	generic	1	NTI NARROW THERAPEUTIC INDICATOR
<i>digoxin 50 mcg/ml solution</i>	generic	1	NTI NARROW THERAPEUTIC INDICATOR HCG HIGH COST GENERIC
LANOXIN (125 MCG, 62.5 MCG, 250 MCG, 187.5 MCG) <i>digoxin</i>	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) <i>doxazosin mesylate</i>	BRAND	1	
CARDURA XL (4 MG, 8 MG) <i>doxazosin mesylate</i>	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
<i>atenolol 100 mg tablet</i>	generic	1	
ATENOLOL/CHLORTHALIDONE (50 MG-25MG, 100MG-25MG)	generic	1	
BETAPACE (80 MG, 240 MG, 160 MG, 120 MG) <i>sotalol hcl</i>	BRAND	1	
BETAPACE AF (80 MG, 120 MG, 160 MG) <i>sotalol hcl</i>	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
<i>carvedilol phosphate 80 mg cpmp 24hr</i>	generic	1	QPD 1 per day HCG HIGH COST GENERIC
CORGARD (40 MG, 20 MG, 80 MG) <i>nadolol</i>	BRAND	1	
HEMANGEOL 4.28 MG/ML ORAL SOLN <i>propranolol hcl</i>	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) <i>metoprolol tartrate</i>	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
<i>nebivolol hcl 2.5 mg tablet</i>	generic	1	QPD 1 per day
<i>nebivolol hcl 20 mg tablet</i>	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) <i>sotalol hcl</i>	BRAND	1	
SOTALOL AF (160 MG, 120 MG, 80 MG) <i>sotalol hcl</i>	BRAND	1	
SOTALOL HCL (240 MG, 160 MG, 120 MG, 80 MG)	generic	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION <i>sotalol hcl</i>	BRAND	1	
TENORETIC 100 TABLET <i>atenolol/chlorthalidone</i>	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 <i>lithium carbonate</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
CENTRAL NERVOUS SYSTEM AGENTS, MISC.			
<i>acamprosate calcium 333 mg tablet dr</i>	generic	1	
ADDYI 100 MG TABLET <i>flibanserin</i>	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
<i>carbidopa 25 mg tablet</i>	generic	1	
EXSERVAN 50 MG FILM <i>riluzole</i>	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 <i>carbidopa</i>	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
<i>memantine hcl 2 mg/ml solution</i>	generic	1	QL AL At least 40 yrs old
<i>memantine hcl 10 mg tablet</i>	generic	1	AL At least 40 yrs old QPD 2 per day
<i>memantine hcl 5 mg tablet</i>	generic	1	AL At least 40 yrs old QPD 3 per day
NAMENDA (10 MG TABLET, 5-10 MG TITRATION PK, 5 MG TABLET) <i>memantine hcl</i>	BRAND	1	AL At least 40 yrs old
NAMENDA XR (14 MG CAPSULE, 7 MG CAPSULE, TITRATION PACK, 21 MG CAPSULE, 28 MG CAPSULE) <i>memantine hcl</i>	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) <i>memantine hcl/donepezil hcl</i>	BRAND	1	AL At least 40 yrs old
NOURIANZ (40 MG, 20 MG) <i>istradefylline</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
NUDEXTA 20-10 MG CAPSULE <i>dextromethorphan hbr/quinidine sulfate</i>	BRAND	1	PA
<i>riluzole 50 mg tablet</i>	generic	1	
TIGLUTIK 50 MG/10 ML SUSP <i>riluzole</i>	BRAND	1	PA
VYLEESI 1.75 MG/0.3 ML AUTOINJ <i>bremelanotide acetate</i>	BRAND	1	GL Female SPC Specialty Choice PA QPD 0.08 per day
XYREM 500 MG/ML ORAL SOLUTION <i>sodium oxybate</i>	BRAND	1	SPC Specialty Choice PA QPD 18 per day
XYWAV 0.5 GM/ML ORAL SOLUTION <i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>	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) <i>milnacipran hcl</i>	BRAND	1	QPD 2 per day
OPIATE ANTAGONISTS			
KLOXXADO 8 MG NASAL SPRAY <i>naloxone hcl</i>	BRAND	1	QL
<i>naloxone hcl 4 mg spray</i>	generic	1	QL
NALOXONE HCL (0.4 MG/ML VIAL, 1 MG/ML SYRINGE, 0.4 MG/ML CARTRIDGE)	generic	1	
<i>naltrexone hcl 50 mg tablet</i>	generic	1	
NARCAN 4 MG NASAL SPRAY <i>naloxone hcl</i>	BRAND	1	QL
		1	SPC

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT) <i>naltrexone microspheres</i>	BRAND		Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR			
AUSTEDO (9 MG, 6 MG, 12 MG) <i>deutetrabenazine</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 4 per day
INGREZZA (60 MG, 80 MG) <i>valbenazine tosylate</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 1 per day
INGREZZA 40 MG CAPSULE <i>valbenazine tosylate</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
INGREZZA INITIATION PACK <i>valbenazine tosylate</i>	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) <i>tetrabenazine</i>	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
<i>cephalexin</i>			
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	
<i>cefaclor 500 mg tab er 12h</i>	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	
<i>cefixime 400 mg capsule</i>	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 <i>cefditoren pivoxil</i>	BRAND	1	
SUPRAX (100 MG TABLET CHEWABLE, 500 MG/5 ML SUSPENSION, 400 MG CAPSULE, 200 MG TABLET CHEWABLE) <i>cefixime</i>	BRAND	1	
SUPRAX (100 ML, 200 ML) <i>cefixime</i>	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) <i>fluticasone propionate/salmeterol xinafoate</i>	BRAND	1	QPD 2 per day
ADVAIR HFA (230-21 MCG, 115-21 MCG, 45-21 MCG) <i>fluticasone propionate/salmeterol xinafoate</i>	BRAND	1	QPD 0.4 per day
ARNUITY ELLIPTA 100 MCG INH <i>fluticasone furoate</i>	BRAND	1	QPD 2 per day
ARNUITY ELLIPTA 200 MCG INH <i>fluticasone furoate</i>	BRAND	1	QPD 1 per day
ARNUITY ELLIPTA 50 MCG INH <i>fluticasone furoate</i>	BRAND	1	QPD 4 per day
BREO ELLIPTA (200-25 MCG, 100-25 MCG) <i>fluticasone furoate/vilanterol trifenate</i>	BRAND	1	QPD 2 per day
BREZTRI AEROSPHERE INHALER <i>budesonide/glycopyrrolate/formoterol fumarate</i>	BRAND	1	QPD 0.36 per day
BUDESONIDE (0.5 MG/2ML, 0.25MG/2ML)	generic	1	QL
<i>budesonide 1 mg/2 ml ampul-neb</i>	generic	1	QL HCG HIGH COST GENERIC
FLOVENT 250 MCG DISKUS <i>fluticasone propionate</i>	BRAND	1	QPD 8 per day
FLOVENT DISKUS (100 MCG, 50 MCG) <i>fluticasone propionate</i>	BRAND	1	QPD 4 per day
FLOVENT HFA (220 MCG, 110 MCG) <i>fluticasone propionate</i>	BRAND	1	QPD 0.8 per day
FLOVENT HFA 44 MCG INHALER <i>fluticasone propionate</i>	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) <i>budesonide</i>	BRAND	1	QPD 0.07 per day
SYMBICORT (80-4.5 MCG, 160-4.5 MCG) <i>budesonide/formoterol fumarate</i>	BRAND	1	QPD 0.4 per day
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25) <i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>	BRAND	1	QPD 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
WIXELA INHUB (500-50, 250-50, 100-50) <i>fluticasone propionate/salmeterol xinafoate</i>	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) <i>tezacaftor/ivacaftor</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG) <i>elixacaftor/tezacaftor/ivacaftor</i>	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) <i>ivacaftor</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ORKAMBI (100-125 MG, 150-188 MG) <i>lumacaftor/ivacaftor</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ORKAMBI (200 MG, 100 MG) <i>lumacaftor/ivacaftor</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
DEPIGMENTING AND PIGMENTING AGENTS			
DEPIGMENTING AGENTS			
BLANCHE 4% CREAM <i>hydroquinone</i>	BRAND	1	
<i>hydroquinone 4 % cream (g)</i>	generic	1	
<i>hydroquinone microspheres 4 % cream (g)</i>	generic	1	
PIGMENTING AGENTS			
<i>methoxsalen 10 mg cap lq rap</i>	generic	1	
OXSORALEN-ULTRA 10 MG CAP <i>methoxsalen</i>	BRAND	1	
DEVICES			

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

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

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS			
E-Z-HD SUSPENSION <i>barium sulfate</i>	BRAND	1	
E-Z-PAQUE BARIUM SULFATE SUSP <i>barium sulfate</i>	BRAND	1	
GASTROGRAFIN 66-10 SOLUTION <i>diatrizoate meglumine/diatrizoate sodium</i>	BRAND	1	
LIQUID E-Z PAQUE 60% SUSP <i>barium sulfate</i>	BRAND	1	
MD-GASTROVIEW 66%-10% SOLN <i>diatrizoate meglumine/diatrizoate sodium</i>	BRAND	1	
OMNIPAQUE 12 MG/ML ORAL SOLN <i>iohexol</i>	BRAND	1	
READI-CAT 2 (2, 2) <i>barium sulfate</i>	BRAND	1	
SITZMARKS CAPSULE <i>radiopaque pvc markers/barium sulfate</i>	BRAND	1	
TAGITOL V 40% SUSPENSION <i>barium sulfate</i>	BRAND	1	
VARIBAR NECTAR 40% SUSPENSION <i>barium sulfate</i>	BRAND	1	
VARIBAR PUDDING 40% PASTE <i>barium sulfate</i>	BRAND	1	
THYROID FUNCTION			
THYROGEN 0.9 MG VIAL <i>thyrotropin alfa</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
DIURETICS			
LOOP DIURETICS			
BUMETANIDE (1 MG, 2 MG)	generic	1	HCG HIGH COST GENERIC
<i>bumetanide 0.5 mg tablet</i>	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
<i>amiloride hcl 5 mg tablet</i>	generic	1	
<i>amiloride/hydrochlorothiazide 5 mg-50 mg tablet</i>	generic	1	
MAXZIDE 75 MG-50 MG TABLET <i>triamterene/hydrochlorothiazide</i>	BRAND	1	
MAXZIDE 37.5 MG-25 MG TABLET <i>triamterene/hydrochlorothiazide</i>	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 <i>chlorothiazide</i>	BRAND	1	
HYDROCHLOROTHIAZIDE (12.5 MG CAPSULE, 50 MG TABLET, 12.5 MG TABLET)	generic	1	
<i>hydrochlorothiazide 25 mg tablet</i>	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 <i>chlorthalidone</i>	BRAND	1	
VASOPRESSIN ANTAGONISTS			
JYNARQUE 15 MG TABLET <i>tolvaptan</i>	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) <i>tolvaptan</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
SAMSCA 15 MG TABLET <i>tolvaptan</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
SAMSCA 30 MG TABLET <i>tolvaptan</i>	BRAND	1	SPC Specialty Choice PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 2 per day
<i>tolvaptan 15 mg tablet</i>	generic	1	SPC Specialty Choice PA QPD 1 per day
<i>tolvaptan 30 mg tablet</i>	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
<i>cabergoline 0.5 mg tablet</i>	generic	1	
CYCLOSET 0.8 MG TABLET <i>bromocriptine mesylate</i>	BRAND	1	PA QPD 6 per day
PARLODEL (5 MG CAPSULE, 2.5 MG TABLET) <i>bromocriptine mesylate</i>	BRAND	1	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST			
APOKYN 30 MG/3 ML CARTRIDGE <i>apomorphine hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
KYNMOBI (30 MG, 20 MG, 25 MG, 15 MG, 10 MG) <i>apomorphine hcl</i>	BRAND	1	SPC Specialty Choice PA QPD 5 per day
KYNMOBI TITRATION KIT <i>apomorphine hcl</i>	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) <i>pramipexole di-hcl</i>	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) <i>pramipexole di-hcl</i>	BRAND	1	
NEUPRO (3, 2, 4, 1, 6, 8)	BRAND	1	PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>rotigotine</i>			
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) <i>ropinirole hcl</i>	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 <i>potassium phosphate,monobasic</i>	BRAND	1	
PHOSPHOROUS 250 MG TABLET <i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	BRAND	1	
VIRT-PHOS 250 NEUTRAL TABLET <i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	BRAND	1	
ALKALINIZING AGENTS			
POTASSIUM CITRATE (15 ER, 10 ER, 5 ER)	generic	1	
SODIUM BICARBONATE (1 SYRINGE, 1 VIAL)	generic	1	 BENEFIT SHIFT PROGRAM
UROCIT-K (SR 10, SR 5, ER 15) <i>potassium citrate</i>	BRAND	1	
AMMONIA DETOXICANTS			
BUPHENYL (POWDER, 500 MG TABLET) <i>sodium phenylbutyrate</i>	BRAND	1	 Specialty Choice
CARBAGLU 200 MG TAB FOR SUSP <i>carglumic acid</i>	BRAND	1	 Specialty Choice
<i>carglumic acid 200 mg tab disper</i>	generic	1	 Specialty Choice
CONSTULOSE 10 GM/15 ML SOLN <i>lactulose</i>	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ENULOSE 10 GM/15 ML SOLUTION <i>lactulose</i>	BRAND	1	
GENERLAC 10 GM/15 ML SOLUTION <i>lactulose</i>	BRAND	1	
KRISTALOSE (20, 10) <i>lactulose</i>	BRAND	1	
LACTULOSE (20 G/30 ML, 10 G/15 ML)	generic	1	
LITHOSTAT 250 MG TABLET <i>acetohydroxamic acid</i>	BRAND	1	
RAVICTI 1.1 GRAM/ML LIQUID <i>glycerol phenylbutyrate</i>	BRAND	1	SPC PA QPD Specialty Choice 20 per day
SODIUM PHENYLBUTYRATE (500 MG TABLET, 0.94 G/G POWDER)	generic	1	SPC Specialty Choice
CALORIC AGENTS			
ACD-A SOLUTION <i>dextrose-water/sodium citrate/citric acid</i>	BRAND	1	
<i>dextrose 10 % and 0.2 % nacl 10 %-0.2 % dehp fr bg</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 10 % and 0.45 % nacl 10%-0.45% iv soln</i>	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
<i>dextrose 2.5 % and 0.45 % nacl 2.5%-0.45% iv soln</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 20 % in water 20 % iv soln</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 25 % in water 25 % syringe</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 30 % in water 30 % iv soln</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 40 % in water 40 % iv soln</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5 %-0.2 % sod chlorid 5 %-0.2 % iv soln</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5 % and 0.3 % nacl 5 %-0.3 % iv soln</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5 %-0.45 % sod chlrd 5 %-0.45 % iv soln</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5 % and 0.9 % nacl 5 %-0.9 % iv soln</i>	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	 BENEFIT SHIFT PROGRAM
DEXTROSE 50 % IN WATER (50 50 IV SOLN, 50 50 VIAL, 50 50 SYRGE)	generic	1	 BENEFIT SHIFT PROGRAM
dextrose 70 % in water 70 % iv soln	generic	1	 BENEFIT SHIFT PROGRAM
DOJOLVI LIQUID triheptanoin	BRAND	1	 Specialty Choice 
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
<i>iron no.41</i>			
GLYTACTIN RTD 15 PE LIQUID <i>nutritional therapy for phenylketonuria(pku) with iron no.41</i>	BRAND	1	
GLYTACTIN RTD LITE 15 LIQUID <i>nutritional therapy for pku no.64</i>	BRAND	1	
GLYTACTIN SWIRL 15 PE PWDR PKT <i>nutritional therapy for phenylketonuria (pku) no.69</i>	BRAND	1	
HOMACTIN AA PLUS 15 PE PWD PKT <i>nutritional therapy, metabolic disorder, methionine-free</i>	BRAND	1	
HOMACTIN AA PLUS 20 PE LIQUID <i>nutritional therapy, metabolic disorder, methionine-free</i>	BRAND	1	
ISOVACTIN AA PLUS 20 PE LIQUID <i>nutritional therapy for isovaleric acidemia with iron</i>	BRAND	1	
KETOVIE 3:1 LIQUID <i>nutritional tx, ketogenic, whey</i>	BRAND	1	
KETOVIE 4:1 LIQUID <i>nutritional tx, ketogenic, whey</i>	BRAND	1	
PHENACTIN AA PLUS 20 PE LIQUID <i>nutritional therapy for pku with iron no.59</i>	BRAND	1	
PROSOL 20% INJECTION <i>parenteral amino acid 20 % combination no.1</i>	BRAND	1	BSP BENEFIT SHIFT PROGRAM
TYLACTIN COMPLETE 15 PE BAR <i>nutritional therapy for tyrosinemia with iron</i>	BRAND	1	
TYLACTIN RESTORE 10 PE LIQUID <i>nutritional therapy for tyrosinemia without iron</i>	BRAND	1	
TYLACTIN RESTORE 5 PE POWD PKT <i>nutritional therapy for tyrosinemia without iron</i>	BRAND	1	
TYLACTIN RTD 15 PE LIQUID <i>nutritional therapy for tyrosinemia with iron</i>	BRAND	1	
VILACTIN AA PLUS 20 PE LIQUID <i>nutritional therapy for msud with iron</i>	BRAND	1	
IRRIGATING SOLUTIONS			
<i>acetic acid 0.25 % irrig soln</i>	generic	1	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride irrig solution 0.9 % irrig soln</i>	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
<i>sodium chloride 0.9 % (flush) 0.9 % syringe</i>	generic		 BENEFIT SHIFT PROGRAM
<i>sodium chloride 3 % 3 % iv soln</i>	generic		 BENEFIT SHIFT PROGRAM
<i>sodium chloride 5 % 5 % iv soln</i>	generic		 BENEFIT SHIFT PROGRAM
SODIUM CHLORIDE FOR INHALATION (0.9, 7, 10, 3)	generic		
URICOSURIC AGENTS			
<i>probenecid 500 mg tablet</i>	generic		 4 per day
<i>probenecid/colchicine 500-0.5 mg tablet</i>	generic		 2 per day
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS			
BASIC LOTIONS AND LINIMENTS			
<i>ammonium lactate 12 % lotion</i>	generic		
BASIC OILS AND OTHER SOLVENTS			
CERACADE SKIN BARRIER EMULSION <i>emollient combination no.103</i>	BRAND		
BASIC OINTMENTS AND PROTECTANTS			
<i>ammonium lactate 12 % cream (g)</i>	generic		
DEXERYL CREAM <i>emollient combination no.104</i>	BRAND		
LUXAMEND WOUND CREAM <i>emollient combination no.10</i>	BRAND		
PHARMABASE BARRIER 9.38% OINT <i>zinc oxide</i>	BRAND		
TETRIX CREAM <i>protectives combination no.2</i>	BRAND		
VASELINE WHITE PETROLEUM JELLY <i>petrolatum,white</i>	BRAND		
ZINC OXIDE (20 OINT., 25 PASTE)	generic		
ENZYMES			
ALDURAZYME 2.9 MG/5 ML VIAL <i>laronidase</i>	BRAND		 Specialty Choice   BENEFIT SHIFT PROGRAM

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
CEREZYME 400 UNIT VIAL <i>imiglucerase</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ELAPRASE 6 MG/3 ML VIAL <i>idursulfase</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ELELYSO 200 UNITS VIAL <i>taliglucerase alfa</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
FABRAZYME (35 MG, 5 MG) <i>agalsidase beta</i>	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) <i>hyaluronidase, human recomb.</i>	BRAND	1	SPC Specialty Choice PA
LUMIZYME 50 MG VIAL <i>alglucosidase alfa</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
NAGLAZYME 5 MG/5 ML VIAL <i>galsulfase</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
PALYNZIQ (10 MG/0.5 ML, 20 MG/ML) <i>pegvaliase-pqpz</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE <i>pegvaliase-pqpz</i>	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) <i>asfotase alfa</i>	BRAND	1	SPC Specialty Choice PA
SUCRAID 8,500 UNITS/ML SOLN <i>sacrosidase</i>	BRAND	1	SPC Specialty Choice PA

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
BIJUVA 1 MG-100 MG CAPSULE <i>estradiol/progesterone</i>	BRAND	1	GL Female QPD 1 per day
CLIMARA PRO PATCH <i>estradiol/levonorgestrel</i>	BRAND	1	GL Female QPD 0.15 per day
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG) <i>estradiol/norethindrone acetate</i>	BRAND	1	GL Female QPD 0.29 per day
DEPO-ESTRADIOL 5 MG/ML VIAL <i>estradiol cypionate</i>	BRAND	1	GL Female
DIVIGEL (0.5 MG, 0.75 MG, 0.25 MG, 1 MG) <i>estradiol</i>	BRAND	1	GL Female QPD 1 per day
DIVIGEL 1.25 MG GEL PACKET <i>estradiol</i>	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) <i>estradiol</i>	BRAND	1	GL Female QPD 0.29 per day
DUAVEE 0.45-20 MG TABLET <i>estrogens, conjugated/bazedoxifene acetate</i>	BRAND	1	
ELESTRIN 0.06% GEL <i>estradiol</i>	BRAND	1	GL Female QPD 1.73 per day
<i>estradiol 0.01 % cream/appl</i>	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
<i>estradiol .075mg/24h patch tdwk</i>	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
<i>estradiol 10 mcg tablet</i>	generic	1	GL Female QPD 0.643 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>estradiol 2 mg tablet</i>	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 <i>estradiol</i>	BRAND	1	GL Female
ESTROGEL 0.06% GEL <i>estradiol</i>	BRAND	1	GL Female QPD 1.667 per day
EVAMIST 1.53 MG/SPRAY <i>estradiol</i>	BRAND	1	GL Female QPD 0.54 per day
FEMHRT 0.5 MG-2.5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	BRAND	1	GL Female QPD 1 per day
FEMRING (FEM0.05, FEM0.10) <i>estradiol acetate</i>	BRAND	1	GL Female QPD 0.02 per day
FYAVOLV (1 MG-5 MCG, 0.5 MG-2.5 MCG) <i>norethindrone acetate-ethinyl estradiol</i>	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) <i>estradiol</i>	BRAND	1	QPD 1 per day
JINTELI 1 MG-5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	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 <i>estradiol/norethindrone acetate</i>	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) <i>estrogens, esterified</i>	BRAND	1	GL Female QPD 1 per day
MENOSTAR 14 MCG/DAY PATCH <i>estradiol</i>	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) <i>estradiol</i>	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 <i>estradiol/norgestimate</i>	BRAND	1	GL Female QPD 1 per day
PREMARIN VAGINAL CREAM-APPL <i>estrogens, conjugated</i>	BRAND	1	GL Female QPD 2 per day
PREMARIN (1.25 MG, 0.3 MG, 0.625 MG, 0.45 MG, 0.9 MG) <i>estrogens, conjugated</i>	BRAND	1	GL Female QPD 1 per day
PREMARIN 25 MG VIAL <i>estrogens, conjugated</i>	BRAND	1	
PREMPHASE 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	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) <i>estrogens, conjugated/medroxyprogesterone acetate</i>	BRAND	1	GL Female QPD 1 per day
YUVAFEM 10 MCG VAGINAL INSERT <i>estradiol</i>	BRAND	1	GL Female QPD 0.643 per day
EYE, EAR, NOSE AND THROAT (EENT) PREPS.			
ANTIALLERGIC AGENTS			
<i>azelastine hcl 0.05 % drops</i>	generic	1	QPD 0.267 per day
AZELASTINE HCL (205.5 MCG, 137 MCG)	generic	1	QPD 2 per day
<i>azelastine/fluticasone 137-50 mcg spray/pump</i>	generic	1	QPD 0.8 per day

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 1 per day
FIRST GENERATION ANTIHISTAMINES			
ETHANOLAMINE DERIVATIVES			
<i>carbinoxamine maleate 4 mg/5 ml liquid</i>	generic	1	AL At least 2 yrs old
<i>carbinoxamine maleate 4 mg tablet</i>	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
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	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 <i>carbinoxamine maleate</i>	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) <i>promethazine hcl</i>	BRAND	1	AL At least 2 yrs old
<i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>	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
<i>promethazine hcl 25 mg tablet</i>	generic	1	AL At least 2 yrs old LCC 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
<i>promethazine hcl in 0.9 % nacl 25 mg/50ml piggyback</i>	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
<i>promethazine hcl</i>			
PROPYLAMINE DERIVATIVES			
RESPA A.R. TABLET SA <i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>	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 <i>mesalamine</i>	BRAND	1	
<i>balsalazide disodium 750 mg capsule</i>	generic	1	
COLAZAL 750 MG CAPSULE <i>balsalazide disodium</i>	BRAND	1	
LOTRONEX (1 MG, 0.5 MG) <i>alosetron hcl</i>	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	
<i>mesalamine w/cleansing wipes 4 g/60 ml enema kit</i>	generic	1	HCG HIGH COST GENERIC
PENTASA (500 MG, 250 MG) <i>mesalamine</i>	BRAND	1	
ROWASA (4 ML KIT, 4 ML) <i>mesalamine with cleansing wipes</i>	BRAND	1	
SFROWASA 4 GM/60 ML ENEMA <i>mesalamine</i>	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 <i>diphenoxylate hcl/atropine sulfate</i>	BRAND	1	
<i>loperamide hcl 2 mg capsule</i>	generic	1	
MYTESI 125 MG DR TABLET <i>crofelemer</i>	BRAND	1	SPC Specialty Choice
<i>opium tincture 10 mg/ml tincture</i>	generic	1	QPD 5 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
XERMELO 250 MG TABLET <i>telotristat etiprate</i>	BRAND	1	AL SPC PA At least 18 yrs old Specialty Choice
CATHARTICS AND LAXATIVES			
CLENPIQ SOLUTION <i>sodium picosulfate/magnesium oxide/citric acid</i>	BRAND	1	QPD 11 per day
GAVILYTE-C SOLUTION <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	BRAND	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
GAVILYTE-G SOLUTION <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	BRAND	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
<i>peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln recon</i>	generic	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
<i>peg3350/sod sul/nacl/kcl/asb/c 7.5-2.691g powd pack</i>	generic	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
PEG-PREP KIT <i>bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350</i>	BRAND	1	
PREPOPIK POWDER PACKET <i>sodium picosulfate/magnesium oxide/citric acid</i>	BRAND	1	QL
<i>sodium chloride/naHCO3/kcl/peg 420g soln recon</i>	generic	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
SUPREP BOWEL PREP KIT <i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	BRAND	1	QL
SUTAB 1.479-0.225-0.188 GM TAB <i>sodium sulfate/potassium chloride/magnesium sulfate</i>	BRAND	1	QPD 0.8 per day
TRILYTE WITH FLAVOR PACKETS <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	BRAND	1	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
CHOLELITHOLYTIC AGENTS			
CHENODAL 250 MG TABLET <i>chenodiol</i>	BRAND	1	SPC Specialty Choice
URSO FORTE 500 MG TABLET	BRAND	1	

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			SDS Extended Specialty Day Supply
GATTEX 5 MG 30-VIAL KIT <i>teduglutide</i>	BRAND	1	SPC Specialty Choice PA QPD 0.034 per day
GATTEX 5 MG ONE-VIAL KIT <i>teduglutide</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
HUMIRA(CF) PEDI CROHN 80-40 MG <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
LINZESS (290 MCG, 72 MCG, 145 MCG) <i>linaclotide</i>	BRAND	1	AL At least 18 yrs old QPD 1 per day
LIVMARLI 9.5 MG/ML ORAL SOLN <i>maralixibat chloride</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
OCALIVA (10 MG, 5 MG) <i>obeticholic acid</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
SYMPROIC 0.2 MG TABLET <i>naldemedine tosylate</i>	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
VIBERZI (75 MG, 100 MG) <i>eluxadoline</i>	BRAND	1	PA QPD 2 per day
XENICAL 120 MG CAPSULE <i>orlistat</i>	BRAND	1	
PROKINETIC AGENTS			
GIMOTI 15 MG NASAL SPRAY <i>metoclopramide hcl</i>	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) <i>prucalopride succinate</i>	BRAND	1	AL PA QPD At least 18 yrs old 1 per day
REGLAN (5 MG, 10 MG) <i>metoclopramide hcl</i>	BRAND	1	
ZELNORM 6 MG TABLET <i>tegaserod hydrogen maleate</i>	BRAND	1	AL PA QPD Up to 65 yrs old 2 per day
GENERAL ANESTHETICS			
INHALATION ANESTHETICS			
FORANE LIQUID <i>isoflurane</i>	BRAND	1	
<i>isoflurane 99.9 % liquid</i>	generic	1	
<i>sevoflurane liquid</i>	generic	1	
TERRELL LIQUID <i>isoflurane</i>	BRAND	1	
ULTANE 250 ML PEN BOTTLE <i>sevoflurane</i>	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) <i>tolterodine tartrate</i>	BRAND	1	QPD 2 per day
DETROL LA (2 MG, 4 MG) <i>tolterodine tartrate</i>	BRAND	1	QPD 1 per day
DITROPAN XL 10 MG TABLET <i>oxybutynin chloride</i>	BRAND	1	QPD 2 per day
DITROPAN XL 5 MG TABLET <i>oxybutynin chloride</i>	BRAND	1	QPD 1 per day
ENABLEX 7.5 MG TABLET <i>darifenacin hydrobromide</i>	BRAND	1	QPD 1 per day
<i>flavoxate hcl 100 mg tablet</i>	generic	1	
GELNIQUE 10% GEL SACHET <i>oxybutynin chloride</i>	BRAND	1	QPD 1 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>oxybutynin chloride 5 mg/5 ml syrup</i>	generic	1	QPD 20 per day
OXYBUTYNIN CHLORIDE (10 MG ER 24, 15 MG ER 24)	generic	1	QPD 2 per day
<i>oxybutynin chloride 5 mg tab er 24</i>	generic	1	QPD 1 per day
<i>oxybutynin chloride 5 mg tablet</i>	generic	1	QPD 4 per day
OXYTROL 3.9 MG/24HR PATCH <i>oxybutynin</i>	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) <i>fesoterodine fumarate</i>	BRAND	1	QPD 1 per day
<i>trospium chloride 60 mg cap er 24h</i>	generic	1	QPD 1 per day
<i>trospium chloride 20 mg tablet</i>	generic	1	QPD 2 per day
GOLD COMPOUNDS			
RIDAURA 3 MG CAPSULE <i>auranofin</i>	BRAND	1	
GONADOTROPINS AND ANTIGONADOTROPINS			
ANTIGONADTROPINS			
CETROTIDE 0.25 MG KIT <i>cetrorelix acetate</i>	BRAND	1	GL Female SPC Specialty Choice PA
<i>ganirelix acetate 250mcg/0.5 syringe</i>	generic	1	GL Female SPC Specialty Choice PA
MYFEMBREE 40 MG-1 MG-0.5 MG TB <i>relugolix/estradiol/norethindrone acetate</i>	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
ORGOVYX 120 MG TABLET <i>relugolix</i>	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
<i>elagolix sodium/estradiol/norethindrone acetate</i>			PA QPD 2 per day
ORILISSA 150 MG TABLET <i>elagolix sodium</i>	BRAND	1	AL At least 18 yrs old PA QPD 1 per day
ORILISSA 200 MG TABLET <i>elagolix sodium</i>	BRAND	1	AL At least 18 yrs old PA QPD 2 per day
GONADOTROPINS			
<i>chorionic gonadotropin, human 10000 unit vial</i>	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) <i>leuprolide acetate</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
FOLLISTIM AQ (600, 900, 300) <i>follitropin beta, recombinant</i>	BRAND	1	SPC Specialty Choice PA
GONAL-F (450, 1,050) <i>follitropin alfa, recombinant</i>	BRAND	1	SPC Specialty Choice PA
GONAL-F RFF 75 UNITS VIAL <i>follitropin alfa, recombinant</i>	BRAND	1	GL Female SPC Specialty Choice PA
GONAL-F RFF REDI-JECT (900, 300, 450) <i>follitropin alfa, recombinant</i>	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) <i>leuprolide acetate</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 11.25 MG 3MO KIT <i>leuprolide acetate</i>	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) <i>leuprolide acetate</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
LUPRON DEPOT 3.75MG (LUPANETA) <i>leuprolide acetate</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED (7.5 MG, 11.25 MG, 15 MG) <i>leuprolide acetate</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED (11.25 MG, 30 MG KIT) <i>leuprolide acetate</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
MENOPUR 75 UNIT VIAL <i>menotropins</i>	BRAND	1	GL Female SPC Specialty Choice PA
NOVAREL (5,000, 10,000) <i>chorionic gonadotropin, human</i>	BRAND	1	SPC Specialty Choice PA
OVIDREL 250 MCG/0.5 ML SYRG <i>choriogonadotropin alfa</i>	BRAND	1	SPC Specialty Choice PA
PREGNYL 10,000 UNIT VIAL <i>chorionic gonadotropin, human</i>	BRAND	1	SPC Specialty Choice PA
SUPPRELIN LA 50 MG KIT <i>histrelin acetate</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
SYNAREL 2 MG/ML NASAL SPRAY <i>nafarelin acetate</i>	BRAND	1	SPC Specialty Choice PA

