



## Community Care Plan Florida Healthy Kids

# Preferred Drug List

Effective January 1, 2023

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

TIER		DESCRIPTION
<b>P</b>	Preferred	
<b>EXCL</b>	Medical Benefit Drugs	
TYPE		DESCRIPTION
<b>QL</b>	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
<b>ST</b>	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.
<b>GL</b>	Gender Limit	This prescription drug is restricted for a single gender.
<b>AL</b>	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
<b>SPC</b>	Specialty Choice	These Specialty medications are available at Magellan Specialty Pharmacy, Memorial Pharmacy, or BHMC Out Patient Pharmacy.
<b>MED</b>	Medical Drug	This medication is not on our drug list. Click on the THERAPEUTIC CLASS or sub class to find covered alternative medications. If you have questions, please contact member services.
<b>PR</b>	Preventive Medication	Preventive health drugs can help prevent, treat, and manage several health concerns that can lead to serious illness or complications in the future. The copays for these products may vary so check with your plan for further information.
<b>HCR</b>	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	There is a restriction on the amount of this drug that is covered per day.
B4G	Brand For Generic	Brand products that would bypass the DAW penalty. The strategy prefers brands over generics.
NFD	Non-FDA Approved	Non-FDA Approved.
BSP	Benefit Shift Program	Benefit Shift Program.
SBA	Select Brand Alternative	Select Brand Alternative
FI1	Formulary Indicator 1	Formulary Indicator 1

## LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
CAFERGOT TABLET <i>ergotamine tartrate/caffeine</i>	P	SBA Select Brand Alternative
<i>dihydroergotamine 1 mg/ml amp</i>	99	ME Medical Drug
<i>dihydroergotamine 4 mg/ml spry</i>	P	QL 8 / 30 days PA
<i>dihydroergotamine mesylate pwd</i>	P	
<i>dihydroergotamine powder</i>	P	
<i>ergoloid mesylates 1 mg tab</i>	P	F11 Formulary Indicator 1
<i>ergoloid mesylates powder</i>	P	
ERGOMAR 2 MG TABLET SL <i>ergotamine tartrate</i>	P	
<i>ergotamine tartrate powder</i>	P	
<i>ergotamine-caffeine 1-100mg tb</i>	P	
<i>methysergide maleate 100% pwd</i>	P	
<i>phenoxybenzamine hcl powder</i>	P	
<i>phentolamine mesylate powder</i>	P	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl er 10 mg tablet</i>	P	GL Male QPD 1 per day
RAPAFLO 4 MG CAPSULE <i>silodosin</i>	P	GL Male QPD 1 per day SBA Select Brand Alternative
RAPAFLO 8 MG CAPSULE <i>silodosin</i>	P	GL Male QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>silodosin 4 mg capsule</i>	P	<span>GL</span> Male <span>QPD</span> 1 per day <span>F11</span> Formulary Indicator 1
<i>silodosin 8 mg capsule</i>	P	<span>GL</span> Male <span>QPD</span> 1 per day <span>F11</span> Formulary Indicator 1
<i>tamsulosin hcl 0.4 mg capsule</i>	P	<span>QPD</span> 2 per day <span>F11</span> Formulary Indicator 1
UROXATRAL 10 MG TABLET <i>alfuzosin hcl</i>	P	<span>GL</span> Male <span>QPD</span> 1 per day <span>SBA</span> Select Brand Alternative
<b>ANALGESICS AND ANTIPYRETICS</b>		
<b>ANALGESICS AND ANTIPYRETICS, MISC.</b>		
<i>acetaminophen powder</i>	P	
<i>antipyrine crystals</i>	P	
BUPAP 50 MG-300 MG TABLET <i>butalbital/acetaminophen</i>	P	<span>QPD</span> 6 per day
<i>butalb-acetamin-caff 50-300-40</i>	P	<span>QPD</span> 6 per day
<i>butalb-acetamin-caff 50-325-40</i>	P	<span>QPD</span> 6 per day
<i>butalb-acetamin-caff 50-325-40</i>	P	<span>QPD</span> 6 per day
<i>butalbital-acetaminophn 25-325</i>	P	<span>QPD</span> 12 per day
<i>butalbital-acetaminophn 50-325</i>	P	<span>QPD</span> 6 per day
ESGIC 50-325-40 MG TABLET <i>butalbital/acetaminophen/caffeine</i>	P	<span>QPD</span> 6 per day <span>SBA</span> Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GRALISE 300-600 MG SAMPLE PACK <i>gabapentin</i>	P	ST
GRALISE ER 300 MG TABLET <i>gabapentin</i>	P	ST QPD 1 per day
GRALISE ER 600 MG TABLET <i>gabapentin</i>	P	ST QPD 3 per day
<i>pregabalin er 165 mg tablet</i>	P	PA QPD 3 per day
<i>pregabalin er 330 mg tablet</i>	P	PA QPD 2 per day
<i>pregabalin er 82.5 mg tablet</i>	P	PA QPD 3 per day
TENCON 50-325 MG TABLET <i>butalbital/acetaminophen</i>	P	QPD 6 per day
<i>thiosalicylic acid sodium powd</i>	P	
VANATOL LQ ORAL SOLUTION <i>butalbital/acetaminophen/caffeine</i>	P	
VTOL LQ 50-325-40 MG/15 ML SOL <i>butalbital/acetaminophen/caffeine</i>	P	
ZEBUTAL 50-325-40 MG CAPSULE <i>butalbital/acetaminophen/caffeine</i>	P	QPD 6 per day
<b>OPIATE AGONISTS</b>		
<i>acetamin-codein 300-30 mg/12.5</i>	P	AL At least 12 yrs old QPD 139 per day
<i>acetaminop-codeine 120-12 mg/5</i>	P	AL At least 12 yrs old QPD 140 per day
<i>acetaminophen-cod #2 tablet</i>	P	AL At least 12 yrs old QPD 22 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acetaminophen-cod #3 tablet</i>	P	AL At least 12 yrs old QPD 12 per day
<i>acetaminophen-cod #4 tablet</i>	P	AL At least 12 yrs old QPD 6 per day
<i>acetamn-caf-dihydrcodein 320.5</i>	P	AL At least 12 yrs old QPD 10 per day
ACTIQ 1,200 MCG LOZENGE <i>fentanyl citrate</i>	P	AL At least 16 yrs old PA QPD 4 per day SBA Select Brand Alternative
ACTIQ 1,600 MCG LOZENGE <i>fentanyl citrate</i>	P	AL At least 16 yrs old PA QPD 4 per day SBA Select Brand Alternative
ACTIQ 200 MCG LOZENGE <i>fentanyl citrate</i>	P	AL At least 16 yrs old PA QPD 4 per day SBA Select Brand Alternative
ACTIQ 400 MCG LOZENGE <i>fentanyl citrate</i>	P	AL At least 16 yrs old PA QPD 4 per day SBA Select Brand Alternative
ACTIQ 600 MCG LOZENGE <i>fentanyl citrate</i>	P	AL At least 16 yrs old PA QPD 4 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTIQ 800 MCG LOZENGE <i>fentanyl citrate</i>	P	AL At least 16 yrs old PA QPD 4 per day SBA Select Brand Alternative
<i>asa-butalb-caff-cod #3 capsule</i>	P	AL At least 18 yrs old QPD 6 per day
ASCOMP WITH CODEINE CAPSULE <i>codeine phosphate/butalbital/aspirin/caffeine</i>	P	AL At least 18 yrs old QPD 6 per day
<i>belladonna-opium 16.2-60 supp</i>	P	QPD 1 per day
<i>butalb-acetamin-caf-cod 50-325</i>	P	QPD 6 per day
<i>butalbital comp-codeine #3 cap</i>	P	AL At least 18 yrs old QPD 6 per day
<i>codeine phosphate powder</i>	P	
<i>codeine sulfate 15 mg tablet</i>	P	AL At least 18 yrs old QPD 6 per day
<i>codeine sulfate 30 mg tablet</i>	P	AL At least 18 yrs old QPD 6 per day
<i>codeine sulfate 60 mg tablet</i>	P	AL At least 18 yrs old QPD 6 per day
DEMEROL 75 MG/ML CARPUJECT <i>meperidine hcl/pf</i>	P	AL At least 18 yrs old QPD 7 per day
<i>dihydrocodeine bitartrate powd</i>	P	
ENDOCET 10-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	P	AL At least 18 yrs old QPD 12 per day
ENDOCET 2.5-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	P	AL At least 18 yrs old QPD 12 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENDOCET 5-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	P	AL At least 18 yrs old QPD 12 per day
ENDOCET 7.5-325 MG TABLET <i>oxycodone hcl/acetaminophen</i>	P	AL At least 18 yrs old QPD 12 per day
<i>fentanyl 100 mcg/hr patch</i>	P	PA QPD 0.5 per day
<i>fentanyl 12 mcg/hr patch</i>	P	PA QPD 0.5 per day
<i>fentanyl 25 mcg/hr patch</i>	P	PA QPD 0.5 per day
<i>fentanyl 37.5 mcg/hr patch</i>	P	PA QPD 0.5 per day
<i>fentanyl 50 mcg/hr patch</i>	P	PA QPD 0.5 per day
<i>fentanyl 62.5 mcg/hr patch</i>	P	PA QPD 0.5 per day
<i>fentanyl 75 mcg/hr patch</i>	P	PA QPD 0.5 per day
<i>fentanyl 87.5 mcg/hr patch</i>	P	PA QPD 0.5 per day
<i>fentanyl cit otc 1,200 mcg</i>	P	AL At least 16 yrs old PA QPD 4 per day
<i>fentanyl cit otc 1,600 mcg</i>	P	AL At least 16 yrs old PA QPD 4 per day
<i>fentanyl citrate otc 200 mcg</i>	P	AL At least 16 yrs old PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl citrate otc 400 mcg</i>	P	AL At least 16 yrs old PA QPD 4 per day
<i>fentanyl citrate otc 600 mcg</i>	P	AL At least 16 yrs old PA QPD 4 per day
<i>fentanyl citrate otc 800 mcg</i>	P	AL At least 16 yrs old PA QPD 4 per day
<i>fentanyl citrate powder</i>	P	
<i>hydrocodone bitartrate crystal</i>	P	
<i>hydrocodone bitartrate powder</i>	P	
<i>hydrocodone er 10 mg capsule</i>	P	PA QPD 2 per day
<i>hydrocodone er 100 mg tablet</i>	P	PA QPD 1 per day
<i>hydrocodone er 120 mg tablet</i>	P	PA QPD 1 per day
<i>hydrocodone er 15 mg capsule</i>	P	PA QPD 2 per day
<i>hydrocodone er 20 mg capsule</i>	P	PA QPD 2 per day
<i>hydrocodone er 20 mg tablet</i>	P	PA QPD 1 per day
<i>hydrocodone er 30 mg capsule</i>	P	PA QPD 2 per day
<i>hydrocodone er 30 mg tablet</i>	P	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone er 40 mg capsule</i>	P	PA QPD 2 per day
<i>hydrocodone er 40 mg tablet</i>	P	PA QPD 1 per day
<i>hydrocodone er 50 mg capsule</i>	P	PA QPD 2 per day
<i>hydrocodone er 60 mg tablet</i>	P	PA QPD 1 per day
<i>hydrocodone er 80 mg tablet</i>	P	PA QPD 1 per day
<i>hydrocodone-acetamin 10-300 mg</i>	P	AL At least 18 yrs old QPD 13 per day
<i>hydrocodone-acetamin 10-325 mg</i>	P	AL At least 18 yrs old QPD 12 per day
<i>hydrocodone-acetamin 10-325/15</i>	P	AL At least 2 yrs old QPD 90 per day
<i>hydrocodone-acetamin 2.5-108/5</i>	P	AL At least 2 yrs old QPD 90 per day
<i>hydrocodone-acetamin 2.5-325</i>	P	AL At least 18 yrs old QPD 20 per day
<i>hydrocodone-acetamin 5-217/10</i>	P	AL At least 2 yrs old QPD 90 per day
<i>hydrocodone-acetamin 5-300 mg</i>	P	AL At least 18 yrs old QPD 13 per day
<i>hydrocodone-acetamin 5-325 mg</i>	P	AL At least 18 yrs old QPD 12 per day
<i>hydrocodone-acetamin 7.5-300</i>	P	AL At least 18 yrs old QPD 13 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetamin 7.5-325</i>	P	AL At least 18 yrs old QPD 12 per day
<i>hydrocodone-acetamn 7.5-325/15</i>	P	AL At least 2 yrs old QPD 90 per day
<i>hydrocodone-ibuprofen 10-200</i>	P	AL At least 16 yrs old QPD 5 per day
<i>hydrocodone-ibuprofen 5-200 mg</i>	P	AL At least 16 yrs old QPD 6 per day
<i>hydrocodone-ibuprofen 7.5-200</i>	P	AL At least 16 yrs old QPD 5 per day
<i>hydromorphone 1 mg/ml solution</i>	P	AL At least 18 yrs old QPD 13 per day
<i>hydromorphone 2 mg tablet</i>	P	AL At least 18 yrs old QPD 6 per day
<i>hydromorphone 4 mg tablet</i>	P	AL At least 18 yrs old QPD 6 per day
<i>hydromorphone 5 mg/5 ml soln</i>	P	AL At least 18 yrs old QPD 13 per day
<i>hydromorphone 8 mg tablet</i>	P	AL At least 18 yrs old QPD 6 per day
<i>hydromorphone hcl er 12 mg tab</i>	P	PA QPD 2 per day
<i>hydromorphone hcl er 16 mg tab</i>	P	PA QPD 2 per day
<i>hydromorphone hcl er 32 mg tab</i>	P	PA QPD 2 per day
<i>hydromorphone hcl er 8 mg tab</i>	P	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl powder</i>	P	
<i>levorphanol tartrate powder</i>	P	AL At least 18 yrs old
LORTAB 10 MG-300 MG/15 ML ELXR <i>hydrocodone bitartrate/acetaminophen</i>	P	AL At least 2 yrs old QPD 67.5 per day
<i>meperidine 50 mg tablet</i>	P	AL At least 18 yrs old QPD 10 per day
<i>meperidine 50 mg/5 ml solution</i>	P	AL At least 18 yrs old QPD 50 per day
<i>meperidine hcl powder</i>	P	AL At least 18 yrs old
<i>methadone 10 mg/5 ml solution</i>	P	PA QPD 8 per day
<i>methadone 10 mg/ml oral conc</i>	P	PA QPD 2 per day
<i>methadone 5 mg/5 ml solution</i>	P	PA QPD 18 per day
<i>methadone hcl 10 mg tablet</i>	P	PA QPD 3 per day
<i>methadone hcl 10 mg/ml syringe</i>	99	ME Medical Drug
<i>methadone hcl 5 mg tablet</i>	P	PA QPD 3 per day
<i>methadone hcl powder</i>	P	
METHADONE INTENSOL 10 MG/ML <i>methadone hcl</i>	P	PA QPD 2 per day
METHADOSE 10 MG/ML ORAL CONC <i>methadone hcl</i>	P	PA QPD 2 per day
<i>morphine 1 mg/2 ml syringe</i>	99	ME Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine 1 mg/ml-0.9% nacl syr</i>	99	ME Medical Drug
<i>morphine 10 mg/0.7 ml auto-inj</i>	99	ME Medical Drug
<i>morphine 10 mg/10 ml vial</i>	99	ME Medical Drug
<i>morphine 10 mg/ml carpject</i>	99	ME Medical Drug
<i>morphine 10 mg/ml syringe</i>	99	ME Medical Drug
<i>morphine 100 mg/10 ml vial</i>	99	ME Medical Drug
<i>morphine 100mg/100ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 100mg/100ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 150 mg/30 ml-0.9%nacl</i>	99	ME Medical Drug
<i>morphine 150 mg/30 ml-0.9%nacl</i>	99	ME Medical Drug
<i>morphine 2 mg/2 ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 2 mg/2 ml-nacl syring</i>	99	ME Medical Drug
<i>morphine 2 mg/ml carpject</i>	99	ME Medical Drug
<i>morphine 2 mg/ml syringe</i>	99	ME Medical Drug
<i>morphine 250 mg/50ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 275 mg/55 ml-0.9%nacl</i>	99	ME Medical Drug
<i>morphine 30 mg/30 ml pca vial</i>	99	ME Medical Drug
<i>morphine 30 mg/30 ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 4 mg/ml carpject</i>	99	ME Medical Drug
<i>morphine 4 mg/ml syringe</i>	99	ME Medical Drug
<i>morphine 5 mg/10 ml vial</i>	99	ME Medical Drug
<i>morphine 5 mg/ml syringe</i>	99	ME Medical Drug
<i>morphine 50 mg/50 ml-0.9% nacl</i>	99	ME Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine 50 mg/50 ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 50 mg/50 ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 50 mg/50 ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 50 mg/50 ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 50 mg/50 ml-nacl syrg</i>	99	ME Medical Drug
<i>morphine 500mg/100ml-0.9% nacl</i>	99	ME Medical Drug
<i>morphine 8 mg/ml carpject</i>	99	ME Medical Drug
<i>morphine 8 mg/ml syringe</i>	99	ME Medical Drug
<i>morphine sulf 10 mg suppos</i>	P	QPD 5 per day
<i>morphine sulf 10 mg/5 ml soln</i>	P	QPD 25 per day
<i>morphine sulf 100 mg/5 ml conc</i>	P	QPD 3 per day
<i>morphine sulf 20 mg/5 ml soln</i>	P	QPD 13 per day
<i>morphine sulf er 100 mg tablet</i>	P	PA QPD 3 per day
<i>morphine sulf er 15 mg tablet</i>	P	PA QPD 3 per day
<i>morphine sulf er 200 mg tablet</i>	P	PA QPD 3 per day
<i>morphine sulf er 30 mg tablet</i>	P	PA QPD 3 per day
<i>morphine sulf er 60 mg tablet</i>	P	PA QPD 3 per day
<i>morphine sulf ate 10 mg/ml vial</i>	99	ME Medical Drug
<i>morphine sulf ate 4 mg/ml vial</i>	99	ME Medical Drug
<i>morphine sulf ate 8 mg/ml vial</i>	99	ME Medical Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er 10 mg cap</i>	P	PA QPD 2 per day
<i>morphine sulfate er 100 mg cap</i>	P	PA QPD 2 per day
<i>morphine sulfate er 120 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 20 mg cap</i>	P	PA QPD 2 per day
<i>morphine sulfate er 30 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 30 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 40 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 45 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 50 mg cap</i>	P	PA QPD 2 per day
<i>morphine sulfate er 60 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 60 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 75 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 80 mg cap</i>	P	PA QPD 1 per day
<i>morphine sulfate er 90 mg cap</i>	P	PA QPD 1 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate ir 15 mg tab</i>	P	QPD 3 per day
<i>morphine sulfate ir 30 mg tab</i>	P	QPD 2 per day
<i>morphine sulfate powder</i>	P	
<i>oxycodone hcl (ir) 10 mg tab</i>	P	AL At least 18 yrs old QPD 8 per day
<i>oxycodone hcl (ir) 15 mg tab</i>	P	AL At least 18 yrs old QPD 8 per day
<i>oxycodone hcl (ir) 20 mg tab</i>	P	AL At least 18 yrs old QPD 8 per day
<i>oxycodone hcl (ir) 30 mg tab</i>	P	AL At least 18 yrs old QPD 8 per day
<i>oxycodone hcl (ir) 5 mg cap</i>	P	AL At least 18 yrs old QPD 8 per day
<i>oxycodone hcl (ir) 5 mg tablet</i>	P	AL At least 18 yrs old QPD 8 per day
<i>oxycodone hcl 100 mg/5 ml conc</i>	P	QPD 2 per day
<i>oxycodone hcl 5 mg/5 ml soln</i>	P	QPD 33 per day
<i>oxycodone-acetaminophen 10-325</i>	P	AL At least 18 yrs old QPD 12 per day
<i>oxycodone-acetaminophen 5-325</i>	P	AL At least 18 yrs old QPD 12 per day