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

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DEPO-MEDROL (20 MG/ML, 80 MG/ML, 40 MG/ML) <i>methylprednisolone acetate</i>	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 <i>dexamethasone</i>	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) <i>deflazacort</i>	BRAND	1	AL At least 2 yrs old SPC Specialty Choice PA
ENTOCORT EC 3 MG CAPSULE <i>budesonide</i>	BRAND	1	
<i>fludrocortisone acetate 0.1 mg tablet</i>	generic	1	
HYDROCORTISONE (5 MG, 10 MG, 20 MG)	generic	1	
INTRAROSA 6.5 MG VAG INSERT <i>prasterone (dhea)</i>	BRAND	1	AL At least 18 yrs old QPD 1 per day
KENALOG-10 50 MG/5 ML VIAL <i>triamcinolone acetonide</i>	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) <i>methylprednisolone</i>	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) <i>prednisolone sodium phosphate</i>	BRAND	1	
PEDIAPRED 5 MG/5 ML SOLN <i>prednisolone sodium phosphate</i>	BRAND	1	
<i>prednisolone 15 mg/5 ml solution</i>	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 <i>prednisone</i>	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) <i>hydrocortisone sodium succinate/pf</i>	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 <i>budesonide</i>	BRAND	1	
VERIPRED 20 20 MG/5 ML SOLN <i>prednisolone sodium phosphate</i>	BRAND	1	
ANDROGENS			
ANADROL-50 TABLET <i>oxymetholone</i>	BRAND	1	GL Male
ANDRODERM 2 MG/24HR PATCH <i>testosterone</i>	BRAND	1	GL Male PA QPD 1 per day SDS Y
ANDRODERM 4 MG/24HR PATCH <i>testosterone</i>	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) <i>oxandrolone</i>	BRAND	1	PA
OXANDROLONE (2.5 MG, 10 MG)	generic	1	PA
STRIANT 30 MG MUCOADHESIVE <i>testosterone</i>	BRAND	1	GL Male PA

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			
testosterone 50 mg (1%) gel (gram)	generic	1	  Male
testosterone 12.5/1.25g gel md pmp	generic	1	 Male  10 per day
TESTOSTERONE (1.25G-1.62, 2.5G-1.62%)	generic	1	  Male  5 per day
TESTOSTERONE (50 MG (1%) PACKET, 20.25/1.25 MD PMP)	generic	1	 Male  5 per day
testosterone 25mg(1%) gel packet	generic	1	 Male  2.5 per day
TESTOSTERONE CYPIONATE (100 MG/ML, 200 MG/ML)	generic	1	 Male
testosterone enanthate 200 mg/ml vial	generic	1	 Male
XYOSTED (100 ML, 75 ML, 50 ML) testosterone enanthate	BRAND	1	
CONTRACEPTIVES			
AFIRMELLE-28 TABLET levonorgestrel/ethinyl estradiol	BRAND	1	 Female  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	 Female  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	 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
AMETHIA 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AMETHIA LO TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AMETHYST 90-20 MCG TABLET <i>levonorgestrel/ethinyl estradiol</i>	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
ANNOVERA VAGINAL RING <i>segesterone acetate/ethinyl estradiol</i>	BRAND	1	QL GL Female HCR HCROCRX HCR Rx Contraceptives
APRI 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ARANELLE 28 TABLET <i>norethindrone-ethinyl estradiol</i>	BRAND	1	GL Female HCR 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 <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	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.
AUBRA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AUBRA EQ-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 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) <i>norethindrone acetate-ethinyl estradiol</i>	BRAND	1	 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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 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) <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AVIANE-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
AYUNA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 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.
AZURETTE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	BRAND		 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BALCOLTRA TABLET <i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	BRAND		 Female
BALZIVA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	BRAND		 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BEKYREE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	BRAND		 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BLISOVI 24 FE TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND		 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) <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND		 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
BRIELLYN TABLET <i>norethindrone-ethinyl estradiol</i>	BRAND		 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 <i>norethindrone</i>	BRAND	1	GL Female HCR 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 <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	BRAND	1	QL GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAMRESE LO TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	BRAND	1	QL GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAZIAN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CHARLOTTE 24 FE CHEWABLE TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CHATEAL-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	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.
CHATEAL EQ-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CRYSSELLE-28 TABLET <i>norgestrel-ethinyl estradiol</i>	BRAND	1	 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) <i>norethindrone-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CYRED 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	BRAND	1	 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 <i>desogestrel-ethinyl estradiol</i>	BRAND	1	 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) <i>norethindrone-ethinyl estradiol</i>	BRAND	1	 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	 Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>			HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DEBLITANE 0.35 MG TABLET <i>norethindrone</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>desogestrel-ethinyl estradiol 0.15-0.03 tablet</i>	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>desog-e.estradiol/e.estradiol 21-5 (28) tablet</i>	generic	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DOLISHALE 90-20 MCG TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>drospir/eth estra/levomefol ca 3-0.02(24) tablet</i>	generic	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
<i>drospir/eth estra/levomefol ca 3-0.03(21) tablet</i>	generic	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.
ELINEST-28 TABLET <i>norgestrel-ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ELLA 30 MG TABLET <i>ulipristal acetate</i>	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
ELURYNG VAGINAL RING <i>etonogestrel/ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
EMOQUETTE 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ENPRESSE-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ENSKYCE 28 TABLET <i>desogestrel-ethinyl estradiol</i>	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
ERRIN 0.35 MG TABLET <i>norethindrone</i>	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 <i>norgestimate-ethinyl estradiol</i>	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.
<i>etonogestrel/ethinyl estradiol .12-.015mg vag ring</i>	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 <i>levonorgestrel/ethinyl estradiol</i>	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 <i>norgestimate-ethinyl estradiol</i>	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.
GEMMILY 1 MG-20 MCG CAPSULE <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 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 <i>ethinyl estradiol/drospirenone</i>	BRAND	1	 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 <i>norethindrone acetate-ethinyl estradiol</i>	BRAND	1	 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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 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) <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 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 <i>norethindrone</i>	BRAND	1	 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	 Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel/ethinyl estradiol</i>			HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
INCASSIA 0.35 MG TABLET <i>norethindrone</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ISIBLOOM 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	BRAND	1	GL Female HCR 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 <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	BRAND	1	GL Female HCR 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 <i>ethinyl estradiol/drospirenone</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JENCYCLA 0.35 MG TABLET <i>norethindrone</i>	BRAND	1	GL Female HCR 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 <i>levonorgestrel/ethinyl estradiol</i>	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.
JULEBER 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	BRAND	1	 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) <i>norethindrone acetate-ethinyl estradiol</i>	BRAND	1	 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) <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
JUNEL FE 24 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 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 <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KALLIGA 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KARIVA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	BRAND	1	 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.
KELNOR 1-35 28 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KELNOR 1-50 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
KURVELO-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 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 <i>levonorgestrel</i>	BRAND	1	 Female  SPC Specialty Choice  HCR: Gender Edits (Females) may apply.  BENEFIT SHIFT PROGRAM  SDS Extended Specialty Day Supply
LARIN (21 1-20, 1.5 MG-30 MCG) <i>norethindrone acetate-ethinyl estradiol</i>	BRAND	1	 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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 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.
LARIN FE (1.5-30, 1-20) <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LARISSIA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LAYOLIS FE CHEWABLE TABLET <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEENA 28 TABLET <i>norethindrone-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LESSINA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEVONEST-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 Female  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	 Female  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	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LEVORA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LILLOW-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 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 <i>ethinyl estradiol/drospirenone</i>	BRAND	1	 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 <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	BRAND	1	 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 <i>ethinyl estradiol/drospirenone</i>	BRAND	1	 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 <i>norgestrel-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
LUTERA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 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 <i>norethindrone</i>	BRAND	1	 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 <i>norethindrone</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MARLISSA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.  HIGH COST GENERIC
MERZEE 1 MG-20 MCG CAPSULE	BRAND	1	 Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>			HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MIBELAS 24 FE CHEWABLE TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	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
MICROGESTIN (21 1.5-30 TAB, 21 1-20 TABLET) <i>norethindrone acetate-ethinyl estradiol</i>	BRAND	1	GL Female HCR 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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	GL Female HCR 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) <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	GL Female HCR 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 <i>norgestimate-ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
MIRENA 52 MG SYSTEM <i>levonorgestrel</i>	BRAND	1	GL Female SPC Specialty Choice HCR 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 <i>norgestimate-ethinyl estradiol</i>	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 <i>estradiol valerate/dienogest</i>	BRAND	1	GL Female
NECON 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	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 <i>etonogestrel</i>	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 <i>ethinyl estradiol/drospirenone</i>	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 <i>norethindrone</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>norethindrone 0.35 mg tablet</i>	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
			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) <i>norethindrone-ethinyl estradiol</i>	BRAND		 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
NUVARING VAGINAL RING <i>etonogestrel/ethinyl estradiol</i>	BRAND		 Female
NYLIA 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	BRAND		 Female  HCR: HCROCRX HCR Rx Contraceptives
NYLIA 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	BRAND		 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 <i>norgestimate-ethinyl estradiol</i>	BRAND		 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 <i>ethinyl estradiol/drospirenone</i>	BRAND		 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
OGESTREL TABLET <i>norgestrel-ethinyl estradiol</i>	BRAND		 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
ORSYTHIA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND		 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 <i>copper</i>	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 <i>norethindrone-ethinyl estradiol</i>	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 <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	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) <i>norethindrone-ethinyl estradiol</i>	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 <i>levonorgestrel/ethinyl estradiol</i>	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 <i>norgestimate-ethinyl estradiol</i>	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 <i>desogestrel-ethinyl estradiol</i>	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 <i>levonorgestrel/ethinyl estradiol</i>	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 <i>norethindrone</i>	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 <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	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 <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	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 <i>levonorgestrel</i>	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 <i>norgestimate-ethinyl estradiol</i>	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 <i>levonorgestrel/ethinyl estradiol</i>	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 <i>ethinyl estradiol/drospirenone</i>	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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	GL Female HCR HCROCRX HCR Rx Contraceptives
TILIA FE 28 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	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 <i>norgestimate-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-ESTARYLLA TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	 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 <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LINYAH TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-ESTARYLLA TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-MARZIA TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
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DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
TRI-LO-MILI TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND		Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-LO-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-MILI 28 TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-NYMYO 28 TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-PREVIFEM TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRI-VYLIBRA 28 TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	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.
TRI-VYLIBRA LO TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
TRIVORA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 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 <i>norethindrone</i>	BRAND	1	 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 <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	 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 <i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	BRAND	1	 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VELIVET 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	BRAND	1	 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	 Female

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>ethinyl estradiol/drospirenone</i>			HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VIENVA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VIORELE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	BRAND	1	GL Female HCR 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 <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	BRAND	1	GL Female HCR 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 <i>norethindrone-ethinyl estradiol</i>	BRAND	1	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VYLIBRA 28 TABLET <i>norgestimate-ethinyl estradiol</i>	BRAND	1	GL Female HCR 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 <i>norethindrone-ethinyl estradiol</i>	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.
WYMZYA FE 0.4-0.035 MG CHEW TB <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	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 <i>norelgestromin/ethinyl estradiol</i>	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 <i>norelgestromin/ethinyl estradiol</i>	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 <i>ethinyl estradiol/drospirenone</i>	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 <i>ethynodiol diacetate-ethinyl estradiol</i>	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 <i>ethynodiol diacetate-ethinyl estradiol</i>	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 <i>ethinyl estradiol/drospirenone</i>	BRAND	1	 Female  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 <i>metreleptin</i>	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) <i>desmopressin acetate</i>	BRAND	1	
DESMOPRESSIN ACETATE (0.1 MG TABLET, 0.2 MG TABLET, 10/SPRAY SPRAY/PUMP)	generic	1	
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	generic	1	
NOC DURNA (55.3 MCG, 27.7 MCG) <i>desmopressin acetate</i>	BRAND	1	 PA  QPD 1 per day
NORDITROPIN FLEXPPO (10 MG/1.5, 5 MG/1.5, 30 MG/3 ML, 15 MG/1.5) <i>somatropin</i>	BRAND	1	 SPC Specialty Choice  PA
SEROSTIM (6 MG, 4 MG, 5 MG) <i>somatropin</i>	BRAND	1	 SPC Specialty Choice  PA  QPD 1 per day
STIMATE 1.5 MG/ML NASAL SPRAY <i>desmopressin acetate</i>	BRAND	1	 SPC Specialty Choice
ZORBTIVE 8.8 MG VIAL <i>somatropin</i>	BRAND	1	 SPC Specialty Choice  PA  QPD 1 per day
PROGESTINS			
AYGESTIN 5 MG TABLET <i>norethindrone acetate</i>	BRAND	1	 GL Female
		1	 GL

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
CRINONE 4% GEL <i>progesterone, micronized</i>	BRAND		Female
CRINONE 8% GEL <i>progesterone, micronized</i>	BRAND	1	GL Female QPD 2.5 per day
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL) <i>medroxyprogesterone acetate</i>	BRAND	1	GL Female
DEPO-PROVERA 400 MG/ML VIAL <i>medroxyprogesterone acetate</i>	BRAND	1	
DEPO-SUBQ PROVERA 104 SYRINGE <i>medroxyprogesterone acetate</i>	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 <i>progesterone, micronized</i>	BRAND	1	GL Female QPD 3 per day
<i>hydroxyprogesterone caproate 250 mg/ml vial</i>	generic	1	GL Female SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
<i>hydroxyprogesterone caproat/pf 250 mg/ml vial</i>	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) <i>hydroxyprogesterone caproate/pf</i>	BRAND	1	GL Female SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
<i>medroxyprogesterone acetate 150 mg/ml syringe</i>	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		 Female  LOW COST GENERIC
<i>medroxyprogesterone acetate 150 mg/ml vial</i>	generic		 Female  HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.  0.04 per day
MEGACE ES 625 MG/5 ML SUSP <i>megestrol acetate</i>	BRAND		 Female
MEGESTROL ACETATE (20 MG TABLET, 625MG/5ML ORAL SUSP, 400MG/10ML ORAL SUSP, 40 MG TABLET)	generic		
<i>norethindrone acetate 5 mg tablet</i>	generic		 Female
<i>progesterone 50 mg/ml vial</i>	generic		 Female
PROGESTERONE, MICRONIZED (200 MG, 100 MG)	generic		 Female
PROVERA (2.5 MG, 10 MG, 5 MG) <i>medroxyprogesterone acetate</i>	BRAND		 Female
HYPOTENSIVE AGENTS			
CENTRAL ALPHA-AGONISTS			
CATAPRES (0.2 MG, 0.3 MG, 0.1 MG) <i>clonidine hcl</i>	BRAND		
CLONIDINE (0.2MG/24HR, 0.3MG/24HR)	generic		 0.4 per day  HIGH COST GENERIC
<i>clonidine 0.1mg/24hr patch tdwk</i>	generic		 0.15 per day  HIGH COST GENERIC
<i>clonidine hcl 0.1 mg tab er 12h</i>	generic		 4 per day  HIGH COST GENERIC
CLONIDINE HCL (0.3 MG, 0.2 MG, 0.1 MG)	generic		 LOW COST GENERIC
GUANFACINE HCL (2 MG, 1 MG)	generic		
KAPVAY ER 0.1 MG TABLET <i>clonidine hcl</i>	BRAND		 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 <i>isosorbide dinitrate/hydralazine hcl</i>	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			
VECAMEYL 2.5 MG TABLET <i>mecamylamine hcl</i>	BRAND	1	SPC Specialty Choice PA
INSULINS			
LONG-ACTING INSULINS			
LANTUS 100 UNIT/ML VIAL <i>insulin glargine,human recombinant analog</i>	BRAND	1	SDS Extended Specialty Day Supply
LANTUS SOLOSTAR 100 UNIT/ML <i>insulin glargine,human recombinant analog</i>	BRAND	1	SDS Extended Specialty Day Supply
SOLIQUA 100 UNIT-33 MCG/ML PEN <i>insulin glargine,human recombinant analog/lixisenatide</i>	BRAND	1	PA QPD 0.6 per day SDS Extended Specialty Day Supply
TOUJEO MAX SOLOSTR 300 UNIT/ML <i>insulin glargine,human recombinant analog</i>	BRAND	1	SDS Extended Specialty Day Supply
TOUJEO SOLOSTAR 300 UNIT/ML <i>insulin glargine,human recombinant analog</i>	BRAND	1	SDS Extended Specialty Day Supply
XULTOPHY 100 UNIT-3.6MG/ML PEN <i>insulin degludec/liraglutide</i>	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) <i>insulin regular, human</i>	BRAND	1	PA SDS Extended Specialty Day Supply
HUMALOG (100 CARTRIDGE, 100 VIAL) <i>insulin lispro</i>	BRAND	1	SDS Extended Specialty Day Supply
		1	

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MG)			
PHOSLYRA 667 MG/5 ML SOLUTION <i>calcium acetate</i>	BRAND	1	
REVELA (800 MG TABLET, 0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET) <i>sevelamer carbonate</i>	BRAND	1	
<i>sevelamer carbonate 2.4 g powd pack</i>	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 <i>sucroferric oxyhydroxide</i>	BRAND	1	
POTASSIUM-REMOVING AGENTS			
KIONEX 15 GM/60 ML SUSPENSION <i>sodium polystyrene sulfonate/sorbitol solution</i>	BRAND	1	
LOKELMA (10, 5) <i>sodium zirconium cyclosilicate</i>	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) <i>sodium polystyrene sulfonate/sorbitol solution</i>	BRAND	1	
VELTASSA (16.8, 8.4, 25.2) <i>patiromer calcium sorbitex</i>	BRAND	1	QPD 1 per day
KALLIKREIN-KININ SYSTEM INHIBITORS			
BRADYKININ RECEPTOR ANTAGONISTS			
FIRAZYR 30 MG/3 ML SYRINGE <i>icatibant acetate</i>	BRAND	1	SPC Specialty Choice PA QPD 1.29 per day
<i>icatibant acetate 30 mg/3 ml syringe</i>	generic	1	SPC Specialty Choice PA QPD 1.29 per day
SAJAZIR 30 MG/3 ML SYRINGE <i>icatibant acetate</i>	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 <i>eculizumab</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
KALLIKREIN INHIBITORS			
KALBITOR 10 MG/ML VIAL <i>ecallantide</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
ORLADEYO (150 MG, 110 MG) <i>berotralstat hydrochloride</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
TAKHZYRO 300 MG/2 ML VIAL <i>lanadelumab-flyo</i>	BRAND	1	SPC Specialty Choice PA QPD 0.144 per day
MACROLIDE ANTIBIOTICS			
ERYTHROMYCIN ANTIBIOTICS			
E.E.S. 200 MG/5 ML SUSPENSION <i>erythromycin ethylsuccinate</i>	BRAND	1	
E.E.S. 400 FILMTAB <i>erythromycin ethylsuccinate</i>	BRAND	1	
ERY-TAB (250 MG, 333 MG, 500 MG) <i>erythromycin base</i>	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
ERYPED 200 MG/5 ML SUSPENSION <i>erythromycin ethylsuccinate</i>	BRAND	1	
ERYPED 400 MG/5 ML SUSPENSION <i>erythromycin ethylsuccinate</i>	BRAND	1	
ERYTHROCIN 250 MG FILMTAB <i>erythromycin stearate</i>	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	
<i>azithromycin 250 mg tablet</i>	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) <i>fidaxomicin</i>	BRAND	1	PA
ZITHROMAX 100 MG/5 ML SUSP <i>azithromycin</i>	BRAND	1	QL
ZITHROMAX 200 MG/5 ML SUSP <i>azithromycin</i>	BRAND	1	QL
ZITHROMAX (250 MG Z-PAK TABLET, 1 GM POWDER PACKET) <i>azithromycin</i>	BRAND	1	
ZITHROMAX 250 MG TABLET <i>azithromycin</i>	BRAND	1	QL
ZITHROMAX 500 MG TABLET <i>azithromycin</i>	BRAND	1	QL
ZITHROMAX TRI-PAK 500 MG TAB <i>azithromycin</i>	BRAND	1	
MISC. BETA-LACTAM ANTIBIOTICS			
CARBAPENEM ANTIBIOTICS			

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

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
KEVEYIS 50 MG TABLET <i>dichlorphenamide</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
CARIOSTATIC AGENTS			
CLINPRO 5000 1.1% TOOTHPASTE <i>fluoride (sodium)</i>	BRAND	1	
DENTA 5000 PLUS CREAM <i>fluoride (sodium)</i>	BRAND	1	
DENTAGEL 1.1% GEL <i>fluoride (sodium)</i>	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% <i>fluoride (sodium)</i>	BRAND	1	
FLUORITAB (1 MG, 0.5 MG) <i>fluoride (sodium)</i>	BRAND	1	HCR HCRPREVA HCR Standard Rx & OTC
FLURA-DROPS 0.25 MG/DROP <i>fluoride (sodium)</i>	BRAND	1	HCR HCRPREVA HCR Standard Rx & OTC
LUDENT FLUORIDE (0.25 MG TB CHW, 0.5 MG TB CHEW, 1 MG TAB CHEW) <i>fluoride (sodium)</i>	BRAND	1	HCR HCRPREVA HCR Standard Rx & OTC
PREVIDENT (5000 BOOSTER PLUS, 1.1% GEL, 0.2% RINSE, DENTAL RINSE) <i>fluoride (sodium)</i>	BRAND	1	
PREVIDENT 5000 1.1% DRY MOUTH <i>fluoride (sodium)</i>	BRAND	1	
PREVIDENT 5000 ENAMEL PROTECT <i>sodium fluoride/potassium nitrate</i>	BRAND	1	
PREVIDENT 5000 ORTHO DEFENSE <i>fluoride (sodium)</i>	BRAND	1	
PREVIDENT 5000 PLUS CREAM <i>fluoride (sodium)</i>	BRAND	1	
PREVIDENT 5000 SENSITIVE PASTE <i>sodium fluoride/potassium nitrate</i>	BRAND	1	
SF 1.1% GEL <i>fluoride (sodium)</i>	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) <i>certolizumab pegol</i>			PA QPD 0.08 per day
CIMZIA 2X200 MG/ML(X3)START KT <i>certolizumab pegol</i>	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) <i>etanercept</i>	BRAND	1	SPC Specialty Choice PA QPD 0.29 per day
ENBREL 50 MG/ML MINI CARTRIDGE <i>etanercept</i>	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
ENBREL 50 MG/ML SURECLICK <i>etanercept</i>	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA PEN 40 MG/0.8 ML <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA PEN CROHN-UC-HS 40 MG <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA PEN PS-UV-ADOL HS 40 MG <i>adalimumab</i>	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) <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) PEDI CROHN 80MG/0.8 <i>adalimumab</i>	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) <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) PEN CRHN-UC-HS 80MG <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) PEN PEDI UC 80 MG <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
HUMIRA(CF) PEN PS-UV-AHS 80-40 <i>adalimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
INFLECTRA 100 MG VIAL <i>infliximab-dyyb</i>	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) <i>sarilumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.1 per day
KINERET 100 MG/0.67 ML SYRINGE <i>anakinra</i>	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) <i>abatacept</i>	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
ORENCIA 250 MG VIAL <i>abatacept/maltose</i>	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 <i>abatacept</i>	BRAND	1	SPC Specialty Choice PA QPD 0.15 per day
OTEZLA (STARTER PACK, 28 DAY STARTER PACK, 30 MG TABLET) <i>apremilast</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
RINVOQ (ER 15 MG, ER 30 MG) <i>upadacitinib</i>	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) <i>golimumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
SIMPONI ARIA 50 MG/4 ML VIAL <i>golimumab</i>	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 <i>tofacitinib citrate</i>	BRAND	1	SPC Specialty Choice PA QPD 10 per day
XELJANZ (5 MG, 10 MG) <i>tofacitinib citrate</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
XELJANZ XR (22 MG, 11 MG) <i>tofacitinib citrate</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
IMMUNOMODULATORY AGENTS			
ACTIMMUNE 100 MCG/0.5 ML VIAL <i>interferon gamma-1b, recomb.</i>	BRAND	1	SPC Specialty Choice PA
AUBAGIO (7 MG, 14 MG) <i>teriflunomide</i>	BRAND	1	SPC Specialty Choice PA

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			PA QPD 1 per day
<i>glatiramer acetate 40 mg/ml syringe</i>	generic	1	SPC Specialty Choice PA QPD 0.434 per day
GLATOPA 20 MG/ML SYRINGE <i>glatiramer acetate</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
GLATOPA 40 MG/ML SYRINGE <i>glatiramer acetate</i>	BRAND	1	SPC Specialty Choice PA QPD 0.434 per day
KESIMPTA 20 MG/0.4 ML PEN <i>ofatumumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.057 per day
MAYZENT 0.25MG START-2MG MAINT <i>siponimod</i>	BRAND	1	SPC Specialty Choice PA QPD 2.5 per day
MAYZENT 0.25 MG TABLET <i>siponimod</i>	BRAND	1	QL SPC Specialty Choice PA
MAYZENT 2 MG TABLET <i>siponimod</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
PLEGRIDY 125 MCG/0.5 ML SYRING <i>peginterferon beta-1a</i>	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
PLEGRIDY SYRINGE STARTER PACK <i>peginterferon beta-1a</i>	BRAND	1	QL SPC Specialty Choice PA
PLEGRIDY 125 MCG/0.5 ML PEN <i>peginterferon beta-1a</i>	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 <i>peginterferon beta-1a</i>	BRAND		QL SPC Specialty Choice PA
PONVORY (20 MG TABLET, 14-DAY STARTER PACK) <i>ponesimod</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
REBIF (22 ML, 44 ML) <i>interferon beta-1a/albumin human</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
REBIF TITRATION PACK <i>interferon beta-1a/albumin human</i>	BRAND	1	QL SPC Specialty Choice PA
REBIF REBIDOSE (44 ML, 22 ML) <i>interferon beta-1a/albumin human</i>	BRAND	1	SPC Specialty Choice PA QPD 0.22 per day
REBIF REBIDOSE TITRATION PACK <i>interferon beta-1a/albumin human</i>	BRAND	1	QL SPC Specialty Choice PA
THALOMID (150 MG, 200 MG) <i>thalidomide</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
THALOMID (50 MG, 100 MG) <i>thalidomide</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
TYSABRI 300 MG/15 ML VIAL <i>natalizumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.6 per day BSP BENEFIT SHIFT PROGRAM
VUMERITY DR 231 MG CAPSULE <i>diroximel fumarate</i>	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 <i>tacrolimus</i>	BRAND	1	SPC NTI PA QPD Specialty Choice NARROW THERAPEUTIC INDICATOR 15 per day
ASTAGRAF XL 1 MG CAPSULE <i>tacrolimus</i>	BRAND	1	SPC NTI PA QPD Specialty Choice NARROW THERAPEUTIC INDICATOR 30 per day
ASTAGRAF XL 5 MG CAPSULE <i>tacrolimus</i>	BRAND	1	SPC NTI PA QPD Specialty Choice NARROW THERAPEUTIC INDICATOR 6 per day
AZASAN 100 MG TABLET <i>azathioprine</i>	BRAND	1	
AZATHIOPRINE (75 MG, 50 MG, 100 MG)	generic	1	
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT) <i>belimumab</i>	BRAND	1	SPC PA Specialty Choice
BENLYSTA 120 MG VIAL <i>belimumab</i>	BRAND	1	SPC PA QPD BSP Specialty Choice 0.25 per day BENEFIT SHIFT PROGRAM
BENLYSTA 400 MG VIAL <i>belimumab</i>	BRAND	1	SPC PA QPD BSP Specialty Choice 0.334 per day BENEFIT SHIFT PROGRAM
CELLCEPT (500 MG TABLET, 200 MG/ML ORAL SUSP, 250 MG CAPSULE) <i>mycophenolate mofetil</i>	BRAND	1	SPC Specialty Choice
<i>cyclosporine 100 mg capsule</i>	generic	1	SPC NTI Specialty Choice NARROW THERAPEUTIC INDICATOR

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine 25 mg capsule</i>	generic	1	SPC NTI Specialty Choice NARROW THERAPEUTIC INDICATOR
CYCLOSPORINE, MODIFIED (50 MG, 100 MG, 25 MG)	generic	1	SPC NTI Specialty Choice NARROW THERAPEUTIC INDICATOR
<i>cyclosporine, modified 100 mg/ml solution</i>	generic	1	SPC NTI Specialty Choice NARROW THERAPEUTIC INDICATOR
ENVARUSUS XR (0.75 MG, 4 MG, 1 MG) <i>tacrolimus</i>	BRAND	1	SPC NTI PA QPD Specialty Choice NARROW THERAPEUTIC INDICATOR 1 per day
EVEROLIMUS (0.25 MG, 0.75 MG, 0.5 MG)	generic	1	SPC PA Specialty Choice
<i>everolimus 1 mg tablet</i>	generic	1	SPC PA Specialty Choice
GENGRAF (25 MG, 100 MG) <i>cyclosporine, modified</i>	BRAND	1	SPC NTI Specialty Choice NARROW THERAPEUTIC INDICATOR
GENGRAF 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	BRAND	1	SPC NTI Specialty Choice NARROW THERAPEUTIC INDICATOR
IMURAN 50 MG TABLET <i>azathioprine</i>	BRAND	1	
LUPKYNIS 7.9 MG CAPSULE <i>voclosporin</i>	BRAND	1	SPC PA QPD Specialty Choice 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) <i>cladribine</i>	BRAND	1	QL SPC PA Specialty Choice
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) <i>mycophenolate sodium</i>	BRAND	1	SPC Specialty Choice
NEORAL (100 MG/ML SOLUTION, 100 MG GELATIN CAPSULE, 25 MG GELATIN CAPSULE) <i>cyclosporine, modified</i>	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) <i>tacrolimus</i>	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) <i>sirolimus</i>	BRAND	1	SPC Specialty Choice
SANDIMMUNE (100 MG/ML SOLN, 25 MG CAPSULE, 100 MG CAPSULE) <i>cyclosporine</i>	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) <i>everolimus</i>	BRAND	1	SPC Specialty Choice PA
KALLIKREIN-KININ SYSTEM INHIBITORS			
EMPAVELI 1,080 MG/20 ML VIAL <i>pegcetacoplan</i>	BRAND	1	SPC Specialty Choice PA QPD 6 per day
TAVNEOS 10 MG CAPSULE <i>avacopan</i>	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 <i>dalfampridine</i>	BRAND	1	SPC PA QPD Specialty Choice 2 per day
ARCALYST 220 MG VIAL <i>rilonacept</i>	BRAND	1	SPC PA Specialty Choice
BOTOX (200, 100) <i>onabotulinumtoxina</i>	BRAND	1	SPC PA BSP SDS Specialty Choice BENEFIT SHIFT PROGRAM Extended Specialty Day Supply
BOTOX COSMETIC (50, 100) <i>onabotulinumtoxina</i>	BRAND	1	SPC PA BSP SDS Specialty Choice BENEFIT SHIFT PROGRAM Extended Specialty Day Supply
CARDIOVID PLUS SOFTGEL <i>fish oil/omega-3 fatty acids/vit e/folic acid/b6-b12</i>	BRAND	1	
CERDELGA 84 MG CAPSULE <i>eliglustat tartrate</i>	BRAND	1	SPC PA Specialty Choice
CERENX CAPSULE <i>citicoline sodium</i>	BRAND	1	
CYSTADANE 1 GRAM/SCOOP POWDER <i>betaine</i>	BRAND	1	SPC Specialty Choice
CYSTAGON 150 MG CAPSULE <i>cysteamine bitartrate</i>	BRAND	1	SPC PA QPD Specialty Choice 13 per day
CYSTAGON 50 MG CAPSULE <i>cysteamine bitartrate</i>	BRAND	1	SPC PA QPD Specialty Choice 40 per day
<i>dalfampridine 10 mg tab er 12h</i>	generic	1	SPC PA QPD Specialty Choice 2 per day
DEMSEER 250 MG CAPSULE <i>metyrosine</i>	BRAND	1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
DYSPORE (300 UNIT, 500 UNITS) <i>abobotulinumtoxinA</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM SDS Extended Specialty Day Supply
ENTERAGAM POWDER PACKET <i>immune globulin,bovine/plasma protein fraction, bovine</i>	BRAND	1	
EPIFIX AMNIOTIC MEMBRANE (AMNIOTIC 14MM, 5CM X 6CM, 2CM X 3CM, 4CM X 4CM, 7CM X 7CM) <i>human regenerative tissue matrix</i>	BRAND	1	
EVRYSDI 60 MG/80 ML(0.75MG/ML) <i>risdiplam</i>	BRAND	1	SPC Specialty Choice PA QPD 6.67 per day
FIRDAPSE 10 MG TABLET <i>amifampridine phosphate</i>	BRAND	1	SPC Specialty Choice PA
FOSTEUM PLUS CAPSULE <i>calcium comb no.19/phosphate/genistein/d3/citrated zinc/k2</i>	BRAND	1	
GALAFOLD 123 MG CAPSULE <i>migalastat hcl</i>	BRAND	1	SPC Specialty Choice PA
GRAFIX CORE 5CM X 5CM MATRIX <i>human regenerative tissue matrix</i>	BRAND	1	
GRAFIX PRIME 5CM X 5CM MATRIX <i>human regenerative tissue matrix</i>	BRAND	1	
ISTURISA 1 MG TABLET <i>osilodrostat phosphate</i>	BRAND	1	SPC Specialty Choice PA QPD 8 per day
ISTURISA 10 MG TABLET <i>osilodrostat phosphate</i>	BRAND	1	SPC Specialty Choice PA QPD 6 per day
ISTURISA 5 MG TABLET <i>osilodrostat phosphate</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
JEUVEAU 100 UNIT VIAL <i>prabotulinumtoxinA-xvfs</i>	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) <i>sapropterin dihydrochloride</i>	BRAND	1	SPC PA Specialty Choice
LEVOCARNITINE (330 MG TABLET, 100 MG/ML SOLUTION)	generic	1	
<i>levocarnitine (with sugar) 100 mg/ml solution</i>	generic	1	
<i>metirosine 250 mg capsule</i>	generic	1	
<i>miglustat 100 mg capsule</i>	generic	1	SPC PA Specialty Choice
NITISINONE (10 MG, 5 MG, 2 MG)	generic	1	SPC PA Specialty Choice
NITYR (5 MG, 2 MG, 10 MG) <i>nitisinone</i>	BRAND	1	SPC PA Specialty Choice
ORFADIN (20 MG CAPSULE, 5 MG CAPSULE, 4 MG/ML SUSPENSION, 2 MG CAPSULE, 10 MG CAPSULE) <i>nitisinone</i>	BRAND	1	SPC PA Specialty Choice
POTABA 500 MG CAPSULE <i>potassium aminobenzoate</i>	BRAND	1	
PROCYSBI DR 25 MG CAPSULE <i>cysteamine bitartrate</i>	BRAND	1	SPC PA QPD Specialty Choice 4 per day
PROCYSBI DR 75 MG CAPSULE <i>cysteamine bitartrate</i>	BRAND	1	SPC PA QPD Specialty Choice 72 per day
PROCYSBI (300 MG, 75 MG) <i>cysteamine bitartrate</i>	BRAND	1	SPC PA Specialty Choice
REZUROCK 200 MG TABLET <i>belumosudil mesylate</i>	BRAND	1	SPC PA QPD Specialty Choice 1 per day
RUZURGI 10 MG TABLET <i>amifampridine</i>	BRAND	1	SPC PA QPD Specialty Choice 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 <i>human regenerative tissue matrix</i>	BRAND	1	
THIOLA 100 MG TABLET <i>tiopronin</i>	BRAND	1	SPC Specialty Choice PA
THIOLA EC (300 MG, 100 MG) <i>tiopronin</i>	BRAND	1	SPC Specialty Choice PA
<i>tiopronin 100 mg tablet</i>	generic	1	SPC Specialty Choice PA
TYBOST 150 MG TABLET <i>cobicistat</i>	BRAND	1	SPC Specialty Choice
VOXZOGO 0.4 MG VIAL <i>vosoritide</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
VYNDAMAX 61 MG CAPSULE <i>tafamidis</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
VYNDAQEL 20 MG CAPSULE <i>tafamidis meglumine</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
XURIDEN GRANULE PACKET <i>uridine triacetate</i>	BRAND	1	SPC Specialty Choice
ZAVESCA 100 MG CAPSULE <i>miglustat</i>	BRAND	1	SPC Specialty Choice PA
ZOKINVY 50 MG CAPSULE <i>lonafarnib</i>	BRAND	1	SPC Specialty Choice PA QPD 6 per day
ZOKINVY 75 MG CAPSULE <i>lonafarnib</i>	BRAND	1	SPC Specialty Choice PA QPD 4 per day
PROTECTIVE AGENTS			

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
MESNEX 400 MG TABLET <i>mesna</i>	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
<i>celecoxib 100 mg capsule</i>	generic	1	QPD 3 per day
<i>celecoxib 400 mg capsule</i>	generic	1	QPD 1 per day
ELYXYB 120 MG/4.8 ML SOLUTION <i>celecoxib</i>	BRAND	1	AL At least 18 yrs old PA QPD 4.8 per day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS			
DAYPRO 600 MG CAPLET <i>oxaprozin</i>	BRAND	1	
<i>diclofenac epolamine 1.3 % patch td12</i>	generic	1	QPD 2 per day HCG HIGH COST GENERIC
<i>diclofenac potassium 50 mg tablet</i>	generic	1	
<i>diclofenac sodium 1 % gel (gram)</i>	generic	1	QL
DICLOFENAC SODIUM (50 MG TABLET DR, 100 MG TAB ER 24H, 75 MG TABLET DR)	generic	1	
<i>diclofenac sodium 25 mg tablet dr</i>	generic	1	HCG HIGH COST GENERIC
DICLOFENAC SODIUM/MISOPROSTOL (50 IR, 75 IR)	generic	1	
<i>diflunisal 500 mg tablet</i>	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) <i>piroxicam</i>	BRAND	1	
<i>fenoprofen calcium 600 mg tablet</i>	generic	1	
<i>flurbiprofen 100 mg tablet</i>	generic	1	
IBU (400 MG, 800 MG, 600 MG) <i>ibuprofen</i>	BRAND	1	LCG LOW COST GENERIC
<i>ibuprofen 100 mg/5ml oral susp</i>	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 <i>indomethacin</i>	BRAND	1	PA QPD 6 per day
INDOCIN 50 MG SUPPOSITORY <i>indomethacin</i>	BRAND	1	PA QPD 4 per day
<i>indomethacin 25 mg capsule</i>	generic	1	LCG LOW COST GENERIC
INDOMETHACIN (75 MG ER, 50 MG)	generic	1	
<i>ketoprofen 200 mg cap24h pel</i>	generic	1	HCG HIGH COST GENERIC
KETOPROFEN (75 MG, 25 MG)	generic	1	
<i>ketoprofen 50 mg capsule</i>	generic	1	HCG HIGH COST GENERIC LCG LOW COST GENERIC
<i>ketorolac tromethamine 30 mg/ml cartridge</i>	generic	1	QL LCG LOW COST GENERIC BSP BENEFIT SHIFT PROGRAM
<i>ketorolac tromethamine 30 mg/ml syringe</i>	generic	1	QL BSP BENEFIT SHIFT PROGRAM
<i>ketorolac tromethamine 60 mg/2 ml syringe</i>	generic	1	QL
<i>ketorolac tromethamine 10 mg tablet</i>	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
<i>ketorolac tromethamine 30 mg/ml vial</i>	generic	1	QL BSP BENEFIT SHIFT PROGRAM
<i>ketorolac tromethamine 30mg/ml(1) vial</i>	generic	1	QL LCG LOW COST GENERIC BSP BENEFIT SHIFT PROGRAM
LODINE 400 MG TABLET <i>etodolac</i>	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) <i>naproxen sodium</i>	BRAND	1	
NAPROXEN (375 MG, 500 MG)	generic	1	LCG LOW COST GENERIC
NAPROXEN (500 MG DR, 250 MG, 375 MG DR)	generic	1	
<i>naproxen sodium 375 mg tbmp 24hr</i>	generic	1	
<i>oxaprozin 600 mg tablet</i>	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	
<i>tolmetin sodium 400 mg capsule</i>	generic	1	HCG HIGH COST GENERIC
TOLMETIN SODIUM (600 MG, 200 MG)	generic	1	
VOLTAREN-XR 100 MG TABLET <i>diclofenac sodium</i>	BRAND	1	
SALICYLATES			
BUTALBITAL/ASPIRIN/CAFFEINE (CAPSULE, TABLET)	generic	1	QPD 6 per day
FIORINAL 50-325-40 MG CAPSULE <i>butalbital/aspirin/caffeine</i>	BRAND	1	QPD 6 per day
SALSALATE (750 MG, 500 MG)	generic	1	
OXYTOCICS			
CERVIDIL 10 MG VAGINAL INSRT <i>dinoprostone</i>	BRAND	1	GL Female
METHERGINE 0.2 MG TABLET <i>methylergonovine maleate</i>	BRAND	1	QPD 6 per day
<i>methylergonovine maleate 0.2 mg tablet</i>	generic	1	QPD 6 per day
MIFEPREX 200 MG TABLET <i>mifepristone</i>	BRAND	1	
<i>mifepristone 200 mg tablet</i>	generic	1	
PREPIDIL 0.5 MG/3 GM GEL <i>dinoprostone</i>	BRAND	1	GL Female
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
PROSTIN E2 VAGINAL 20 MG SUP <i>dinoprostone</i>	BRAND		GL Female
PARATHYROID AND ANTIPARATHYROID AGENTS			
ANTIPARATHYROID AGENTS			
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	generic	1	QPD 0.13 per day
<i>calcitonin, salmon, synthetic 200/ml vial</i>	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 <i>calcitonin, salmon, synthetic</i>	BRAND	1	SPC Specialty Choice
PARATHYROID AGENTS			
FORTEO 600 MCG/2.4 ML PEN INJ <i>teriparatide</i>	BRAND	1	SPC Specialty Choice PA
NATPARA (100 MCG, 25 MCG, 75 MCG, 50 MCG) <i>parathyroid hormone</i>	BRAND	1	SPC Specialty Choice PA
<i>teriparatide 20mcg/dose pen injctr</i>	generic	1	SPC Specialty Choice PA
TYMLOS 80 MCG DOSE PEN INJECTR <i>abaloparatide</i>	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) <i>amoxicillin/potassium clavulanate</i>	BRAND	1	
AUGMENTIN ES-600 SUSPENSION <i>amoxicillin/potassium clavulanate</i>	BRAND	1	
AUGMENTIN XR 1,000-62.5 TAB <i>amoxicillin/potassium clavulanate</i>	BRAND	1	
MOXATAG ER 775 MG TABLET <i>amoxicillin</i>	BRAND	1	
EXTENDED-SPECTRUM PENICILLINS			
<i>piperacillin sodium/tazobactam 4.5 g vial</i>	generic	1	
NATURAL PENICILLIN ANTIBIOTICS			
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE) <i>penicillin g benzathine/penicillin g procaine</i>	BRAND	1	
BICILLIN L-A (2,400,000 UNITS, 600,000 UNIT/ML, 1,200,000 UNITS) <i>penicillin g benzathine</i>	BRAND	1	
PENICILLIN G PROCAINE (1.2MM/2 ML SYRINE, 600000/ML SYRINE)	generic	1	
<i>penicillin v potassium 125 mg/5ml soln recon</i>	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			
<i>dicloxacillin sodium 250 mg capsule</i>	generic	1	
<i>dicloxacillin sodium 500 mg capsule</i>	generic	1	LCG LOW COST GENERIC
PHARMACEUTICAL AIDS			
DILUENT FOR ELIGARD (30 MG, 45 MG) <i>diluent for leuprolide (polyglactin)</i>	BRAND	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
<i>diluent for epoprostenol(glyc) vial</i>	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) <i>diluent for coagulation factor vlla (histidine)</i>	BRAND	1	SPC Specialty Choice
DILUENT FOR VIVITROL <i>diluent for naltrexone microspheres (carboxymethylcellulose)</i>	BRAND	1	SPC Specialty Choice BSP BENEFIT SHIFT PROGRAM
PH 12 DILUENT FOR FLOLAN <i>diluent for epoprostenol sodium (glycine)</i>	BRAND	1	SPC Specialty Choice
SHINGRIX ADJUVANT COMPONENT <i>vaccine adjuvant system, as01b/pf, component vial 1 of 2</i>	BRAND	1	AL At least 18 yrs old HCR HCR: Age edits apply.
VAXCHORA BUFFER COMPONENT <i>cholera vaccine buffer component</i>	BRAND	1	
<i>water for injection,sterile vial</i>	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) <i>candesartan cilexetil/hydrochlorothiazide</i>	BRAND	1	QPD 1 per day
ATACAND HCT 16-12.5 MG TAB <i>candesartan cilexetil/hydrochlorothiazide</i>	BRAND	1	QPD 2 per day
AVALIDE 150-12.5 MG TABLET <i>irbesartan/hydrochlorothiazide</i>	BRAND	1	QPD 2 per day
AVALIDE 300-12.5 MG TABLET <i>irbesartan/hydrochlorothiazide</i>	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
<i>candesartan/hydrochlorothiazid 16-12.5mg tablet</i>	generic	1	QPD 2 per day
EDARBI (40 MG, 80 MG) <i>azilsartan medoxomil</i>	BRAND	1	QPD 1 per day
EDARBYCLOR (40-12.5 MG, 40-25 MG) <i>azilsartan medoxomil/chlorthalidone</i>	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) <i>sacubitril/valsartan</i>	BRAND		QPD 2 per day
<i>eprosartan mesylate 600 mg tablet</i>	generic	1	QPD 1 per day
IRBESARTAN (75 MG, 300 MG, 150 MG)	generic	1	QPD 1 per day
<i>irbesartan/hydrochlorothiazide 150-12.5mg tablet</i>	generic	1	QPD 2 per day
<i>irbesartan/hydrochlorothiazide 300-12.5mg tablet</i>	generic	1	QPD 1 per day
LOSARTAN POTASSIUM (50 MG, 25 MG)	generic	1	QL QPD 2 per day LCG LOW COST GENERIC
<i>losartan potassium 100 mg tablet</i>	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
<i>losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	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
<i>telmisartan/hydrochlorothiazid 80-12.5mg tablet</i>	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
<i>valsartan 320 mg tablet</i>	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
<i>benazepril hcl 20 mg tablet</i>	generic	1	QPD 4 per day
<i>benazepril hcl 5 mg tablet</i>	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
<i>enalapril maleate 1 mg/ml solution</i>	generic	1	QPD 5 per day
ENALAPRIL MALEATE (5 MG, 20 MG, 2.5 MG, 10 MG)	generic	1	QPD 2 per day
<i>enalapril/hydrochlorothiazide 10 mg-25mg tablet</i>	generic	1	QPD 2 per day
<i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet</i>	generic	1	
EPANED 1 MG/ML ORAL SOLUTION <i>enalapril maleate</i>	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
<i>lisinopril 40 mg tablet</i>	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)			
<i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet</i>	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) <i>perindopril arginine/amlodipine besylate</i>	BRAND	1	QPD 1 per day
QBRELIS 1MG/ML SOLUTION <i>lisinopril</i>	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
<i>quinapril/hydrochlorothiazide 20 mg-25mg tablet</i>	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) <i>trandolapril/verapamil hcl</i>	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) <i>enalapril maleate</i>	BRAND	1	QPD 2 per day
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS			
ALDACTONE (25 MG, 50 MG, 100 MG) <i>spironolactone</i>	BRAND	1	
EPLERENONE (25 MG, 50 MG)	generic	1	HCG HIGH COST GENERIC
INSPIRA 25 MG TABLET <i>eplerenone</i>	BRAND	1	
KERENDIA (10 MG, 20 MG) <i>finerenone</i>	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		
<i>spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	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) <i>pirfenidone</i>	BRAND	1	SPC Specialty Choice PA QPD 9 per day
ESBRIET 801 MG TABLET <i>pirfenidone</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
OFEV (150 MG, 100 MG) <i>nintedanib esylate</i>	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
<i>benzonatate 100 mg capsule</i>	generic	1	AL At least 10 yrs old
BROMFED DM 2-30-10 MG/5 ML SYR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	BRAND	1	AL At least 2 yrs old
<i>brompheniramine/pseudoephed/dm 2-30-10/5 syrup</i>	generic	1	AL At least 2 yrs old
HYCODAN 5 MG-1.5 MG/5 ML SOLN <i>hydrocodone bitartrate/homatropine methylbromide</i>	BRAND	1	AL At least 18 yrs old QPD 30 per day
HYCODAN 5 MG-1.5 MG TABLET <i>hydrocodone bitartrate/homatropine methylbromide</i>	BRAND	1	AL At least 18 yrs old QPD 6 per day
<i>hydrocodone bit/homatrop me-br 5-1.5 mg/5 syrup</i>	generic	1	AL At least 2 yrs old QPD 30 per day
<i>hydrocodone bit/homatrop me-br 5 mg-1.5mg</i>	generic	1	AL At least 6 yrs old

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>tablet</i>			QPD 6 per day HCG HIGH COST GENERIC
<i>hydrocodone/chlorphen p-stirex 10-8mg/5ml sus er 12h</i>	generic	1	AL At least 6 yrs old QPD 10 per day
HYDROMET 5 MG-1.5 MG/5 ML SOLN <i>hydrocodone bitartrate/homatropine methylbromide</i>	BRAND	1	AL At least 18 yrs old QPD 30 per day
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	generic	1	
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	generic	1	AL At least 2 yrs old LCC LOW COST GENERIC
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	generic	1	AL At least 6 yrs old QPD 30 per day
TESSALON PERLE 100 MG CAP <i>benzonatate</i>	BRAND	1	AL At least 11 yrs old
TUXARIN ER 8-54.3 MG TABLET <i>chlorpheniramine maleate/codeine phosphate</i>	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 <i>dornase alfa</i>	BRAND	1	SPC Specialty Choice PA QPD 5 per day
PHOSPHODIESTERASE TYPE 4 INHIBITORS			
DALIRESP (500 MCG, 250 MCG) <i>roflumilast</i>	BRAND	1	PA QPD 1 per day
RESPIRATORY TRACT AGENTS, MISCELLANEOUS			
ARALAST NP (1,000 MG, 500 MG) <i>alpha-1-proteinase inhibitor</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
BRONCHITOL 40 MG INHALE CAP <i>mannitol</i>	BRAND	1	SPC Specialty Choice PA QPD 20 per day
GLASSIA 1 GM/50 ML VIAL <i>alpha-1-proteinase inhibitor</i>	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) <i>alpha-1-proteinase inhibitor</i>	BRAND	1	SPC Specialty Choice PA BSP BENEFIT SHIFT PROGRAM
XOLAIR 150 MG/ML SYRINGE <i>omalizumab</i>	BRAND	1	AL At least 6 yrs old SPC Specialty Choice PA QPD 0.15 per day
XOLAIR 75 MG/0.5 ML SYRINGE <i>omalizumab</i>	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 <i>omalizumab</i>	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 <i>alpha-1-proteinase inhibitor</i>	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) <i>riociguat</i>	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
<i>epoprostenol sodium (glycine) 1.5 mg vial</i>	generic		SPC Specialty Choice PA
FLOLAN (1.5 MG, 0.5 MG) <i>epoprostenol sodium (glycine)</i>	BRAND	1	SPC Specialty Choice PA
LETAIRIS (5 MG, 10 MG) <i>ambrisentan</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
OPSUMIT 10 MG TABLET <i>macitentan</i>	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) <i>treprostinil diolamine</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
REMODULIN (10 MG/ML, 5 MG/ML, 2.5 MG/ML, 1 MG/ML) <i>treprostinil sodium</i>	BRAND	1	SPC Specialty Choice PA
TRACLEER (125 MG, 32 MG FOR SUSP, 62.5 MG) <i>bosentan</i>	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 <i>treprostinil</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
TYVASO INSTITUTIONAL START KIT <i>treprostinil/nebulizer and accessories</i>	BRAND	1	SPC Specialty Choice PA QPD 1 per day
TYVASO INHALATION REFILL KIT <i>treprostinil/nebulizer accessories</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day
TYVASO INHALATION STARTER KIT <i>treprostinil/nebulizer and accessories</i>	BRAND	1	SPC Specialty Choice PA QPD 3 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
UPTRAVI 200-800 TITRATION PACK <i>selexipag</i>	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) <i>selexipag</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 2 per day
VELETTRI (1.5 MG, 0.5 MG) <i>epoprostenol sodium</i>	BRAND	1	SPC Specialty Choice PA
VENTAVIS (10 ML, 20 ML) <i>iloprost tromethamine</i>	BRAND	1	SPC Specialty Choice PA QPD 9 per day
SKELETAL MUSCLE RELAXANTS			
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT			
<i>carisoprodol 250 mg tablet</i>	generic	1	HCG HIGH COST GENERIC
<i>carisoprodol 350 mg tablet</i>	generic	1	
<i>carisoprodol/aspirin 200-325 mg tablet</i>	generic	1	
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	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
<i>cyclobenzaprine hcl 10 mg tablet</i>	generic	1	LCG LOW COST GENERIC
<i>cyclobenzaprine hcl 5 mg tablet</i>	generic	1	
LORZONE (750 MG, 375 MG) <i>chlorzoxazone</i>	BRAND	1	
METAXALL 800 MG TABLET <i>metaxalone</i>	BRAND	1	
METAXALONE (800 MG, 400 MG)	generic	1	HCG HIGH COST GENERIC
METHOCARBAMOL (750 MG, 500 MG)	generic	1	
ROBAXIN-750 TABLET <i>methocarbamol</i>	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) <i>dantrolene sodium</i>	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			
<i>orphenadrine citrate 100 mg tablet er</i>	generic	1	
<i>orphenadrine/aspirin/caffeine 50-770-60 tablet</i>	generic	1	
SKIN AND MUCOUS MEMBRANE AGENTS			
ANTIPRURITICS AND LOCAL ANESTHETICS			
ANACAINE OINTMENT <i>benzocaine</i>	BRAND	1	
ANASTIA 2.75% LOTION <i>lidocaine hcl</i>	BRAND	1	
<i>ethyl chloride 100 % spray</i>	generic	1	
<i>hydrocortisone/lidocaine/aloe 0.55%-2.8% gel w/appl</i>	generic	1	
<i>lidocaine 5 % adh. patch</i>	generic	1	QPD 3 per day
<i>lidocaine 5 % oint. (g)</i>	generic	1	
<i>lidocaine hcl 3 % cream (g)</i>	generic	1	
LIDOCAINE/PRILOCAINE (2.5 CREAM (G), 2.5 KIT)	generic	1	
LIDOPIN 3% CREAM <i>lidocaine hcl</i>	BRAND	1	
LIDOPRIL 2.5%-2.5% CREAM-DRESS <i>lidocaine/prilocaine</i>	BRAND	1	
LIDTOPIC MAX 10% CREAM <i>lidocaine hcl</i>	BRAND	1	
NUMBONEX 2.75% LOTION <i>lidocaine hcl</i>	BRAND	1	
PHENAZOPYRIDINE HCL (200 MG, 100 MG)	generic	1	
PONTOCAINE 2% SOLUTION <i>tetracaine hcl</i>	BRAND	1	

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium/sulfur</i>			
AVAR-E GREEN EMOLLIENT CREAM <i>sulfacetamide sodium/sulfur</i>	BRAND	1	HCG HIGH COST GENERIC
AVAR-E LS CREAM <i>sulfacetamide sodium/sulfur</i>	BRAND	1	
BENZOYL PEROXIDE (7 CLEANSER, 9.8 FOAM)	generic	1	
<i>benzoyl peroxide microspheres 7 % cleanser</i>	generic	1	
PACNEX 7% WASH <i>benzoyl peroxide</i>	BRAND	1	
ROSANIL CLEANSER LOTION <i>sulfacetamide sodium/sulfur</i>	BRAND	1	
ROSULA (10%-4.5% WASH, 10%-5% CLOTHS) <i>sulfacetamide sodium/sulfur</i>	BRAND	1	
SALICYLIC ACID (6 CREAM (G), 6 CRM ER (G), 6 LOTION ER, 6 LOTION)	generic	1	
SALIMEZ FORTE 10% CREAM <i>salicylic acid</i>	BRAND	1	
SSS 10-5 (FOAM, CREAM) <i>sulfacetamide sodium/sulfur</i>	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 <i>sulfacetamide sodium/sulfur</i>	BRAND	1	
SUMADAN 9%-4.5% WASH <i>sulfacetamide sodium/sulfur</i>	BRAND	1	
SUMAXIN (CLEANSING PADS, 9%-4% WASH) <i>sulfacetamide sodium/sulfur</i>	BRAND	1	
SUMAXIN TS TOPICAL SUSPENSION <i>sulfacetamide sodium/sulfur</i>	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) <i>isotretinoin</i>	BRAND	1	PA
ACITRETIN (17.5 MG, 25 MG)	generic	1	QPD 2 per day
<i>acitretin 10 mg capsule</i>	generic	1	QPD 4 per day