<i>oxycodone-acetaminophn 2.5-325</i>	P	AL At least 18 yrs old QPD 12 per day
<i>oxycodone-acetaminophn 5-325/5</i>	P	AL At least 18 yrs old QPD 60.0 per day
<i>oxycodone-acetaminophn 7.5-325</i>	P	AL At least 18 yrs old QPD 12 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone-aspirin 4.8355-325</i>	P	AL At least 18 yrs old QPD 7 per day
<i>oxymorphone hcl 10 mg tablet</i>	P	AL At least 18 yrs old QPD 12 per day
<i>oxymorphone hcl 5 mg tablet</i>	P	AL At least 18 yrs old QPD 12 per day
<i>oxymorphone hcl er 10 mg tab</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>oxymorphone hcl er 15 mg tab</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>oxymorphone hcl er 20 mg tab</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>oxymorphone hcl er 30 mg tab</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>oxymorphone hcl er 40 mg tab</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>oxymorphone hcl er 5 mg tablet</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>oxymorphone hcl er 7.5 mg tab</i>	P	AL At least 18 yrs old PA QPD 2 per day
PROLATE 10 MG-300 MG/5 ML SOLN <i>oxycodone hcl/acetaminophen</i>	P	AL At least 18 yrs old QPD 30 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sufentanil citrate powder</i>	P	
<i>tramadol er 100 mg tablet</i>	P	AL At least 18 yrs old PA QPD 1 per day
<i>tramadol er 200 mg tablet</i>	P	AL At least 18 yrs old PA QPD 1 per day
<i>tramadol er 300 mg tablet</i>	P	AL At least 18 yrs old PA QPD 1 per day
<i>tramadol hcl 100 mg tablet</i>	P	AL At least 18 yrs old QPD 4 per day
<i>tramadol hcl 50 mg tablet</i>	P	AL At least 18 yrs old QPD 8 per day
<i>tramadol hcl er 100 mg tablet</i>	P	AL At least 18 yrs old PA QPD 1 per day
<i>tramadol hcl er 200 mg tablet</i>	P	AL At least 18 yrs old PA QPD 1 per day
<i>tramadol hcl er 300 mg tablet</i>	P	AL At least 18 yrs old PA QPD 1 per day
<i>tramadol hcl powder</i>	P	
<i>tramadol-acetaminophn 37.5-325</i>	P	AL At least 18 yrs old QPD 8 per day
TREZIX 320.5-30-16 MG CAPSULE <i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	P	AL At least 12 yrs old QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTAMPZA ER 13.5 MG CAPSULE <i>oxycodone myristate</i>	P	PA QPD 2 per day
XTAMPZA ER 18 MG CAPSULE <i>oxycodone myristate</i>	P	PA QPD 2 per day
XTAMPZA ER 27 MG CAPSULE <i>oxycodone myristate</i>	P	PA QPD 2 per day
XTAMPZA ER 36 MG CAPSULE <i>oxycodone myristate</i>	P	PA QPD 2 per day
XTAMPZA ER 9 MG CAPSULE <i>oxycodone myristate</i>	P	PA QPD 2 per day
<b>OPIATE PARTIAL AGONISTS</b>		
BELBUCA 150 MCG FILM <i>buprenorphine hcl</i>	P	AL At least 18 yrs old PA QPD 2 per day
BELBUCA 300 MCG FILM <i>buprenorphine hcl</i>	P	AL At least 18 yrs old PA QPD 2 per day
BELBUCA 450 MCG FILM <i>buprenorphine hcl</i>	P	AL At least 18 yrs old PA QPD 2 per day
BELBUCA 600 MCG FILM <i>buprenorphine hcl</i>	P	AL At least 18 yrs old PA QPD 2 per day
BELBUCA 75 MCG FILM <i>buprenorphine hcl</i>	P	AL At least 18 yrs old PA QPD 2 per day
BELBUCA 750 MCG FILM <i>buprenorphine hcl</i>	P	AL At least 18 yrs old PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BELBUCA 900 MCG FILM <i>buprenorphine hcl</i>	P	AL At least 18 yrs old PA QPD 2 per day
BUNAVAIL 2.1-0.3 MG FILM <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 3 per day
BUNAVAIL 4.2-0.7 MG FILM <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 2 per day
BUNAVAIL 6.3-1 MG FILM <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 3 per day
<i>buprenorphine 0.3 mg/ml crpjct</i>	P	QPD 17 per day
<i>buprenorphine 10 mcg/hr patch</i>	P	PA QPD 0.144 per day
<i>buprenorphine 15 mcg/hr patch</i>	P	PA QPD 0.144 per day
<i>buprenorphine 150 mcg film</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>buprenorphine 2 mg tablet sl</i>	P	PA QPD 3 per day
<i>buprenorphine 20 mcg/hr patch</i>	P	PA QPD 0.144 per day
<i>buprenorphine 300 mcg film</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>buprenorphine 450 mcg film</i>	P	AL At least 18 yrs old PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine 5 mcg/hr patch</i>	P	PA QPD 0.144 per day
<i>buprenorphine 600 mcg film</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>buprenorphine 7.5 mcg/hr patch</i>	P	PA QPD 0.144 per day
<i>buprenorphine 75 mcg film</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>buprenorphine 750 mcg film</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>buprenorphine 8 mg tablet sl</i>	P	PA QPD 3 per day
<i>buprenorphine 900 mcg film</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>buprenorphine hcl powder</i>	P	
<i>buprenorphine-nalox 12-3mg film</i>	P	PA QPD 2 per day
<i>buprenorphine-nalox 2-0.5mg fm</i>	P	PA QPD 3 per day
<i>buprenorphine-nalox 2-0.5mg tb</i>	P	PA QPD 3 per day
<i>buprenorphine-nalox 4-1mg film</i>	P	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine-nalox 8-2 mg tab</i>	P	PA QPD 3 per day
<i>buprenorphine-nalox 8-2mg film</i>	P	PA QPD 3 per day
<i>butorphanol 10 mg/ml spray</i>	P	AL At least 18 yrs old QPD 0.3 per day
<i>butorphanol tartrate powder</i>	P	AL At least 18 yrs old
<i>nalbuphine 10 mg/ml ampul</i>	P	QPD 5 per day BSP BENEFIT SHIFT PROGRAM
<i>nalbuphine 100 mg/10 ml vial</i>	P	QPD 5 per day BSP BENEFIT SHIFT PROGRAM
<i>nalbuphine 20 mg/ml ampul</i>	P	QPD 3 per day BSP BENEFIT SHIFT PROGRAM
<i>nalbuphine 200 mg/10 ml vial</i>	P	QPD 3 per day BSP BENEFIT SHIFT PROGRAM
<i>nalbuphine hcl powder</i>	P	
<i>pentazocine-naloxone tablet</i>	P	AL At least 12 yrs old QPD 12 per day
ZUBSOLV 0.7-0.18 MG TABLET SL <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 3 per day
ZUBSOLV 1.4-0.36 MG TABLET SL <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 3 per day
ZUBSOLV 11.4-2.9 MG TABLET SL <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZUBSOLV 2.9-0.71 MG TABLET SL <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 3 per day
ZUBSOLV 5.7-1.4 MG TABLET SL <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 3 per day
ZUBSOLV 8.6-2.1 MG TABLET SL <i>buprenorphine hcl/naloxone hcl</i>	P	PA QPD 3 per day
<b>ANOREXIGENIC AGENTS</b>		
<b>AMPHETAMINE DERIVATIVES</b>		
<i>diethylpropion hcl powder</i>	P	
<i>phentermine hcl powder</i>	P	
<b>ANOREXIGENIC AGENTS, MISCELLANEOUS</b>		
IMCIVREE 10 MG/ML VIAL <i>setmelanotide acetate</i>	P	SPC PA QPD 0.3 per day
<b>ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine er 1.25 mg/ml susp</i>	P	ST QPD 15 per day
<i>amphetamine sulfate 10 mg tab</i>	P	QPD 6 per day
<i>amphetamine sulfate 5 mg tab</i>	P	QPD 6 per day
DEXEDRINE SPANSULE 10 MG <i>dextroamphetamine sulfate</i>	P	ST QPD 5 per day
DEXEDRINE SPANSULE 15 MG <i>dextroamphetamine sulfate</i>	P	ST QPD 4 per day
DEXEDRINE SPANSULE 5 MG <i>dextroamphetamine sulfate</i>	P	ST QPD 2 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamp-amphet er 10 mg cap</i>	P	QPD 2 per day
<i>dextroamp-amphet er 15 mg cap</i>	P	QPD 2 per day
<i>dextroamp-amphet er 20 mg cap</i>	P	QPD 2 per day
<i>dextroamp-amphet er 25 mg cap</i>	P	QPD 2 per day
<i>dextroamp-amphet er 30 mg cap</i>	P	QPD 2 per day
<i>dextroamp-amphet er 5 mg cap</i>	P	QPD 2 per day
<i>dextroamp-amphetam 12.5 mg tab</i>	P	QPD 3 per day
<i>dextroamp-amphetam 7.5 mg tab</i>	P	QPD 3 per day
<i>dextroamp-amphetamin 10 mg tab</i>	P	QPD 3 per day
<i>dextroamp-amphetamin 15 mg tab</i>	P	QPD 3 per day
<i>dextroamp-amphetamin 20 mg tab</i>	P	QPD 3 per day
<i>dextroamp-amphetamin 30 mg tab</i>	P	QPD 2 per day
<i>dextroamp-amphetamine 5 mg tab</i>	P	QPD 3 per day
<i>dextroamphetamine 10 mg tab</i>	P	QPD 6 per day
<i>dextroamphetamine 15 mg tab</i>	P	QPD 2 per day
<i>dextroamphetamine 20 mg tab</i>	P	QPD 3 per day
<i>dextroamphetamine 30 mg tab</i>	P	QPD 2 per day
<i>dextroamphetamine 5 mg tab</i>	P	QPD 2 per day
<i>dextroamphetamine 5 mg/5 ml</i>	P	QPD 60 per day
<i>dextroamphetamine er 10 mg cap</i>	P	QPD 5 per day
<i>dextroamphetamine er 15 mg cap</i>	P	QPD 4 per day
<i>dextroamphetamine er 5 mg cap</i>	P	QPD 2 per day
DYANAVEL XR 10 MG TABLET <i>amphetamine</i>	P	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DYANAVEL XR 15 MG TABLET <i>amphetamine</i>	P	ST QPD 1 per day
DYANAVEL XR 20 MG TABLET <i>amphetamine</i>	P	ST QPD 1 per day
DYANAVEL XR 5 MG TABLET <i>amphetamine</i>	P	ST QPD 1 per day
<i>methamphetamine 5 mg tablet</i>	P	QPD 5 per day
PROCENTRA 5 MG/5 ML SOLUTION <i>dextroamphetamine sulfate</i>	P	ST QPD 60 per day
VYVANSE 10 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 10 MG CHEWABLE TABLET <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 20 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 20 MG CHEWABLE TABLET <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 30 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 30 MG CHEWABLE TABLET <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 40 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 40 MG CHEWABLE TABLET <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 50 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 50 MG CHEWABLE TABLET <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYVANSE 60 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 60 MG CHEWABLE TABLET <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
VYVANSE 70 MG CAPSULE <i>lisdexamfetamine dimesylate</i>	P	QPD 1 per day
ANOREXIGENIC AGENTS AND STIMULANTS, MISC		
<i>meclofenoxate hcl powder</i>	P	
RESPIRATORY AND CNS STIMULANTS		
APTENSIO XR 10 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
APTENSIO XR 15 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
APTENSIO XR 20 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
APTENSIO XR 30 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
APTENSIO XR 40 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
APTENSIO XR 50 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
APTENSIO XR 60 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
AZSTARYS 26.1 MG-5.2 MG CAP <i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>	P	ST QPD 1 per day
AZSTARYS 39.2 MG-7.8 MG CAP <i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>	P	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AZSTARYS 52.3 MG-10.4 MG CAP <i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>	P	ST QPD 1 per day
<i>caffeine citrate powder</i>	P	
<i>caffeine powder</i>	P	
<i>dexmethylphenidate 10 mg tab</i>	P	QPD 2 per day
<i>dexmethylphenidate 2.5 mg tab</i>	P	QPD 3 per day
<i>dexmethylphenidate 5 mg tab</i>	P	QPD 3 per day
<i>dexmethylphenidate er 10 mg cp</i>	P	QPD 1 per day
<i>dexmethylphenidate er 15 mg cp</i>	P	QPD 1 per day
<i>dexmethylphenidate er 20 mg cp</i>	P	QPD 2 per day
<i>dexmethylphenidate er 25 mg cp</i>	P	QPD 1 per day
<i>dexmethylphenidate er 30 mg cp</i>	P	QPD 1 per day
<i>dexmethylphenidate er 35 mg cp</i>	P	QPD 1 per day
<i>dexmethylphenidate er 40 mg cp</i>	P	QPD 1 per day
<i>dexmethylphenidate er 5 mg cap</i>	P	QPD 1 per day
JORNAY PM 100 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
JORNAY PM 20 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
JORNAY PM 40 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
JORNAY PM 60 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day
JORNAY PM 80 MG CAPSULE <i>methylphenidate hcl</i>	P	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METADATE ER 20 MG TABLET <i>methylphenidate hcl</i>	P	QPD 3 per day
METHYLIN 10 MG/5 ML SOLUTION <i>methylphenidate hcl</i>	P	ST QPD 30 per day
METHYLIN 5 MG/5 ML SOLUTION <i>methylphenidate hcl</i>	P	ST QPD 60 per day
<i>methylphenidate 10 mg chew tab</i>	P	QPD 3 per day
<i>methylphenidate 10 mg tablet</i>	P	QPD 5 per day
<i>methylphenidate 10 mg/5 ml sol</i>	P	QPD 30 per day
<i>methylphenidate 10 mg/9hr ptch</i>	P	ST QPD 1 per day
<i>methylphenidate 15 mg/9hr ptch</i>	P	ST QPD 1 per day
<i>methylphenidate 2.5 mg chew tb</i>	P	QPD 3.0 per day
<i>methylphenidate 20 mg tablet</i>	P	QPD 3 per day
<i>methylphenidate 20 mg/9hr ptch</i>	P	ST QPD 1 per day
<i>methylphenidate 30 mg/9hr ptch</i>	P	ST QPD 1 per day
<i>methylphenidate 5 mg chew tab</i>	P	QPD 3 per day
<i>methylphenidate 5 mg tablet</i>	P	QPD 3 per day
<i>methylphenidate 5 mg/5 ml soln</i>	P	QPD 60 per day
<i>methylphenidate cd 10 mg cap</i>	P	QPD 1 per day
<i>methylphenidate cd 20 mg cap</i>	P	QPD 1 per day
<i>methylphenidate cd 30 mg cap</i>	P	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate cd 40 mg cap</i>	P	QPD 1 per day
<i>methylphenidate cd 50 mg cap</i>	P	QPD 1 per day
<i>methylphenidate cd 60 mg cap</i>	P	QPD 1 per day
<i>methylphenidate er 10 mg cap</i>	P	ST QPD 1 per day
<i>methylphenidate er 10 mg tab</i>	P	QPD 5 per day
<i>methylphenidate er 15 mg cap</i>	P	ST QPD 1 per day
<i>methylphenidate er 18 mg tab</i>	P	QPD 2 per day
<i>methylphenidate er 20 mg cap</i>	P	ST QPD 1 per day
<i>methylphenidate er 20 mg tab</i>	P	QPD 3 per day
<i>methylphenidate er 27 mg tab</i>	P	QPD 2 per day
<i>methylphenidate er 30 mg cap</i>	P	ST QPD 1 per day
<i>methylphenidate er 36 mg tab</i>	P	QPD 2 per day
<i>methylphenidate er 40 mg cap</i>	P	ST QPD 1 per day
<i>methylphenidate er 50 mg cap</i>	P	ST QPD 1 per day
<i>methylphenidate er 54 mg tab</i>	P	QPD 1 per day
<i>methylphenidate er 60 mg cap</i>	P	ST QPD 1 per day
<i>methylphenidate er 72 mg tab</i>	P	QPD 1 per day
<i>methylphenidate er(cd) 10mg cp</i>	P	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate er(cd) 20mg cp</i>	P	QPD 1 per day
<i>methylphenidate er(cd) 30mg cp</i>	P	QPD 2 per day
<i>methylphenidate er(cd) 40mg cp</i>	P	QPD 1 per day
<i>methylphenidate er(cd) 50mg cp</i>	P	QPD 1 per day
<i>methylphenidate er(cd) 60mg cp</i>	P	QPD 1 per day
<i>methylphenidate er(la) 10mg cp</i>	P	QPD 1 per day
<i>methylphenidate er(la) 20mg cp</i>	P	QPD 1 per day
<i>methylphenidate er(la) 30mg cp</i>	P	QPD 2 per day
<i>methylphenidate er(la) 40mg cp</i>	P	QPD 1 per day
<i>methylphenidate hcl powder</i>	P	
<i>methylphenidate la 10 mg cap</i>	P	QPD 1 per day
<i>methylphenidate la 20 mg cap</i>	P	QPD 1 per day
<i>methylphenidate la 30 mg cap</i>	P	QPD 2 per day
<i>methylphenidate la 40 mg cap</i>	P	QPD 1 per day
<i>methylphenidate la 60 mg cap</i>	P	QPD 1 per day
RELEXXII ER 72 MG TABLET <i>methylphenidate hcl</i>	P	QPD 1 per day
<b>WAKEFULNESS-PROMOTING AGENTS</b>		
<i>armodafinil 150 mg tablet</i>	P	PA QPD 1 per day
<i>armodafinil 200 mg tablet</i>	P	PA QPD 1 per day
<i>armodafinil 250 mg tablet</i>	P	PA QPD 1 per day
<i>armodafinil 50 mg tablet</i>	P	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>modafinil 100 mg tablet</i>	P	PA QPD 1 per day
<i>modafinil 200 mg tablet</i>	P	PA QPD 1 per day
SUNOSI 150 MG TABLET <i>solriamfetol hcl</i>	P	AL At least 18 yrs old PA QPD 1 per day
SUNOSI 75 MG TABLET <i>solriamfetol hcl</i>	P	AL At least 18 yrs old PA QPD 1 per day
WAKIX 17.8 MG TABLET <i>pitolisant hcl</i>	P	SPC PA QPD 2 per day
WAKIX 4.45 MG TABLET <i>pitolisant hcl</i>	P	SPC PA QPD 2 per day
<b>ANTI-INFECTIVE AGENTS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole 200 mg tablet</i>	P	PA QPD 4 per day
<i>albendazole powder</i>	P	
ALBENZA 200 MG TABLET <i>albendazole</i>	P	PA QPD 4 per day SBA Select Brand Alternative
BILTRICIDE 600 MG TABLET <i>praziquantel</i>	P	PA SBA Select Brand Alternative



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EGATEN 250 MG TABLET <i>triclabendazole</i>	P	
EMVERM 100 MG TABLET CHEW <i>mebendazole</i>	P	PA
<i>ivermectin 3 mg tablet</i>	P	PA
<i>ivermectin powder</i>	P	
<i>levamisole hcl powder</i>	P	
<i>mebendazole powder</i>	P	
<i>niclosamide powder</i>	P	
<i>piperazine citrate powder</i>	P	
<i>praziquantel 600 mg tablet</i>	P	PA
<i>praziquantel powder</i>	P	
<i>pyrantel pamoate powder</i>	P	
STROMECTOL 3 MG TABLET <i>ivermectin</i>	P	PA
<i>thiabendazole powder</i>	P	
ANTI-INFECTIVES (SYSTEMIC), MISC.		
<i>diethylcarbamazine citrate pwd</i>	P	
<i>furazolidone powder</i>	P	
URINARY ANTI-INFECTIVES		
<i>fosfomycin 3 gm sachet</i>	P	
FURADANTIN 25 MG/5 ML SUSP <i>nitrofurantoin</i>	P	
HIPREX 1 GM TABLET <i>methenamine hippurate</i>	P	
HYOPHEN TABLET <i>methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MACROBID 100 MG CAPSULE <i>nitrofurantoin monohydrate/macrocrystals</i>	P	SBA Select Brand Alternative
MACRODANTIN 100 MG CAPSULE <i>nitrofurantoin macrocrystal</i>	P	SBA Select Brand Alternative
MACRODANTIN 25 MG CAPSULE <i>nitrofurantoin macrocrystal</i>	P	SBA Select Brand Alternative
MACRODANTIN 50 MG CAPSULE <i>nitrofurantoin macrocrystal</i>	P	SBA Select Brand Alternative
<i>me-naphos-mb-hyo 1 tablet</i>	P	
<i>methenamine hipp 1 gm tablet</i>	P	
<i>methenamine mand 1 gm tablet</i>	P	
<i>methenamine mand 500 mg tablet</i>	P	
<i>methenamine mandelate powd</i>	P	
<i>methenamine powder</i>	P	
MONUROL 3 GM SACHET <i>fosfomycin tromethamine</i>	P	SBA Select Brand Alternative
<i>nitrofurantoin 25 mg/5 ml susp</i>	P	
<i>nitrofurantoin mcr 100 mg cap</i>	P	
<i>nitrofurantoin mcr 25 mg cap</i>	P	
<i>nitrofurantoin mcr 50 mg cap</i>	P	
<i>nitrofurantoin mono-mcr 100 mg</i>	P	
<i>nitrofurantoin powder</i>	P	
PRIMSOL 50 MG/5 ML ORAL SOLN <i>trimethoprim</i>	P	
<i>trimethoprim 100 mg tablet</i>	P	
<i>trimethoprim micronized powder</i>	P	
<i>trimethoprim powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
URETRON D-S TABLET <i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>	P	<b>NFD</b> Non-FDA Approved
URIMAR-T TABLET <i>methenamine/methylene blue/salicylate/sodium phos/hyoscyamin</i>	P	
URO-MP CAPSULE <i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>	P	
UROGESIC-BLUE TABLET <i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>	P	
UROQID-ACID NO.2 500-500 TB <i>methenamine mandelate/sodium phosphate,monobasic</i>	P	
URYL TABLET <i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>	P	
USTELL CAPSULE <i>methenamine/methylene blue/salicylate/sodium phos/hyoscyamin</i>	P	
<b>ANTI-INFECTIVES (EENT)</b>		
<b>ANTIBACTERIALS (EENT)</b>		
AK-POLY-BAC EYE OINTMENT <i>bacitracin/polymyxin b sulfat</i>	P	<b>QPD</b> 0.434 per day
AZASITE 1% EYE DROPS <i>azithromycin</i>	P	<b>QPD</b> 0.36 per day
<i>bacitracin 500 unit/gm ophth</i>	P	<b>QPD</b> 0.434 per day
<i>bacitracin-polymyxin eye oint</i>	P	<b>QPD</b> 0.434 per day
BESIVANCE 0.6% SUSP <i>besifloxacin hcl</i>	P	<b>QPD</b> 0.767 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLEPH-10 10% EYE DROPS <i>sulfacetamide sodium</i>	P	QL 5 / fill SBA Select Brand Alternative
BLEPHAMIDE EYE DROPS <i>sulfacetamide sodium/prednisolone acetate</i>	P	QL 5 / fill
BLEPHAMIDE EYE OINTMENT <i>sulfacetamide sodium/prednisolone acetate</i>	P	QL 4 / fill
CILOXAN 0.3% EYE DROPS <i>ciprofloxacin hcl</i>	P	QPD 0.767 per day
CILOXAN 0.3% OINTMENT <i>ciprofloxacin hcl</i>	P	QPD 0.767 per day
CIPRO HC OTIC SUSPENSION <i>ciprofloxacin hcl/hydrocortisone</i>	P	ST QPD 0.434 per day
<i>ciproflox-dexameth otic susp</i>	P	QPD 0.257 per day
<i>ciproflox-fluocinln 0.3-0.025%</i>	P	
<i>ciprofloxacin 0.2% otic soln</i>	P	QPD 0.567 per day
<i>ciprofloxacin 0.3% eye drop</i>	P	QPD 0.767 per day
CORTISPORIN-TC EAR SUSPENSION <i>neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom</i>	P	QL 10/ fill
<i>erythromycin 0.5% eye ointment</i>	P	QPD 0.54 per day
<i>gatifloxacin 0.5% eye drops</i>	P	QPD 0.36 per day
GENTAK 0.3 % EYE OINTMENT <i>gentamicin sulfate</i>	P	QPD 0.54 per day
<i>gentamicin 0.3% eye drop</i>	P	QPD 2.143 per day
<i>levofloxacin 0.5% eye drops</i>	P	QPD 0.767 per day
<i>levofloxacin 1.5% eye drops</i>	P	QPD 0.767 per day
MAXITROL EYE DROPS <i>neomycin/polymyxin b sulfate/dexamethasone</i>	P	QL 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAXITROL EYE OINTMENT <i>neomycin/polymyxin b sulfate/dexamethasone</i>	P	QL 4 / fill
<i>moxifloxacin 0.5% eye drops</i>	P	QPD 0.434 per day
<i>moxifloxacin 0.5% eye drp-visc</i>	P	QPD 0.434 per day
<i>neo-bacit-poly-hc eye ointment</i>	P	QL 4 / fill
NEO-POLYCIN EYE OINTMENT <i>neomycin sulfate/bacitracin/polymyxin b</i>	P	QPD 0.124 per day
NEO-POLYCIN HC EYE OINTMENT <i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	P	QL 4 / fill
<i>neomyc-bacit-polymix eye oint</i>	P	QPD 0.124 per day
<i>neomyc-polym-dexamet eye ointm</i>	P	QL 4 / fill
<i>neomyc-polym-dexameth eye drop</i>	P	QL 5 / fill
<i>neomyc-polym-gramicid eye drop</i>	P	QPD 1.47 per day
<i>neomycin-poly-hc eye drops</i>	P	QL 10/ fill
<i>neomycin-polymyxin-hc ear soln</i>	P	QL 10 / fill
<i>neomycin-polymyxin-hc ear susp</i>	P	QL 10 / fill
OCUFLOX 0.3% EYE DROPS <i>ofloxacin</i>	P	QPD 1.47 per day
<i>ofloxacin 0.3% ear drops</i>	P	QL 10 / 30 days
<i>ofloxacin 0.3% eye drops</i>	P	QPD 1.47 per day
OTOVEL 0.3%-0.025% EAR DROPS <i>ciprofloxacin hcl/fluocinolone acetonide</i>	P	ST QPD 0.473 per day
POLYCIN EYE OINTMENT <i>bacitracin/polymyxin b sulfate</i>	P	QPD 0.434 per day
<i>polymyxin b-tmp eye drops</i>	P	QPD 1.47 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLYTRIM EYE DROPS <i>polymyxin b sulfate/trimethoprim</i>	P	QPD 1.47 per day
PRED-G 1% EYE DROPS <i>gentamicin sulfate/prednisolone acetate</i>	P	QL 5 / fill
PRED-G S.O.P. EYE OINTMENT <i>gentamicin sulfate/prednisolone acetate</i>	P	QL 4 / fill
<i>sulf-pred 10-0.23% eye drops</i>	P	QL 5 / fill
<i>sulfacetamide 10% eye drops</i>	P	QL 5 / fill
<i>sulfacetamide 10% eye ointment</i>	P	QL 4 / fill
TOBRADEX EYE OINTMENT <i>tobramycin/dexamethasone</i>	P	QL 4 / fill
TOBRADEX ST 0.3-0.05% EYE DROP <i>tobramycin/dexamethasone</i>	P	QL 5 / fill
<i>tobramycin 0.3% eye drop</i>	P	QPD 2.143 per day
<i>tobramycin-dexameth ophth susp</i>	P	QL 5 / fill
TOBREX 0.3% EYE DROP <i>tobramycin</i>	P	QPD 2.143 per day
TOBREX 0.3% EYE OINTMENT <i>tobramycin</i>	P	QPD 0.54 per day
ZYMAXID 0.5% EYE DROPS <i>gatifloxacin</i>	P	QPD 0.36 per day SBA Select Brand Alternative
<b>ANTIFUNGALS (EENT)</b>		
NATACYN 5% EYE DROPS <i>natamycin</i>	P	QPD 0.767 per day
<b>ANTIVIRALS (EENT)</b>		
<i>idoxuridine powder</i>	P	
<i>trifluridine 1% eye drops</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trifluridine powder</i>	P	
ZIRGAN 0.15% OPHTHALMIC GEL <i>ganciclovir</i>	P	QPD 0.167 per day
EENT ANTI-INFECTIVES, MISCELLANEOUS		
<i>acetic acid 2% ear solution</i>	P	
BETADINE 5% EYE SOLUTION <i>povidone-iodine</i>	P	
<i>boric acid granular</i>	P	
<i>boric acid granules</i>	P	
<i>boric acid powder</i>	P	
<i>chlorhexidine 0.12% rinse</i>	P	
<i>gnp boric acid powder</i>	P	
<i>hm boric acid powder</i>	P	
<i>hydrocortison-acetic acid soln</i>	P	
PAROEX 0.12% ORAL RINSE <i>chlorhexidine gluconate</i>	P	
PERIDEX 0.12% ORAL RINSE <i>chlorhexidine gluconate</i>	P	
PERIOGARD 0.12% ORAL RINSE <i>chlorhexidine gluconate</i>	P	
<i>qc boric acid powder</i>	P	
<i>ra boric acid powder</i>	P	
<i>sm boric acid powder</i>	P	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX 1% OINTMENT <i>retapamulin</i>	P	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AMZEEQ 4% FOAM <i>minocycline hcl</i>	P	QPD 1 per day
<i>bacitracin 5 million units pwd</i>	P	
<i>bacitracin micronized powder</i>	P	
<i>bacitracin powder</i>	P	
<i>bacitracin zinc powder</i>	P	
CENTANY 2% OINTMENT <i>mupirocin</i>	P	PA
CLEOCIN T 1% LOTION <i>clindamycin phosphate</i>	P	
CLEOCIN T 1% SOLUTION <i>clindamycin phosphate</i>	P	
<i>clind ph-benzoyl pero 1.2-2.5%</i>	P	QPD 1.667 per day
<i>clind ph-benzoyl perox 1.2-5%</i>	P	QPD 1.5 per day
CLINDACIN ETZ 1% PLEDGET <i>clindamycin phosphate</i>	P	
CLINDACIN P 1% PLEDGETS <i>clindamycin phosphate</i>	P	
<i>clindamycin 2% vaginal cream</i>	P	
<i>clindamycin ph 1% gel</i>	P	QL 75 / 30 days
<i>clindamycin ph 1% solution</i>	P	QPD 2 per day
<i>clindamycin phos 1% pledget</i>	P	
<i>clindamycin phosp 1% lotion</i>	P	
<i>clindamycin phosphate 1% gel</i>	P	QL 75 / 30 days PA
<i>clindamycin-benzoyl perox 1-5%</i>	P	QPD 1.667 per day
CLINDESSE 2% VAGINAL CREAM <i>clindamycin phosphate</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTISPORIN CREAM <i>neomycin sulfate/polymyxin b sulfate/hydrocortisone</i>	P	QPD 0.25 per day
CORTISPORIN OINTMENT <i>neomycin/bacitracin/polymyxin b/hydrocortisone</i>	P	QPD 0.5 per day
ERY 2% PADS <i>erythromycin base in ethanol</i>	P	
ERYGEL 2% GEL <i>erythromycin base in ethanol</i>	P	QPD 1 per day
<i>erythromycin 2% gel</i>	P	QPD 1 per day
<i>erythromycin 2% solution</i>	P	QPD 2 per day
<i>erythromycin-benzoyl gel</i>	P	QPD 1.6 per day
<i>gentamicin 0.1% cream</i>	P	
<i>gentamicin 0.1% ointment</i>	P	
METROCREAM 0.75% CREAM <i>metronidazole</i>	P	SBA Select Brand Alternative
METROLOTION TOPICAL 0.75% <i>metronidazole</i>	P	
<i>metronidazole 0.75% cream</i>	P	
<i>metronidazole 0.75% lotion</i>	P	
<i>metronidazole top 1% gel pump</i>	P	
<i>metronidazole topical 0.75% gl</i>	P	
<i>metronidazole topical 1% gel</i>	P	
<i>metronidazole vaginal 0.75% gl</i>	P	
<i>mupirocin 2% cream</i>	P	QPD 2 per day
<i>mupirocin 2% ointment</i>	P	QPD 2.5 per day
<i>mupirocin powder</i>	P	
NEUAC GEL <i>clindamycin phosphate/benzoyl peroxide</i>	P	QPD 1.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONEXTON 1.2%-3.75% GEL <i>clindamycin phosphate/benzoyl peroxide</i>	P	QPD 1.667 per day
ONEXTON GEL PUMP <i>clindamycin phosphate/benzoyl peroxide</i>	P	QPD 1.967 per day
ROSADAN 0.75% CREAM <i>metronidazole</i>	P	
ROSADAN 0.75% GEL <i>metronidazole</i>	P	
ROSADAN 0.75% GEL KIT <i>metronidazole/skin cleanser combination no.23</i>	P	
VANAZOLE VAGINAL 0.75% GEL <i>metronidazole</i>	P	
XACIATO 2% VAGINAL GEL <i>clindamycin phosphate</i>	P	QPD 0.267 per day
XEPI 1% CREAM <i>ozenoxacin</i>	P	PA
ZILXI 1.5% FOAM <i>minocycline hcl</i>	P	PA QPD 1 per day
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>acyclovir 5% cream</i>	P	AL At least 12 yrs old PA QPD 0.167 per day
<i>acyclovir 5% ointment</i>	P	AL At least 18 yrs old
DENAVIR 1% CREAM <i>penciclovir</i>	P	AL At least 12 yrs old PA QPD 0.167 per day
<i>docosanol powder</i>	P	
<i>penciclovir 1% cream</i>	P	AL At least 12 yrs old PA QPD 0.167 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>		
<i>benzalkonium cl 50% solution</i>	P	
<i>butylene glycol liquid</i>	P	
<i>carbamide peroxide powder</i>	P	
<i>chlorhexidine diacetate powder</i>	P	
<i>chlorhexidine flavor conc liq</i>	P	
<i>chlorhexidine gluc 20% soln</i>	P	
DHS ZINC 2% SHAMPOO <i>pyrithione zinc</i>	P	
<i>guaiacol liquid purified</i>	P	
<i>iodine 2% mild tincture</i>	P	
<i>iodine 5% strong solution</i>	P	
<i>iodine crystals</i>	P	
<i>iodine granules</i>	P	
<i>iodine mild tincture</i>	P	
<i>iodine strong solution</i>	P	
IODOFLEX PAD <i>cadexomer iodine</i>	P	
IODOSORB GEL <i>cadexomer iodine</i>	P	
<i>isopropyl alcohol 70%</i>	P	
<i>isopropyl alcohol 91%</i>	P	
<i>isopropyl alcohol 99%</i>	P	
KLARON 10% LOTION <i>sulfacetamide sodium</i>	P	QPD 4 per day
LUGOL'S STRONG IODINE SOLUTION <i>iodine/potassium iodide</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitrofurazone powder</i>	P	
<i>phenol crystals</i>	P	
<i>phenol liquid</i>	P	
<i>phenol liquified</i>	P	
<i>povidone iodine powder</i>	P	
<i>selenium sulfide 2.25% shampoo</i>	P	
<i>selenium sulfide 2.5% lotion</i>	P	
<i>selenium sulfide powder</i>	P	
<i>silver protein powder</i>	P	
<i>silver sulfadiazine 1% cream</i>	P	
<i>silver sulfadiazine powder</i>	P	
<i>sodium sulfacetamide 10% lotn</i>	P	QPD 4 per day
<i>sodium sulfacetamide 10% wash</i>	P	QPD 12 per day
<i>sodium sulfacetamide 10% wash</i>	P	QPD 12 per day
SSD 1% CREAM <i>silver sulfadiazine</i>	P	
<i>sulfacetamide sod 10% top susp</i>	P	QPD 4 per day
SULFAMYLON 8.5% CREAM <i>mafenide acetate</i>	P	
<i>triclosan powder</i>	P	
<i>urea peroxide powder</i>	P	
<b>SCABICIDES AND PEDICULICIDES</b>		
<i>benzyl benzoate liquid</i>	P	
<i>crotamiton liquid</i>	P	
CROTAN 10% LOTION <i>crotamiton</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELIMITE 5% CREAM <i>permethrin</i>	P	
EURAX 10% CREAM <i>crotamiton</i>	P	ST
EURAX 10% LOTION <i>crotamiton</i>	P	ST
<i>ivermectin 0.5% lotion</i>	P	
<i>lindane 1% shampoo</i>	P	
<i>malathion 0.5% lotion</i>	P	
OVIDE 0.5% LOTION <i>malathion</i>	P	ST
<i>permethrin 5% cream</i>	P	
<i>permethrin technical liquid</i>	P	
SKLICE 0.5% LOTION <i>ivermectin</i>	P	ST
ULESFIA 5% LOTION <i>benzyl alcohol</i>	P	ST
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
<i>dexamethasone 0.1% eye drop</i>	P	QL 10 / fill
<i>difluprednate 0.05% eye drop</i>	P	QL 10 / 30 days
DUREZOL 0.05% EYE DROPS <i>difluprednate</i>	P	QL 10 / 30 days
FLAC OTIC OIL 0.01% EAR DROP <i>fluocinolone acetonide oil</i>	P	
FLAREX 0.1% EYE DROPS <i>fluorometholone acetate</i>	P	QL 10 / fill
<i>flunisolide 0.025% spray</i>	P	QPD 0.834 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone oil 0.01% ear drp</i>	P	