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

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

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
			QPD 0.036 per day SDS Y
STELARA (45 ML VIAL, 45 ML SYRINGE) <i>ustekinumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.018 per day SDS Extended Specialty Day Supply
STELARA 130 MG/26 ML VIAL <i>ustekinumab</i>	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 <i>calcipotriene/betamethasone dipropionate</i>	BRAND	1	QPD 4 per day
TACROLIMUS (0.1, 0.03)	generic	1	QL
TALTZ 80 MG/ML AUTOINJECTOR <i>ixekizumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
TALTZ 80 MG/ML AUTOINJ (2-PK) <i>ixekizumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
TALTZ 80 MG/ML AUTOINJ (3-PK) <i>ixekizumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
TALTZ 80 MG/ML SYRINGE <i>ixekizumab</i>	BRAND	1	SPC Specialty Choice PA QPD 0.04 per day
<i>tazarotene 0.1 % cream (g)</i>	generic	1	QPD 1.47 per day
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE) <i>guselkumab</i>	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 <i>balsam peru/castor oil</i>	BRAND	1	
ZENATANE (20 MG, 10 MG, 40 MG, 30 MG) <i>isotretinoin</i>	BRAND	1	PA
SMOOTH MUSCLE RELAXANTS			
RESPIRATORY SMOOTH MUSCLE RELAXANTS			
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
THEO-24 (ER 100 MG, ER 200 MG, ER 300 MG, ER 400 MG) <i>theophylline anhydrous</i>	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 <i>octreotide acetate</i>	BRAND	1	SPC Specialty Choice PA QPD 0.6 per day
MYCAPSSA DR 20 MG CAPSULE <i>octreotide acetate</i>	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 <i>octreotide acetate</i>	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 <i>octreotide acetate</i>	BRAND		SPC PA QPD Specialty Choice 15 per day
SANDOSTATIN 0.5 MG/ML AMPUL <i>octreotide acetate</i>	BRAND	1	SPC PA QPD Specialty Choice 3 per day
SANDOSTATIN LAR DEPOT (20 MG VL, 20 MG KT) <i>octreotide acetate, microspheres</i>	BRAND	1	SPC PA QPD BSP Specialty Choice 0.07 per day BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT (30 MG KT, 10 MG VL, 30 MG VL, 10 MG KT) <i>octreotide acetate, microspheres</i>	BRAND	1	SPC PA QPD BSP Specialty Choice 0.04 per day BENEFIT SHIFT PROGRAM
SIGNIFOR (0.6 MG/ML, 0.9 MG/ML, 0.3 MG/ML) <i>pasireotide diaspertate</i>	BRAND	1	SPC PA Specialty Choice
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) <i>pasireotide pamoate</i>	BRAND	1	SPC PA Specialty Choice
SOMATULINE DEPOT (90 MG/0.3 ML, 120 MG/0.5 ML, 60 MG/0.2 ML) <i>lanreotide acetate</i>	BRAND	1	SPC PA QPD BSP Specialty Choice 0.02 per day BENEFIT SHIFT PROGRAM
SOMATOTROPIN AGONISTS AND ANTAGONISTS			
SOMATOTROPIN AGONISTS			
EGRIFTA 1 MG VIAL <i>tesamorelin acetate</i>	BRAND	1	SPC PA QPD Specialty Choice 2 per day
EGRIFTA SV 2 MG VIAL <i>tesamorelin acetate</i>	BRAND	1	SPC PA QPD Specialty Choice 2 per day

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
INCRELEX 40 MG/4 ML VIAL <i>mecasermin</i>	BRAND	1	SPC Specialty Choice PA
SOMATOTROPIN ANTAGONISTS			
SOMAVERT (15 MG, 20 MG, 10 MG, 30 MG, 25 MG) <i>pegvisomant</i>	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
<i>droxidopa 300 mg capsule</i>	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 <i>epinephrine</i>	BRAND	1	QL
EPINEPHRINESNAP-V KIT <i>epinephrine</i>	BRAND	1	QL
EPIPEN 0.3 MG AUTO-INJECTOR <i>epinephrine</i>	BRAND	1	QL PA
EPIPEN 2-PAK 0.3 MG AUTO-INJCT <i>epinephrine</i>	BRAND	1	QL PA
NORTHERA (200 MG, 300 MG, 100 MG) <i>droxidopa</i>	BRAND	1	SPC Specialty Choice PA QPD 6 per day
SYMJEPI (0.15 ML, 0.3 ML) <i>epinephrine</i>	BRAND	1	QL
ALPHA-ADRENERGIC AGONISTS			
LUCEMYRA 0.18 MG TABLET <i>lofexidine hcl</i>	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 <i>omadacycline tosylate</i>	BRAND	1	PA
SEYSARA (150 MG, 100 MG, 60 MG) <i>sarecycline hcl</i>	BRAND	1	PA QPD 1 per day
THYROID AND ANTITHYROID AGENTS			
ANTITHYROID AGENTS			
LUGOL'S STRONG IODINE SOLUTION <i>potassium iodide/iodine</i>	BRAND	1	
METHIMAZOLE (5 MG, 10 MG)	generic	1	
<i>propylthiouracil 50 mg tablet</i>	generic	1	
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	BRAND	1	
TAPAZOLE (10 MG, 5 MG) <i>methimazole</i>	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) <i>levothyroxine sodium</i>	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) <i>levothyroxine sodium</i>	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) <i>levothyroxine sodium</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
		1	

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
LEVOXYL (50 MCG, 100 MCG, 25 MCG) <i>levothyroxine sodium</i>	BRAND		NTI LCG NARROW THERAPEUTIC INDICATOR LOW COST GENERIC
LIOETHYRONINE 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) <i>thyroid,pork</i>	BRAND	1	
NP THYROID (90 MG, 15 MG, 30 MG, 60 MG, 120 MG) <i>thyroid,pork</i>	BRAND	1	
UNITHROID (200 MCG, 75 MCG, 150 MCG, 137 MCG, 300 MCG, 125 MCG, 175 MCG, 88 MCG) <i>levothyroxine sodium</i>	BRAND	1	NTI NARROW THERAPEUTIC INDICATOR
UNITHROID (50 MCG, 100 MCG, 25 MCG, 112 MCG) <i>levothyroxine sodium</i>	BRAND	1	NTI LCG NARROW THERAPEUTIC INDICATOR LOW COST GENERIC
WESTHROID (65 MG, 32.5 MG) <i>thyroid,pork</i>	BRAND	1	
Uncategorized			
Unclassified			
CAVERJECT 40 MCG/2 ML AMPUL <i>alprostadil</i>	BRAND	1	
<i>yohimbine hcl 5.4 mg tablet</i>	generic	1	
VASODILATING AGENTS			
NITRATES AND NITRITES			
GONITRO 0.4 MG SUBLINGUAL PWD <i>nitroglycerin</i>	BRAND	1	AL PA QPD At least 18 yrs old 1.25 per day
ISORDIL 40 MG TABLET <i>isosorbide dinitrate</i>	BRAND	1	QPD 12 per day
ISORDIL TITRADOSE 5 MG TAB <i>isosorbide dinitrate</i>	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) <i>nitroglycerin</i>	BRAND	1	QPD 1 per day
NITRO-BID 2% OINTMENT <i>nitroglycerin</i>	BRAND	1	QPD 4 per day
NITRO-DUR (0.8, 0.3) <i>nitroglycerin</i>	BRAND	1	QPD 1 per day
NITRO-TIME (ER 6.5 MG, ER 2.5 MG) <i>nitroglycerin</i>	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
<i>nitroglycerin 400mcg/spr spray</i>	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 <i>nitroglycerin</i>	BRAND	1	QPD 0.8 per day
NITROMIST 400 MCG SPRAY <i>nitroglycerin</i>	BRAND	1	QPD 0.3 per day
PHOSPHODIESTERASE TYPE 5 INHIBITORS			
ADCIRCA 20 MG TABLET <i>tadalafil</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
ALYQ 20 MG TABLET <i>tadalafil</i>	BRAND	1	SPC Specialty Choice PA QPD 2 per day
REVATIO 10 MG/ML ORAL SUSP <i>sildenafil citrate</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 6 per day
REVATIO 20 MG TABLET <i>sildenafil citrate</i>	BRAND	1	AL At least 18 yrs old SPC Specialty Choice PA QPD 3 per day
<i>sildenafil citrate 10 mg/ml susp recon</i>	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
<i>sildenafil citrate 20 mg tablet</i>	generic	1	SPC Specialty Choice PA QPD 3 per day
TADALAFIL (5 MG, 2.5 MG)	generic	1	GL Male QPD 1 per day
<i>tadalafil 10 mg tablet</i>	generic	1	GL Male QPD 0.2 per day
<i>tadalafil 20 mg tablet</i>	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 <i>aspirin/dipyridamole</i>	BRAND	1	QPD 2 per day
<i>aspirin/dipyridamole 25mg-200mg cpm 12hr</i>	generic	1	QPD 2 per day
CAVERJECT (40 MCG VIAL, IMPULSE 20 MCG KIT, IMPULSE 10 MCG KIT, 20 MCG VIAL) <i>alprostadil</i>	BRAND	1	GL Male
CAVERJECT (10 MCG, 20 MCG) <i>alprostadil</i>	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) <i>alprostadil</i>	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) <i>alprostadil</i>	BRAND	1	GL Male
VERQUVO (2.5 MG, 5 MG, 10 MG) <i>vericiguat</i>	BRAND	1	PA QPD 1 per day
VITAMINS			
MULTIVITAMIN PREPARATIONS			
ELITE-OB CAPLET <i>multivitamin with minerals no.69/iron,carbonyl/folic acid</i>	BRAND	1	GL Female
FORTAVIT SOFTGEL <i>multivit with iron, mins/dietary sup 4/dna/ribonucleic acid</i>	BRAND	1	
M-NATAL PLUS TABLET <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>	BRAND	1	GL Female
<i>multivit no.51/iron/folic acid 106.5-1mg capsule</i>	generic	1	GL Female
MYNATAL CAPSULE <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	BRAND	1	GL Female
MYNATAL PLUS CAPTAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	BRAND	1	GL Female
MYNATAL-Z CAPTAB <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	BRAND	1	GL Female
NEWGEN TABLET <i>prenatal vitamin no.86/iron bis-glycinate/folic acid</i>	BRAND	1	GL Female
PNV 29-1 TABLET <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>	BRAND	1	GL Female
PNV-OMEGA SOFTGEL <i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha</i>	BRAND	1	GL Female
PRENA1 CHEW TABLET <i>prenatal vitamins combination no.42/folic acid</i>	BRAND	1	GL Female
PRENA1 PEARL SOFTGEL <i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i>	BRAND	1	GL Female

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

DRUG DESCRIPTION (RX)	BRAND/GEN	TIER	LIMITS & RESTRICTIONS
<i>prenatal vitamins no.52/ferrous fumarate/folic acid/dha</i>			
VITAMIN A			
AQUASOL A (QUSOL 100,000 UNIT/2 ML VL, QUSOL 50,000 UNITS/ML VIL) <i>vitamin a palmitate</i>	BRAND	1	
VITAMIN B COMPLEX			
ACTIVITE TABLET <i>folic acid/vitamin b complex and vitamin c</i>	BRAND	1	
B-12 COMPLIANCE INJ KIT <i>cyanocobalamin (vitamin b-12)</i>	BRAND	1	
CEREFOLIN NAC CAPLET <i>levomefolate cal/acetylcysteine/mecobalamin/schiz.algal oil</i>	BRAND	1	
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	generic	1	
<i>folic acid 1 mg tablet</i>	generic	1	
FOLTIX TABLET <i>cyanocobalamin/levomefolate calcium/vit b6</i>	BRAND	1	
<i>hydroxocobalamin 1000mcg/ml vial</i>	generic	1	
L-METHYL-MC NAC TABLET <i>acetylcysteine/mecobalamin/levomefolate calcium</i>	BRAND	1	
<i>l-mefol/a-cyst/meb12/algal oil 6-600-2 mg tablet</i>	generic	1	
<i>levomefolate calcium 7.5 mg tablet</i>	generic	1	
<i>levomefolate/algal oil 15-90.314 capsule</i>	generic	1	
NASCOBAL 500 MCG NASAL SPRAY <i>cyanocobalamin (vitamin b-12)</i>	BRAND	1	
NEPHRO-VITE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	BRAND	1	
RENA-VITE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	BRAND	1	
SUPERVITE LIQUID <i>lysine hcl/vitamin b complex/folic acid/zinc</i>	BRAND	1	
<i>thiamine hcl 100 mg/ml vial</i>	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
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	generic	1	
PARICALCITOL (2 MCG, 4 MCG, 1 MCG)	generic	1	SPC Specialty Choice
RAYALDEE ER 30 MCG CAPSULE <i>calcifediol</i>	BRAND	1	SPC Specialty Choice
ROCALTROL (1 MCG/ML ORAL SOLN, 0.25 MCG CAPSULE, 0.5 MCG CAPSULE) <i>calcitriol</i>	BRAND	1	
ZEMPLAR (1 MCG, 2 MCG) <i>paricalcitol</i>	BRAND	1	SPC Specialty Choice PA
VITAMIN K ACTIVITY			
MEPHYTON 5 MG TABLET <i>phytonadione (vit k1)</i>	BRAND	1	
<i>phytonadione (vit k1) 5 mg tablet</i>	generic	1	

Index of covered drugs

0

0.9 % SODIUM CHLORIDE145

A

ABACAVIR SULFATE102
 ABACAVIR SULFATE/DOLUTEGRAVIR
 SODIUM/LAMIVUDINE102
 ABACAVIR SULFATE/LAMIVUDINE101
 ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE102
 ABALOPARATIDE226
 ABATACEPT211
 ABATACEPT/MALTOSE211
 ABEMACICLIB85
 ABILIFY MAINTENA92
 ABILIFY MYCITE92
 ABIRATERONE ACETATE88
 ABIRATERONE ACETATE, SUBMICRONIZED87
 ABOBOTULINUMTOXINA219
 ACALABRUTINIB72
 ACAMPROSATE CALCIUM129
 ACARBOSE49
 ACCRUFER29
 ACCUTANE239
 ACD-A143
 ACEBUTOLOL HCL127
 ACETAMINOPHEN WITH CODEINE PHOSPHATE4
 ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE
 BITARTRATE9
 ACETAZOLAMIDE58
 ACETIC ACID145
 ACETOHYDROXAMIC ACID143
 ACETYLCYSTEINE233
 ACETYLCYSTEINE/MECOBALAMIN/LEVOMEFOLAT
 E CALCIUM253
 ACIPHEX SPRINKLE112
 ACITRETIN242
 ACTEMRA209
 ACTEMRA ACTPEN209
 ACTHAR138
 ACTHIB106

ACTIMMUNE212
 ACTIQ5
 ACTIVITE253
 ACTONEL206
 ACTOS52
 ACULAR LS24
 ACYCLOVIR114
 ACZONE240
 ADACEL TDAP106
 ADALIMUMAB211
 ADAPALENE240
 ADAPALENE/BENZOYL PEROXIDE241
 ADASUVE91
 ADCIRCA249
 ADDYI129
 ADEFOVIR DIPIVOXIL115
 ADEMPAS234
 ADRENALIN CHLORIDE154
 ADVAIR DISKUS132
 ADVAIR HFA133
 ADVATE59
 ADYNOVATE59
 ADZENYS ER12
 ADZENYS XR-ODT12
 AEMCOLO34
 AFATINIB DIMALEATE74
 AFINITOR70
 AFINITOR DISPERZ70
 AFIRMELLE169
 AFLIBERCEPT154
 AFLURIA QUAD 2020-2021107
 AFLURIA QUAD 2020-21 (3YR UP)107
 AFLURIA QUAD 2020-21 (6-35MO)107
 AFLURIA QUAD 2021-2022107
 AFLURIA QUAD 2021-22 (3YR UP)107
 AFLURIA QUAD 2021-22 (6-35MO)107
 AFREZZA200
 AFSTYLA59
 AGALSIDASE BETA148
 AGGRENOLX250
 AGRYLIN103

AIMOVIG AUTOINJECTOR.....	67	ALPROLIX.....	59
AK-POLY-BAC.....	17	ALPROSTADIL.....	250
AKTEN.....	153	ALTABAX.....	20
AKYNZEO.....	54	ALTAVERA.....	169
ALBENDAZOLE.....	15	ALTRENO.....	238
ALBENZA.....	15	ALUMINUM CHLORIDE.....	238
ALBUTEROL SULFATE.....	120	ALUNBRIG.....	71
ALCAINE.....	153	ALYACEN.....	169
ALCLOMETASONE DIPROPIONATE.....	26	ALYQ.....	249
ALDACTONE.....	231	AMABELZ.....	149
ALDARA.....	240	AMANTADINE HCL.....	88
ALDURAZYME.....	147	AMBRISENTAN.....	235
ALECENSA.....	70	AMERGE.....	68
ALECTINIB HCL.....	70	AMETHIA.....	169
ALENDRONATE SODIUM.....	206	AMETHIA LO.....	170
ALENDRONATE SODIUM/CHOLECALCIFEROL (VITAMIN D3).....	206	AMETHYST.....	170
ALFUZOSIN HCL.....	3	AMIFAMPRIDINE.....	221
ALGLUCOSIDASE ALFA.....	148	AMIFAMPRIDINE PHOSPHATE.....	220
ALINIA.....	91	AMIKACIN SULFATE LIPOSOMAL WITH NEBULIZER ACCESSORIES.....	30
ALIROCUMAB.....	67	AMILORIDE HCL.....	139
ALISKIREN HEMIFUMARATE.....	232	AMILORIDE HCL/HYDROCHLOROTHIAZIDE.....	140
ALITRETINOIN.....	79	AMINOCAPROIC ACID.....	59
ALKERAN.....	70	AMINOLEVULINIC ACID HCL.....	241
ALLERGENIC EXTRACT, MITE-D.FARINAE- D.PTERONYSSINUS,STANDARD.....	104	AMINOSALICYLIC ACID.....	69
ALLERGENIC EXTRACT,GRASS POLLEN- TIMOTHY,STANDARD.....	104	AMIODARONE HCL.....	30
ALLERGENIC EXTRACT-WEED POLLEN-SHORT RAGWEED.....	104	AMITRIPTYLINE HCL.....	48
ALLOPURINOL.....	206	AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE.....	47
ALMOTRIPTAN MALATE.....	68	AMLODIPINE BESYLATE.....	125
ALORA.....	149	AMLODIPINE BESYLATE/BENAZEPRIL HCL.....	125
ALOSETRON HCL.....	156	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL.....	125
ALPELISIB.....	80	AMLODIPINE BESYLATE/VALSARTAN.....	125
ALPHA-1-PROTEINASE INHIBITOR.....	234	AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE . 125	
ALPHAGAN P.....	57	AMMONIUM LACTATE.....	147
ALPHANATE.....	59	AMNESTEEM.....	240
ALPHANINE SD.....	59	AMOXAPINE.....	48
ALPRAZOLAM.....	117	AMOXICILLIN.....	227
ALPRAZOLAM INTENSOL.....	117	AMOXICILLIN/POTASSIUM CLAVULANATE.....	227

AMPHETAMINE.....	13	ANTIHEMOPHILIC FACTOR VIII RECOMBINANT, B-DOMAIN TRUNCATED.....	61
AMPHETAMINE SULFATE.....	12	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT.....	61
AMPICILLIN SODIUM.....	227	ANTIHEMOPHILIC FACTOR VIII, RECOMBINANT PORCINE SEQUENCE.....	61
AMPICILLIN TRIHYDRATE.....	227	ANTIHEMOPHILIC FACTOR, HUMAN.....	60
AMPYRA.....	218	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN.....	62
AMZEEQ.....	20	ANTIVERT.....	53
ANACAINE.....	237	ANUCORT-HC.....	26
ANADROL-50.....	168	APALUTAMIDE.....	73
ANAFRANIL.....	48	APIXABAN.....	37
ANAGRELIDE HCL.....	104	APLIGRAF.....	134
ANAKINRA.....	211	APOKYN.....	141
ANALPRAM HC.....	26	APOMORPHINE HCL.....	141
ANASPAZ.....	34	APRACLOPIDINE HCL.....	153
ANASTIA.....	237	APREMILAST.....	212
ANASTROZOLE.....	71	APREPITANT.....	54
ANCOBON.....	55	APRI.....	170
ANDRODERM.....	168	APRISO.....	156
ANGELIQ.....	149	APTENSIO XR.....	13
ANNOVERA.....	170	APTIOM.....	38
ANORO ELLIPTA.....	34	APTIVUS.....	102
ANTABUSE.....	205	AQUASOL A.....	253
ANTARA.....	64	AQUORAL.....	135
ANTHRAX VACCINE.....	107	ARAKODA.....	90
ANTI-INHIBITOR COAGULANT COMPLEX.....	60	ARALAST NP.....	233
ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED.....	62	ARANELLE.....	170
ANTIHEMOPHILIC FACTOR (FVIII) REC, B-DOM TRUNCATED PEG-EXEI.....	60	ARANESP.....	121
ANTIHEMOPHILIC FACTOR (FVIII) REC, B-DOMAIN DELETED PEG-AUCL.....	60	ARCALYST.....	219
ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN.....	59	ARFORMOTEROL TARTRATE.....	120
ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FULL LENGTH, PEG.....	59	ARICEPT.....	119
ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT,FULL LENGTH.....	60	ARIKAYCE.....	30
ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED.....	61	ARIPIPRAZOLE.....	92
ANTIHEMOPHILIC FACTOR VIII RECOMB,SINGLE-CHN,B-DOM TRUNCATED.....	59	ARIPIPRAZOLE LAUROXIL.....	92
		ARIPIPRAZOLE LAUROXIL, SUBMICRONIZED....	92
		ARISTADA.....	92
		ARISTADA INITIO.....	92
		ARIXTRA.....	36
		ARMODAFINIL.....	15

ARNUITY ELLIPTA.....	133	AVACOPAN.....	218
AROMASIN.....	71	AVALIDE.....	228
ARTEMETHER/LUMEFANTRINE.....	90	AVANDIA.....	52
ARTISS.....	240	AVAPRITINIB.....	71
ASCIMINIB HYDROCHLORIDE.....	82	AVAR.....	238
ASCOMP WITH CODEINE.....	5	AVAR LS.....	238
ASENAPINE MALEATE.....	93	AVAR-E.....	238
ASFOTASE ALFA.....	148	AVAR-E GREEN.....	239
ASHLYNA.....	170	AVAR-E LS.....	239
ASPIRIN/DIPYRIDAMOLE.....	250	AVASTIN.....	71
ASTAGRAF XL.....	216	AVATROMBOPAG MALEATE.....	121
ATACAND HCT.....	228	AVIANE.....	171
ATAZANAVIR SULFATE.....	103	AVIDOXY.....	32
ATAZANAVIR SULFATE/COBICISTAT.....	102	AVITENE.....	59
ATELVIA.....	206	AVONEX.....	213
ATENOLOL.....	127	AVONEX PEN.....	213
ATENOLOL/CHLORTHALIDONE.....	128	AVSOLA.....	209
ATOGEPAANT.....	68	AXITINIB.....	76
ATOMOXETINE HCL.....	129	AYGESTIN.....	197
ATOPICLAIR.....	135	AYUNA.....	171
ATORVASTATIN CALCIUM.....	65	AYVAKIT.....	71
ATOVAQUONE.....	91	AZACITIDINE.....	79
ATOVAQUONE/PROGUANIL HCL.....	90	AZASAN.....	216
ATRALIN.....	238	AZASITE.....	17
ATRAPRO DERMAL SPRAY.....	135	AZATHIOPRINE.....	217
ATRIPLA.....	100	AZELAIC ACID.....	241
ATROPEN.....	34	AZELASTINE HCL.....	152
ATROPINE SULFATE.....	154	AZELASTINE HCL/FLUTICASONE PROPIONATE.....	153
ATROVENT HFA.....	34	AZILECT.....	90
AUBAGIO.....	212	AZILSARTAN MEDOXOMIL.....	228
AUBRA.....	171	AZILSARTAN MEDOXOMIL/CHLORTHALIDONE.....	228
AUBRA EQ.....	171	AZITHROMYCIN.....	204
AUGMENTIN.....	227	AZTREONAM LYSINE.....	205
AUGMENTIN ES-600.....	227	AZULFIDINE.....	209
AUGMENTIN XR.....	227	AZURETTE.....	172
AURANOFIN.....	161		
AUROVELA.....	171	B	
AUROVELA 24 FE.....	171	B-12 COMPLIANCE.....	253
AUROVELA FE.....	171	BACIGUENT.....	17
AURYXIA.....	201	BACITRACIN.....	17
AUSTEDO.....	131	BACITRACIN/POLYMYXIN B SULFATE.....	19

BACLOFEN.....	237	BESER.....	26
BACTRIM.....	32	BESIFLOXACIN HCL.....	17
BACTRIM DS.....	32	BESIVANCE.....	17
BALCOLTRA.....	172	BESREMI.....	71
BALOXAVIR MARBOXIL.....	114	BETADINE.....	20
BALSALAZIDE DISODIUM.....	156	BETAINE.....	219
BALSAM PERU/CASTOR OIL.....	244	BETAMETHASONE DIPROPIONATE.....	29
BALVERSA.....	71	BETAMETHASONE DIPROPIONATE/PROPYLENE	
BALZIVA.....	172	GLYCOL.....	27
BANZEL.....	38	BETAMETHASONE VALERATE.....	27
BAQSIMI.....	62	BETAPACE.....	127
BARACLUDE.....	115	BETAPACE AF.....	127
BARIUM SULFATE.....	139	BETASERON.....	213
BAXDELA.....	31	BETAXOLOL HCL.....	127
BECAPLERMIN.....	238	BETHANECHOL CHLORIDE.....	119
BECLOMETHASONE DIPROPIONATE.....	24	BETHKIS.....	30
BEDAQUILINE FUMARATE.....	69	BETIMOL.....	57
BEKYREE.....	172	BETOPTIC S.....	57
BELBUCA.....	10	BEVACIZUMAB.....	71
BELIMUMAB.....	216	BEVACIZUMAB-AWWB.....	79
BELSOMRA.....	118	BEVACIZUMAB-BVZR.....	87
BELUMOSUDIL MESYLATE.....	221	BEXAROTENE.....	84
BELZUTIFAN.....	86	BEXSERO.....	107
BEMPEDOIC ACID.....	63	BICALUTAMIDE.....	72
BEMPEDOIC ACID/EZETIMIBE.....	63	BICILLIN C-R.....	227
BENAZEPRIL HCL.....	230	BICILLIN L-A.....	227
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE...	230	BICTEGRAVIR	
BENEFIX.....	59	SODIUM/EMTRICITABINE/TENOFOVIR	
BENLYSTA.....	216	ALAFENAMIDE FUMAR.....	100
BENRALIZUMAB.....	25	BIDIL.....	200
BENZNIDAZOLE.....	91	BIJUVA.....	149
BENZOCAINE.....	237	BIKTARVY.....	100
BENZONATATE.....	233	BILTRICIDE.....	15
BENZOYL PEROXIDE.....	239	BIMATOPROST.....	58
BENZOYL PEROXIDE MICROSPHERES.....	239	BINIMETINIB.....	78
BENZPHETAMINE HCL.....	12	BINOSTO.....	206
BENZTROPINE MESYLATE.....	88	BIONECT.....	135
BENZYL ALCOHOL.....	23	BIOTHRAX.....	107
BEPOTASTINE BESILATE.....	152	BISACODYL/SODIUM CHLOR/SODIUM	
BERINERT.....	202	BICARB/POTASSIUM CHL/PEG 3350.....	157
BEROTRALSTAT HYDROCHLORIDE.....	203		

BISMUTH	
SUBSALICYLATE/METRONIDAZOLE/TETRACYCLIN	
E HCL.....	34
BISOPROLOL FUMARATE.....	127
BISOPROLOL	
FUMARATE/HYDROCHLOROTHIAZIDE.....	127
BIVIGAM.....	105
BLANCHE.....	134
BLEPH-10.....	17
BLEPHAMIDE.....	17
BLEPHAMIDE S.O.P.....	17
BLISOVI 24 FE.....	172
BLISOVI FE.....	172
BONIVA.....	206
BONJESTA.....	53
BOOSTRIX TDAP.....	106
BOSENTAN.....	235
BOSULIF.....	72
BOSUTINIB.....	72
BOTOX.....	219
BOTOX COSMETIC.....	219
BRAFTOVI.....	72
BREMELANOTIDE ACETATE.....	130
BREO ELLIPTA.....	133
BREXPIRAZOLE.....	96
BREZTRI AEROSPHERE.....	133
BRIELLYN.....	172
BRIGATINIB.....	71
BRILINTA.....	103
BRIMONIDINE TARTRATE.....	241
BRIMONIDINE TARTRATE/TIMOLOL MALEATE... ..	57
BRINZOLAMIDE.....	58
BRINZOLAMIDE/BRIMONIDINE TARTRATE.....	58
BRIVARACETAM.....	39
BRIVIACT.....	39
BRODALUMAB.....	242
BROMFED DM.....	232
BROMFENAC SODIUM.....	25
BROMOCRIPTINE MESYLATE.....	141

BROMPHENIRAMINE	
MALEATE/PSEUDOEPHEDRINE	
HCL/DEXTROMETHORPHAN.....	232
BRONCHITOL.....	233
BROVANA.....	120
BRUKINSA.....	72
BRYHALI.....	27
BUDESONIDE.....	168
BUDESONIDE/FORMOTEROL FUMARATE.....	133
BUDESONIDE/GLYCOPYRROLATE/FORMOTEROL	
FUMARATE.....	133
BUMETANIDE.....	139
BUNAVAIL.....	10
BUPAP.....	3
BUPHENYL.....	142
BUPRENORPHINE.....	10
BUPRENORPHINE HCL.....	10
BUPRENORPHINE HCL/NALOXONE HCL.....	11
BUPROPION HCL.....	44
BUSPIRONE HCL.....	115
BUSULFAN.....	79
BUTALBITAL/ACETAMINOPHEN.....	4
BUTALBITAL/ACETAMINOPHEN/CAFFEINE.....	4
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEIN	
E PHOSPHATE.....	5
BUTALBITAL/ASPIRIN/CAFFEINE.....	225
BUTOCONAZOLE NITRATE.....	55
BUTORPHANOL TARTRATE.....	10
BUTRANS.....	10
BYDUREON BCISE.....	50
BYDUREON PEN.....	50
BYETTA.....	50
BYLVAY.....	158
BYNFEZIA.....	244

C

C1 ESTERASE INHIBITOR.....	203
C1 ESTERASE INHIBITOR, RECOMBINANT.....	203
CABERGOLINE.....	141
CABLIVI.....	103
CABOMETYX.....	72