<i>fluorometholone 0.1% drops</i>	P	QL 10 / fill
<i>fluticasone prop 50 mcg spray</i>	P	QPD 0.6 per day
FML FORTE 0.25% EYE DROPS <i>fluorometholone</i>	P	QL 10 / fill
FML S.O.P. 0.1% OINTMENT <i>fluorometholone</i>	P	QL 4 / fill
LOTEMAX 0.5% EYE OINTMENT <i>loteprednol etabonate</i>	P	QL 4 / fill
LOTEMAX 0.5% OPHTHALMIC GEL <i>loteprednol etabonate</i>	P	QL 10 / fill
LOTEMAX SM 0.38% OPHTH GEL <i>loteprednol etabonate</i>	P	QL 10 / fill
<i>loteprednol 0.5% ophthalmc gel</i>	P	QL 10 / fill
<i>loteprednol etabonate 0.5% drp</i>	P	QL 21 / fill
<i>mometasone furoate 50 mcg spry</i>	P	QPD 0.567 per day
OMNARIS 50 MCG NASAL SPRAY <i>ciclesonide</i>	P	QPD 0.434 per day
PRED MILD 0.12% EYE DROPS <i>prednisolone acetate</i>	P	QL 21 / fill
<i>prednisolone ac 1% eye drop</i>	P	QL 21 / fill
<i>prednisolone sod 1% eye drop</i>	P	QL 20 / 30 days
QNASL 80 MCG NASAL SPRAY <i>beclomethasone dipropionate</i>	P	QPD 0.4 per day
QNASL CHILDREN'S 40 MCG SPRAY <i>beclomethasone dipropionate</i>	P	QPD 0.3 per day
<i>triamcinolone 55 mcg nasal spr</i>	P	QPD 0.55 per day
ZETONNA 37 MCG NASAL SPRAY <i>ciclesonide</i>	P	QPD 0.22 per day


PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC.</b>		
RESTASIS 0.05% EYE EMULSION <i>cyclosporine</i>	P	PA QPD 2 per day B4G
RESTASIS MULTIDOSE 0.05% EYE <i>cyclosporine</i>	P	PA QPD 0.2 per day
XIIDRA 5% EYE DROPS <i>lifitegrast</i>	P	AL At least 17 yrs old PA QPD 2 per day
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS</b>		
ACULAR LS 0.4% OPHTH SOL <i>ketorolac tromethamine</i>	P	QL 5 / fill
<i>bromfenac sodium 0.09% eye drp</i>	P	QL 8 / rx
<i>diclofenac 0.1% eye drops</i>	P	QL 5 / fill
<i>flurbiprofen 0.03% eye drop</i>	P	QL 3/ fill
<i>ketorolac 0.4% ophth solution</i>	P	QL 5 / fill
<i>ketorolac 0.5% ophth solution</i>	P	QL 15 / 30 days
PROLENSA 0.07% EYE DROPS <i>bromfenac sodium</i>	P	QL 3/ fill
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)</b>		
<b>INTERLEUKIN ANTAGONISTS</b>		
DUPIXENT 100 MG/0.67 ML SYRING <i>dupilumab</i>	P	SPC PA QPD 0.05 per day
FASENRA 30 MG/ML SYRINGE <i>benralizumab</i>	P	SPC PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FASENRA PEN 30 MG/ML <i>benralizumab</i>	P	SPC PA QPD 0.04 per day
SKYRIZI 360 MG/2.4 ML ON-BODY <i>risankizumab-rzaa</i>	P	SPC PA QPD 0.043 per day
SKYRIZI 600 MG/10 ML VIAL <i>risankizumab-rzaa</i>	P	SPC PA QPD 0.72 per day BSP BENEFIT SHIFT PROGRAM
<b>LEUKOTRIENE MODIFIERS</b>		
<i>montelukast sod 10 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>montelukast sod 4 mg granules</i>	P	PR QPD 1 per day
<i>montelukast sod 4 mg tab chew</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>montelukast sod 5 mg tab chew</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>montelukast sodium powder</i>	P	
<i>zafirlukast 10 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1






PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zafirlukast 20 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>zileuton er 600 mg tablet</i>	P	ST QPD 4 per day
ZYFLO 600 MG TABLET <i>zileuton</i>	P	ST QPD 4 per day F11 Formulary Indicator 1
<b>MAST-CELL STABILIZERS</b>		
<i>cromolyn 100 mg/5 ml oral conc</i>	P	
<i>cromolyn 20 mg/2 ml neb soln</i>	P	PR
<i>cromolyn 4% eye drops</i>	P	QL 10 / fill
<i>cromolyn sodium powder</i>	P	
GASTROCROM 100 MG/5 ML CONC <i>cromolyn sodium</i>	P	
<i>tranilast powder</i>	P	
<b>ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)</b>		
<b>ANTI-INFLAMMATORY AGENTS, MISC (SKIN)</b>		
EUCRISA 2% OINTMENT <i>crisaborole</i>	P	ST QPD 2.143 per day
<b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)</b>		
<i>alclometasone dipr 0.05% oint</i>	P	
<i>alclometasone dipro 0.05% crm</i>	P	
ANALPRAM HC 2.5%-1% LOTION <i>hydrocortisone acetate/pramoxine hcl</i>	P	


PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANUCORT-HC 25 MG SUPPOSITORY <i>hydrocortisone acetate</i>	P	
<i>betamethasone dp 0.05% crm</i>	P	
<i>betamethasone dp 0.05% lot</i>	P	
<i>betamethasone dp 0.05% oint</i>	P	
<i>betamethasone dp aug 0.05% crm</i>	P	
<i>betamethasone dp aug 0.05% gel</i>	P	
<i>betamethasone dp aug 0.05% lot</i>	P	
<i>betamethasone dp aug 0.05% oin</i>	P	
<i>betamethasone dp powder</i>	P	
<i>betamethasone va 0.1% cream</i>	P	
<i>betamethasone va 0.1% lotion</i>	P	
<i>betamethasone valer 0.1% ointm</i>	P	
<i>betamethasone valer 0.12% foam</i>	P	
<i>betamethasone valerate powder</i>	P	
BRYHALI 0.01% LOTION <i>halobetasol propionate</i>	P	PA
<i>clobetasol 0.05% cream</i>	P	
<i>clobetasol 0.05% gel</i>	P	
<i>clobetasol 0.05% ointment</i>	P	
<i>clobetasol 0.05% shampoo</i>	P	
<i>clobetasol 0.05% solution</i>	P	
<i>clobetasol 0.05% topical lotn</i>	P	
<i>clobetasol 17 prop micro powd</i>	P	
<i>clobetasol emollient 0.05% crm</i>	P	
<i>clobetasol emollnt 0.05% foam</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clobetasol emulsion 0.05% foam</i>	P	
<i>clobetasol prop 0.05% spray</i>	P	
<i>clobetasol prop micro powder</i>	P	
<i>clocortolone 0.1% cream pump</i>	P	
<i>clocortolone pivalate 0.1% crm</i>	P	
CLODAN 0.05% SHAMPOO <i>clobetasol propionate</i>	P	
DERMA-SMOOTH-FS BODY OIL <i>fluocinolone acetonide</i>	P	 Select Brand Alternative
<i>desonide 0.05% cream</i>	P	
<i>desonide 0.05% gel</i>	P	
<i>desonide 0.05% lotion</i>	P	
<i>desonide 0.05% ointment</i>	P	
<i>desonide micronized powder</i>	P	
<i>desoximetasone 0.05% cream</i>	P	
<i>desoximetasone 0.05% gel</i>	P	
<i>desoximetasone 0.05% ointment</i>	P	
<i>desoximetasone 0.25% cream</i>	P	
<i>desoximetasone 0.25% ointment</i>	P	
<i>desoximetasone 0.25% spray</i>	P	
<i>desoximetasone powder</i>	P	
DESRX 0.05% GEL <i>desonide</i>	P	
EPIFOAM FOAM <i>hydrocortisone acetate/pramoxine hcl</i>	P	
<i>fluocinolone 0.01% body oil</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone 0.01% cream</i>	P	
<i>fluocinolone 0.01% scalp oil</i>	P	
<i>fluocinolone 0.01% solution</i>	P	
<i>fluocinolone 0.025% cream</i>	P	
<i>fluocinolone 0.025% ointment</i>	P	
<i>fluocinolone acetonide powder</i>	P	
<i>fluocinolone micronized powder</i>	P	
<i>fluocinonide 0.05% cream</i>	P	
<i>fluocinonide 0.05% gel</i>	P	
<i>fluocinonide 0.05% ointment</i>	P	
<i>fluocinonide 0.05% solution</i>	P	
<i>fluocinonide micronized powder</i>	P	
<i>fluocinonide-e 0.05% cream</i>	P	
<i>fluticasone prop 0.005% oint</i>	P	
<i>fluticasone prop 0.05% cream</i>	P	
<i>halcinonide 0.1% cream</i>	P	PA
<i>halobetasol prop 0.05% cream</i>	P	
<i>halobetasol prop 0.05% ointment</i>	P	
<i>hydrocort-pramoxine 1%-1% cream</i>	P	
<i>hydrocort-pramoxine 2.5%-1% cream</i>	P	
<i>hydrocort-pramoxine 2.5%-1% cream</i>	P	
<i>hydrocortisone 1% cream</i>	P	
<i>hydrocortisone 1% cream</i>	P	
<i>hydrocortisone 1% ointment</i>	P	
<i>hydrocortisone 100 mg/60 ml</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone 2.5% cream</i>	P	
<i>hydrocortisone 2.5% cream</i>	P	
<i>hydrocortisone 2.5% lotion</i>	P	
<i>hydrocortisone 2.5% ointment</i>	P	
<i>hydrocortisone ac 25 mg supp</i>	P	
<i>hydrocortisone ac 30 mg supp</i>	P	
<i>hydrocortisone acetate powder</i>	P	
<i>hydrocortisone butyr 0.1% cream</i>	P	
<i>hydrocortisone butyr 0.1% lotn</i>	P	
<i>hydrocortisone butyr 0.1% oint</i>	P	
<i>hydrocortisone butyr 0.1% soln</i>	P	
<i>hydrocortisone micronized pwd</i>	P	
<i>hydrocortisone powder</i>	P	
<i>hydrocortisone val 0.2% cream</i>	P	
<i>hydrocortisone val 0.2% ointmt</i>	P	
LOCOID 0.1% LOTION <i>hydrocortisone butyrate</i>	P	 Select Brand Alternative
<i>mometasone furoate 0.1% cream</i>	P	
<i>mometasone furoate 0.1% oint</i>	P	
<i>mometasone furoate 0.1% soln</i>	P	
OLUX 0.05% FOAM <i>clobetasol propionate</i>	P	 Select Brand Alternative
OLUX-E 0.05% FOAM <i>clobetasol propionate/emollient base</i>	P	 Select Brand Alternative
ORALONE 0.1% PASTE <i>triamcinolone acetonide</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRAMOSONE 1% LOTION <i>hydrocortisone acetate/pramoxine hcl</i>	P	
PRAMOSONE 2.5%-1% LOTION <i>hydrocortisone acetate/pramoxine hcl</i>	P	
<i>prednicarbate 0.1% cream</i>	P	
<i>prednicarbate 0.1% ointment</i>	P	
PROCTO-MED HC 2.5% CREAM <i>hydrocortisone</i>	P	
PROCTO-PAK 1% CREAM <i>hydrocortisone</i>	P	
PROCTOFOAM-HC 1%-1% FOAM <i>hydrocortisone acetate/pramoxine hcl</i>	P	
PROCTOSOL-HC 2.5% CREAM <i>hydrocortisone</i>	P	
PROCTOZONE-HC 2.5% CREAM <i>hydrocortisone</i>	P	
SANADERMRX SKIN REPAIR SOLN <i>triamcinolone acetonide/dimethicone/silicone, adhesive</i>	P	
SCALACORT 2% LOTION <i>hydrocortisone</i>	P	
SERNIVO 0.05% SPRAY <i>betamethasone dipropionate</i>	P	
TOPICORT 0.05% CREAM <i>desoximetasone</i>	P	SBA Select Brand Alternative
TOPICORT 0.05% GEL <i>desoximetasone</i>	P	SBA Select Brand Alternative
TOPICORT 0.05% OINTMENT <i>desoximetasone</i>	P	SBA Select Brand Alternative
TOPICORT 0.25% CREAM <i>desoximetasone</i>	P	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TOPICORT 0.25% OINTMENT <i>desoximetasone</i>	P	 Select Brand Alternative
TOVET EMOLLIENT 0.05% FOAM <i>clobetasol propionate/emollient base</i>	P	
<i>triamcinolone 0.025% cream</i>	P	
<i>triamcinolone 0.025% lotion</i>	P	
<i>triamcinolone 0.025% oint</i>	P	
<i>triamcinolone 0.1% cream</i>	P	
<i>triamcinolone 0.1% lotion</i>	P	
<i>triamcinolone 0.1% ointment</i>	P	
<i>triamcinolone 0.1% paste</i>	P	
<i>triamcinolone 0.5% cream</i>	P	
<i>triamcinolone 0.5% ointment</i>	P	
TRIDERM 0.1% CREAM <i>triamcinolone acetonide</i>	P	
TRIDERM 0.5% CREAM <i>triamcinolone acetonide</i>	P	
<b>ANTIANEMIA DRUGS</b>		
<b>IRON PREPARATIONS</b>		
<i>ferric sulfate granules</i>	P	
<i>ferrous bisglycinate chelate</i>	P	
<i>ferrous fumarate powder</i>	P	
<i>ferrous gluconate powder</i>	P	
<i>ferrous sulfate dried powder</i>	P	
<i>ferrous sulfate granules</i>	P	
FOLIVANE-PLUS CAPSULE <i>iron fumarate,polysac cplex/folic acid/vitb comp with c no. 9</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATINIC-FOLIC ACID TABLET <i>ferrous fumarate/folic acid</i>	P	
HEMATINIC-VITAMIN-MINERAL TAB <i>iron/folic acid/vitamin b comp and c/minerals</i>	P	
IRO-PLEX CAPLET <i>iron/c/b12/b6/e acet/folic acid/intrinsic factor/senna leaf</i>	P	
SIDEROL TABLET <i>iron/liver extract/vitamin b comp and c/minerals</i>	P	
VIRT-FEFA PLUS CAPSULE <i>iron fumarate, polysac cplex/folic acid/vitb comp with c no. 9</i>	P	
<b>ANTIARRHYTHMIC AGENTS</b>		
<b>CLASS IA ANTIARRHYTHMICS</b>		
<i>disopyramide 100 mg capsule</i>	P	
<i>disopyramide 150 mg capsule</i>	P	
NORPACE 100 MG CAPSULE <i>disopyramide phosphate</i>	P	
NORPACE 150 MG CAPSULE <i>disopyramide phosphate</i>	P	
NORPACE CR 100 MG CAPSULE <i>disopyramide phosphate</i>	P	
NORPACE CR 150 MG CAPSULE <i>disopyramide phosphate</i>	P	
<i>procainamide hcl powder</i>	P	
<i>quinidine gluc er 324 mg tab</i>	P	F11 Formulary Indicator 1
<i>quinidine sulfate 200 mg tab</i>	P	
<i>quinidine sulfate 300 mg tab</i>	P	F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinidine sulfate crystals</i>	P	
<i>quinidine sulfate powder</i>	P	
<b>CLASS IB ANTIARRHYTHMICS</b>		
<i>mexiletine 150 mg capsule</i>	P	F11 Formulary Indicator 1
<i>mexiletine 200 mg capsule</i>	P	F11 Formulary Indicator 1
<i>mexiletine 250 mg capsule</i>	P	F11 Formulary Indicator 1
<i>mexiletine hcl powder</i>	P	
<b>CLASS IC ANTIARRHYTHMICS</b>		
<i>flecainide acetate 100 mg tab</i>	P	F11 Formulary Indicator 1
<i>flecainide acetate 150 mg tab</i>	P	F11 Formulary Indicator 1
<i>flecainide acetate 50 mg tab</i>	P	
<i>propafenone hcl 150 mg tablet</i>	P	F11 Formulary Indicator 1
<i>propafenone hcl 225 mg tab</i>	P	F11 Formulary Indicator 1
<i>propafenone hcl 300 mg tab</i>	P	F11 Formulary Indicator 1
<i>propafenone hcl er 225 mg cap</i>	P	F11 Formulary Indicator 1
<i>propafenone hcl er 325 mg cap</i>	P	F11 Formulary Indicator 1
<i>propafenone hcl er 425 mg cap</i>	P	F11 Formulary Indicator 1
<b>RYTHMOL SR 225 MG CAPSULE</b> <i>propafenone hcl</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYTHMOL SR 425 MG CAPSULE <i>propafenone hcl</i>	P	
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl 100 mg tablet</i>	P	
<i>amiodarone hcl 200 mg tablet</i>	P	F11 Formulary Indicator 1
<i>amiodarone hcl 400 mg tablet</i>	P	
<i>dofetilide 125 mcg capsule</i>	P	SPC
<i>dofetilide 250 mcg capsule</i>	P	SPC
<i>dofetilide 500 mcg capsule</i>	P	SPC
MULTAQ 400 MG TABLET <i>dronedarone hcl</i>	P	PA
PACERONE 100 MG TABLET <i>amiodarone hcl</i>	P	F11 Formulary Indicator 1
PACERONE 200 MG TABLET <i>amiodarone hcl</i>	P	F11 Formulary Indicator 1
PACERONE 400 MG TABLET <i>amiodarone hcl</i>	P	F11 Formulary Indicator 1
CLASS IV ANTIARRHYTHMICS		
<i>adenosine powder</i>	P	
ANTIBACTERIALS		
AMINOGLYCOSIDE ANTIBIOTICS		
<i>amikacin sulfate powder</i>	P	
ARIKAYCE 590 MG/8.4 ML VIAL <i>amikacin sulfate liposomal with nebulizer accessories</i>	P	SPC PA QPD 9 per day
BETHKIS 300 MG/4 ML AMPULE <i>tobramycin</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gentamicin 10 mg/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin 10 mg/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin 20 mg/2 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin 70 mg/ns 50 ml pb</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin 80 mg/2 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin 800 mg/20 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin 90 mg/ns 100 ml pb</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin ped 20 mg/2 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>gentamicin sulfate powder</i>	P	
<i>kanamycin sulfate powder</i>	P	
KITABIS PAK 300 MG/5 ML <i>tobramycin/nebulizer</i>	P	SPC PA
<i>neomycin 500 mg tablet</i>	P	
<i>neomycin sulfate powder</i>	P	
<i>streptomycin sulfate powder</i>	P	
TOBI 300 MG/5 ML SOLUTION <i>tobramycin in 0.225 % sodium chloride</i>	P	SPC PA SBA Select Brand Alternative
TOBI PODHALER 28 MG INHALE CAP <i>tobramycin</i>	P	SPC PA
<i>tobramycin 300 mg/4 ml ampule</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tobramycin 300 mg/5 ml ampule</i>	P	SPC PA
<i>tobramycin pak 300 mg/5 ml</i>	P	SPC PA
<i>tobramycin powder</i>	P	
<i>tobramycin sulfate powder</i>	P	
<b>CHLORAMPHENICOL ANTIBIOTICS</b>		
<i>chloramphenicol palm powder</i>	P	
<i>chloramphenicol powder</i>	P	
<b>QUINOLONE ANTIBIOTICS</b>		
BAXDELA 450 MG TABLET <i>delafloxacin meglumine</i>	P	PA
CIPRO 10% SUSPENSION <i>ciprofloxacin</i>	P	QPD 10 per day
CIPRO 250 MG TABLET <i>ciprofloxacin hcl</i>	P	QPD 2 per day
CIPRO 5% SUSPENSION <i>ciprofloxacin</i>	P	QPD 7 per day
CIPRO 500 MG TABLET <i>ciprofloxacin hcl</i>	P	QPD 2 per day
<i>ciprofloxacin 250 mg/5 ml susp</i>	P	QPD 7 per day
<i>ciprofloxacin 500 mg/5 ml susp</i>	P	QPD 10 per day
<i>ciprofloxacin hcl 100 mg tab</i>	P	QPD 2 per day
<i>ciprofloxacin hcl 250 mg tab</i>	P	QPD 2 per day
<i>ciprofloxacin hcl 500 mg tab</i>	P	QPD 2 per day
<i>ciprofloxacin hcl 750 mg tab</i>	P	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin hcl crystals</i>	P	
<i>ciprofloxacin hcl powder</i>	P	
FACTIVE 320 MG TABLET <i>gemifloxacin mesylate</i>	P	PA QPD 7 per day
<i>gatifloxacin sesquihydrate pwd</i>	P	
<i>levofloxacin 25 mg/ml solution</i>	P	
<i>levofloxacin 250 mg tablet</i>	P	QL 30 / fill
<i>levofloxacin 500 mg tablet</i>	P	QL 30 / fill
<i>levofloxacin 750 mg tablet</i>	P	QL 30 / fill
<i>levofloxacin hemihydrate powd</i>	P	
<i>moxifloxacin hcl 400 mg tablet</i>	P	QL 21 / fill
<i>moxifloxacin hcl powder</i>	P	
<i>nalidixic acid powder</i>	P	
<i>ofloxacin 300 mg tablet</i>	P	QL 56 / fill
<i>ofloxacin 400 mg tablet</i>	P	QL 56 / fill
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC)</b>		
BACTRIM 400-80 MG TABLET <i>sulfamethoxazole/trimethoprim</i>	P	
BACTRIM DS TABLET <i>sulfamethoxazole/trimethoprim</i>	P	
<i>sulfacetamide powder</i>	P	
<i>sulfacetamide sodium powder</i>	P	
<i>sulfacetamide sodium powder</i>	P	
<i>sulfacetamide sodium powder</i>	P	
<i>sulfacetamide sodium powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfadiazine 500 mg tablet</i>	P	
<i>sulfadiazine powder</i>	P	
<i>sulfadiazine sodium powder</i>	P	
<i>sulfamerazine crystal</i>	P	
<i>sulfamethoxazole powder</i>	P	
<i>sulfamethoxazole-tmp ds tablet</i>	P	
<i>sulfamethoxazole-tmp ss tablet</i>	P	
<i>sulfamethoxazole-tmp susp</i>	P	
<i>sulfamethoxazole-tmp susp</i>	P	
<i>sulfanilamide crystal powd</i>	P	
<i>sulfanilamide powder</i>	P	
<i>sulfapyridine powder</i>	P	
<i>sulfasalazine powder</i>	P	
<i>sulfathiazole powder</i>	P	
SULFATRIM PEDIATRIC SUSPENSION <i>sulfamethoxazole/trimethoprim</i>	P	
<i>sulfisoxazole crystals</i>	P	
<b>TETRACYCLINE ANTIBIOTICS</b>		
AVIDOXY 100 MG TABLET <i>doxycycline monohydrate</i>	P	
COREMINO ER 135 MG TABLET <i>minocycline hcl</i>	P	ST QPD 1 per day
COREMINO ER 45 MG TABLET <i>minocycline hcl</i>	P	ST QPD 3 per day
COREMINO ER 90 MG TABLET <i>minocycline hcl</i>	P	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>demeclocycline 150 mg tablet</i>	P	
<i>demeclocycline 300 mg tablet</i>	P	
<i>doxycycline 25 mg/5 ml susp</i>	P	
<i>doxycycline hyclate 100 mg cap</i>	P	
<i>doxycycline hyclate 100 mg tab</i>	P	
<i>doxycycline hyclate 50 mg cap</i>	P	
<i>doxycycline hyclate powder</i>	P	
<i>doxycycline mono 100 mg cap</i>	P	
<i>doxycycline mono 100 mg tablet</i>	P	
<i>doxycycline mono 50 mg cap</i>	P	
<i>doxycycline mono 50 mg tablet</i>	P	
<i>doxycycline monohydrate powder</i>	P	
<i>minocycline 100 mg capsule</i>	P	
<i>minocycline 50 mg capsule</i>	P	
<i>minocycline 75 mg capsule</i>	P	
<i>minocycline hcl powder</i>	P	
MONDOXYNE NL 100 MG CAPSULE <i>doxycycline monohydrate</i>	P	
MORGIDOX 100 MG CAPSULE <i>doxycycline hyclate</i>	P	
MORGIDOX 50 MG CAPSULE <i>doxycycline hyclate</i>	P	
<i>oxytetracycline hcl powder</i>	P	
<i>tetracycline 250 mg capsule</i>	P	
<i>tetracycline 500 mg capsule</i>	P	
<i>tetracycline hcl powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS, MISCELLANEOUS CYCLIC LIPOPEPTIDE ANTIBIOTICS		
<i>daptomycin 500 mg vial</i>	P	BSP BENEFIT SHIFT PROGRAM
GLYCOPEPTIDE ANTIBIOTICS		
VANCOGIN HCL 125 MG CAPSULE <i>vancomycin hcl</i>	P	
VANCOGIN HCL 250 MG CAPSULE <i>vancomycin hcl</i>	P	
<i>vancomycin 1 gm add-van vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>vancomycin 1 gm vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>vancomycin hcl 125 mg capsule</i>	P	
<i>vancomycin hcl 250 mg capsule</i>	P	
<i>vancomycin hcl 5 gm vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>vancomycin hcl powder</i>	P	
LINCOMYCIN ANTIBIOTICS		
CLEOCIN HCL 150 MG CAPSULE <i>clindamycin hcl</i>	P	QPD 4 per day
CLEOCIN HCL 300 MG CAPSULE <i>clindamycin hcl</i>	P	QPD 4 per day
CLEOCIN HCL 75 MG CAPSULE <i>clindamycin hcl</i>	P	QPD 4 per day
CLEOCIN PEDIATRIC 75 MG/5 ML <i>clindamycin palmitate hcl</i>	P	QPD 70 per day
<i>clindamycin (pedi) 75 mg/5 ml</i>	P	QPD 70 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin hcl 150 mg capsule</i>	P	QPD 4 per day
<i>clindamycin hcl 300 mg capsule</i>	P	QPD 4 per day
<i>clindamycin hcl 75 mg capsule</i>	P	QPD 4 per day
<i>clindamycin hcl powder</i>	P	
<i>clindamycin phos crystals</i>	P	
<i>clindamycin phosphate powder</i>	P	
<i>lincomycin hcl powder</i>	P	
<b>OTHER MISC. ANTIBACTERIAL AGENTS</b>		
HELIDAC THERAPY PACK <i>bismuth subsalicylate/metronidazole/tetracycline hcl</i>	P	QL max 1 per 365 days
PYLERA CAPSULE <i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>	P	QL 120 / 365 days
<b>OXAZOLIDINONE ANTIBIOTICS</b>		
<i>linezolid 100 mg/5 ml susp</i>	P	QL 900 / rx
<i>linezolid 600 mg tablet</i>	P	QPD 2 per day
SIVEXTRO 200 MG TABLET <i>tedizolid phosphate</i>	P	QL 6 / 30 days PA
ZYVOX 100 MG/5 ML SUSPENSION <i>linezolid</i>	P	QL 900 / rx PA
ZYVOX 600 MG TABLET <i>linezolid</i>	P	PA QPD 2 per day
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TABLET <i>lefamulin acetate</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>POLYMYXIN ANTIBIOTICS</b>		
<i>colistimethate sodium powder</i>	P	
<i>colistin sulfate powder</i>	P	
<i>polymyxin b 100 million unit</i>	P	
<i>polymyxin b 50 million unit</i>	P	
<i>polymyxin b sulfate powder</i>	P	
<b>RIFAMYCIN ANTIBIOTICS</b>		
AEMCOLO DR 194 MG TABLET <i>rifamycin sodium</i>	P	
<i>rifaximin powder</i>	P	
XIFAXAN 550 MG TABLET <i>rifaximin</i>	P	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> </div> <div>           Formulary Indicator 1         </div> </div>
<b>ANTICHOLINERGIC AGENTS</b>		
<b>ANTIMUSCARINICS/ANTISPASMODICS</b>		
ANASPAZ 0.125 MG TABLET ODT <i>hyoscyamine sulfate</i>	P	
ANORO ELLIPTA 62.5-25 MCG INH <i>umeclidinium bromide/vilanterol trifenate</i>	P	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div>2 per day</div> </div>
ATROPEN 0.5 MG/0.7 ML AUTOINJ <i>atropine sulfate</i>	P	
ATROPEN 1 MG/0.7 ML AUTOINJECT <i>atropine sulfate</i>	P	
<i>atropine sulfate powder</i>	P	
ATROVENT 17 MCG HFA INHALER <i>ipratropium bromide</i>	P	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> <div>1.29 per day</div> </div>
<i>belladonna leaf extract powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>belladonna tincture</i>	P	
<i>chlordiazepoxide-clidinium cap</i>	P	
<i>clidinium bromide powder</i>	P	
COMBIVENT RESPIMAT 20-100 MCG <i>ipratropium bromide/albuterol sulfate</i>	P	PR QPD 0.267 per day
CUVPOSA 1 MG/5 ML SOLUTION <i>glycopyrrolate</i>	P	
<i>dicyclomine 10 mg capsule</i>	P	F11 Formulary Indicator 1
<i>dicyclomine 10 mg/5 ml soln</i>	P	F11 Formulary Indicator 1
<i>dicyclomine 20 mg tablet</i>	P	F11 Formulary Indicator 1
<i>dicyclomine hcl powder</i>	P	
DONNATAL ELIXIR <i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	P	SBA Select Brand Alternative
DONNATAL TABLET <i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	P	
ED-SPAZ 0.125 MG ODT <i>hyoscyamine sulfate</i>	P	F11 Formulary Indicator 1
GLYCATE 1.5 MG TABLET <i>glycopyrrolate</i>	P	F11 Formulary Indicator 1
<i>glycopyrrolate 1 mg tablet</i>	P	F11 Formulary Indicator 1
<i>glycopyrrolate 1 mg/5 ml soln</i>	P	F11 Formulary Indicator 1
<i>glycopyrrolate 2 mg tablet</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glycopyrrolate powder</i>	P	
<i>hyoscyamine 0.125 mg odt</i>	P	
<i>hyoscyamine 0.125 mg tab sl</i>	P	
<i>hyoscyamine 0.125 mg/5 ml elix</i>	P	
<i>hyoscyamine 0.125 mg/ml drop</i>	P	
<i>hyoscyamine er 0.375 mg tab</i>	P	
<i>hyoscyamine sr 0.375 mg tab</i>	P	
<i>hyoscyamine sulf 0.125 mg tab</i>	P	F11 Formulary Indicator 1
<i>hyoscyamine sulfate powder</i>	P	
HYOSYNE 0.125 MG/ML DROP <i>hyoscyamine sulfate</i>	P	
HYOSYNE 125 MCG/5 ML ELIXIR <i>hyoscyamine sulfate</i>	P	
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	P	PR
<i>ipratropium br 0.02% soln</i>	P	PR QPD 12.5 per day
<i>ipratropium bromide powder</i>	P	
LEVSIN 0.125 MG TABLET <i>hyoscyamine sulfate</i>	P	
LEVSIN-SL 0.125 MG TABLET SL <i>hyoscyamine sulfate</i>	P	
LIBRAX CAPSULE <i>chlordiazepoxide/clidinium bromide</i>	P	SBA Select Brand Alternative
LONHALA MAGNAIR 25 MCG REFILL <i>glycopyrrolate/nebulizer accessories</i>	P	PR PA QPD 2 per day
LONHALA MAGNAIR 25 MCG STARTER <i>glycopyrrolate/nebulizer and accessories</i>	P	PR PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methscopolamine brom 2.5 mg tb</i>	P	
<i>methscopolamine brom 5 mg tab</i>	P	
<i>methscopolamine bromide powd</i>	P	
NULEV 0.125 MG CHEWABLE MELT <i>hyoscyamine sulfate</i>	P	
OSCIMIN 0.125 MG TABLET <i>hyoscyamine sulfate</i>	P	
OSCIMIN SL 0.125 MG TABLET <i>hyoscyamine sulfate</i>	P	
OSCIMIN SR 0.375 MG TABLET <i>hyoscyamine sulfate</i>	P	
<i>phenobarb-hyo-atrop-scop elix</i>	P	
<i>phenobarb-hyosc-atrop-scop tab</i>	P	
<i>phenobarbital-belladonna elixr</i>	P	
PHENOHYTRO TABLET <i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i>	P	
<i>propantheline 15 mg tablet</i>	P	
<i>propantheline bromide powder</i>	P	
QBREXZA 2.4% CLOTH <i>glycopyrronium tosylate</i>	P	PA QPD 1 per day
<i>scopolamine hbr powder</i>	P	
<i>scopolamine methyl nitrate pwd</i>	P	
SPIRIVA HANDIHALER 18 MCG CAP <i>tiotropium bromide</i>	P	PR QPD 1 per day
SPIRIVA RESPIMAT 1.25 MCG INH <i>tiotropium bromide</i>	P	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPIRIVA RESPIMAT 2.5 MCG INH <i>tiotropium bromide</i>	P	PR QPD 1 per day
STIOLTO RESPIMAT INHAL SPRAY <i>tiotropium bromide/olodaterol hcl</i>	P	PR QPD 0.134 per day
SYMAX DUOTAB <i>hyoscyamine sulfate</i>	P	F11 Formulary Indicator 1
<b>ANTICOAGULANTS</b>		
<b>ANTICOAGULANTS, MISCELLANEOUS</b>		
ARIXTRA 10 MG/0.8 ML SYRINGE <i>fondaparinux sodium</i>	P	SPC
ARIXTRA 2.5 MG/0.5 ML SYRINGE <i>fondaparinux sodium</i>	P	SPC
ARIXTRA 5 MG/0.4 ML SYRINGE <i>fondaparinux sodium</i>	P	SPC
ARIXTRA 7.5 MG/0.6 ML SYRINGE <i>fondaparinux sodium</i>	P	SPC
<i>fondaparinux 10 mg/0.8 ml syr</i>	P	SPC
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	P	SPC
<i>fondaparinux 5 mg/0.4 ml syr</i>	P	SPC
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	P	SPC
<b>COUMARIN DERIVATIVES</b>		
<i>dicumarol powder</i>	P	
JANTOVEN 1 MG TABLET <i>warfarin sodium</i>	P	PR NTI
JANTOVEN 10 MG TABLET <i>warfarin sodium</i>	P	PR NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANTOVEN 2 MG TABLET <i>warfarin sodium</i>	P	PR NTI
JANTOVEN 2.5 MG TABLET <i>warfarin sodium</i>	P	PR NTI
JANTOVEN 3 MG TABLET <i>warfarin sodium</i>	P	PR NTI
JANTOVEN 4 MG TABLET <i>warfarin sodium</i>	P	PR NTI
JANTOVEN 5 MG TABLET <i>warfarin sodium</i>	P	PR NTI
JANTOVEN 6 MG TABLET <i>warfarin sodium</i>	P	PR NTI
JANTOVEN 7.5 MG TABLET <i>warfarin sodium</i>	P	PR NTI
<i>warfarin sodium 1 mg tablet</i>	P	PR NTI
<i>warfarin sodium 10 mg tablet</i>	P	PR NTI
<i>warfarin sodium 2 mg tablet</i>	P	PR NTI
<i>warfarin sodium 2.5 mg tablet</i>	P	PR NTI
<i>warfarin sodium 3 mg tablet</i>	P	PR NTI
<i>warfarin sodium 4 mg tablet</i>	P	PR NTI