CABOTEGRAVIR SODIUM.....	99	CARDURA.....	126
CABOZANTINIB S-MALATE.....	72	CARDURA XL.....	127
CADEXOMER IODINE.....	22	CARGLUMIC ACID.....	142
CAFERGOT.....	3	CARIPRAZINE HCL.....	97
CALAN SR.....	123	CARISOPRODOL.....	236
CALCIFEDIOL.....	254	CARISOPRODOL/ASPIRIN.....	236
CALCIPOTRIENE.....	240	CARISOPRODOL/ASPIRIN/CODEINE PHOSPHATE.....	236
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE.....	243	CARTEOLOL HCL.....	57
CALCITONIN,SALMON,SYNTHETIC.....	226	CARTIA XT.....	123
CALCITRIOL.....	254	CARVEDILOL.....	127
CALCIUM ACETATE.....	202	CARVEDILOL PHOSPHATE.....	127
CALCIUM COMB NO.19/PHOSPHATE/GENISTEIN/D3/CITRATED ZINC/K2.....	220	CASODEX.....	72
CALQUENCE.....	72	CATAPRES.....	199
CAMILA.....	173	CAVERJECT.....	250
CAMRESE.....	173	CAYSTON.....	205
CAMRESE LO.....	173	CAZANT.....	173
CANDESARTAN CILEXETIL.....	228	CEFACLOR.....	132
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE.....	228	CEFADROXIL.....	131
CANNABIDIOL (CBD).....	39	CEFDINIR.....	132
CAPECITABINE.....	86	CEFDITOREN PIVOXIL.....	132
CAPHOSOL.....	135	CEFIXIME.....	132
CAPLACIZUMAB-YHDP.....	103	CEFPODOXIME PROXETIL.....	132
CAPLYTA.....	93	CEFPROZIL.....	132
CAPMATINIB HYDROCHLORIDE.....	83	CEFTRIAZONE SODIUM.....	132
CAPRELSA.....	72	CEFTRIAZONE SODIUM IN ISO-OSMOTIC DEXTROSE.....	132
CAPTOPRIL.....	230	CEFUROXIME AXETIL.....	132
CAPTOPRIL/HYDROCHLOROTHIAZIDE.....	230	CELECOXIB.....	223
CARAFATE.....	112	CELLCEPT.....	216
CARBAGLU.....	142	CELONTIN.....	43
CARBAMAZEPINE.....	39	CENEGERMIN-BKBJ.....	153
CARBIDOPA.....	129	CENOBAMATE.....	42
CARBIDOPA/LEVODOPA.....	89	CENTANY.....	20
CARBIDOPA/LEVODOPA/ENTACAPONE.....	89	CEPHALEXIN.....	131
CARBINOXAMINE MALEATE.....	155	CERACADE.....	147
CARDIOVID PLUS.....	219	CERDELGA.....	219
CARDIZEM.....	123	CEREFOLIN NAC.....	253
CARDIZEM CD.....	123	CERENX.....	219
		CEREZYME.....	147
		CERITINIB.....	88

CERTOLIZUMAB PEGOL.....	210	CIMZIA.....	210
CERVIDIL.....	225	CINACALCET HCL.....	226
CETIRIZINE HCL.....	62	CINRYZE.....	203
CETRORELIX ACETATE.....	161	CIPRO.....	31
CETROTIDE.....	161	CIPRO HC.....	17
CEVIMELINE HCL.....	119	CIPROFLOXACIN.....	31
CHANTIX.....	118	CIPROFLOXACIN HCL.....	32
CHARLOTTE 24 FE.....	173	CIPROFLOXACIN HCL/DEXAMETHASONE.....	17
CHATEAL.....	173	CIPROFLOXACIN HCL/FLUOCINOLONE	
CHATEAL EQ.....	174	ACETONIDE.....	19
CHEMET.....	165	CIPROFLOXACIN HCL/HYDROCORTISONE.....	17
CHENODAL.....	157	CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN	
CHENODIOL.....	157	WATER.....	32
CHLORAMBUCIL.....	77	CITALOPRAM HYDROBROMIDE.....	45
CHLORDIAZEPOXIDE HCL.....	117	CITICOLINE SODIUM.....	219
CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE.....	35	CITRATE DEXTROSE SOLUTION.....	36
CHLORHEXIDINE GLUCONATE.....	20	CITRATE PHOSPHATE DEXTROS SOLN.....	36
CHLOROQUINE PHOSPHATE.....	90	CLADRIBINE.....	217
CHLOROTHIAZIDE.....	140	CLARAVIS.....	240
CHLORPHENIRAMINE MALEATE/CODEINE		CLARITHROMYCIN.....	204
PHOSPHATE.....	233	CLEMASTINE FUMARATE.....	155
CHLORPROMAZINE HCL.....	98	CLENPIQ.....	157
CHLORTHALIDONE.....	140	CLEOCIN HCL.....	33
CHLORZOXAZONE.....	236	CLEOCIN PEDIATRIC.....	33
CHOLBAM.....	158	CLEOCIN PHOSPHATE.....	33
CHOLERA VACCINE BUFFER COMPONENT.....	228	CLEOCIN T.....	20
CHOLERA VACCINE, LIVE.....	111	CLIMARA PRO.....	150
CHOLESTYRAMINE (WITH SUGAR).....	64	CLINDACIN ETZ.....	20
CHOLESTYRAMINE/ASPARTAME.....	64	CLINDACIN P.....	20
CHOLIC ACID.....	158	CLINDAMYCIN HCL.....	33
CHORIOGONADOTROPIN ALFA.....	163	CLINDAMYCIN PALMITATE HCL.....	33
CHORIONIC GONADOTROPIN, HUMAN.....	163	CLINDAMYCIN PHOSPHATE.....	33
CICLESONIDE.....	24	CLINDAMYCIN PHOSPHATE/BENZOYL	
CICLODAN.....	56	PEROXIDE.....	21
CICLOPIROX.....	56	CLINDAMYCIN PHOSPHATE/DEXTROSE 5 % IN	
CICLOPIROX OLAMINE.....	56	WATER.....	33
CILOSTAZOL.....	103	CLINDESSE.....	21
CILOXAN.....	17	CLINPRO 5000.....	208
CIMDUO.....	100	CLOBAZAM.....	43
CIMETIDINE.....	112	CLOBETASOL PROPIONATE.....	28
CIMETIDINE HCL.....	112	CLOBETASOL PROPIONATE/EMOLLIENT BASE.....	29

CLOCORTOLONE PIVALATE.....	27	COMPAZINE.....	53
CLODAN.....	27	COMPLERA.....	100
CLOMIPHENE CITRATE.....	149	COMPRO.....	53
CLOMIPRAMINE HCL.....	48	COMTAN.....	88
CLONAZEPAM.....	43	CONSTULOSE.....	142
CLONIDINE.....	199	COPAXONE.....	213
CLONIDINE HCL.....	199	COPIKTRA.....	73
CLOPIDOGREL BISULFATE.....	103	COPPER.....	189
CLORAZEPATE DIPOTASSIUM.....	118	COREMINO.....	32
CLOTIRMAZOLE.....	55	CORGARD.....	127
CLOTIRMAZOLE/BETAMETHASONE DIPROPIONATE.....	55	CORIFACT.....	59
CLOZAPINE.....	97	CORLANOR.....	126
CLOZARIL.....	93	CORTICOTROPIN.....	138
COAGADEX.....	59	CORTISONE ACETATE.....	166
COAGULATION FACTOR VIIA (RECOMBINANT) ..	61	CORTISPORIN.....	21
COAGULATION FACTOR VIIA RECOMBINANT- JNCW.....	61	CORTISPORIN-TC.....	18
COAGULATION FACTOR X.....	59	CORTROPHIN.....	138
COARTEM.....	90	COTELIC.....	73
COBICISTAT.....	222	COTEMPLA XR-ODT.....	13
COBIMETINIB FUMARATE.....	73	COUMADIN.....	36
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE....	6	COVID-19 VAC MRNA,TRIS(PFIZER)/PF.....	110
CODEINE SULFATE.....	5	COVID-19 VAC, AD26.COV2.S (JANSSEN)/PF...	109
COLAZAL.....	156	COVID-19 VACCINE, MRNA, BNT162B2, LNP-S (PFIZER)/PF.....	110
COLCHICINE.....	206	COVID-19 VACCINE, MRNA, CX-024414, LNP-S (MODERNA)/PF.....	110
COLESEVELAM HCL.....	64	CREON.....	158
COLESTIPOL HCL.....	64	CRESEMBA.....	54
COLLAGENASE CLOSTRIDIUM HISTOLYTICUM.....	242	CRINONE.....	198
COLLOIDAL BISMUTH SUBCITRATE/METRONIDAZOLE/TETRACYCLINE HCL.....	34	CRISABOROLE.....	26
COLOCORT.....	27	CRIVAN.....	102
COLY-MYCIN S.....	17	CRIZOTINIB.....	86
COMBIGAN.....	57	CROFELEMER.....	156
COMBIPATCH.....	150	CROMOLYN SODIUM.....	26
COMBIVENT RESPIMAT.....	35	CROTAMITON.....	23
COMBIVIR.....	100	CROTAN.....	22
COMETRIQ.....	72	CRYODOSE TA MEDIUM STREAM SPR.....	135
COMIRNATY.....	107	CRYODOSE TA MIST SPRAY.....	135
		CRYSSELLE.....	174
		CULTURED SKIN SUBSTITUTE,HUMAN AND BOVINE.....	135

CUPRIMINE.....	165	DAPAGLIFLOZIN PROPANEDIOL/METFORMIN	
CUTAQUIG.....	105	HCL.....	51
CUVITRU.....	105	DAPSONE.....	240
CUVPOSA.....	35	DAPTACEL DTAP.....	106
CYANOCOBALAMIN (VITAMIN B-12).....	253	DAPTOMYCIN.....	33
CYANOCOBALAMIN/LEVOMEFOLATE CALCIUM/VIT		DARBEPOETIN ALFA IN POLYSORBATE 80.....	121
B6.....	253	DARIFENACIN HYDROBROMIDE.....	160
CYCLAFEM.....	174	DAROLUTAMIDE.....	79
CYCLOBENZAPRINE HCL.....	236	DARUNAVIR	
CYCLOGYL.....	154	ETH/COBICISTAT/EMTRICITABINE/TENOFOVIR	
CYCLOMYDRIL.....	154	ALAFENAMIDE.....	103
CYCLOPENTOLATE HCL.....	154	DARUNAVIR ETHANOLATE.....	103
CYCLOPENTOLATE HCL/PHENYLEPHRINE HCL	154	DARUNAVIR ETHANOLATE/COBICISTAT.....	103
CYCLOPHOSPHAMIDE.....	73	DASATINIB.....	82
CYCLOSERINE.....	69	DASETTA.....	174
CYCLOSET.....	141	DASIGLUCAGON HCL.....	63
CYCLOSPORINE.....	218	DAURISMO.....	73
CYCLOSPORINE, MODIFIED.....	218	DAYPRO.....	223
CYPROHEPTADINE HCL.....	155	DAYSEE.....	174
CYRED.....	174	DAYTRANA.....	13
CYRED EQ.....	174	DAYVIGO.....	118
CYSTADANE.....	219	DDAVP.....	197
CYSTADROPS.....	153	DEBACTEROL.....	153
CYSTAGON.....	219	DEBLITANE.....	175
CYSTARAN.....	153	DECADRON.....	166
CYSTEAMINE BITARTRATE.....	221	DECITABINE/CEDAZURIDINE.....	76
CYSTEAMINE HCL.....	153	DEFERASIROX.....	166
CYTOTEC.....	112	DEFERIPRONE.....	166
		DEFLAZACORT.....	167
D		DELAFLUXACIN MEGLUMINE.....	31
D-PENAMINE.....	165	DELSTRIGO.....	99
DABIGATRAN ETEXILATE MESYLATE.....	37	DEMECLOCYCLINE HCL.....	32
DABRAFENIB MESYLATE.....	83	DEMEROL.....	5
DACOMITINIB.....	86	DEMSEER.....	219
DALFAMPRIDINE.....	219	DENAVIR.....	22
DALIRESP.....	233	DENGUE TETRAVALENT VACCINE, LIVE, VERO	
DALTEPARIN SODIUM,PORCINE.....	37	CELL/PF.....	107
DANAZOL.....	168	DENGVAIXA.....	107
DANTRIUM.....	237	DENOSUMAB.....	207
DANTROLENE SODIUM.....	237	DENTA 5000 PLUS.....	208
DAPAGLIFLOZIN PROPANEDIOL.....	51	DENTAGEL.....	208

DEPEN.....	166	DEXTROSE 10 % AND 0.2 % SODIUM CHLORIDE.....	143
DEPO-ESTRADIOL.....	150	DEXTROSE 10 % AND 0.45 % SODIUM CHLORIDE.....	143
DEPO-MEDROL.....	166	DEXTROSE 10 % IN WATER.....	143
DEPO-PROVERA.....	198	DEXTROSE 2.5 % AND 0.45 % SODIUM CHLORIDE.....	143
DEPO-SUBQ PROVERA 104.....	198	DEXTROSE 20 % IN WATER.....	143
DERMA-SMOOTH-FS.....	27	DEXTROSE 25 % IN WATER.....	143
DERMAGRAFT.....	135	DEXTROSE 30 % IN WATER.....	143
DESCOVY.....	100	DEXTROSE 40 % IN WATER.....	143
DESIPRAMINE HCL.....	48	DEXTROSE 5 % AND 0.2 % SODIUM CHLORIDE.....	143
DESLOMATADINE.....	62	DEXTROSE 5 % AND 0.3 % SODIUM CHLORIDE.....	143
DESMOPRESSIN ACETATE.....	197	DEXTROSE 5 % AND 0.45 % SODIUM CHLORIDE.....	143
DESMOPRESSIN ACETATE (NON- REFRIGERATED).....	197	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE.....	143
DESOGESTREL-ETHINYL ESTRADIOL.....	194	DEXTROSE 5 % IN LACTATED RINGERS.....	146
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL.....	195	DEXTROSE 5 % IN RINGER'S.....	146
DESONIDE.....	27	DEXTROSE 5 % IN WATER.....	144
DESOXIMETASONE.....	29	DEXTROSE 50 % IN WATER.....	144
DESRX.....	27	DEXTROSE 70 % IN WATER.....	144
DESVENLAFAXINE SUCCINATE.....	44	DEXTROSE-WATER/SODIUM CITRATE/CITRIC ACID.....	143
DETROL.....	160	DHIVY.....	89
DETROL LA.....	160	DIACOMIT.....	39
DEUTETRABENAZINE.....	131	DIASTAT.....	117
DEXAMETHASONE.....	167	DIASTAT ACUDIAL.....	117
DEXAMETHASONE INTENSOL.....	167	DIATRIZOATE MEGLUMINE/DIATRIZOATE SODIUM.....	139
DEXAMETHASONE SODIUM PHOSPHATE.....	167	DIAZEPAM.....	118
DEXAMETHASONE SODIUM PHOSPHATE IN 0.9 % SODIUM CHLORIDE.....	167	DIAZOXIDE.....	62
DEXAMETHASONE SODIUM PHOSPHATE/PF.....	167	DICHLORPHENAMIDE.....	207
DEXEDRINE.....	12	DICLOFENAC EPOLAMINE.....	223
DEXERYL.....	147	DICLOFENAC POTASSIUM.....	223
DEXILANT.....	112	DICLOFENAC SODIUM.....	225
DEXLANSOPRAZOLE.....	112	DICLOFENAC SODIUM/MISOPROSTOL.....	223
DEXMETHYLPHENIDATE HCL.....	14	DICLOXACILLIN SODIUM.....	227
DEXTROAMPHETAMINE SULF- SACCHARATE/AMPHETAMINE SULF- ASPARTATE.....	13	DICYCLOMINE HCL.....	35
DEXTROAMPHETAMINE SULFATE.....	13	DIDANOSINE.....	101
DEXTROMETHORPHAN HBR/QUINIDINE SULFATE.....	130	DIETHYLPROPION HCL.....	11
		DIFICID.....	204

DIFLUCAN.....	54	DIROXIMEL FUMARATE.....	215
DIFLUNISAL.....	223	DISOPYRAMIDE PHOSPHATE.....	30
DIFLUPREDNATE.....	23	DISULFIRAM.....	205
DIGITEK.....	126	DITROPAN XL.....	160
DIGOX.....	126	DIURIL.....	140
DIGOXIN.....	126	DIVALPROEX SODIUM.....	39
DIHYDROERGOTAMINE MESYLATE.....	3	DIVIGEL.....	150
DILANTIN.....	43	DOFETILIDE.....	30
DILT-XR.....	123	DOJOLVI.....	144
DILTIAZEM HCL.....	124	DOLISHALE.....	175
DILUENT FOR COAGULATION FACTOR VLLA (HISTIDINE).....	227	DOLUTEGRAVIR SODIUM.....	99
DILUENT FOR ELIGARD.....	227	DOLUTEGRAVIR SODIUM/LAMIVUDINE.....	99
DILUENT FOR EPOPROSTENOL SODIUM (GLYCINE).....	228	DOLUTEGRAVIR SODIUM/RILPIVIRINE HCL.....	99
DILUENT FOR LEUPROLIDE (POLYGLACTIN)...	227	DONEPEZIL HCL.....	119
DILUENT FOR NALTREXONE MICROSPHERES (CARBOXYMETHYLCELLULOSE).....	228	DONNATAL.....	35
DILUENT FOR NOVOSEVEN RT.....	227	DOPTelet.....	121
DIMETHYL FUMARATE.....	213	DORAL.....	117
DINOPROSTONE.....	225	DORAVIRINE.....	100
DIPHENHYDRAMINE HCL.....	155	DORAVIRINE/LAMIVUDINE/TENOFOVIR	
DIPHENHYDRAMINE HCL IN 0.9 % SODIUM CHLORIDE.....	155	DISOPROXIL FUMARATE.....	99
DIPHENOXYLATE HCL/ATROPINE SULFATE....	156	DORNASE ALFA.....	233
DIPHTher,Pertus(ACel),TETANUS,POLIO VACC,COMPONENT 1 OF 2/PF.....	110	DORZOLAMIDE HCL.....	58
DIPHTheria, PERTUSSIS (ACell), TETANUS PEDIATRIC VACCINE/PF.....	106	DORZOLAMIDE HCL/TIMOLOL MALEATE.....	58
DIPHTheria, PERTUSSIS(ACell),TETANUS,POLIO VACCINE/PF.....	110	DORZOLAMIDE HCL/TIMOLOL MALEATE/PF....	58
DIPHTheria,Pertus(ACell),TETANUS/HEPB/POL IO/HIB CONJ-MENG/PF.....	106	DOTTI.....	150
DIPHTheria,Pertussis(ACell),TETANUS,POLIO/ HAEMOPHILUS B/PF.....	110	DOVATO.....	99
DIPHTheria,Pertussis(ACellular),TETANUS VACCINE.....	106	DOXAZOSIN MESYLATE.....	127
DIPHTheria,Pertussis(ACellular),TETANUS VACCINE/PF.....	106	DOXEPIN HCL.....	238
DIPYRIDAMOLE.....	250	DOXERCALCIFEROL.....	254
		DOXYCYCLINE HYCLATE.....	33
		DOXYCYCLINE MONOHYDRATE.....	33
		DOXYLAMINE SUCCINATE/PYRIDOXINE HCL (VITAMIN B6).....	53
		DRIZALMA SPRINKLE.....	45
		DRONABINOL.....	53
		DRONEDARONE HCL.....	30
		DROSPIRENONE/ESTRADIOL.....	149
		DROSPIRENONE/ETHINYL	
		ESTRADIOL/LEVOMEFOLATE CALCIUM.....	194
		DROXIA.....	73
		DROXIDOPA.....	246

DRYSOL.....	238	EGATEN.....	15
DUAVEE.....	150	EGRIFTA.....	245
DULAGLUTIDE.....	50	EGRIFTA SV.....	245
DULOXETINE HCL.....	45	ELAGOLIX SODIUM.....	162
DUODOTE.....	205	ELAGOLIX SODIUM/ESTRADIOL/NORETHINDRONE	
DUOPA.....	89	ACETATE.....	161
DUPILUMAB.....	240	ELAPRASE.....	148
DUPIXENT PEN.....	240	ELAVIL.....	48
DUPIXENT SYRINGE.....	240	ELBASVIR/GRAZOPREVIR.....	165
DUREZOL.....	23	ELECTROLYTE-48 SOLUTION/DEXTROSE 5 % IN	
DUROLANE.....	135	WATER.....	146
DUTASTERIDE.....	205	ELELYSO.....	148
DUTASTERIDE/TAMSULOSIN HCL.....	205	ELESTRIN.....	150
DUVELISIB.....	73	ELETONE.....	135
DYANAVAL XR.....	13	ELETRIPTAN HYDROBROMIDE.....	68
DYMISTA.....	153	ELEXACAFITOR/TEZACAFITOR/IVACAFITOR.....	134
DYSPORT.....	219	ELIGARD.....	162
E		ELIGLUSTAT TARTRATE.....	219
E-Z-HD.....	138	ELIMITE.....	23
E-Z-PAQUE.....	139	ELINEST.....	176
E.E.S. 200.....	203	ELIQUIS.....	37
E.E.S. 400.....	203	ELITE-OB.....	251
ECALLANTIDE.....	203	ELIXOPHYLLIN.....	244
ECHOTHIOPHATE IODIDE.....	58	ELLA.....	176
ECONAZOLE NITRATE.....	55	ELOCTATE.....	59
ECULIZUMAB.....	203	ELTROMBOPAG OLAMINE.....	122
ED-SPAZ.....	35	ELURYNG.....	176
EDARBI.....	228	ELUXADOLINE.....	159
EDARBYCLOR.....	228	ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TEN	
EDEX.....	250	OFOVIR ALAFENAMIDE.....	101
EDOXABAN TOSYLATE.....	37	ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TEN	
EDURANT.....	99	OFOVIR DISOPROXIL.....	101
EFAVIRENZ.....	100	ELYXYB.....	223
EFAVIRENZ/EMTRICITABINE/TENOFOVIR		EMCYT.....	73
DISOPROXIL FUMARATE.....	101	EMEND.....	54
EFAVIRENZ/LAMIVUDINE/TENOFOVIR		EMFLAZA.....	167
DISOPROXIL FUMARATE.....	100	EMGALITY PEN.....	67
EFFER-K.....	146	EMGALITY SYRINGE.....	68
EFFIENT.....	103	EMICIZUMAB-KXWH.....	60
EFUDEX.....	73	EMOLLIENT COMBINATION NO. 25.....	135
		EMOLLIENT COMBINATION NO.10.....	147

EMOLLIENT COMBINATION NO.103.....	147	ENPRESSE.....	176
EMOLLIENT COMBINATION NO.104.....	147	ENSKYCE.....	176
EMOLLIENT COMBINATION NO.43.....	137	ENSPRYNG.....	213
EMOLLIENT COMBINATION NO.47.....	136	ENSTILAR.....	241
EMOLLIENT COMBINATION NO.53.....	136	ENTACAPONE.....	88
EMOLLIENT COMBINATION NO.80.....	137	ENTECAVIR.....	115
EMOQUETTE.....	176	ENTERAGAM.....	220
EMPAGLIFLOZIN.....	51	ENTOCORT EC.....	167
EMPAGLIFLOZIN/LINAGLIPTIN.....	51	ENTRECTINIB.....	81
EMPAGLIFLOZIN/LINAGLIPTIN/METFORMIN HCL.....	51	ENTRESTO.....	228
EMPAGLIFLOZIN/METFORMIN HCL.....	51	ENTYVIO.....	158
EMPAVELI.....	218	ENULOSE.....	142
EMSAM.....	90	ENVARUS XR.....	217
EMTRICITABINE.....	101	ENZADYNE.....	158
EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR		ENZALUTAMIDE.....	87
ALAFENAMIDE FUMARATE.....	101	EPANED.....	230
EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR		EPCLUSA.....	164
DISOPROXIL FUMARATE.....	100	EPIDIOLEX.....	39
EMTRICITABINE/TENOFOVIR ALAFENAMIDE		EPIDUO FORTE.....	241
FUMARATE.....	100	EPIFIX AMNIOTIC MEMBRANE.....	220
EMTRICITABINE/TENOFOVIR DISOPROXIL		EPIFOAM.....	27
FUMARATE.....	102	EPINASTINE HCL.....	153
EMTRIVA.....	101	EPINEPHRINE.....	246
EMVERM.....	15	EPINEPHRINE HCL.....	154
ENABLEX.....	160	EPINEPHRINESNAP-EMS.....	246
ENALAPRIL MALEATE.....	231	EPINEPHRINESNAP-V.....	246
ENALAPRIL		EPIPEN.....	246
MALEATE/HYDROCHLOROTHIAZIDE.....	230	EPIPEN 2-PAK.....	246
ENASIDENIB MESYLATE.....	75	EPISIL.....	135
ENBREL.....	210	EPITOL.....	39
ENBREL MINI.....	210	EPIVIR.....	101
ENBREL SURECLICK.....	210	EPIVIR HBV.....	101
ENCORAFENIB.....	72	EPLERENONE.....	231
ENDARI.....	158	EPOETIN ALFA.....	122
ENDO-AVITENE.....	59	EPOETIN ALFA-EPBX.....	122
ENDOCET.....	5	EPOGEN.....	121
ENDOMETRIN.....	198	EPOPROSTENOL SODIUM.....	236
ENFUVIRTIDE.....	98	EPOPROSTENOL SODIUM (GLYCINE).....	235
ENGERIX-B ADULT.....	107	EPRONTIA.....	39
ENGERIX-B PEDIATRIC-ADOLESCENT.....	107	EPROSARTAN MESYLATE.....	229
ENOXAPARIN SODIUM.....	38	EPZICOM.....	101

EQUACARE JR.....	144	ESTRADIOL/NORETHINDRONE ACETATE.....	151
EQUETRO.....	39	ESTRADIOL/NORGESTIMATE.....	152
ERDAFITINIB.....	71	ESTRADIOL/PROGESTERONE.....	149
ERENUMAB-AOOE.....	67	ESTRAMUSTINE PHOSPHATE SODIUM.....	73
ERGOCALCIFEROL (VITAMIN D2).....	254	ESTRING.....	151
ERGOLOID MESYLATES.....	3	ESTROGEL.....	151
ERGOMAR.....	3	ESTROGENS, CONJUGATED.....	152
ERGOTAMINE TARTRATE.....	3	ESTROGENS, CONJUGATED/BAZEDOXIFENE	
ERGOTAMINE TARTRATE/CAFFEINE.....	3	ACETATE.....	150
ERIVEDGE.....	73	ESTROGENS,	
ERLEADA.....	73	CONJUGATED/MEDROXYPROGESTERONE	
ERLOTINIB HCL.....	83	ACETATE.....	152
ERRIN.....	176	ESTROGENS,ESTERIFIED.....	151
ERTAPENEM SODIUM.....	204	ESTROGENS,ESTERIFIED/METHYLTESTOSTERON	
ERY.....	21	E.....	168
ERY-TAB.....	203	ESZOPICLONE.....	116
ERYGEL.....	21	ETANERCEPT.....	210
ERYPED 200.....	203	ETHAMBUTOL HCL.....	69
ERYPED 400.....	204	ETHINYL ESTRADIOL/DROSPIRENONE.....	197
ERYTHROCIN STEARATE.....	204	ETHIONAMIDE.....	69
ERYTHROMYCIN BASE.....	204	ETHOSUXIMIDE.....	43
ERYTHROMYCIN BASE IN ETHANOL.....	21	ETHOTOIN.....	43
ERYTHROMYCIN BASE/BENZOYL PEROXIDE.....	21	ETHYL CHLORIDE.....	237
ERYTHROMYCIN ETHYLSUCCINATE.....	204	ETHYNODIOL DIACETATE-ETHINYL	
ERYTHROMYCIN STEARATE.....	204	ESTRADIOL.....	196
ESBRIET.....	232	ETIDRONATE DISODIUM.....	206
ESCITALOPRAM OXALATE.....	45	ETODOLAC.....	224
ESGIC.....	4	ETONOGESTREL.....	186
ESKETAMINE HCL.....	44	ETONOGESTREL/ETHINYL ESTRADIOL.....	188
ESLICARBAZEPINE ACETATE.....	38	ETOPOSIDE.....	73
ESOMEPRAZOLE MAGNESIUM.....	113	ETRAVIRINE.....	100
ESPEROCT.....	60	EUCRISA.....	26
ESSENTIAL CARE JR.....	144	EUFLEXXA.....	135
ESTARYLLA.....	177	EURAX.....	23
ESTAZOLAM.....	117	EUTHYROX.....	247
ESTRADIOL.....	152	EVAMIST.....	151
ESTRADIOL ACETATE.....	151	EVARREST.....	60
ESTRADIOL CYPIONATE.....	150	EVEROLIMUS.....	218
ESTRADIOL VALERATE.....	151	EVISTA.....	149
ESTRADIOL VALERATE/DIENOGEST.....	186	EVOLOCUMAB.....	67
ESTRADIOL/LEVONORGESTREL.....	150	EVOTAZ.....	102

EVOXAC.....	119
EVRYSDI.....	220
EXELON.....	119
EXEMESTANE.....	74
EXENATIDE.....	50
EXENATIDE MICROSPHERES.....	50
EXJADE.....	166
EXKIVITY.....	74
EXSERVAN.....	129
EXTAVIA.....	213
EYLEA.....	154
EZETIMIBE.....	64
EZETIMIBE/SIMVASTATIN.....	64