<i>warfarin sodium 5 mg tablet</i>	P	PR NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium 6 mg tablet</i>	P	PR NTI
<i>warfarin sodium 7.5 mg tablet</i>	P	PR NTI
<i>warfarin sodium powder</i>	P	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS 2.5 MG TABLET <i>apixaban</i>	P	PR QPD 2 per day
ELIQUIS 5 MG TABLET <i>apixaban</i>	P	PR QPD 2 per day
ELIQUIS DVT-PE TREAT START 5MG <i>apixaban</i>	P	QL 100 / 30 days PR
SAVAYSA 15 MG TABLET <i>edoxaban tosylate</i>	P	PR PA QPD 1 per day
SAVAYSA 30 MG TABLET <i>edoxaban tosylate</i>	P	PR PA QPD 1 per day
SAVAYSA 60 MG TABLET <i>edoxaban tosylate</i>	P	PR PA QPD 1 per day
XARELTO 1 MG/ML SUSPENSION <i>rivaroxaban</i>	P	PR QPD 20.7 per day
XARELTO 10 MG TABLET <i>rivaroxaban</i>	P	PR QPD 1 per day
XARELTO 15 MG TABLET <i>rivaroxaban</i>	P	PR QPD 2 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 2.5 MG TABLET <i>rivaroxaban</i>	P	PR QPD 2 per day
XARELTO 20 MG TABLET <i>rivaroxaban</i>	P	PR QPD 1 per day
XARELTO DVT-PE TREAT START 30D <i>rivaroxaban</i>	P	QL 56 / fill PR
<b>DIRECT THROMBIN INHIBITORS</b>		
<i>dabigatran etexilate 150 mg cp</i>	P	PR QPD 2 per day
<i>dabigatran etexilate 75 cap</i>	P	PR QPD 2 per day
PRADAXA 110 MG CAPSULE <i>dabigatran etexilate mesylate</i>	P	PR QPD 2 per day
PRADAXA 150 MG CAPSULE <i>dabigatran etexilate mesylate</i>	P	PR QPD 2 per day B4G
PRADAXA 75 MG CAPSULE <i>dabigatran etexilate mesylate</i>	P	PR QPD 2 per day B4G
<b>HEPARINS</b>		
<i>enoxaparin 100 mg/ml syringe</i>	P	SPC
<i>enoxaparin 120 mg/0.8 ml syr</i>	P	SPC
<i>enoxaparin 150 mg/ml syringe</i>	P	SPC
<i>enoxaparin 30 mg/0.3 ml syr</i>	P	SPC
<i>enoxaparin 300 mg/3 ml vial</i>	P	SPC
<i>enoxaparin 40 mg/0.4 ml syr</i>	P	SPC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin 60 mg/0.6 ml syr</i>	P	SPC
<i>enoxaparin 80 mg/0.8 ml syr</i>	P	SPC
FRAGMIN 10,000 UNIT/4 ML VIAL <i>dalteparin sodium,porcine</i>	P	SPC
FRAGMIN 10,000 UNIT/ML SYRINGE <i>dalteparin sodium,porcine</i>	P	SPC
FRAGMIN 12,500 UNIT/0.5 ML SYR <i>dalteparin sodium,porcine</i>	P	SPC
FRAGMIN 15,000 UNIT/0.6 ML SYR <i>dalteparin sodium,porcine</i>	P	SPC
FRAGMIN 18,000 UNIT/0.72 ML <i>dalteparin sodium,porcine</i>	P	SPC
FRAGMIN 2,500 UNIT/0.2 ML SYR <i>dalteparin sodium,porcine</i>	P	SPC
FRAGMIN 5,000 UNIT/0.2 ML SYR <i>dalteparin sodium,porcine</i>	P	SPC
FRAGMIN 7,500 UNIT/0.3 ML SYR <i>dalteparin sodium,porcine</i>	P	SPC
FRAGMIN 95,000 UNIT/3.8 ML VL <i>dalteparin sodium,porcine</i>	P	SPC
<i>heparin 1,000 unit/10 (100/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 10 unit/10 ml (1/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 10,000 unit/10 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 100 unit/10 ml (10/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 100 unit/10 ml (10/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>heparin 2 unit/2 ml (1/ml) syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 2,000 unit/2 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 20 units/2 ml (10/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 20,000 unit/500 ml-d5w</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 200 unit/2 ml (100/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 25,000 unit/250 ml-d5w</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 25,000 unit/250-1/2 ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 25,000 unit/500 ml-d5w</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 25,000 unit/500-1/2 ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 3 unit/3 ml (1/ml) syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 30 units/3 ml (10/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 30,000 unit/1,000-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 30,000 unit/30 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 300 unit/3 ml (100/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 4,000 unit/1,000 ml-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 40,000 unit/4 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 5 unit/5 ml (1/ml) syr</i>	P	BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>heparin 5,000 unit/1,000 ml-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 5,000 unit/500 ml-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 5,000 unit/ml carpujct</i>	P	
<i>heparin 50 units/5 ml (10/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 50,000 unit/10 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 50,000 unit/5 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 500 unit/5 ml (100/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 500 unit/5 ml (100/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin 60 units/6 ml (10/ml)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin flush 10 units/ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin iv flush 1 unit/ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin iv flush 100 units/ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin lock flush 10 units/ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin lock flush 10 units/ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin lock flush 100 unit/ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin lock flush 100 unit/ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sod 1,000 unit/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>heparin sod 10,000 unit/ml vl</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sod 190 units/mg powd</i>	P	
<i>heparin sod 20,000 unit/ml vl</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sod 5,000 unit/0.5 ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sod 5,000 unit/0.5 ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sod 5,000 unit/0.5 ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sod 5,000 unit/ml syrg</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sod 5,000 unit/ml syrg</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sod 5,000 unit/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>heparin sodium powder</i>	P	
<i>heparin-12,500 unit/250-1/2 ns</i>	P	BSP BENEFIT SHIFT PROGRAM
LOVENOX 100 MG/ML SYRINGE <i>enoxaparin sodium</i>	P	SPC SBA Select Brand Alternative
LOVENOX 120 MG/0.8 ML SYRINGE <i>enoxaparin sodium</i>	P	SPC SBA Select Brand Alternative
LOVENOX 150 MG/ML SYRINGE <i>enoxaparin sodium</i>	P	SPC SBA Select Brand Alternative
LOVENOX 30 MG/0.3 ML SYRINGE <i>enoxaparin sodium</i>	P	SPC SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOVENOX 300 MG/3 ML VIAL <i>enoxaparin sodium</i>	P	SPC SBA Select Brand Alternative
LOVENOX 40 MG/0.4 ML SYRINGE <i>enoxaparin sodium</i>	P	SPC SBA Select Brand Alternative
LOVENOX 60 MG/0.6 ML SYRINGE <i>enoxaparin sodium</i>	P	SPC SBA Select Brand Alternative
LOVENOX 80 MG/0.8 ML SYRINGE <i>enoxaparin sodium</i>	P	SPC SBA Select Brand Alternative
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, MISCELLANEOUS</b>		
APTIOM 200 MG TABLET <i>eslicarbazepine acetate</i>	P	QPD 3 per day
APTIOM 400 MG TABLET <i>eslicarbazepine acetate</i>	P	QPD 2 per day
APTIOM 600 MG TABLET <i>eslicarbazepine acetate</i>	P	QPD 2 per day
APTIOM 800 MG TABLET <i>eslicarbazepine acetate</i>	P	QPD 2 per day F11 Formulary Indicator 1
BANZEL 200 MG TABLET <i>rufinamide</i>	P	PA
BANZEL 40 MG/ML SUSPENSION <i>rufinamide</i>	P	PA
BANZEL 400 MG TABLET <i>rufinamide</i>	P	PA
BRIVIACT 10 MG TABLET <i>brivaracetam</i>	P	PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRIVIACT 10 MG/ML ORAL SOLN <i>brivaracetam</i>	P	PA QPD 20 per day
BRIVIACT 100 MG TABLET <i>brivaracetam</i>	P	PA QPD 2 per day
BRIVIACT 25 MG TABLET <i>brivaracetam</i>	P	PA QPD 8 per day
BRIVIACT 50 MG TABLET <i>brivaracetam</i>	P	PA QPD 4 per day
BRIVIACT 75 MG TABLET <i>brivaracetam</i>	P	PA QPD 3 per day
<i>carbamazepine 100 mg tab chew</i>	P	NTI
<i>carbamazepine 100 mg/5 ml susp</i>	P	NTI
<i>carbamazepine 200 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>carbamazepine 200 mg/10 ml cup</i>	P	NTI F11 Formulary Indicator 1
<i>carbamazepine er 100 mg cap</i>	P	NTI F11 Formulary Indicator 1
<i>carbamazepine er 100 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>carbamazepine er 200 mg cap</i>	P	NTI F11 Formulary Indicator 1
<i>carbamazepine er 200 mg tablet</i>	P	NTI F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbamazepine er 300 mg cap</i>	P	NTI F11 Formulary Indicator 1
<i>carbamazepine er 400 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>carbamazepine powder</i>	P	
<i>cv's epsom salt</i>	P	
DIACOMIT 250 MG CAPSULE <i>stiripentol</i>	P	SPC PA QPD 2 per day
DIACOMIT 250 MG POWDER PACKET <i>stiripentol</i>	P	SPC PA QPD 2 per day
DIACOMIT 500 MG CAPSULE <i>stiripentol</i>	P	SPC PA QPD 2 per day
DIACOMIT 500 MG POWDER PACKET <i>stiripentol</i>	P	SPC PA QPD 2 per day
<i>divalproex dr 125 mg cap sprnk</i>	P	NTI
<i>divalproex dr 125 mg cp(sprnk)</i>	P	NTI F11 Formulary Indicator 1
<i>divalproex sod dr 125 mg tab</i>	P	NTI F11 Formulary Indicator 1
<i>divalproex sod dr 250 mg tab</i>	P	NTI F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>divalproex sod dr 500 mg tab</i>	P	NTI F11 Formulary Indicator 1
<i>divalproex sod er 250 mg tab</i>	P	NTI F11 Formulary Indicator 1
<i>divalproex sod er 500 mg tab</i>	P	NTI F11 Formulary Indicator 1
EPIDIOLEX 100 MG/ML SOLN PACK <i>cannabidiol (cbd)</i>	P	SPC PA
EPIDIOLEX 100 MG/ML SOLUTION <i>cannabidiol (cbd)</i>	P	SPC PA
EPITOL 200 MG TABLET <i>carbamazepine</i>	P	NTI
<i>epsom salt</i>	P	
<i>epsom salt crystals</i>	P	
EQUETRO 100 MG CAPSULE <i>carbamazepine</i>	P	NTI
EQUETRO 200 MG CAPSULE <i>carbamazepine</i>	P	NTI
EQUETRO 300 MG CAPSULE <i>carbamazepine</i>	P	NTI
<i>felbamate 400 mg tablet</i>	P	F11 Formulary Indicator 1
<i>felbamate 600 mg tablet</i>	P	F11 Formulary Indicator 1
<i>felbamate 600 mg/5 ml susp</i>	P	F11 Formulary Indicator 1
FELBATOL 400 MG TABLET <i>felbamate</i>	P	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FELBATOL 600 MG TABLET <i>felbamate</i>	P	PA
FELBATOL 600 MG/5 ML SUSP <i>felbamate</i>	P	PA
FINTEPLA 2.2 MG/ML SOLUTION <i>fenfluramine hcl</i>	P	SPC PA QPD 12 per day
FYCOMPA 0.5 MG/ML ORAL SUSP <i>perampanel</i>	P	QPD 6 per day
FYCOMPA 10 MG TABLET <i>perampanel</i>	P	QPD 1 per day
FYCOMPA 12 MG TABLET <i>perampanel</i>	P	QPD 1 per day
FYCOMPA 2 MG TABLET <i>perampanel</i>	P	QPD 1 per day
FYCOMPA 4 MG TABLET <i>perampanel</i>	P	QPD 1 per day
FYCOMPA 6 MG TABLET <i>perampanel</i>	P	QPD 1 per day
FYCOMPA 8 MG TABLET <i>perampanel</i>	P	QPD 1 per day
<i>gabapentin 100 mg capsule</i>	P	QPD 9 per day
<i>gabapentin 250 mg/5 ml soln</i>	P	QPD 72 per day
<i>gabapentin 300 mg capsule</i>	P	QPD 9 per day
<i>gabapentin 300 mg/6 ml soln</i>	P	QPD 72 per day
<i>gabapentin 400 mg capsule</i>	P	QPD 9 per day
<i>gabapentin 600 mg tablet</i>	P	QPD 6 per day
<i>gabapentin 800 mg tablet</i>	P	QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin powder</i>	P	
GABITRIL 12 MG TABLET <i>tiagabine hcl</i>	P	
GABITRIL 16 MG TABLET <i>tiagabine hcl</i>	P	
GABITRIL 2 MG TABLET <i>tiagabine hcl</i>	P	
GABITRIL 4 MG TABLET <i>tiagabine hcl</i>	P	
HORIZANT ER 300 MG TABLET <i>gabapentin enacarbil</i>	P	PA QPD 4 per day
HORIZANT ER 600 MG TABLET <i>gabapentin enacarbil</i>	P	PA QPD 2 per day
<i>lacosamide 10 mg/ml solution</i>	P	QPD 50 per day
<i>lacosamide 100 mg tablet</i>	P	QPD 4 per day
<i>lacosamide 150 mg tablet</i>	P	QPD 2 per day
<i>lacosamide 200 mg tablet</i>	P	QPD 2 per day
<i>lacosamide 50 mg tablet</i>	P	QPD 4 per day
<i>lamotrigine 100 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine 150 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine 200 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine 25 mg disper tab</i>	P	NTI F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine 25 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine 5 mg disper tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine er 100 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine er 200 mg tablet</i>	P	NTI
<i>lamotrigine er 25 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine er 250 mg tablet</i>	P	NTI
<i>lamotrigine er 300 mg tablet</i>	P	NTI
<i>lamotrigine er 50 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine odt 100 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine odt 200 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine odt 25 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine odt 50 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>lamotrigine odt kit (blue)</i>	P	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine odt kit (green)</i>	P	NTI
<i>lamotrigine odt kit (orange)</i>	P	NTI
<i>lamotrigine powder</i>	P	
<i>lamotrigine tab start kit-blue</i>	P	NTI
<i>lamotrigine tab start kt-green</i>	P	NTI
<i>lamotrigine tab start kt-orang</i>	P	NTI