F

FABRAZYME.....	148
FACTIVE.....	32
FACTOR IX.....	60
FACTOR IX (HUMAN) RECOMBINANT, PEGYLATED.....	61
FACTOR IX COMPLEX, PROTHROMBIN CPLX CONC(PCC) NO.4, 3-FACTOR.....	61
FACTOR IX HUMAN RECOMBINANT.....	61
FACTOR IX HUMAN RECOMBINANT, THREONINE 148.....	60
FACTOR IX RECOMBINANT, FC FUSION PROTEIN.....	59
FACTOR IX RECOMBINANT,ALBUMIN FUSION PROTEIN.....	60
FACTOR XIII.....	59
FACTOR XIII A-SUBUNIT, RECOMBINANT.....	61
FALMINA.....	177
FAMCICLOVIR.....	115
FAMOTIDINE.....	112
FANAPT.....	93
FARESTON.....	149
FARXIGA.....	51
FARYDAK.....	74
FASENRA.....	25
FASENRA PEN.....	25
FEBUXOSTAT.....	206
FEDRATINIB DIHYDROCHLORIDE.....	76
FEIBA NF.....	60
FELBAMATE.....	39
FELBATOL.....	39
FELDENE.....	223
FELODIPINE.....	125
FEMARA.....	74
FEMHRT.....	151
FEMRING.....	151
FEMYNOR.....	177
FENFLURAMINE HCL.....	40
FENOFIBRATE.....	65
FENOFIBRATE NANOCRYSTALLIZED.....	65
FENOFIBRATE,MICRONIZED.....	65
FENOFIBRIC ACID.....	65
FENOFIBRIC ACID (CHOLINE).....	65
FENOPROFEN CALCIUM.....	223
FENTANYL.....	5
FENTANYL CITRATE.....	5
FERRIC CARBOXYMALTOSE.....	29
FERRIC CITRATE.....	201
FERRIC MALTOL.....	29
FERRIPROX.....	166
FERRIPROX (2 TIMES A DAY).....	166
FERRIPROX (3 TIMES A DAY).....	166
FERROUS FUMARATE/FOLIC ACID.....	29
FERUMOXSil.....	138
FESOTERODINE FUMARATE.....	161
FETZIMA.....	45
FIBRICOR.....	65
FIBRINOGEN/THROMBIN (HUMAN PLASMA DERIVED).....	61
FIDAXOMICIN.....	204
FILGRASTIM.....	122
FILGRASTIM-AAFI.....	122
FILGRASTIM-SNDZ.....	123
FINACEA.....	241
FINASTERIDE.....	241
FINERENONE.....	231
FINGOLIMOD HCL.....	213
FINTEPLA.....	40

FIORINAL.....	225	FLUOCINONIDE.....	27
FIORINAL WITH CODEINE #3.....	6	FLUOCINONIDE/EMOLLIENT BASE.....	28
FIRAZYR.....	202	FLUORIDE (SODIUM).....	209
FIRDAPSE.....	220	FLUORIDEX.....	208
FISH OIL/OMEGA-3 FATTY ACIDS/VIT E/FOLIC ACID/B6-B12.....	219	FLUORITAB.....	208
FLAC OTIC OIL.....	23	FLUOROMETHOLONE.....	23
FLAGYL.....	91	FLUOROMETHOLONE ACETATE.....	23
FLAREX.....	23	FLUOROPLEX.....	74
FLAVOXATE HCL.....	160	FLUOROURACIL.....	84
FLEBOGAMMA DIF.....	105	FLUOXETINE HCL.....	46
FLECAINIDE ACETATE.....	30	FLUPHENAZINE DECANOATE.....	98
FLIBANSERIN.....	129	FLUPHENAZINE HCL.....	98
FLOLAN.....	235	FLURA-DROPS.....	208
FLOLIPID.....	65	FLURAZEPAM HCL.....	117
FLOVENT DISKUS.....	133	FLURBIPROFEN.....	223
FLOVENT HFA.....	133	FLURBIPROFEN SODIUM.....	25
FLU VACCINE QUADRIV 2020-2021(4 YEARS AND OLDER)CELL DERIVED.....	108	FLUTAMIDE.....	74
FLU VACCINE QUADRIV 2021-2022(6 MONTH AND OLDER)CELL DERIVED.....	108	FLUTICASONE FUROATE.....	133
FLUAD 2020-2021.....	107	FLUTICASONE FUROATE/UMECLIDINIUM BROMIDE/VILANTEROL TRIFENAT.....	133
FLUAD QUAD 2020-2021.....	107	FLUTICASONE FUROATE/VILANTEROL TRIFENATATE.....	133
FLUAD QUAD 2021-2022.....	107	FLUTICASONE PROPIONATE.....	133
FLUARIX QUAD 2020-2021.....	108	FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE.....	133
FLUARIX QUAD 2021-2022.....	108	FLUVASTATIN SODIUM.....	66
FLUBLOK QUAD 2020-2021.....	108	FLUVOXAMINE MALEATE.....	46
FLUBLOK QUAD 2021-2022.....	108	FLUZONE HIGH-DOSE QUAD 2020-21.....	108
FLUCELVAX QUAD 2020-2021.....	108	FLUZONE HIGH-DOSE QUAD 2021-22.....	108
FLUCELVAX QUAD 2021-2022.....	108	FLUZONE QUAD 2020-2021.....	108
FLUCONAZOLE.....	55	FLUZONE QUAD 2021-2022.....	108
FLUCYTOSINE.....	55	FLUZONE QUAD SOUTHERN HEM 2020.....	109
FLUDROCORTISONE ACETATE.....	167	FLUZONE QUAD SOUTHERN HEM 2021.....	109
FLULAVAL QUAD 2020-2021.....	108	FML FORTE.....	23
FLULAVAL QUAD 2021-2022.....	108	FML S.O.P.....	23
FLUMIST QUAD 2020-2021.....	108	FOLIC ACID.....	253
FLUMIST QUAD 2021-2022.....	108	FOLIC ACID/VITAMIN B COMPLEX AND VITAMIN C.....	253
FLUNISOLIDE.....	23	FOLIVANE-PLUS.....	29
FLUOCINOLONE ACETONIDE.....	27	FOLLISTIM AQ.....	162
FLUOCINOLONE ACETONIDE OIL.....	23	FOLLITROPIN ALFA, RECOMBINANT.....	162
FLUOCINOLONE ACETONIDE/SHOWER CAP....	27		

FOLLITROPIN BETA, RECOMBINANT	162	GANCICLOVIR	19
FOLTX	253	GANIRELIX ACETATE	161
FONDAPARINUX SODIUM	36	GARDASIL 9	109
FORANE	160	GASTROCROM	26
FORMOTEROL FUMARATE	120	GASTROGRAFIN	139
FORTAVIT	251	GASTROMARK	138
FORTEO	226	GATIFLOXACIN	19
FOSAMAX	206	GATTEX	159
FOSAMAX PLUS D	206	GAVILYTE-C	157
FOSAMPRENAVIR CALCIUM	102	GAVILYTE-G	157
FOSFOMYCIN TROMETHAMINE	16	GAVRETO	74
FOSINOPRIL SODIUM	230	GEFITINIB	76
FOSINOPRIL		GEL-ONE	135
SODIUM/HYDROCHLOROTHIAZIDE	230	GELATIN	153
FOSRENOL	201	GELFILM	153
FOSTAMATINIB DISODIUM	121	GELFOAM JMI	136
FOSTEMSAVIR TROMETHAMINE	99	GELNIQUE	160
FOSTEUM PLUS	220	GEMFIBROZIL	65
FOTIVDA	74	GEMIFLOXACIN MESYLATE	32
FRAGMIN	37	GEMMILY	178
FROVATRIPTAN SUCCINATE	68	GENERLAC	143
FULPHILA	121	GENGRAF	217
FURADANTIN	16	GENTAK	18
FUROSEMIDE	139	GENTAMICIN SULFATE	31
FUZEON	98	GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC	31
FYAVOLV	151	GENTAMICIN SULFATE/PF	31
FYCOMPA	40	GENTAMICIN SULFATE/PREDNISOLONE ACETATE	19
G		GENVISC 850	136
GABAPENTIN	40	GENVOYA	101
GABAPENTIN ENACARBIL	40	GEODON	93
GABITRIL	40	GIANVI	178
GALAFOLD	220	GILENYA	213
GALANTAMINE HBR	119	GILOTRIF	74
GALCANEZUMAB-GNLM	68	GILTERITINIB FUMARATE	86
GALSULFASE	148	GIMOTI	159
GALZIN	166	GLASDEGIB MALEATE	73
GAMMAGARD LIQUID	105	GLASSIA	233
GAMMAKED	105	GLATIRAMER ACETATE	214
GAMMAPLEX	105	GLATOPA	214
GAMUNEX-C	105		

HELIDAC	34	HUMALOG KWIKPEN U-200	201
HEMANGEOL	127	HUMALOG MIX 50-50	201
HEMATINIC PLUS	29	HUMALOG MIX 50-50 KWIKPEN	201
HEMATINIC WITH FOLIC ACID	29	HUMALOG MIX 75-25	201
HEMLIBRA	60	HUMALOG MIX 75-25 KWIKPEN	201
HEMOFIL M	60	HUMAN PAPILLOMAVIRUS VACCINE, 9- VALENT/PF	109
HEP B VIRUS,RCMB/DIPHTH,PERTUS(ACELL),TET,POLIO VACCINE/PF	110	HUMAN REGENERATIVE TISSUE MATRIX	222
HEPARIN SODIUM,PORCINE	38	HUMATE-P	60
HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM CHLORIDE	38	HUMATIN	90
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE	38	HUMIRA	210
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER	38	HUMIRA PEN	210
HEPARIN SODIUM,PORCINE/PF	38	HUMIRA PEN CROHN'S-UC-HS	210
HEPATITIS A VIRUS AND HEPATITIS B VIRUS VACCINE/PF	111	HUMIRA PEN PSOR-UEITS-ADOL HS	210
HEPATITIS A VIRUS VACCINE/PF	111	HUMIRA(CF)	210
HEPATITIS B VACCINE RECOMBINANT/VACCINE ADJUVANT CPG 1018/PF	109	HUMIRA(CF) PEDIATRIC CROHN'S	210
HEPATITIS B VIRUS VACCINE RECOMBINANT/PF	111	HUMIRA(CF) PEN	211
HEPLISAV-B	109	HUMIRA(CF) PEN CROHN'S-UC-HS	211
HEPSERA	115	HUMIRA(CF) PEN PEDIATRIC UC	211
HERCEPTIN	74	HUMIRA(CF) PEN PSOR-UV-ADOL HS	211
HERCEPTIN HYLECTA	75	HUMULIN R U-500	201
HETLIOZ	116	HUMULIN R U-500 KWIKPEN	201
HETLIOZ LQ	116	HYALGAN	136
HIBERIX	109	HYALURONATE SOD, CROSS-LINKED	135
HIPREX	16	HYALURONATE SODIUM	138
HISTRELIN ACETATE	164	HYALURONATE SODIUM, MODIFIED, NON- CROSSLINKED	136
HIZENTRA	105	HYALURONATE SODIUM, STABILIZED	136
HOMACTIN AA PLUS 15 PE	145	HYALURONATE SODIUM/VIT E/EMOLLIENT NO.12/ALLANTOIN/SHEA TREE	138
HOMACTIN AA PLUS 20 PE	145	HYALURONIDASE, HUMAN RECOMB	148
HONEY	136	HYCANTIN	75
HORIZANT	40	HYCODAN	232
HUMALOG	200	HYDRALAZINE HCL	200
HUMALOG JUNIOR KWIKPEN	200	HYDREA	75
HUMALOG KWIKPEN U-100	201	HYDROCHLOROTHIAZIDE	140
		HYDROCODONE BITARTRATE	6
		HYDROCODONE BITARTRATE/ACETAMINOPHEN	7
		HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	233

HYDROCODONE	
POLISTIREX/CHLORPHENIRAMINE POLISTIREX233	
HYDROCODONE/IBUPROFEN	6
HYDROCORTISONE	167
HYDROCORTISONE ACETATE	28
HYDROCORTISONE ACETATE/LIDOCAINE	
HCL/ALOE VERA	237
HYDROCORTISONE ACETATE/PRAMOXINE HCL	28
HYDROCORTISONE BUTYRATE	28
HYDROCORTISONE SODIUM SUCCINATE/PF	168
HYDROCORTISONE VALERATE	28
HYDROCORTISONE/ACETIC ACID	20
HYDROCORTISONE/IODOQUINOL	22
HYDROMET	233
HYDROMORPHONE HCL	7
HYDROQUINONE	134
HYDROQUINONE MICROSPHERES	134
HYDROXOCOBALAMIN	253
HYDROXYAMPHETAMINE HBR/TROPICAMIDE	154
HYDROXYCHLOROQUINE SULFATE	90
HYDROXYPROGESTERONE CAPROATE	198
HYDROXYPROGESTERONE CAPROATE/PF	198
HYDROXYPROPYL CELLULOSE	153
HYDROXYUREA	82
HYDROXYZINE HCL	116
HYDROXYZINE PAMOATE	116
HYLAN G-F 20	138
HYLATOPICPLUS	136
HYMOVIS	136
HYOPHEN	16
HYOSCYAMINE SULFATE	36
HYOSYNE	35
HYPER-SAL	146
HYPOCHLOROUS ACID/SODIUM	
HYPOCHLORITE/SOD CHLORID/ELEC.WATER	136
HYQVIA	105
HYQVIA HY COMPONENT	148
HYQVIA IG COMPONENT	106
IBANDRONATE SODIUM	206
IBRANCE	75
IBRUTINIB	76
IBU	223
IBUPROFEN	223
IBUPROFEN/OXYCODONE HCL	7
ICATIBANT ACETATE	202
ICLEVIA	178
ICLUSIG	75
ICOSAPENT ETHYL	64
IDELALISIB	87
IDELVION	60
IDHIFA	75
IDURSULFASE	148
ILOPERIDONE	93
ILOPROST TROMETHAMINE	236
IMATINIB MESYLATE	76
IMBRUVICA	76
IMCIVREE	11
IMIGLUCERASE	147
IMIPRAMINE HCL	48
IMIPRAMINE PAMOATE	48
IMIQUIMOD	241
IMMUNE GLOBULIN,BOVINE/PLASMA PROTEIN	
FRACTION, BOVINE	220
IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA	
GREATER THAN 50 MCG/ML	106
IMMUNE GLOBULIN,GAMM(IGG)/MALTOSE/IGA	
GREATER THAN 50 MCG/ML	106
IMMUNE GLOBULIN,GAMMA (IGG)-KLHW	
HUMAN	106
IMMUNE GLOBULIN,GAMMA (IGG)/GLYCINE/IGA 0	
TO 50 MCG/ML	105
IMMUNE GLOBULIN,GAMMA (IGG)/PROLINE/IGA 0	
TO 50 MCG/ML	106
IMMUNE GLOBULIN,GAMMA (IGG)/SORBITOL/IGA 0	
TO 50 MCG/ML	105
IMMUNE GLOBULIN,GAMMA(IGG)	
HUMAN/HYALURONIDASE, HUMAN RECOMB	105
IMMUNE GLOBULIN,GAMMA(IGG)-HIPPI	
HUMAN/MALTOSE	105

IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML.....	105	INFLUENZA VIRUS VACCINE QUADRIVAL SPLIT 2020-21(65 YR UP)/PF.....	108
IMOVAX RABIES VACCINE.....	109	INFLUENZA VIRUS VACCINE QUADRIVAL SPLIT 2021-22(65 YR UP)/PF.....	108
IMPAVIDO.....	91	INFLUENZA VIRUS VACCINE QUADRIVALENT 2020-21 (36 MOS UP)/PF.....	107
IMURAN.....	217	INFLUENZA VIRUS VACCINE QUADRIVALENT 2020-21 (6 MOS AND UP).....	108
IMVEXXY.....	151	INFLUENZA VIRUS VACCINE QUADRIVALENT 2021-22 (36 MOS UP)/PF.....	107
INBRIJA.....	89	INFLUENZA VIRUS VACCINE QUADRIVALENT 2021-22 (6 MOS AND UP).....	108
INCASSIA.....	179	INFLUENZA VIRUS VACCINE QV 2020-21(18 YRS AND OLDER)RCMB/PF.....	108
INCRELEX.....	245	INFLUENZA VIRUS VACCINE QV 2021-22(18 YRS AND OLDER)RCMB/PF.....	108
INDAPAMIDE.....	140	INGENOL MEBUTATE.....	80
INDINAVIR SULFATE.....	102	INGREZZA.....	131
INDOCIN.....	224	INGREZZA INITIATION PACK.....	131
INDOMETHACIN.....	224	INJECTAFER.....	29
INFANRIX DTAP.....	106	INLYTA.....	76
INFIGRATINIB PHOSPHATE.....	85	INOTERSEN SODIUM.....	206
INFLECTRA.....	211	INQOVI.....	76
INFLIXIMAB-AXXQ.....	209	INREBIC.....	76
INFLIXIMAB-DYYB.....	211	INSPIRA.....	231
INFLUENZA VACCINE QUADRIVALENT 2020-21 (65 YR UP)/MF59C.1/PF.....	107	INSULIN DEGLUDEC/LIRAGLUTIDE.....	200
INFLUENZA VACCINE QUADRIVALENT 2021-22 (65 YR UP)/MF59C.1/PF.....	107	INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG.....	200
INFLUENZA VACCINE QUADRIVALENT LIVE 2020- 2021 (2 YRS-49 YRS).....	108	INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG/LIXISENATIDE.....	200
INFLUENZA VACCINE QUADRIVALENT LIVE 2021- 2022 (2 YRS-49 YRS).....	108	INSULIN LISPRO.....	201
INFLUENZA VACCINE TVS 2020-21 (65 YR UP)/ADJUVANT MF59C.1/PF.....	107	INSULIN LISPRO PROTAMINE AND INSULIN LISPRO.....	201
INFLUENZA VIRUS VACC QUAD 2020 SOUTH HEM (6 MOS AND UP)/PF.....	109	INSULIN LISPRO-AABC.....	201
INFLUENZA VIRUS VACC QUAD 2021 SOUTH HEM (6 MOS AND UP)/PF.....	109	INSULIN REGULAR, HUMAN.....	201
INFLUENZA VIRUS VACCINE QUADRIVAL 2020- 2021(6 MOS AND UP)/PF.....	108	INTELENCE.....	100
INFLUENZA VIRUS VACCINE QUADRIVAL 2020-21 (6 MOS-35 MOS)/PF.....	107	INTERFERON ALFA-2B,RECOMB.....	114
INFLUENZA VIRUS VACCINE QUADRIVAL 2021- 2022(6 MOS AND UP)/PF.....	108	INTERFERON BETA-1A.....	213
INFLUENZA VIRUS VACCINE QUADRIVAL 2021-22 (6 MOS-35 MOS)/PF.....	107	INTERFERON BETA-1A/ALBUMIN HUMAN.....	215
		INTERFERON BETA-1B.....	213
		INTERFERON GAMMA-1B,RECOMB.....	212

INTRAROSA.....	167	ISTRADEFYLLINE.....	130
INTRON A.....	114	ISTURISA.....	220
INVANZ.....	204	ITRACONAZOLE.....	55
INVEGA.....	94	IVABRADINE HCL.....	126
INVEGA HAFYERA.....	94	IVACAFTOR.....	134
INVEGA SUSTENNA.....	94	IVERMECTIN.....	242
INVEGA TRINZA.....	95	IVOSIDENIB.....	84
INVIRASE.....	102	IXAZOMIB CITRATE.....	79
IODINE/POTASSIUM IODIDE.....	22	IXEKIZUMAB.....	243
IODINE/SODIUM IODIDE.....	22	IXIARO.....	109
IODOFLEX.....	22	IXINITY.....	60
IODOSORB.....	22		
IOHEXOL.....	139	J	
IOPIDINE.....	153	JADENU.....	166
IPOL.....	109	JADENU SPRINKLE.....	166
IPRATROPIUM BROMIDE.....	153	JAIMIESS.....	179
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE.....	35	JAKAFI.....	76
IRBESARTAN.....	229	JALYN.....	205
IRBESARTAN/HYDROCHLOROTHIAZIDE.....	229	JANSSEN COVID-19 VACCINE (EUA).....	109
IRESSA.....	76	JANTOVEN.....	37
IRON FUMARATE,POLYSAC CPLEX/FOLIC		JANUMET.....	49
ACID/VITB COMP WITH C NO.9.....	29	JANUMET XR.....	49
IRON/FOLIC ACID/VITAMIN B COMP AND		JANUVIA.....	49
C/MINERALS.....	29	JAPANESE ENCEPHALITIS VACCINE/PF.....	109
ISAVUCONAZONIUM SULFATE.....	54	JARDIANCE.....	51
ISENTRESS.....	99	JASMIEL.....	179
ISENTRESS HD.....	99	JENCYCLA.....	179
ISIBLOOM.....	179	JENTADUETO.....	49
ISOCARBOXAZID.....	44	JENTADUETO XR.....	50
ISOFLURANE.....	160	JEUVEAU.....	220
ISONIAZID.....	69	JINTELI.....	151
ISOPTO CARPINE.....	58	JIVI.....	60
ISORDIL.....	248	JOLESSA.....	179
ISORDIL TITRADOSE.....	248	JORNAY PM.....	14
ISOSORBIDE DINITRATE.....	248	JULEBER.....	180
ISOSORBIDE DINITRATE/HYDRALAZINE HCL.....	200	JULUCA.....	99
ISOSORBIDE MONONITRATE.....	248	JUNEL.....	180
ISOTRETINOIN.....	244	JUNEL FE.....	180
ISOVACTIN AA PLUS 20 PE.....	145	JUNEL FE 24.....	180
ISRADIPINE.....	125	JUXTAPID.....	63
ISTALOL.....	57	JYNARQUE.....	140

K

K-PHOS ORIGINAL	142
KAITLIB FE	180
KALBITOR	203
KALETRA	102
KALLIGA	180
KALYDECO	134
KANJINTI	76
KAPVAY	199
KARBINAL ER	155
KARIVA	180
KEFLEX	131
KELNOR 1-35	181
KELNOR 1-50	181
KENALOG-10	167
KERENDIA	231
KERYDIN	56
KESIMPTA PEN	214
KETOCONAZOLE	56
KETOPROFEN	224
KETOROLAC TROMETHAMINE	224
KETOVIE 3:1	145
KETOVIE 4:1	145
KEVEYIS	207
KEVZARA	211
KINERET	211
KINRIX	109
KIONEX	202
KISQALI	77
KISQALI FEMARA CO-PACK	77
KITABIS PAK	31
KLARON	22
KLISYRI	241
KLOR-CON	146
KLOR-CON 10	146
KLOR-CON 8	146
KLOR-CON M10	146
KLOR-CON M15	146
KLOR-CON M20	146
KLOR-CON-EF	146

KLOXXADO	130
KOATE	60
KOGENATE FS	60
KORLYM	49
KOSELUGO	77
KOVALTRY	60
KRINTAFEL	90
KRISTALOSE	143
KURVELO	181
KUVAN	221
KYLEENA	181
KYNMOBI	141

L

L-METHYL-MC NAC	253
LABETALOL HCL	127
LACOSAMIDE	42
LACRISERT	153
LACTULOSE	143
LAMIVUDINE	101
LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	102
LAMIVUDINE/ZIDOVUDINE	101
LAMOTRIGINE	41
LAMPIT	91
LANADELUMAB-FLYO	203
LANOXIN	126
LANREOTIDE ACETATE	245
LANSOPRAZOLE	113
LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN	113
LANTHANUM CARBONATE	201
LANTUS	200
LANTUS SOLOSTAR	200
LAPATINIB DITOSYLATE	85
LARIN	181
LARIN 24 FE	181
LARIN FE	182
LARISSIA	182
LARONIDASE	147
LAROTRECTINIB SULFATE	85

LATANOPROST.....	58	LEVONORGESTREL/ETHINYL ESTRADIOL AND	
LATUDA.....	95	ETHINYL ESTRADIOL.....	190
LAYOLIS FE.....	182	LEVONORGESTREL/ETHINYL	
LEDIPASVIR/SOFOSBUVIR.....	164	ESTRADIOL/FERROUS BISGLYCINATE.....	172
LEENA.....	182	LEVORA-28.....	183
LEFAMULIN ACETATE.....	34	LEVOTHYROXINE SODIUM.....	248
LEFLUNOMIDE.....	211	LEVOXYL.....	247
LEMBOREXANT.....	118	LEVSIN.....	35
LENALIDOMIDE.....	80	LEVSIN-SL.....	35
LENAVATINIB MESYLATE.....	77	LEVULAN.....	241
LENVIMA.....	77	LEXIVA.....	102
LESCOL.....	66	LIBRAX.....	35
LESSINA.....	182	LIDOCAINE.....	237
LETAIRIS.....	235	LIDOCAINE HCL.....	237
LETERMOVIR.....	114	LIDOCAINE HCL/PF.....	153
LETROZOLE.....	77	LIDOCAINE/PRILOCAINE.....	238
LEUCOVORIN CALCIUM.....	205	LIDOPIN.....	237
LEUKERAN.....	77	LIDOPRIL.....	237
LEUKINE.....	122	LIDOTREX.....	136
LEUPROLIDE ACETATE.....	163	LIDTOPIC MAX.....	237
LEVALBUTEROL HCL.....	121	LIFITEGRAST.....	24
LEVAQUIN.....	32	LILLOW.....	183
LEVETIRACETAM.....	41	LINACLOTIDE.....	159
LEVO-T.....	247	LINAGLIPTIN.....	50
LEVOBUNOLOL HCL.....	57	LINAGLIPTIN/METFORMIN HCL.....	50
LEVOCARNITINE.....	221	LINDANE.....	23
LEVOCARNITINE (WITH SUGAR).....	221	LINEZOLID.....	34
LEVOCETIRIZINE DIHYDROCHLORIDE.....	62	LINZESS.....	159
LEVODOPA.....	89	LIOTHYRONINE SODIUM.....	248
LEVOFLOXACIN.....	32	LIPASE/PROTEASE/AMYLASE.....	158
LEVOMEFOLATE		LIPOFEN.....	65
CAL/ACETYLCYSTEINE/MECOBALAMIN/SCHIZ.ALG		LIQUID E-Z PAQUE.....	139
AL OIL.....	253	LIRAGLUTIDE.....	50
LEVOMEFOLATE CALCIUM.....	253	LISDEXAMFETAMINE DIMESYLATE.....	13
LEVOMEFOLATE CALCIUM/SCHIZOCHYTRIUM		LISINOPRIL.....	231
ALGAL OIL.....	253	LISINOPRIL/HYDROCHLOROTHIAZIDE.....	231
LEVOMILNACIPRAN HCL.....	45	LITHIUM CARBONATE.....	129
LEVONEST.....	182	LITHOBID.....	129
LEVONORGESTREL.....	190	LITHOSTAT.....	143
LEVONORGESTREL/ETHINYL ESTRADIOL.....	195	LIVMARLI.....	159
		LIVTENCITY.....	113

LO-ZUMANDIMINE.....	183	LOXAPINE SUCCINATE.....	92
LOCOID.....	28	LUCEMYRA.....	246
LODINE.....	224	LUCENTIS.....	154
LODOSYN.....	129	LUDENT FLUORIDE.....	208
LOFEXIDINE HCL.....	246	LUGOL'S.....	247
LOJAIMIESS.....	183	LULICONAZOLE.....	56
LOKELMA.....	202	LUMACAFITOR/IVACAFITOR.....	134
LOMAIRA.....	11	LUMAKRAS.....	78
LOMITAPIDE MESYLATE.....	63	LUMATEPERONE TOSYLATE.....	93
LOMOTIL.....	156	LUMIGAN.....	58
LOMUSTINE.....	74	LUMIZYME.....	148
LONAFARNIB.....	222	LUPKYNIS.....	217
LONHALA MAGNAIR REFILL.....	35	LUPRON DEPOT.....	162
LONHALA MAGNAIR STARTER.....	35	LUPRON DEPOT (LUPANETA).....	163
LONSURF.....	78	LUPRON DEPOT-PED.....	163
LOPERAMIDE HCL.....	156	LURASIDONE HCL.....	95
LOPINAVIR/RITONAVIR.....	103	LUSUTROMBOPAG.....	122
LOPREEZA.....	151	LUTERA.....	184
LOPRESSOR.....	128	LUXAMEND.....	147
LOPROX.....	56	LYBALVI.....	95
LORAZEPAM.....	117	LYLEQ.....	184
LORAZEPAM INTENSOL.....	117	LYMEPAK.....	33
LORBRENA.....	78	LYNPARZA.....	78
LORCET.....	7	LYSINE HCL/VITAMIN B COMPLEX/FOLIC ACID/ZINC.....	253
LORCET HD.....	7	LYSODREN.....	78
LORCET PLUS.....	7	LYSTEDA.....	60
LORLATINIB.....	78	LYUMJEV.....	201
LORTAB.....	7	LYUMJEV KWIKPEN U-100.....	201
LORYNA.....	183	LYUMJEV KWIKPEN U-200.....	201
LORZONE.....	236	LYZA.....	184
LOSARTAN POTASSIUM.....	229		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE.....	229	M	
LOTEMAX.....	24	M-M-R II VACCINE.....	109
LOTEMAX SM.....	24	M-NATAL PLUS.....	251
LOTEPREDNOL ETABONATE.....	24	MACIMORELIN ACETATE.....	138
LOTRONEX.....	156	MACITENTAN.....	235
LOVASTATIN.....	66	MACRILEN.....	138
LOVENOX.....	38	MACROBID.....	16
LOW-OGESTREL.....	184	MACRODANTIN.....	16
LOXAPINE.....	91	MACUGEN.....	154

MAFENIDE ACETATE.....	22	MELPHALAN.....	78
MAKENA.....	198	MEMANTINE HCL.....	129
MALARONE.....	90	MEMANTINE HCL/DONEPEZIL HCL.....	129
MALATHION.....	23	MENACTRA.....	109
MANNITOL.....	233	MENEST.....	151
MAPROTILINE HCL.....	48	MENINGOCOCCAL A DIPHTHERIA-CONJ VACCINE COMPONENT 2 OF 2/PF.....	109
MARALIXIBAT CHLORIDE.....	159	MENINGOCOCCAL C,Y,W-135,DIP-CONJ VACCINE COMPONENT 1 OF 2/PF.....	110
MARAVIROC.....	99	MENINGOCOCCAL GROUP B VACCINE, 4- COMPONENT.....	107
MARIBAVIR.....	113	MENINGOCOCCAL VACCINE A,C,Y AND W- 135,CONJ TETANUS TOXOID/PF.....	109
MARINOL.....	53	MENINGOCOCCALVACCINE A,C,Y,W- 135,DIPHTHERIA TOXOID CONJ/PF.....	109
MARLISSA.....	184	MENOPUR.....	163
MARPLAN.....	44	MENOSTAR.....	152
MATULANE.....	78	MENOTROPINS.....	163
MATZIM LA.....	124	MENQUADFI.....	109
MAVENCLAD.....	217	MENVEO A-C-Y-W-135-DIP.....	109
MAVYRET.....	165	MENVEO MENA COMPONENT.....	109
MAXITROL.....	18	MENVEO MENCYW-135 COMPONENT.....	110
MAXZIDE.....	140	MEPERIDINE HCL.....	7
MAXZIDE-25 MG.....	140	MEPERIDINE HCL/PF.....	5
MAYZENT.....	214	MEPHYTON.....	254
MD-GASTROVIEW.....	139	MEPOLIZUMAB.....	25
MEASLES, MUMPS, AND RUBELLA VACCINE LIVE/PF.....	109	MEPROBAMATE.....	116
MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE LIVE/PF.....	110	MEPRON.....	91
MEBENDAZOLE.....	15	MERCAPTOPURINE.....	80
MECAMYLAMINE HCL.....	200	MERZEE.....	184
MECASERMIN.....	245	MESALAMINE.....	156
MECHLORETHAMINE HCL.....	85	MESALAMINE WITH CLEANSING WIPES.....	156
MECLIZINE HCL.....	53	MESNA.....	222
MECLOFENAMATE SODIUM.....	224	MESNEX.....	222
MEDIHONEY.....	136	MESTINON.....	119
MEDROL.....	167	METADATE ER.....	14
MEDROXYPROGESTERONE ACETATE.....	199	METAPROTERENOL SULFATE.....	120
MEFLOQUINE HCL.....	90	METAXALL.....	236
MEGACE ES.....	199	METAXALONE.....	236
MEGESTROL ACETATE.....	199	METFORMIN HCL.....	49
MEKINIST.....	78	METHADONE HCL.....	7
MEKTOVI.....	78		
MELODETTA 24 FE.....	184		
MELOXICAM.....	225		