<i>levetiracetam 1,000 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levetiracetam 1,000 mg/10 ml</i>	P	NTI F11 Formulary Indicator 1
<i>levetiracetam 100 mg/ml soln</i>	P	NTI F11 Formulary Indicator 1
<i>levetiracetam 250 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levetiracetam 500 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levetiracetam 500 mg/5 ml cup</i>	P	NTI
<i>levetiracetam 500 mg/5 ml soln</i>	P	NTI F11 Formulary Indicator 1
<i>levetiracetam 750 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levetiracetam er 500 mg tablet</i>	P	NTI F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levetiracetam er 750 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levetiracetam powder</i>	P	
<i>magnesium sulfate crystals</i>	P	
<i>magnesium sulfate powder</i>	P	
<i>oxcarbazepine 150 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>oxcarbazepine 300 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>oxcarbazepine 300 mg/5 ml susp</i>	P	NTI F11 Formulary Indicator 1
<i>oxcarbazepine 600 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>pregabalin 100 mg capsule</i>	P	QPD 3 per day
<i>pregabalin 150 mg capsule</i>	P	QPD 3 per day
<i>pregabalin 20 mg/ml solution</i>	P	QPD 30 per day
<i>pregabalin 200 mg capsule</i>	P	QPD 3 per day
<i>pregabalin 225 mg capsule</i>	P	QPD 2 per day
<i>pregabalin 25 mg capsule</i>	P	QPD 3 per day
<i>pregabalin 300 mg capsule</i>	P	QPD 2 per day
<i>pregabalin 50 mg capsule</i>	P	QPD 3 per day
<i>pregabalin 75 mg capsule</i>	P	QPD 3 per day
<i>qc epsom salt</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra epsom salt</i>	P	
ROWEEPRA 1,000 MG TABLET <i>levetiracetam</i>	P	NTI F11 Formulary Indicator 1
ROWEEPRA 500 MG TABLET <i>levetiracetam</i>	P	NTI F11 Formulary Indicator 1
ROWEEPRA 750 MG TABLET <i>levetiracetam</i>	P	NTI
ROWEEPRA XR 500 MG TABLET <i>levetiracetam</i>	P	NTI
ROWEEPRA XR 750 MG TABLET <i>levetiracetam</i>	P	NTI
<i>rufinamide 200 mg tablet</i>	P	PA F11 Formulary Indicator 1
<i>rufinamide 40 mg/ml suspension</i>	P	PA F11 Formulary Indicator 1
<i>rufinamide 400 mg tablet</i>	P	PA F11 Formulary Indicator 1
SABRIL 500 MG POWDER PACKET <i>vigabatrin</i>	P	SPC PA QPD 6 per day
SABRIL 500 MG TABLET <i>vigabatrin</i>	P	SPC PA QPD 6 per day
<i>sodium valproate powder</i>	P	
SPRITAM 1,000 MG TABLET <i>levetiracetam</i>	P	AL At least 4 yrs old NTI QPD 3 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRITAM 250 MG TABLET <i>levetiracetam</i>	P	AL At least 4 yrs old NTI QPD 3 per day
SPRITAM 500 MG TABLET <i>levetiracetam</i>	P	AL At least 4 yrs old NTI QPD 3 per day
SPRITAM 750 MG TABLET <i>levetiracetam</i>	P	AL At least 4 yrs old NTI QPD 3 per day
SUBVENITE 100 MG TABLET <i>lamotrigine</i>	P	NTI
SUBVENITE 150 MG TABLET <i>lamotrigine</i>	P	NTI
SUBVENITE 200 MG TABLET <i>lamotrigine</i>	P	NTI F11 Formulary Indicator 1
SUBVENITE 25 MG TABLET <i>lamotrigine</i>	P	NTI F11 Formulary Indicator 1
SUBVENITE TAB START KIT (BLUE) <i>lamotrigine</i>	P	NTI
SUBVENITE TAB START KIT(GREEN) <i>lamotrigine</i>	P	NTI
SUBVENITE TAB START KT(ORANGE) <i>lamotrigine</i>	P	NTI
<i>tiagabine hcl 12 mg tablet</i>	P	F11 Formulary Indicator 1
<i>tiagabine hcl 16 mg tablet</i>	P	F11 Formulary Indicator 1
<i>tiagabine hcl 2 mg tablet</i>	P	F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tiagabine hcl 4 mg tablet</i>	P	F11 Formulary Indicator 1
<i>topiramate 100 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate 15 mg sprinkle cap</i>	P	NTI
<i>topiramate 200 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate 25 mg sprinkle cap</i>	P	NTI
<i>topiramate 25 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate 50 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate er 100 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate er 100 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate er 150 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate er 200 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate er 25 mg capsule</i>	P	NTI F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topiramate er 25 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate er 50 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate er 50 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>topiramate powder</i>	P	
TROKENDI XR 100 MG CAPSULE <i>topiramate</i>	P	ST
TROKENDI XR 200 MG CAPSULE <i>topiramate</i>	P	ST
TROKENDI XR 25 MG CAPSULE <i>topiramate</i>	P	ST
TROKENDI XR 50 MG CAPSULE <i>topiramate</i>	P	ST
<i>valproic acid 250 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>valproic acid 250 mg/5 ml soln</i>	P	NTI F11 Formulary Indicator 1
<i>valproic acid 500 mg/10 ml sol</i>	P	NTI
<i>valproic acid liquid</i>	P	
<i>vigabatrin 500 mg powder packt</i>	P	SPC PA QPD 6 per day
<i>vigabatrin 500 mg tablet</i>	P	SPC PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIGADRONE 500 MG POWDER PACKET <i>vigabatrin</i>	P	SPC PA QPD 6 per day
XCOPRI 100 MG TABLET <i>cenobamate</i>	P	PA QPD 4 per day
XCOPRI 12.5-25 MG TITRATION PK <i>cenobamate</i>	P	PA QPD 1 per day
XCOPRI 150 MG TABLET <i>cenobamate</i>	P	PA QPD 2 per day
XCOPRI 150-200 MG TITRATION PK <i>cenobamate</i>	P	PA QPD 1 per day
XCOPRI 200 MG TABLET <i>cenobamate</i>	P	PA QPD 2 per day
XCOPRI 250 MG DAILY DOSE PACK <i>cenobamate</i>	P	PA QPD 2 per day
XCOPRI 350 MG DAILY DOSE PACK <i>cenobamate</i>	P	PA QPD 2 per day
XCOPRI 50 MG TABLET <i>cenobamate</i>	P	PA QPD 4 per day
XCOPRI 50-100 MG TITRATION PAK <i>cenobamate</i>	P	PA QPD 1 per day
ZONISADE 100 MG/5 ML ORAL SUSP <i>zonisamide</i>	P	PA QPD 30 per day
<i>zonisamide 100 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>zonisamide 25 mg capsule</i>	P	NTI F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zonisamide 50 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>zonisamide powder</i>	P	
<b>BARBITURATES (ANTICONVULSANTS)</b>		
MYSOLINE 250 MG TABLET <i>primidone</i>	P	
MYSOLINE 50 MG TABLET <i>primidone</i>	P	
<i>primidone 250 mg tablet</i>	P	F11 Formulary Indicator 1
<i>primidone 50 mg tablet</i>	P	F11 Formulary Indicator 1
<i>primidone powder</i>	P	
<b>BENZODIAZEPINES (ANTICONVULSANTS)</b>		
<i>clobazam 10 mg tablet</i>	P	PA
<i>clobazam 2.5 mg/ml suspension</i>	P	SPC PA
<i>clobazam 20 mg tablet</i>	P	PA
<i>clonazepam 0.125 mg dis tab</i>	P	QPD 3 per day
<i>clonazepam 0.125 mg odt</i>	P	QPD 3 per day
<i>clonazepam 0.25 mg odt</i>	P	QPD 3 per day
<i>clonazepam 0.5 mg dis tablet</i>	P	QPD 3 per day
<i>clonazepam 0.5 mg odt</i>	P	QPD 3 per day
<i>clonazepam 0.5 mg tablet</i>	P	QPD 3 per day
<i>clonazepam 1 mg dis tablet</i>	P	QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam 1 mg odt</i>	P	QPD 3 per day
<i>clonazepam 1 mg tablet</i>	P	QPD 3 per day
<i>clonazepam 2 mg odt</i>	P	QPD 10 per day
<i>clonazepam 2 mg tablet</i>	P	QPD 10 per day
<i>clonazepam powder</i>	P	
NAYZILAM 5 MG NASAL SPRAY <i>midazolam</i>	P	QL 10 / 30 days
<b>HYDANTOINS</b>		
DILANTIN 30 MG CAPSULE <i>phenytoin sodium extended</i>	P	NTI
PHENYTEK 200 MG CAPSULE <i>phenytoin sodium extended</i>	P	NTI
PHENYTEK 300 MG CAPSULE <i>phenytoin sodium extended</i>	P	NTI
<i>phenytoin 100 mg/4 ml susp</i>	P	NTI
<i>phenytoin 125 mg/5 ml susp</i>	P	NTI F11 Formulary Indicator 1
<i>phenytoin 50 mg infatab chew</i>	P	NTI
<i>phenytoin 50 mg tablet chew</i>	P	NTI F11 Formulary Indicator 1
<i>phenytoin powder</i>	P	
<i>phenytoin sod ext 100 mg cap</i>	P	NTI F11 Formulary Indicator 1
<i>phenytoin sod ext 200 mg cap</i>	P	NTI
<i>phenytoin sod ext 300 mg cap</i>	P	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenytoin sodium powder</i>	P	
<b>SUCCINIMIDES</b>		
CELONTIN 300 MG KAPSEAL <i>methsuximide</i>	P	
<i>ethosuximide 250 mg capsule</i>	P	NTI F11 Formulary Indicator 1
<i>ethosuximide 250 mg/5 ml soln</i>	P	NTI F11 Formulary Indicator 1
<i>ethosuximide powder</i>	P	
ZARONTIN 250 MG CAPSULE <i>ethosuximide</i>	P	NTI
ZARONTIN 250 MG/5 ML SOLUTION <i>ethosuximide</i>	P	NTI
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, MISCELLANEOUS</b>		
APLENZIN ER 174 MG TABLET <i>bupropion hbr</i>	P	ST QPD 1 per day
AUVELITY ER 45-105 MG TABLET <i>dextromethorphan hbr/bupropion hcl</i>	P	AL At least 18 yrs old PA QPD 2 per day
<i>benactyzine hcl powder</i>	P	
<i>bupropion hcl 100 mg tablet</i>	P	QPD 5 per day F11 Formulary Indicator 1
<i>bupropion hcl 75 mg tablet</i>	P	QPD 6 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl powder</i>	P	
<i>bupropion hcl sr 100 mg tablet</i>	P	QPD 4 per day F11 Formulary Indicator 1
<i>bupropion hcl sr 150 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>bupropion hcl sr 200 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>bupropion hcl xl 150 mg tablet</i>	P	QPD 3 per day F11 Formulary Indicator 1
<i>bupropion hcl xl 300 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>mirtazapine 15 mg odt</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>mirtazapine 15 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>mirtazapine 30 mg odt</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>mirtazapine 30 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>mirtazapine 45 mg odt</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>mirtazapine 45 mg tablet</i>	P	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mirtazapine 7.5 mg tablet</i>	P	QPD 2 per day
REMERON 15 MG SOLTAB <i>mirtazapine</i>	P	QPD 1 per day SBA Select Brand Alternative
REMERON 15 MG TABLET <i>mirtazapine</i>	P	QPD 1 per day SBA Select Brand Alternative
REMERON 30 MG SOLTAB <i>mirtazapine</i>	P	QPD 1 per day SBA Select Brand Alternative
REMERON 30 MG TABLET <i>mirtazapine</i>	P	QPD 1 per day SBA Select Brand Alternative
REMERON 45 MG SOLTAB <i>mirtazapine</i>	P	QPD 1 per day SBA Select Brand Alternative
SPRAVATO 28 MG NASAL SPRAY <i>esketamine hcl</i>	P	SPC PA QPD 0.87 per day
SPRAVATO 56 MG DOSE PACK <i>esketamine hcl</i>	P	SPC PA QPD 0.58 per day
SPRAVATO 84 MG DOSE PACK <i>esketamine hcl</i>	P	SPC PA QPD 0.87 per day
<b>MONOAMINE OXIDASE INHIBITORS</b>		
MARPLAN 10 MG TABLET <i>isocarboxazid</i>	P	QPD 6 per day
NARDIL 15 MG TABLET <i>phenelzine sulfate</i>	P	QPD 6 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARNATE 10 MG TABLET <i>tranylcypromine sulfate</i>	P	QPD 6 per day
<i>phenelzine sulfate 15 mg tab</i>	P	QPD 6 per day F11 Formulary Indicator 1
<i>phenelzine sulfate powder</i>	P	
<i>tranylcypromine sulf 10 mg tab</i>	P	QPD 6 per day
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine succnt er 100mg</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>desvenlafaxine succnt er 25 mg</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>desvenlafaxine succnt er 50 mg</i>	P	QPD 1 per day F11 Formulary Indicator 1
DRIZALMA SPRINKLE DR 20 MG CAP <i>duloxetine hcl</i>	P	QPD 2 per day
DRIZALMA SPRINKLE DR 30 MG CAP <i>duloxetine hcl</i>	P	QPD 2 per day
DRIZALMA SPRINKLE DR 40 MG CAP <i>duloxetine hcl</i>	P	QPD 2 per day F11 Formulary Indicator 1
DRIZALMA SPRINKLE DR 60 MG CAP <i>duloxetine hcl</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>duloxetine hcl dr 20 mg cap</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>duloxetine hcl dr 30 mg cap</i>	P	QPD 4 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>duloxetine hcl dr 40 mg cap</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>duloxetine hcl dr 60 mg cap</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>duloxetine hcl powder</i>	P	
FETZIMA 20-40 MG TITRATION PAK <i>levomilnacipran hcl</i>	P	ST QPD 1 per day
FETZIMA ER 120 MG CAPSULE <i>levomilnacipran hcl</i>	P	ST QPD 1 per day
FETZIMA ER 20 MG CAPSULE <i>levomilnacipran hcl</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
FETZIMA ER 40 MG CAPSULE <i>levomilnacipran hcl</i>	P	ST QPD 1 per day
FETZIMA ER 80 MG CAPSULE <i>levomilnacipran hcl</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
<i>venlafaxine bes er 112.5 mg tb</i>	P	QPD 1 per day
<i>venlafaxine hcl 100 mg tablet</i>	P	F11 Formulary Indicator 1
<i>venlafaxine hcl 25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>venlafaxine hcl 37.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>venlafaxine hcl 50 mg tablet</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl 75 mg tablet</i>	P	F11 Formulary Indicator 1
<i>venlafaxine hcl er 150 mg cap</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>venlafaxine hcl er 37.5 mg cap</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>venlafaxine hcl er 75 mg cap</i>	P	QPD 3 per day F11 Formulary Indicator 1
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>		
<i>citalopram hbr 10 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>citalopram hbr 10 mg/5 ml soln</i>	P	PR QPD 20 per day F11 Formulary Indicator 1
<i>citalopram hbr 20 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>citalopram hbr 20 mg/10 ml sol</i>	P	PR QPD 20 per day