METHADONE INTENSOL.....	7	METOPROLOL SUCCINATE.....	128
METHADOSE.....	7	METOPROLOL TARTRATE.....	128
METHAMPHETAMINE HCL.....	13	METOPROLOL	
METHAZOLAMIDE.....	58	TARTRATE/HYDROCHLOROTHIAZIDE.....	128
METHENAMINE HIPPURATE.....	16	METRELEPTIN.....	197
METHENAMINE MANDELATE.....	16	METROCREAM.....	21
METHENAMINE MANDELATE/SODIUM		METROLOTION.....	21
PHOSPHATE,MONOBASIC.....	16	METRONIDAZOLE.....	91
METHENAMINE/METHYLENE BLUE/BENZOIC		METRONIDAZOLE/SKIN CLEANSER COMBINATION	
ACID/SALICYLAT/HYOSCYAMIN.....	16	NO.23.....	21
METHENAMINE/METHYLENE		METYRAPONE.....	138
BLUE/SALICYLATE/SODIUM PHOS/HYOSCYAMIN17		METYROSINE.....	221
METHENAMINE/METHYLENE BLUE/SOD		MEXILETINE HCL.....	30
PHOS/P.SALICYLATE/HYOSCYAMINE.....	16	MIACALCIN.....	226
METHENAMINE/SOD		MIBELAS 24 FE.....	185
PHOSPH,MONOBASIC/METHYLENE		MICONAZOLE.....	56
BLUE/HYOSCYAMINE.....	16	MICONAZOLE NITRATE.....	56
METHERGINE.....	225	MICROCYN.....	136
METHIMAZOLE.....	247	MICROFIBRILLAR COLLAGEN.....	62
METHOCARBAMOL.....	236	MICROGESTIN.....	185
METHOTREXATE.....	86	MICROGESTIN 24 FE.....	185
METHOTREXATE SODIUM.....	84	MICROGESTIN FE.....	185
METHOTREXATE SODIUM/PF.....	78	MIDAZOLAM.....	43
METHOTREXATE/PF.....	80	MIDAZOLAM HCL.....	117
METHOXSALEN.....	134	MIDODRINE HCL.....	246
METHOXY POLYETHYLENE GLYCOL-EPOETIN		MIDOSTAURIN.....	82
BETA.....	122	MIFEPREX.....	225
METHSCOPOLAMINE BROMIDE.....	35	MIFEPRISTONE.....	225
METHSUXIMIDE.....	43	MIGALASTAT HCL.....	220
METHYLDOPA.....	199	MIGLITOL.....	49
METHYLDOPA/HYDROCHLOROTHIAZIDE.....	200	MIGLUSTAT.....	222
METHYLERGONOVINE MALEATE.....	225	MILI.....	185
METHYLIN.....	14	MILNACIPRAN HCL.....	130
METHYLPHENIDATE.....	13	MILTEFOSINE.....	91
METHYLPHENIDATE HCL.....	15	MINITRAN.....	249
METHYLPREDNISOLONE.....	167	MINIVELLE.....	152
METHYLPREDNISOLONE ACETATE.....	166	MINOCYCLINE HCL.....	33
METIPRANOLOL.....	57	MINOXIDIL.....	200
METOCLOPRAMIDE HCL.....	160	MIRABEGRON.....	120
METOLAZONE.....	140	MIRAPEX.....	141
METOPIRONE.....	138	MIRAPEX ER.....	141

MIRCERA.....	122	MULTIVITAMIN WITH MINERALS NO.7/FOLIC	
MIRENA.....	185	ACID.....	252
MIRTAZAPINE.....	44	MULTIVITAMIN-MINERALS NO.71/IRON	
MIRVASO.....	241	FUMARAT/FOLIC ACID NO.1/DHA.....	252
MISOPROSTOL.....	112	MUPIROCIN.....	21
MITOTANE.....	78	MUPIROCIN CALCIUM.....	21
MOBOCERTINIB SUCCINATE.....	74	MUSE.....	250
MODAFINIL.....	15	MV-MIN 75/FERROUS FUM/IRON PS CPLX/FOLIC	
MODERNA COVID-19 VACCINE (EUA).....	110	AC/OMEGA-3/DHA/EPA.....	252
MOEXIPRIL HCL.....	231	MVASI.....	79
MOLINDONE HCL.....	92	MYALEPT.....	197
MOLNUPIRAVIR.....	115	MYAMBUTOL.....	69
MOMETASONE FUROATE.....	28	MYCAPSSA.....	244
MONDOXYNE NL.....	33	MYCOBUTIN.....	69
MONO-LINYAH.....	186	MYCOPHENOLATE MOFETIL.....	217
MONONINE.....	60	MYCOPHENOLATE SODIUM.....	218
MONOVISC.....	136	MYDAYIS.....	13
MONTELUKAST SODIUM.....	26	MYDRIACYL.....	154
MONUROL.....	16	MYFEMBREE.....	161
MORGIDOX.....	33	MYFORTIC.....	218
MORPHABOND ER.....	7	MYLERAN.....	79
MORPHINE SULFATE.....	8	MYNATAL.....	251
MOTEGRITY.....	160	MYNATAL PLUS.....	251
MOXATAG.....	227	MYNATAL-Z.....	251
MOXEZA.....	18	MYORISAN.....	241
MOXIFLOXACIN HCL.....	32	MYRBETRIQ.....	120
MOZOBIL.....	122	MYSOLINE.....	42
MUCOSITISRX.....	136	MYTESI.....	156
MULPLETA.....	122		
MULTAQ.....	30	N	
MULTIVIT WITH IRON, MINS/DIETARY SUP		NABUMETONE.....	225
4/DNA/RIBONUCLEIC ACID.....	251	NADOLOL.....	128
MULTIVITAMIN COMBINATION NO.51/FERROUS		NAFARELIN ACETATE.....	163
FUMARATE/FOLIC ACID.....	251	NAGLAZYME.....	148
MULTIVITAMIN WITH MINERALS NO.16/FOLIC		NALBUPHINE HCL.....	10
ACID/LUTEIN/LYCOPENE.....	252	NALDEMEDINE TOSYLATE.....	159
MULTIVITAMIN WITH MINERALS NO.24/IRON PS		NALOXONE HCL.....	130
COMPLEX/FOLIC ACID.....	252	NALTREXONE HCL.....	130
MULTIVITAMIN WITH MINERALS		NALTREXONE MICROSPHERES.....	130
NO.69/IRON,CARBONYL/FOLIC ACID.....	251	NAMENDA.....	129
		NAMENDA XR.....	129

NAMZARIC.....	129	NEOMYCIN/POLYMYXIN B	
NAPRELAN.....	225	SULFATE/DEXAMETHASONE.....	18
NAPROXEN.....	225	NEORAL.....	218
NAPROXEN SODIUM.....	225	NEOSALUS.....	136
NARATRIPTAN HCL.....	68	NEOSALUS CP.....	136
NARCAN.....	130	NEPHRO-VITE RX.....	253
NARDIL.....	44	NERATINIB MALEATE.....	79
NASCOBAL.....	253	NERLYNX.....	79
NATACYN.....	19	NETARSUDIL MESYLATE.....	58
NATALIZUMAB.....	215	NETARSUDIL MESYLATE/LATANOPROST.....	58
NATAMYCIN.....	19	NETUPITANT/PALONOSETRON HCL.....	54
NATAZIA.....	186	NEUAC.....	21
NATEGLINIDE.....	50	NEULASTA.....	122
NATPARA.....	226	NEULASTA ONPRO.....	122
NATURE-THROID.....	248	NEUPOGEN.....	122
NAYZILAM.....	43	NEUPRO.....	141
NEBIVOLOL HCL.....	128	NEVIRAPINE.....	100
NEBUPENT.....	91	NEWGEN.....	251
NEBUSAL.....	146	NEXAVAR.....	79
NECON.....	186	NEXIUM.....	113
NEFAZODONE HCL.....	47	NEXLETOL.....	63
NEISSERIA MENINGITIDIS GROUP B, LIPIDATED		NEXLIZET.....	63
FHBP RECOMBINANT.....	111	NEXPLANON.....	186
NELFINAVIR MESYLATE.....	103	NIACIN.....	64
NEO-POLYCIN.....	18	NIACOR.....	64
NEO-POLYCIN HC.....	18	NICARDIPINE HCL.....	125
NEOMYCIN SULF/COLISTIN		NICOTINE.....	118
SUL/HYDROCORTISONE AC/THONZONIUM		NICOTROL.....	118
BROM.....	18	NICOTROL NS.....	118
NEOMYCIN SULFATE.....	31	NIFEDIPINE.....	126
NEOMYCIN SULFATE/BACITRACIN		NIFURTIMOX.....	91
ZINC/POLYMYXIN B/HYDROCORTISONE.....	18	NIKKI.....	186
NEOMYCIN SULFATE/BACITRACIN/POLYMYXIN		NILANDRON.....	79
B.....	18	NILOTINIB HCL.....	84
NEOMYCIN SULFATE/POLYMYXIN B		NILUTAMIDE.....	79
SULFATE/GRAMICIDIN D.....	18	NIMODIPINE.....	126
NEOMYCIN SULFATE/POLYMYXIN B		NINLARO.....	79
SULFATE/HYDROCORTISONE.....	21	NINTEDANIB ESYLATE.....	232
NEOMYCIN/BACITRACIN/POLYMYXIN		NIRAPARIB TOSYLATE.....	87
B/HYDROCORTISONE.....	21	NIRMATRELVIR/RITONAVIR.....	113
		NISOLDIPINE.....	126

NITAZOXANIDE.....	91	NOURIANZ.....	130
NITISINONE.....	221	NOVAREL.....	163
NITRO-BID.....	249	NOVOEIGHT.....	61
NITRO-DUR.....	249	NOVOSEVEN RT.....	61
NITRO-TIME.....	249	NOXAFIL.....	55
NITROFURANTOIN.....	16	NP THYROID.....	248
NITROFURANTOIN MACROCRYSTAL.....	16	NUBEQA.....	79
NITROFURANTOIN		NUCALA.....	25
MONOHYDRATE/MACROCRYSTALS.....	16	NUEDEXTA.....	130
NITROGLYCERIN.....	249	NULEV.....	36
NITROLINGUAL.....	249	NUMBONEX.....	237
NITROMIST.....	249	NUMOISYN.....	137
NITYR.....	221	NUPLAZID.....	95
NIVESTYM.....	122	NURTEC ODT.....	68
NIZATIDINE.....	112	NUT.TX.IMPAIRED DIGEST FXN/FIBER.....	144
NIZORAL.....	56	NUTRITIONAL THERAPY FOR IMPAIRED	
NOC DURNA.....	197	DIGESTIVE FUNCTION.....	144
NORA-BE.....	186	NUTRITIONAL THERAPY FOR ISOVALERIC	
NORDITROPIN FLEXPOR.....	197	ACIDEMIA WITH IRON.....	145
NORELGESTROMIN/ETHINYL ESTRADIOL.....	196	NUTRITIONAL THERAPY FOR MSUD WITH	
NORETHINDRONE.....	194	IRON.....	145
NORETHINDRONE ACETATE.....	199	NUTRITIONAL THERAPY FOR PHENYLKETONURIA	
NORETHINDRONE ACETATE-ETHINYL		(PKU) NO.69.....	145
ESTRADIOL.....	187	NUTRITIONAL THERAPY FOR PHENYLKETONURIA	
NORETHINDRONE ACETATE-ETHINYL		(PKU), NO.49.....	144
ESTRADIOL/FERROUS FUMARATE.....	192	NUTRITIONAL THERAPY FOR PHENYLKETONURIA	
NORETHINDRONE-ETHINYL ESTRADIOL.....	195	(PKU), NO.63.....	144
NORETHINDRONE-ETHINYL		NUTRITIONAL THERAPY FOR	
ESTRADIOL/FERROUS FUMARATE.....	196	PHENYLKETONURIA(PKU) WITH IRON NO.41...	145
NORFLURANE/PENTAFLUOROPROPANE (HFC		NUTRITIONAL THERAPY FOR PKU NO.62.....	144
245FA).....	137	NUTRITIONAL THERAPY FOR PKU NO.64.....	145
NORGESTIMATE-ETHINYL ESTRADIOL.....	195	NUTRITIONAL THERAPY FOR PKU WITH IRON	
NORGESTREL-ETHINYL ESTRADIOL.....	188	NO.59.....	145
NORLYDA.....	187	NUTRITIONAL THERAPY FOR TYROSINEMIA WITH	
NORPACE.....	30	IRON.....	145
NORPACE CR.....	30	NUTRITIONAL THERAPY FOR TYROSINEMIA	
NORPRAMIN.....	48	WITHOUT IRON.....	145
NORTHERA.....	246	NUTRITIONAL THERAPY, METABOLIC DISORDER,	
NORTREL.....	188	METHIONINE-FREE.....	145
NORTRIPTYLINE HCL.....	48	NUTRITIONAL TX, KETOGENIC,WHEY.....	145
NORVIR.....	103	NUVAIL.....	137

NUVARING.....	188
NUWIQ.....	61
NUZYRA.....	246
NYAMYC.....	56
NYLIA.....	188
NYMALIZE.....	126
NYMYO.....	188
NYSTATIN.....	57
NYSTATIN/TRIAMCINOLONE ACETONIDE.....	57
NYSTOP.....	57
NYVEPRIA.....	122

O

OBETICHOLIC ACID.....	159
OBIZUR.....	61
OALIVA.....	159
OCELLA.....	188
OCTAGAM.....	106
OCTREOTIDE ACETATE.....	245
OCTREOTIDE ACETATE, MICROSPHERES.....	245
OCUFLOX.....	18
ODACTRA.....	104
ODEFSEY.....	101
ODEVIXIBAT.....	158
ODOMZO.....	79
OFATUMUMAB.....	214
OFEV.....	232
OFLOXACIN.....	32
OGESTREL.....	188
OGIVRI.....	79
OKEBO.....	33
OLANZAPINE.....	98
OLANZAPINE PAMOATE.....	97
OLANZAPINE/FLUOXETINE HCL.....	47
OLANZAPINE/SAMIDORPHAN MALATE.....	95
OLAPARIB.....	78
OLMESARTAN MEDOXOMIL.....	229
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE.....	229
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE.....	229
OLODATEROL HCL.....	120
OLOPATADINE HCL.....	153
OLUX.....	28
OLUX-E.....	28
OMACETAXINE MEPESUCCINATE.....	83
OMADACYCLINE TOSYLATE.....	246
OMALIZUMAB.....	234
OMBITASVIR/PARITAPREVIR/RITONAVIR/DASABU VIR SODIUM.....	165
OMECLAMOX-PAK.....	113
OMEGA-3 ACID ETHYL ESTERS.....	64
OMEPRAZOLE.....	113
OMEPRAZOLE MAGNESIUM.....	113
OMEPRAZOLE MAGNESIUM/AMOXICILLIN TRIHYDRATE/RIFABUTIN.....	112
OMEPRAZOLE/CLARITHROMYCIN/AMOXICILLIN TRIHYDRATE.....	113
OMNARIS.....	24
OMNIPAQUE.....	139
ONABOTULINUMTOXINA.....	219
ONDANSETRON.....	52
ONDANSETRON HCL.....	53
ONDANSETRON HCL IN 0.9 % SODIUM CHLORIDE.....	52
ONDANSETRON HCL/PF.....	53
ONEXTON.....	21
ONGENTYS.....	88
ONMEL.....	55
ONUREG.....	79
OPANA.....	8
OPICAPONE.....	88
OPIUM TINCTURE.....	156
OPIUM/BELLADONNA ALKALOIDS.....	8
OPSUMIT.....	235
ORAL MUCOSITIS AND STOMATITIS ANTI- INFLAMMATORY AGENT COMB 2.....	135
ORALAIR.....	104
ORALONE.....	28
ORAPRED ODT.....	167
ORAVIG.....	56
ORENCIA.....	211

ORENCIA CLICKJECT.....	211
ORENITRAM ER.....	235
ORFADIN.....	221
ORGOVYX.....	161
ORIAHNN.....	161
ORILISSA.....	162
ORKAMBI.....	134
ORLADEYO.....	203
ORLISTAT.....	159
ORPHENADRINE CITRATE.....	237
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE.....	237
ORSYTHIA.....	188
ORTHOVISC.....	137
OSCIMIN.....	36
OSCIMIN SL.....	36
OSCIMIN SR.....	36
OSELTAMIVIR PHOSPHATE.....	114
OSILODROSTAT PHOSPHATE.....	220
OSIMERTINIB MESYLATE.....	83
OSMOLEX ER.....	88
OSPEMIFENE.....	149
OSPHERA.....	149
OTEZLA.....	212
OTOVEL.....	19
OVIDE.....	23
OVIDREL.....	163
OXANDRIN.....	168
OXANDROLONE.....	168
OXAPROZIN.....	225
OXAZEPAM.....	118
OXBRYTA.....	121
OXCARBAZEPINE.....	40
OXERVATE.....	153
OXSORALEN-ULTRA.....	134
OXYBUTYNIN.....	161
OXYBUTYNIN CHLORIDE.....	161
OXYCODONE HCL.....	9
OXYCODONE HCL/ACETAMINOPHEN.....	9
OXYCODONE HCL/ASPIRIN.....	9
OXYCODONE MYRISTATE.....	10
OXYMETAZOLINE HCL.....	242

OXYMETAZOLINE HCL/PF.....	154
OXYMETHOLONE.....	168
OXYMORPHONE HCL.....	9
OXYTROL.....	161
OZEMPIC.....	50
OZENOXACIN.....	21

P

PACERONE.....	30
PACNEX.....	239
PAIN EASE MEDIUM STREAM SPRAY.....	137
PAIN EASE MIST SPRAY.....	137
PALBOCICLIB.....	75
PALFORZIA.....	104
PALIPERIDONE.....	95
PALIPERIDONE PALMITATE.....	95
PALIVIZUMAB.....	114
PALYNZIQ.....	148
PAMELOR.....	48
PANOBINOSTAT LACTATE.....	74
PANRETIN.....	79
PANTOPRAZOLE SODIUM.....	113
PARAGARD T 380-A.....	189
PARATHYROID HORMONE.....	226
PAREMYD.....	154
PARENTERAL AMINO ACID 20 % COMBINATION NO.1.....	145
PARICALCITOL.....	254
PARLODEL.....	141
PARNATE.....	44
PAROEX.....	20
PAROMOMYCIN SULFATE.....	90
PAROXETINE HCL.....	46
PAROXETINE MESYLATE.....	46
PASER.....	69
PASIREOTIDE DIASPARTATE.....	245
PASIREOTIDE PAMOATE.....	245
PATANASE.....	153
PATIRROMER CALCIUM SORBITE.....	202
PAXIL.....	46
PAXLOVID (EUA).....	113

PAZOPANIB HCL.....	86	PERAMPANEL.....	40
PEANUT ALLERGEN POWDER-DNFP.....	104	PERFOROMIST.....	120
PEDIAPRED.....	167	PERIDEX.....	20
PEDIARIX.....	110	PERINDOPRIL ARGININE/AMLODIPINE	
PEDVAXHIB.....	110	BESYLATE.....	231
PEG 3350/SOD SULF/SOD BICARB/SOD		PERINDOPRIL ERBUMINE.....	231
CHLORIDE/POTASSIUM CHLORIDE.....	157	PERIOGARD.....	20
PEG 3350/SODIUM SULFATE/SOD		PERMETHRIN.....	23
CHLORIDE/KCL/ASCORBATE SOD/VIT C.....	157	PERPHENAZINE.....	98
PEG-PREP.....	157	PERPHENAZINE/AMITRIPTYLINE HCL.....	48
PEGANONE.....	43	PERSERIS.....	96
PEGAPTANIB SODIUM.....	154	PETROLATUM,WHITE.....	147
PEGASYS.....	114	PEXEVA.....	46
PEGCETACOPLAN.....	218	PEXIDARTINIB HYDROCHLORIDE.....	85
PEGFILGRASTIM.....	122	PFIZER COVID (12Y UP) VAC(EUA).....	110
PEGFILGRASTIM-APGF.....	122	PFIZER COVID (5-11Y) VAC (EUA).....	110
PEGFILGRASTIM-BMEZ.....	123	PFIZER COVID-19 VACCINE (EUA).....	110
PEGFILGRASTIM-CBQV.....	123	PH 12 DILUENT FOR FLOLAN.....	228
PEGFILGRASTIM-JMDB.....	121	PHARMABASE BARRIER.....	147
PEGINTERFERON ALFA-2A.....	114	PHENACTIN AA PLUS 20 PE.....	145
PEGINTERFERON ALFA-2B.....	114	PHENADOZ.....	155
PEGINTERFERON BETA-1A.....	214	PHENAZOPYRIDINE HCL.....	238
PEGINTRON.....	114	PHENDIMETRAZINE TARTRATE.....	11
PEGVALIASE-PQPZ.....	148	PHENELZINE SULFATE.....	44
PEGVISOMANT.....	246	PHENOBARBITAL.....	116
PEMAZYRE.....	80	PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE	
PEMIGATINIB.....	80	SULF/SCOPOLAMINE HB.....	36
PENCICLOVIR.....	22	PHENOHYTRO.....	36
PENICILLAMINE.....	166	PHENTERMINE HCL.....	11
PENICILLIN G BENZATHINE.....	227	PHENTERMINE HCL/TOPIRAMATE.....	11
PENICILLIN G BENZATHINE/PENICILLIN G		PHENYLEPHRINE HCL.....	154
PROCAINE.....	227	PHENYLEPHRINE HCL/PROMETHAZINE HCL...	155
PENICILLIN G PROCAINE.....	227	PHENYTEK.....	43
PENICILLIN V POTASSIUM.....	227	PHENYTOIN.....	43
PENTACEL.....	110	PHENYTOIN SODIUM EXTENDED.....	43
PENTACEL ACTHIB COMPONENT.....	110	PHILITH.....	189
PENTACEL DTAP-IPV COMPONENT.....	110	PHOSLYRA.....	202
PENTAMIDINE ISETHIONATE.....	91	PHOSPHOLINE IODIDE.....	58
PENTASA.....	156	PHOSPHOROUS.....	142
PENTAZOCINE HCL/NALOXONE HCL.....	11	PHYTONADIONE (VIT K1).....	254
PENTOXIFYLLINE.....	123	PICATO.....	80

PIFELTRO.....	100	PONATINIB HCL.....	75
PILOCARPINE HCL.....	119	PONESIMOD.....	215
PIMAVANSERIN TARTRATE.....	95	PONTOCAINE.....	237
PIMECROLIMUS.....	241	PONVORY.....	215
PIMOZIDE.....	92	PORTIA.....	189
PIMTREA.....	189	POSACONAZOLE.....	55
PINDOLOL.....	128	POTABA.....	221
PIOGLITAZONE HCL.....	52	POTASSIUM AMINO BENZOATE.....	221
PIOGLITAZONE HCL/GLIMEPIRIDE.....	52	POTASSIUM BICARBONATE/CITRIC ACID.....	146
PIOGLITAZONE HCL/METFORMIN HCL.....	52	POTASSIUM CHLORIDE.....	146
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM.....	227	POTASSIUM CITRATE.....	142
PIQRAY.....	80	POTASSIUM IODIDE.....	247
PIRFENIDONE.....	232	POTASSIUM IODIDE/IODINE.....	247
PIRMELLA.....	189	POTASSIUM PHOSPHATE, MONOBASIC.....	142
PIROXICAM.....	225	POVIDONE-IODINE.....	20
PITOLISANT HCL.....	15	PRABOTULINUM TOXINA-XVFS.....	220
PLASMINOGEN, HUMAN-TVMH.....	121	PRADAXA.....	37
PLEGRIDY.....	214	PRALIDOXIME CHLORIDE.....	205
PLEGRIDY PEN.....	214	PRALIDOXIME CHLORIDE/ATROPINE SULFATE.....	205
PLERIXAFOR.....	122	PRALSETINIB.....	74
PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE (DIPHTHERIA CRM)/PF.....	110	PRALUENT PEN.....	67
PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE (DIPHTHERIA CRM)/PF.....	111	PRAMIPEXOLE DI-HCL.....	142
PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE (DIPHTHERIA CRM)/PF.....	110	PRAMLINTIDE ACETATE.....	49
PNEUMOCOCCAL 23-VALENT POLYSACCHARIDE VACCINE.....	110	PRAMOSONE.....	28
PNEUMOVAX 23.....	110	PRASTERONE (DHEA).....	167
PNV 29-1.....	251	PRASUGREL HCL.....	103
PNV-OMEGA.....	251	PRAVASTATIN SODIUM.....	66
PODOCON-25.....	241	PRAZIQUANTEL.....	15
PODOFILOX.....	241	PRazosin HCL.....	127
PODOPHYLLUM RESIN.....	241	PRE-ATTACHED LTA KIT.....	237
POLIOMYELITIS VACCINE, KILLED.....	109	PRED MILD.....	24
POLY-UREAURETHANE.....	137	PRED-G.....	19
POLYCIN.....	19	PREDNICARBATE.....	28
POLYMYXIN B SULFATE/TRIMETHOPRIM.....	19	PREDNISOLONE.....	167
POLYTRIM.....	19	PREDNISOLONE ACETATE.....	24
POMALIDOMIDE.....	80	PREDNISOLONE SODIUM PHOSPHATE.....	168
POMALYST.....	80	PREDNISONE.....	168
		PREDNISONE INTENSOL.....	168
		PREFEST.....	152
		PREGABALIN.....	41
		PREGNYL.....	163

PREMARIN.....	152	PRETOMANID.....	69
PREMPHASE.....	152	PREVALITE.....	64
PREMPRO.....	152	PREVIDENT.....	208
PRENA1 CHEW.....	251	PREVIDENT 5000 DRY MOUTH.....	208
PRENA1 PEARL.....	251	PREVIDENT 5000 ENAMEL PROTECT.....	208
PRENA1 TRUE.....	251	PREVIDENT 5000 ORTHO DEFENSE.....	208
PRENATABS RX.....	252	PREVIDENT 5000 PLUS.....	208
PRENATAL VIT NO.71/IRON FUM-SODIUM FEREDETATE/FOLIC ACID/DHA.....	251	PREVIDENT 5000 SENSITIVE.....	208
PRENATAL VITAMIN NO.86/IRON BIS- GLYCINATE/FOLIC ACID.....	251	PREVIFEM.....	189
PRENATAL VITAMIN WITH CALCIUM NO.76/IRON,CARBONYL/FOLIC ACID.....	252	PREVNAR 13.....	110
PRENATAL VITAMINS COMBINATION NO.42/FOLIC ACID.....	251	PREVNAR 20.....	110
PRENATAL VITAMINS NO.11/FERROUS FUMARATE/FOLIC ACID/OMEGA-3.....	252	PREVYMIS.....	114
PRENATAL VITAMINS NO.52/FERROUS FUMARATE/FOLIC ACID/DHA.....	252	PREZCOBIX.....	103
PRENATAL VITAMINS NO.66/IRON,CARBONYL/FOLIC ACID/DHA.....	252	PREZISTA.....	103
PRENATAL VITAMINS WITH CALCIUM/FERROUS FUMARATE/FOLIC ACID.....	251	PRIFTIN.....	69
PRENATAL VITS NO.105/IRON AMINO ACID CHELATE/FOLIC ACID/DHA.....	251	PRIKAAN LITE.....	238
PRENATAL VITS NO.65/IRON FUMARATE,POLYSAC COMPLEX/FOLIC ACID..	252	PRILOSEC.....	113
PRENATAL VITS WITH CALCIUM NO.72/FERROUS FUMARATE/FOLIC ACID.....	252	PRIMAQUINE PHOSPHATE.....	90
PRENATAL VITS WITH CALCIUM NO.73/FERROUS FUMARATE/FOLIC ACID.....	252	PRIMIDONE.....	42
PRENATAL VITS WITH CALCIUM NO.74/FERROUS FUMARATE/FOLIC ACID.....	252	PRIMSOL.....	16
PRENATAL VITS WITH CALCIUM NO.78/FERROUS FUMARATE/FOLIC ACID.....	252	PRIVIGEN.....	106
PREPIDIL.....	225	PROBENECID.....	147
PREPLUS.....	252	PROBENECID/COLCHICINE.....	147
PREPOPIK.....	157	PROCARBAZINE HCL.....	78
PRESERA.....	137	PROCARDIA XL.....	126
PRESTALIA.....	231	PROCENTRA.....	13
PRETAB.....	252	PROCHLORPERAZINE.....	53
		PROCHLORPERAZINE EDISYLATE.....	53
		PROCHLORPERAZINE MALEATE.....	53
		PROCRIT.....	122
		PROCTO-MED HC.....	28
		PROCTO-PAK.....	28
		PROCTOFOAM-HC.....	28
		PROCTOSOL-HC.....	28
		PROCTOZONE-HC.....	29
		PROCYSBI.....	221
		PROFILNINE.....	61
		PROGESTERONE.....	199
		PROGESTERONE, MICRONIZED.....	199
		PROGLYCEM.....	62
		PROGRAF.....	218

PROLASTIN C.....	234
PROLATE.....	9
PROLENSA.....	25
PROLIA.....	207
PROMACTA.....	122
PROMETHAZINE HCL.....	155
PROMETHAZINE HCL IN 0.9 % SODIUM CHLORIDE.....	155
PROMETHAZINE HCL/CODEINE.....	233
PROMETHAZINE HCL/DEXTROMETHORPHAN HBR.....	233
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE.....	233
PROMETHEGAN.....	155
PROMISEB.....	137
PROPAFENONE HCL.....	30
PROPANTHELINE BROMIDE.....	36
PROPARACAINE HCL.....	153
PROPRANOLOL HCL.....	128
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE	128
PROPYLTHIOURACIL.....	247
PROQUAD.....	110
PROSCAR.....	205
PROSOL.....	145
PROSTIN E2 VAGINAL SUPPOSITORY.....	225
PROTECT IRON.....	252
PROTECTIVES COMBINATION NO.2.....	147
PROTONIX.....	113
PROTOPIC.....	241
PROTRIPTYLINE HCL.....	48
PROVERA.....	199
PROVIDA OB.....	252
PRUCALOPRIDE SUCCINATE.....	160
PRUSSIAN BLUE (INSOLUBLE).....	201
PRUTECT.....	137
PSEUDOEPHEDRINE HCL/CHLORPHENIRAMINE MALEATE/BELLAD ALK.....	156
PULMICORT FLEXHALER.....	133
PULMOSAL.....	146
PULMOZYME.....	233
PURIXAN.....	80

PYLERA.....	34
PYRAZINAMIDE.....	69
PYRIDIDIUM.....	238
PYRIDOSTIGMINE BROMIDE.....	119

Q

QBRELIS.....	231
QBREXZA.....	36
QINLOCK.....	80
QNASL.....	24
QNASL CHILDREN.....	24
QSYMIA.....	11
QUADRACEL DTAP-IPV.....	110
QUALAQUIN.....	90
QUAZEPAM.....	118
QUETIAPINE FUMARATE.....	97
QUILLICHEW ER.....	14
QUILLIVANT XR.....	15
QUINAPRIL HCL.....	231
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE.....	231
QUINIDINE GLUCONATE.....	30
QUINIDINE SULFATE.....	30
QUININE SULFATE.....	91
QULIPTA.....	68

R

R-NATAL OB.....	252
RABAVERT.....	111
RABEPRAZOLE SODIUM.....	113
RABIES VACCINE, HUMAN DIPLOID CELL/PF.....	109
RABIES VACCINE, PURIFIED CHICKEN EMBRYO CELL (PCEC)/PF.....	111
RADIOGARDASE.....	201
RADIOPAQUE PVC MARKERS/BARIUM SULFATE.....	139
RAGWITEK.....	104
RALOXIFENE HCL.....	149
RALTEGRAVIR POTASSIUM.....	99
RAMELTEON.....	116
RAMIPRIL.....	231
RANIBIZUMAB.....	154

RANOLAZINE.....	126	RETACRIT.....	122
RAPAFLO.....	3	RETAPAMULIN.....	20
RAPAMUNE.....	218	RETEVMO.....	80
RASAGILINE MESYLATE.....	90	RETIN-A MICRO PUMP.....	238
RASUVO.....	80	RETROVIR.....	101
RAVICTI.....	143	REVATIO.....	249
RAYALDEE.....	254	REVLIMID.....	80
RAZADYNE.....	119	REXULTI.....	96
RAZADYNE ER.....	119	REYATAZ.....	103
READI-CAT 2.....	139	REZUROCK.....	221
REBIF.....	215	RHOFADE.....	242
REBIF REBIDOSE.....	215	RHOPRESSA.....	58
REBINYN.....	61	RIBAVIRIN.....	115
RECLIPSEN.....	189	RIBOCICLIB SUCCINATE.....	77
RECOMBINATE.....	61	RIBOCICLIB SUCCINATE/LETROZOLE.....	77
RECOMBIVAX HB.....	111	RIDAURA.....	161
RECTIV.....	242	RIFABUTIN.....	69
REFISSA.....	238	RIFADIN.....	69
REGENECARE.....	137	RIFAMATE.....	69
REGLAN.....	160	RIFAMPIN.....	69
REGORAFENIB.....	83	RIFAMPIN/ISONIAZID.....	69
REGRANEX.....	238	RIFAMPIN/ISONIAZID/PYRAZINAMIDE.....	69
RELENZA.....	114	RIFAMYCIN SODIUM.....	34
RELEXXII.....	15	RIFAPENTINE.....	69
RELUGOLIX.....	161	RIFATER.....	69
RELUGOLIX/ESTRADIOL/NORETHINDRONE ACETATE.....	161	RIFAXIMIN.....	34
REMERON.....	44	RILONACEPT.....	219
REMODULIN.....	235	RILPIVIRINE HCL.....	99
RENA-VITE RX.....	253	RILUZOLE.....	130
REVELA.....	202	RIMANTADINE HCL.....	113
REPAGLINIDE.....	50	RIMEGEPANT SULFATE.....	68
REPAGLINIDE/METFORMIN HCL.....	50	RINVOQ.....	212
REPATHA PUSHTRONEX.....	67	RIOCIGUAT.....	234
REPATHA SURECLICK.....	67	RIPRETINIB.....	80
REPATHA SYRINGE.....	67	RISANKIZUMAB-RZAA.....	242
REQ49+.....	252	RISDIPLAM.....	220
REQUIP XL.....	142	RISEDRONATE SODIUM.....	207
RESPA A.R.....	156	RISPERDAL CONSTA.....	96
RESTASIS.....	24	RISPERIDONE.....	97
RESTASIS MULTIDOSE.....	24	RISPERIDONE MICROSPHERES.....	96
		RITONAVIR.....	103

RITUXAN.....	81	RUXOLITINIB PHOSPHATE.....	76
RITUXAN HYCELA.....	81	RUZURGI.....	221
RITUXIMAB.....	81	RYBELSUS.....	50
RITUXIMAB-PVVR.....	82	RYDAPT.....	82
RITUXIMAB/HYALURONIDASE, HUMAN RECOMBINANT.....	81	RYPLAZIM.....	121
RIVAROXABAN.....	37	RYTARY.....	89
RIVASTIGMINE.....	119	RYTHMOL SR.....	30
RIVASTIGMINE TARTRATE.....	119		
RIXUBIS.....	61	S	
RIZATRIPTAN BENZOATE.....	68	SABRIL.....	41
ROBAXIN-750.....	236	SACROSIDASE.....	148
ROCALTROL.....	254	SACUBITRIL/VALSARTAN.....	228
ROCKLATAN.....	58	SAFINAMIDE MESYLATE.....	90
ROFLUMILAST.....	233	SAJAZIR.....	202
ROLAPITANT HCL.....	54	SALAGEN.....	119
ROPEGINTERFERON ALFA-2B-NJFT.....	71	SALICYLIC ACID.....	239
ROPINIROLE HCL.....	142	SALIMEZ FORTE.....	239
ROSADAN.....	21	SALIVA COLLECTION DEVICE/IBUPROFEN.....	138
ROSANIL.....	239	SALIVA SUBSTITUTE COMBINATION NO.11.....	137
ROSIGLITAZONE MALEATE.....	52	SALIVA SUBSTITUTE COMBO NO.2.....	135
ROSULA.....	239	SALIVA SUBSTITUTE COMBO NO.3.....	135
ROSUVASTATIN CALCIUM.....	66	SALIVAMAX.....	137
ROTARIX.....	111	SALMETEROL XINAFOATE.....	120
ROTATEQ.....	111	SALSALATE.....	225
ROTAVIRUS VACCINE, LIVE ORAL ATTENUATED,89-12 STRAIN, G1P(8).....	111	SAMSCA.....	140
ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT.....	111	SANADERMRX.....	29
ROTIGOTINE.....	141	SANDIMMUNE.....	218
ROWASA.....	156	SANDOSTATIN.....	245
ROWEEPRA.....	41	SANDOSTATIN LAR DEPOT.....	245
ROWEEPRA XR.....	41	SANTYL.....	242
ROZEREM.....	116	SAPROPTERIN DIHYDROCHLORIDE.....	222
ROZLYTREK.....	81	SAQUINAVIR MESYLATE.....	102
RUBRACA.....	81	SARECYCLINE HCL.....	247
RUCAPARIB CAMSYLATE.....	81	SARGRAMOSTIM.....	122
RUCONEST.....	203	SARILUMAB.....	211
RUFINAMIDE.....	41	SATRALIZUMAB-MWGE.....	213
RUKOBIA.....	99	SAVAYSA.....	37
RUXIENCE.....	82	SAVELLA.....	130
		SAXENDA.....	50
		SCALACORT.....	29
		SCEMBLIX.....	82

SCOPOLAMINE.....	53	SILODOSIN.....	3
SECNIDAZOLE.....	91	SILVER.....	137
SECOBARBITAL SODIUM.....	116	SILVER SULFADIAZINE.....	22
SECONAL SODIUM.....	116	SILVRSTAT.....	137
SEGESTERONE ACETATE/ETHINYL ESTRADIOL.....	170	SIMBRINZA.....	58
SELEGILINE.....	90	SIMLIYA.....	190
SELEGILINE HCL.....	90	SIMPESSE.....	190
SELENIUM SULFIDE.....	22	SIMPONI.....	212
SELEXIPAG.....	236	SIMPONI ARIA.....	212
SELINEXOR.....	87	SIMVASTATIN.....	67
SELPERCATINIB.....	80	SINEMET 10-100.....	89
SELUMETINIB SULFATE/VITAMIN E TPGS.....	77	SINEMET 25-100.....	89
SELZENTRY.....	99	SINEMET 25-250.....	89
SEMAGLUTIDE.....	50	SIPONIMOD.....	214
SEREVENT DISKUS.....	120	SIROLIMUS.....	218
SERNIVO.....	29	SIRTURO.....	69
SEROPHENE.....	149	SITAGLIPTIN PHOSPHATE.....	49
SEROQUEL XR.....	97	SITAGLIPTIN PHOSPHATE/METFORMIN HCL.....	49
SEROSTIM.....	197	SITZMARKS.....	139
SERTRALINE HCL.....	47	SIVEXTRO.....	34
SETLAKIN.....	190	SKLICE.....	23
SETMELANOTIDE ACETATE.....	11	SKYLA.....	190
SEVELAMER CARBONATE.....	202	SKYRIZI.....	242
SEVELAMER HCL.....	202	SKYRIZI (2 SYRINGES) KIT.....	242
SEVENFACT.....	61	SKYRIZI PEN.....	242
SEVOFLURANE.....	160	SODIUM BICARBONATE.....	142
SEYSARA.....	247	SODIUM CHLORIDE.....	146
SF.....	208	SODIUM CHLORIDE 0.45 %.....	146
SF 5000 PLUS.....	208	SODIUM CHLORIDE 0.9 % (FLUSH).....	147
SFROWASA.....	156	SODIUM CHLORIDE 3 %.....	147
SHAROBEL.....	190	SODIUM CHLORIDE 5 %.....	147
SHINGRIX.....	111	SODIUM CHLORIDE FOR INHALATION.....	147
SHINGRIX ADJUVANT COMPONENT.....	228	SODIUM CHLORIDE IRRIGATING SOLUTION.....	145
SHINGRIX GE ANTIGEN COMPONENT.....	111	SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG.....	157
SIGNIFOR.....	245	SODIUM CITRATE.....	36
SIGNIFOR LAR.....	245	SODIUM FLUORIDE 5000 DRY MOUTH.....	209
SIKLOS.....	82	SODIUM FLUORIDE/POTASSIUM NITRATE.....	209
SILDENAFIL CITRATE.....	250	SODIUM IODIDE-123.....	228
SILENOR.....	48	SODIUM OXYBATE.....	130
SILIQ.....	242		

SODIUM OXYBATE/CALCIUM		SPECTRACEF.....	132
OXYBATE/MAGNESIUM OXYBATE/POT		SPIRIVA.....	36
OXYBATE.....	130	SPIRIVA RESPIMAT.....	36
SODIUM PHENYLBUTYRATE.....	143	SPIRONOLACTONE.....	231
SODIUM PHOSPHATE,DIBASIC/POT		SPIRONOLACTONE/HYDROCHLOROTHIAZIDE.....	232
PHOS,MONOB/SOD PHOSPHATE MONO.....	142	SPRAVATO.....	44
SODIUM PICOSULFATE/MAGNESIUM		SPRAY AND STRETCH.....	137
OXIDE/CITRIC ACID.....	157	SPRINTEC.....	190
SODIUM POLYSTYRENE SULFONATE.....	202	SPRITAM.....	41
SODIUM POLYSTYRENE SULFONATE/SORBITOL		SPRYCEL.....	82
SOLUTION.....	202	SPS.....	202
SODIUM SULFATE/POTASSIUM		SRONYX.....	191
CHLORIDE/MAGNESIUM SULFATE.....	157	SSD.....	22
SODIUM SULFATE/POTASSIUM		SSKI.....	247
SULFATE/MAGNESIUM SULFATE.....	157	SSS 10-5.....	239
SODIUM ZIRCONIUM CYCLOSILICATE.....	202	STALEVO 100.....	89
SOFOSBUVIR.....	164	STALEVO 125.....	89
SOFOSBUVIR/VELPATASVIR.....	164	STALEVO 150.....	89
SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR.....	165	STALEVO 200.....	89
SOLIFENACIN SUCCINATE.....	161	STALEVO 50.....	89
SOLQUA 100-33.....	200	STALEVO 75.....	89
SOLIRIS.....	203	STAMARIL.....	111
SOLOSEC.....	91	STAVUDINE.....	101
SOLRIAMFETOL HCL.....	15	STELARA.....	243
SOLTAMOX.....	149	STIMATE.....	197
SOLU-CORTEF.....	168	STIOLTO RESPIMAT.....	36
SOMATROPIN.....	197	STIRIPENTOL.....	39
SOMATULINE DEPOT.....	245	STIVARGA.....	83
SOMAVERT.....	246	STRAVIX.....	222
SONIDEGIB PHOSPHATE.....	79	STRENSIQ.....	148
SOOLANTRA.....	242	STRIANT.....	168
SORAFENIB TOSYLATE.....	79	STRIBILD.....	101
SORBITOL/SALIVA STIMULANT COMB NO. 1/MALIC		STRIVERDI RESPIMAT.....	120
ACID/CALCIUM PHOS.....	137	STROMECTOL.....	15
SORIATANE.....	242	SUBVENITE.....	41
SORINE.....	128	SUBVENITE (BLUE).....	41
SOTALOL AF.....	128	SUBVENITE (GREEN).....	41
SOTALOL HCL.....	128	SUBVENITE (ORANGE).....	41
SOTORASIB.....	78	SUCCIMER.....	165
SOTYLIZE.....	128	SUCRAID.....	148
SOVALDI.....	164	SUCRALFATE.....	112

TARINA 24 FE.....	191	TERRELL.....	160
TARINA FE.....	191	TESAMORELIN ACETATE.....	245
TARINA FE 1-20 EQ.....	191	TESSALON PERLE.....	233
TARKA.....	231	TESTOSTERONE.....	169
TASIGNA.....	84	TESTOSTERONE CYPIONATE.....	169
TASIMELTEON.....	116	TESTOSTERONE ENANTHATE.....	169
TASMAR.....	88	TETANUS AND DIPHTHERIA TOXOIDS, ADSORBED, ADULT/PF.....	106
TAVABOROLE.....	56	TETANUS AND DIPHTHERIA TOXOIDS, ADULT.....	106
TAVALISSE.....	121	TETANUS,DIPHTHERIA TOXOID PED/PF.....	106
TAVNEOS.....	218	TETRABENAZINE.....	131
TAYSOFY.....	191	TETRACAINE HCL.....	237
TAZAROTENE.....	243	TETRACAINE HCL/PF.....	154
TAZEMETOSTAT HYDROBROMIDE.....	84	TETRACYCLINE HCL.....	33
TAZTIA XT.....	124	TETRIX.....	147
TAZVERIK.....	84	TEZACAFITOR/IVACAFITOR.....	134
TBO-FILGRASTIM.....	121	THALIDOMIDE.....	215
TEDIZOLID PHOSPHATE.....	34	THALITONE.....	140
TEDUGLUTIDE.....	159	THALOMID.....	215
TEGASEROD HYDROGEN MALEATE.....	160	THEO-24.....	244
TEGSEDI.....	206	THEOPHYLLINE ANHYDROUS.....	244
TELMISARTAN.....	229	THIAMINE HCL.....	253
TELMISARTAN/AMLODIPINE BESYLATE.....	229	THIOGUANINE.....	83
TELMISARTAN/HYDROCHLOROTHIAZIDE.....	229	THIOLA.....	222
TELOTRISTAT ETIPRATE.....	156	THIOLA EC.....	222
TEMAZEPAM.....	118	THIORIDAZINE HCL.....	98
TEMIXYS.....	102	THIOTHIXENE.....	98
TEMODAR.....	84	THRIVITE RX.....	252
TEMOZOLOMIDE.....	84	THROMBI-GEL.....	138
TENCON.....	4	THROMBI-PAD.....	138
TENIVAC.....	106	THROMBIN (BOVINE).....	61
TENOFOVIR ALAFENAMIDE.....	115	THROMBIN (BOVINE)/GELATIN SPONGE,ABSORBABLE.....	136
TENOFOVIR DISOPROXIL FUMARATE.....	102	THROMBIN(BOV)/CALCIUM CHLOR/CMC/GEL,PORK/DRESSING,HEMOSTATIC 1 38	
TENORETIC 100.....	128	THROMBIN(BOV)/CALCIUM CHLOR/CME-CELL SOD/DRESSING,HEMOSTATIC.....	138
TEPMETKO.....	84	THROMBIN(HUM PLAS)/FIBRINOGEN/APROTIMIN,SYN/CALCIUM CHLORIDE.....	240
TEPOTINIB HCL.....	84		
TERAZOSIN HCL.....	127		
TERBINAFINE HCL.....	54		
TERBUTALINE SULFATE.....	120		
TERCONAZOLE.....	56		
TERIFLUNOMIDE.....	212		
TERIPARATIDE.....	226		

THROMBIN-JMI	61	TOLTERODINE TARTRATE	161
THYROGEN	139	TOLVAPTAN	141
THYROID,PORK	248	TOPICORT	29
THYTROPIN ALFA	139	TOPIRAMATE	41
TIADYLT ER	124	TOPOTECAN HCL	75
TIAGABINE HCL	41	TOREMIFENE CITRATE	149
THIAZAC	124	TORSEMIDE	139
TIBSOVO	84	TOUJEO MAX SOLOSTAR	200
TICAGRELOR	103	TOUJEO SOLOSTAR	200
TICK-BORNE ENCEPHALITIS VACCINE	111	TOVET EMOLLIENT	29
TICOVAC	111	TOVIAZ	161
TIGAN	53	TOXICOLOGY SALIVA COLLECTION	138
TIGLUTIK	130	TRACLEER	235
TILIA FE	191	TRADJENTA	50
TIMOLOL	57	TRAMADOL HCL	9
TIMOLOL MALEATE	128	TRAMADOL HCL/ACETAMINOPHEN	9
TIMOLOL MALEATE/PF	58	TRAMETINIB DIMETHYL SULFOXIDE	78
TINIDAZOLE	91	TRANDOLAPRIL	231
TIOPRONIN	222	TRANDOLAPRIL/VERAPAMIL HCL	231
TIOTROPIUM BROMIDE	36	TRANEXAMIC ACID	61
TIOTROPIUM BROMIDE/OLODATEROL HCL	36	TRANSDERM-SCOP	53
TIPRANAVIR	102	TRANXENE T-TAB	118
TIRBANIBULIN	241	TRANLYCYPROMINE SULFATE	44
TIVICAY	99	TRASTUZUMAB	74
TIVICAY PD	99	TRASTUZUMAB-ANNS	76
TIVOZANIB HCL	74	TRASTUZUMAB-DKST	79
TIZANIDINE HCL	236	TRASTUZUMAB-HYALURONIDASE-OYSK	75
TOBI	31	TRASTUZUMAB-QYYP	84
TOBI PODHALER	31	TRAVOPROST	58
TOBRADEX	19	TRAZIMERA	84
TOBRADEX ST	19	TRAZODONE HCL	47
TOBRAMYCIN	31	TRECTOR	69
TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE	31	TRELEGY ELLIPTA	133
TOBRAMYCIN/DEXAMETHASONE	19	TREMFYA	243
TOBRAMYCIN/NEBULIZER	31	TREPROSTINIL	235
TOBREX	19	TREPROSTINIL DIOLAMINE	235
TOCILIZUMAB	209	TREPROSTINIL SODIUM	235
TOFACITINIB CITRATE	212	TREPROSTINIL/NEBULIZER ACCESSORIES	235
TOLAK	84	TREPROSTINIL/NEBULIZER AND ACCESSORIES	235
TOLCAPONE	88	TRETIN-X	238
TOLMETIN SODIUM	225		

TRETINOIN.....	238	TRIMIPRAMINE MALEATE.....	48
TRETINOIN MICROSPHERES.....	238	TRINATE.....	252
TRETINOIN/EMOLLIENT BASE.....	238	TRINTELLIX.....	47
TRETEN.....	61	TRIUMEQ.....	102
TREXALL.....	84	TRIVISC.....	138
TREZIX.....	9	TRIVORA-28.....	194
TRI FEMYNOR.....	192	TRIZIVIR.....	102
TRI-ESTARYLLA.....	192	TROKENDI XR.....	41
TRI-LEGEST FE.....	192	TROPICAMIDE.....	154
TRI-LINYAH.....	192	TROSPIMUM CHLORIDE.....	161
TRI-LO-ESTARYLLA.....	192	TRUDHESA.....	3
TRI-LO-MARZIA.....	192	TRULICITY.....	50
TRI-LO-MILI.....	192	TRUMENBA.....	111
TRI-LO-SPRINTEC.....	193	TRUSELTIQ.....	85
TRI-MILI.....	193	TRUSOPT.....	58
TRI-NYMYO.....	193	TRUVADA.....	102
TRI-PREVIFEM.....	193	TUCATINIB.....	85
TRI-SPRINTEC.....	193	TUKYSA.....	85
TRI-VYLIBRA.....	193	TULANA.....	194
TRI-VYLIBRA LO.....	194	TURALIO.....	85
TRIAMCINOLONE ACETONIDE.....	168	TUXARIN ER.....	233
TRIAMCINOLONE ACETONIDE/DIMETHICONE/SILICONE, ADHESIVE.....	29	TWINRIX.....	111
TRIAMTERENE.....	140	TYBLUME.....	194
TRIAMTERENE/HYDROCHLOROTHIAZIDE.....	140	TYBOST.....	222
TRIAZOLAM.....	118	TYDEMY.....	194
TRICHLOROACETIC ACID.....	243	TYKERB.....	85
TRICLABENDAZOLE.....	15	TYLACTIN COMPLETE 15 PE.....	145
TRIDERM.....	29	TYLACTIN RESTORE 10 PE.....	145
TRIENTINE HCL.....	166	TYLACTIN RESTORE 5 PE.....	145
TRIFLUOPERAZINE HCL.....	98	TYLACTIN RTD 15 PE.....	145
TRIFLURIDINE.....	19	TYMLOS.....	226
TRIFLURIDINE/TIPIRACIL HCL.....	78	TYPHIM VI.....	111
TRihePTANOIN.....	144	TYPHOID VACC,LIVE,ATTENUATED.....	112
TRIHExYPHENIDYL HCL.....	88	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE.....	111
TRIJARDY XR.....	51	TYRVAYA.....	118
TRIKAFta.....	134	TYSABRI.....	215
TRILYTE WITH FLAVOR PACKETS.....	157	TYVASO.....	235
TRIMETHOBENZAMIDE HCL.....	54	TYVASO INSTITUTIONAL START KIT.....	235
TRIMETHOPRIM.....	16	TYVASO REFILL KIT.....	235
		TYVASO STARTER KIT.....	235

U

UBRELVY.....	68
UBROGEPANT.....	68
UCERIS.....	168
UDENYCA.....	123
UKONIQ.....	85
ULESFIA.....	23
ULIPRISTAL ACETATE.....	176
ULORIC.....	206
ULTANE.....	160
ULTRAFOAM.....	62
UMBRALISIB TOSYLATE.....	85
UMECLIDINIUM BROMIDE/VILANTEROL TRIFENATATE.....	34
UNITHROID.....	248
UPADACITINIB.....	212
UPNEEQ.....	154
UPTRAVI.....	236
UREA.....	239
URECHOLINE.....	119
URETRON D-S.....	16
URIDINE TRIACETATE.....	222
URIMAR-T.....	16
URO-MP.....	16
UROCIT-K.....	142
UROGESIC-BLUE.....	16
UROQID-ACID NO.2.....	16
UROXATRAL.....	3
URSO FORTE.....	157
URSODIOL.....	158
URYL.....	16
USTEKINUMAB.....	243
USTELL.....	17

V

VACCINE ADJUVANT SYSTEM, AS01B/PF, COMPONENT VIAL 1 OF 2.....	228
VALACYCLOVIR HCL.....	115
VALBENZAZINE TOSYLATE.....	131
VALCHLOR.....	85

VALCYTE.....	115
VALGANCICLOVIR HCL.....	115
VALPROIC ACID.....	42
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM).....	42
VALSARTAN.....	229
VALSARTAN/HYDROCHLOROTHIAZIDE.....	230
VALTOCO.....	118
VANATOL LQ.....	4
VANCOCIN HCL.....	33
VANCOMYCIN HCL.....	33
VANDAZOLE.....	21
VANDETANIB.....	72
VANTAS.....	164
VAQTA.....	111
VARDENAFIL HCL.....	250
VARENICLINE TARTRATE.....	118
VARIBAR NECTAR.....	139
VARIBAR PUDDING.....	139
VARICELLA VIRUS VACCINE LIVE/PF.....	111
VARICELLA-ZOSTER VIRUS GLYCOPROTEIN E,REC,COMPONENT 2 OF 2.....	111
VARICELLA-ZOSTER VIRUS GLYCOPROTEIN E,REC/AS01B ADJUVANT/PF.....	111
VARIVAX VACCINE.....	111
VARUBI.....	54
VASCEPA.....	64
VASELINE WHITE PETROLEUM.....	147
VASOTEC.....	231
VAXCHORA ACTIVE COMPONENT.....	111
VAXCHORA BUFFER COMPONENT.....	228
VAXCHORA VACCINE.....	111
VAXELIS.....	106
VAXNEUVANCE.....	111
VECAMEYL.....	200
VEDOLIZUMAB.....	158
VELAGLUCERASE ALFA.....	149
VELETRI.....	236
VELIVET.....	194
VELPHORO.....	202
VELTASSA.....	202

WERA.....	195
WESTHROID.....	248
WILATE.....	62
WILZIN.....	166
WIXELA INHUB.....	133
WYMZYA FE.....	196

X

XADAGO.....	90
XALKORI.....	86
XARELTO.....	37
XATMEP.....	86
XCLAIR.....	138
XCOPRI.....	42
XELJANZ.....	212
XELJANZ XR.....	212
XELODA.....	86
XELPROS.....	58
XEMBIFY.....	106
XENAZINE.....	131
XENICAL.....	159
XENLETA.....	34
XEPI.....	21
XERMELO.....	156
XGEVA.....	207
XIAFLEX.....	149
XIFAXAN.....	34
XIGDUO XR.....	51
XIIDRA.....	24
XOFLUZA.....	114
XOLAIR.....	234
XOPENEX.....	120
XOPENEX CONCENTRATE.....	121
XOSPATA.....	86
XPOVIO.....	87
XTAMPZA ER.....	10
XTANDI.....	87
XULANE.....	196
XULTOPHY 100-3.6.....	200
XURIDEN.....	222
XYNTHA.....	62

XYNTHA SOLOFUSE.....	62
XYOSTED.....	169
XYREM.....	130
XYWAV.....	130
XYZAL.....	62

Y

YELLOW FEVER VACCINE LIVE/PF.....	112
YF-VAX.....	112
YOHIMBINE HCL.....	248
YONSA.....	87
YUVAFEM.....	152

Z

ZAFEMY.....	196
ZAFIRLUKAST.....	26
ZALEPLON.....	116
ZANAMIVIR.....	114
ZANUBRUTINIB.....	72
ZARAH.....	196
ZARONTIN.....	43
ZARXIO.....	123
ZAVESCA.....	222
ZEBUTAL.....	4
ZEGALOGUE AUTOINJECTOR.....	63
ZEGALOGUE SYRINGE.....	63
ZEJULA.....	87
ZELAPAR.....	90
ZELBORAF.....	87
ZELNORM.....	160
ZEMAIRA.....	234
ZEMPLAR.....	254
ZENATANE.....	244
ZENPEP.....	158
ZENZEDI.....	13
ZEPATIER.....	165
ZETONNA.....	24
ZIAGEN.....	102
ZIDOVUDINE.....	102
ZIEXTENZO.....	123
ZILEUTON.....	26

ZILXI.....	22
ZINC ACETATE.....	166
ZINC OXIDE.....	147
ZIPRASIDONE HCL.....	97
ZIPRASIDONE MESYLATE.....	97
ZIRABEV.....	87
ZIRGAN.....	19
ZITHROMAX.....	204
ZITHROMAX TRI-PAK.....	204
ZOFRAN.....	53
ZOKINVY.....	222
ZOLADEX.....	164
ZOLEDRONIC ACID.....	207
ZOLEDRONIC ACID IN MANNITOL AND 0.9 % SODIUM CHLORIDE.....	207
ZOLEDRONIC ACID IN MANNITOL AND WATER FOR INJECTION.....	207
ZOLINZA.....	87
ZOLMITRIPTAN.....	69
ZOLPIDEM TARTRATE.....	116
ZOMIG.....	69
ZONALON.....	238
ZONISAMIDE.....	42
ZONTIVITY.....	103
ZORBTIVE.....	197
ZORTRESS.....	218
ZOVIA 1-35.....	196
ZOVIA 1-35E.....	196
ZUBSOLV.....	11
ZUMANDIMINE.....	197
ZYDELIG.....	87
ZYFLO.....	26
ZYKADIA.....	88
ZYLOPRIM.....	206
ZYMAXID.....	19
ZYPREXA RELPREVV.....	97
ZYPREXA ZYDIS.....	98
ZYTIGA.....	88
ZYVOX.....	34