<i>citalopram hbr 40 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>escitalopram 10 mg tablet</i>	P	PR QPD 1.5 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>escitalopram 20 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>escitalopram 5 mg tablet</i>	P	PR QPD 1.5 per day F11 Formulary Indicator 1
<i>escitalopram oxalate 5 mg/5 ml</i>	P	PR QPD 20 per day
<i>fluoxetine 20 mg/5 ml solution</i>	P	PR QPD 20 per day F11 Formulary Indicator 1
<i>fluoxetine dr 90 mg capsule</i>	P	PR QPD 0.15 per day
<i>fluoxetine hcl 10 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>fluoxetine hcl 10 mg tablet</i>	P	PR QPD 1.5 per day
<i>fluoxetine hcl 20 mg capsule</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>fluoxetine hcl 20 mg tablet</i>	P	PR QPD 4 per day
<i>fluoxetine hcl 40 mg capsule</i>	P	PR QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 60 mg tablet</i>	P	PR QPD 1.5 per day
<i>fluoxetine hcl powder</i>	P	
<i>fluvoxamine er 100 mg capsule</i>	P	PR QPD 2 per day
<i>fluvoxamine er 150 mg capsule</i>	P	PR QPD 2 per day
<i>fluvoxamine maleate 100 mg tab</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>fluvoxamine maleate 25 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>fluvoxamine maleate 50 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>olanzapine-fluoxetine 12-25 mg</i>	P	AL At least 10 yrs old PR QPD 1 per day
<i>olanzapine-fluoxetine 12-50 mg</i>	P	AL At least 10 yrs old PR QPD 1 per day
<i>olanzapine-fluoxetine 3-25 mg</i>	P	AL At least 10 yrs old PR QPD 1 per day
<i>olanzapine-fluoxetine 6-25 mg</i>	P	AL At least 10 yrs old PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olanzapine-fluoxetine 6-50 mg</i>	P	AL At least 10 yrs old PR QPD 1 per day
<i>paroxetine cr 12.5 mg tablet</i>	P	PR QPD 1 per day
<i>paroxetine cr 25 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>paroxetine cr 37.5 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>paroxetine er 12.5 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>paroxetine er 25 mg tablet</i>	P	PR QPD 2 per day
<i>paroxetine er 37.5 mg tablet</i>	P	PR QPD 2 per day
<i>paroxetine hcl 10 mg tablet</i>	P	PR QPD 1.5 per day F11 Formulary Indicator 1
<i>paroxetine hcl 10 mg/5 ml susp</i>	P	PA QPD 42 per day
<i>paroxetine hcl 20 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paroxetine hcl 30 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>paroxetine hcl 40 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>paroxetine mesylate 7.5 mg cap</i>	P	QPD 1 per day F11 Formulary Indicator 1
PAXIL 10 MG/5 ML SUSPENSION <i>paroxetine hcl</i>	P	PA QPD 42 per day
PEXEVA 10 MG TABLET <i>paroxetine mesylate</i>	P	PA QPD 1 per day
PEXEVA 20 MG TABLET <i>paroxetine mesylate</i>	P	PA QPD 1 per day
PEXEVA 30 MG TABLET <i>paroxetine mesylate</i>	P	PA QPD 1 per day
<i>sertraline 20 mg/ml oral conc</i>	P	PR QPD 10 per day
<i>sertraline hcl 100 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>sertraline hcl 25 mg tablet</i>	P	PR QPD 1.5 per day F11 Formulary Indicator 1
<i>sertraline hcl 50 mg tablet</i>	P	PR QPD 1.5 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sertraline hcl powder</i>	P	
SYMBYAX 12-50 MG CAPSULE <i>olanzapine/fluoxetine hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day
SYMBYAX 3-25 MG CAPSULE <i>olanzapine/fluoxetine hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day
SYMBYAX 6-25 MG CAPSULE <i>olanzapine/fluoxetine hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day
SYMBYAX 6-50 MG CAPSULE <i>olanzapine/fluoxetine hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl 100 mg tablet</i>	P	QPD 6 per day
<i>nefazodone hcl 150 mg tablet</i>	P	QPD 4 per day
<i>nefazodone hcl 200 mg tablet</i>	P	QPD 3 per day
<i>nefazodone hcl 250 mg tablet</i>	P	QPD 2.5 per day
<i>nefazodone hcl 50 mg tablet</i>	P	QPD 12 per day
<i>trazodone 100 mg tablet</i>	P	QPD 4 per day F11 Formulary Indicator 1
<i>trazodone 150 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>trazodone 300 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trazodone 50 mg tablet</i>	P	QPD 3 per day F11 Formulary Indicator 1
<i>trazodone hcl powder</i>	P	
TRINTELLIX 10 MG TABLET <i>vortioxetine hydrobromide</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
TRINTELLIX 20 MG TABLET <i>vortioxetine hydrobromide</i>	P	ST QPD 1 per day
TRINTELLIX 5 MG TABLET <i>vortioxetine hydrobromide</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
<i>vilazodone hcl 10 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>vilazodone hcl 20 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>vilazodone hcl 40 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl 10 mg tab</i>	P	F11 Formulary Indicator 1
<i>amitriptyline hcl 100 mg tab</i>	P	F11 Formulary Indicator 1
<i>amitriptyline hcl 150 mg tab</i>	P	F11 Formulary Indicator 1
<i>amitriptyline hcl 25 mg tab</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amitriptyline hcl 50 mg tab</i>	P	F11 Formulary Indicator 1
<i>amitriptyline hcl 75 mg tab</i>	P	F11 Formulary Indicator 1
<i>amitriptyline hcl powder</i>	P	
<i>amoxapine 100 mg tablet</i>	P	
<i>amoxapine 150 mg tablet</i>	P	
<i>amoxapine 25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>amoxapine 50 mg tablet</i>	P	F11 Formulary Indicator 1
ANAFRANIL 25 MG CAPSULE <i>clomipramine hcl</i>	P	SBA Select Brand Alternative
ANAFRANIL 50 MG CAPSULE <i>clomipramine hcl</i>	P	SBA Select Brand Alternative
ANAFRANIL 75 MG CAPSULE <i>clomipramine hcl</i>	P	SBA Select Brand Alternative
<i>chlordiazepo-amitriptyl 5-12.5</i>	P	
<i>chlordiazepox-amitriptyl 10-25</i>	P	
<i>clomipramine 25 mg capsule</i>	P	F11 Formulary Indicator 1
<i>clomipramine 50 mg capsule</i>	P	F11 Formulary Indicator 1
<i>clomipramine 75 mg capsule</i>	P	F11 Formulary Indicator 1
<i>clomipramine hcl powder</i>	P	
<i>desipramine 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>desipramine 100 mg tablet</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desipramine 150 mg tablet</i>	P	F11 Formulary Indicator 1
<i>desipramine 25 mg tablet</i>	P	
<i>desipramine 50 mg tablet</i>	P	
<i>desipramine 75 mg tablet</i>	P	
<i>desipramine hcl powder</i>	P	
<i>doxepin 10 mg capsule</i>	P	F11 Formulary Indicator 1
<i>doxepin 10 mg/ml oral conc</i>	P	
<i>doxepin 100 mg capsule</i>	P	F11 Formulary Indicator 1
<i>doxepin 150 mg capsule</i>	P	F11 Formulary Indicator 1
<i>doxepin 25 mg capsule</i>	P	F11 Formulary Indicator 1
<i>doxepin 50 mg capsule</i>	P	F11 Formulary Indicator 1
<i>doxepin 75 mg capsule</i>	P	F11 Formulary Indicator 1
<i>doxepin hcl 3 mg tablet</i>	P	QPD 1 per day
<i>doxepin hcl 6 mg tablet</i>	P	QPD 1 per day
<i>doxepin hcl powder</i>	P	
ELAVIL 25 MG TABLET <i>amitriptyline hcl</i>	P	
<i>imipramine hcl 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>imipramine hcl 25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>imipramine hcl 50 mg tablet</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>imipramine hcl powder</i>	P	
<i>imipramine pamoate 100 mg cap</i>	P	F11 Formulary Indicator 1
<i>imipramine pamoate 125 mg cap</i>	P	F11 Formulary Indicator 1
<i>imipramine pamoate 150 mg cap</i>	P	F11 Formulary Indicator 1
<i>imipramine pamoate 75 mg cap</i>	P	F11 Formulary Indicator 1
NORPRAMIN 10 MG TABLET <i>desipramine hcl</i>	P	
NORPRAMIN 25 MG TABLET <i>desipramine hcl</i>	P	
<i>nortriptyline 10 mg/5 ml soln</i>	P	
<i>nortriptyline hcl 10 mg cap</i>	P	F11 Formulary Indicator 1
<i>nortriptyline hcl 25 mg cap</i>	P	
<i>nortriptyline hcl 50 mg cap</i>	P	F11 Formulary Indicator 1
<i>nortriptyline hcl 75 mg cap</i>	P	F11 Formulary Indicator 1
<i>nortriptyline hcl powder</i>	P	
PAMELOR 10 MG CAPSULE <i>nortriptyline hcl</i>	P	SBA Select Brand Alternative
PAMELOR 25 MG CAPSULE <i>nortriptyline hcl</i>	P	SBA Select Brand Alternative
PAMELOR 50 MG CAPSULE <i>nortriptyline hcl</i>	P	SBA Select Brand Alternative
PAMELOR 75 MG CAPSULE <i>nortriptyline hcl</i>	P	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>perphen-amitrip 2 mg-10 mg tab</i>	P	AL At least 18 yrs old F11 Formulary Indicator 1
<i>perphen-amitrip 2 mg-25 mg tab</i>	P	AL At least 18 yrs old
<i>perphen-amitrip 4 mg-10 mg tab</i>	P	AL At least 18 yrs old
<i>perphen-amitrip 4 mg-25 mg tab</i>	P	AL At least 18 yrs old
<i>perphen-amitrip 4 mg-50 mg tab</i>	P	AL At least 18 yrs old
<i>protriptyline hcl 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>protriptyline hcl 5 mg tablet</i>	P	F11 Formulary Indicator 1
SILENOR 3 MG TABLET <i>doxepin hcl</i>	P	QPD 1 per day SBA Select Brand Alternative
SILENOR 6 MG TABLET <i>doxepin hcl</i>	P	QPD 1 per day SBA Select Brand Alternative
<i>trimipramine maleate 100 mg cp</i>	P	
<i>trimipramine maleate 25 mg cap</i>	P	F11 Formulary Indicator 1
<i>trimipramine maleate 50 mg cap</i>	P	F11 Formulary Indicator 1
<b>ANTIDIABETIC AGENTS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose 100 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>acarbose 25 mg tablet</i>	P	PR QPD 12 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acarbose 50 mg tablet</i>	P	PR QPD 6 per day
<i>miglitol 100 mg tablet</i>	P	PR QPD 3 per day
<i>miglitol 25 mg tablet</i>	P	PR QPD 3 per day
<i>miglitol 50 mg tablet</i>	P	PR QPD 3 per day
<b>AMYLINOMIMETICS</b>		
SYMLINPEN 120 PEN INJECTOR <i>pramlintide acetate</i>	P	PR PA QPD 0.4 per day
SYMLINPEN 60 PEN INJECTOR <i>pramlintide acetate</i>	P	PR PA QPD 0.2 per day
<b>ANTIDIABETIC AGENTS, MISCELLANEOUS</b>		
KORLYM 300 MG TABLET <i>mifepristone</i>	P	SPC PA
<b>BIGUANIDES</b>		
<i>metformin hcl 1,000 mg tablet</i>	P	PR QPD 2.5 per day F11 Formulary Indicator 1
<i>metformin hcl 500 mg tablet</i>	P	PR QPD 5 per day F11 Formulary Indicator 1
<i>metformin hcl 500 mg/5 ml soln</i>	P	PR QPD 25 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metformin hcl 850 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>metformin hcl 850 mg/8.5ml cup</i>	P	PR QPD 25 per day
<i>metformin hcl er 500 mg tablet</i>	P	PR QPD 5 per day F11 Formulary Indicator 1
<i>metformin hcl er 750 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>metformin hcl powder</i>	P	
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>		
JANUMET 50-1,000 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	P	ST PR QPD 2 per day
JANUMET 50-500 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	P	ST PR QPD 2 per day
JANUMET XR 100-1,000 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	P	ST PR QPD 1 per day
JANUMET XR 50-1,000 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	P	ST PR QPD 2 per day
JANUMET XR 50-500 MG TABLET <i>sitagliptin phosphate/metformin hcl</i>	P	ST PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANUVIA 100 MG TABLET <i>sitagliptin phosphate</i>	P	ST PR QPD 1 per day
JANUVIA 25 MG TABLET <i>sitagliptin phosphate</i>	P	ST PR QPD 1 per day
JANUVIA 50 MG TABLET <i>sitagliptin phosphate</i>	P	ST PR QPD 1 per day
JENTADUETO 2.5 MG-1000 MG TAB <i>linagliptin/metformin hcl</i>	P	ST PR QPD 2 per day
JENTADUETO 2.5 MG-500 MG TAB <i>linagliptin/metformin hcl</i>	P	ST PR QPD 2 per day
JENTADUETO 2.5 MG-850 MG TAB <i>linagliptin/metformin hcl</i>	P	ST PR QPD 2 per day
JENTADUETO XR 2.5 MG-1,000 MG <i>linagliptin/metformin hcl</i>	P	ST PR QPD 2 per day
JENTADUETO XR 5 MG-1,000 MG TB <i>linagliptin/metformin hcl</i>	P	ST PR QPD 1 per day
TRADJENTA 5 MG TABLET <i>linagliptin</i>	P	ST PR QPD 1 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>INCRETIN MIMETICS</b>		
BYDUREON 2 MG PEN INJECT <i>exenatide microspheres</i>	P	PR PA QPD 0.15 per day
BYDUREON BCISE 2 MG AUTOINJECT <i>exenatide microspheres</i>	P	PR PA QPD 0.15 per day
BYETTA 10 MCG DOSE PEN INJ <i>exenatide</i>	P	PR PA QPD 0.08 per day
BYETTA 5 MCG DOSE PEN INJ <i>exenatide</i>	P	PR PA QPD 0.04 per day
MOUNJARO 10 MG/0.5 ML PEN <i>tirzepatide</i>	P	PR PA QPD 0.08 per day
MOUNJARO 12.5 MG/0.5 ML PEN <i>tirzepatide</i>	P	PR PA QPD 0.08 per day
MOUNJARO 15 MG/0.5 ML PEN <i>tirzepatide</i>	P	PR PA QPD 0.08 per day
MOUNJARO 2.5 MG/0.5 ML PEN <i>tirzepatide</i>	P	PR PA QPD 0.08 per day
MOUNJARO 5 MG/0.5 ML PEN <i>tirzepatide</i>	P	PR PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 7.5 MG/0.5 ML PEN <i>tirzepatide</i>	P	PR PA QPD 0.08 per day
OZEMPIC 0.25-0.5 MG/DOSE PEN <i>semaglutide</i>	P	PR PA QPD 0.067 per day
OZEMPIC 1 MG/DOSE (2 MG/1.5ML) <i>semaglutide</i>	P	PR PA QPD 0.124 per day
OZEMPIC 1 MG/DOSE (4 MG/3 ML) <i>semaglutide</i>	P	PR PA QPD 0.124 per day
OZEMPIC 2 MG/DOSE (8 MG/3 ML) <i>semaglutide</i>	P	PR PA QPD 0.124 per day
RYBELSUS 14 MG TABLET <i>semaglutide</i>	P	PR PA QPD 1 per day
RYBELSUS 3 MG TABLET <i>semaglutide</i>	P	PR PA QPD 1 per day
RYBELSUS 7 MG TABLET <i>semaglutide</i>	P	PR PA QPD 1 per day
TRULICITY 0.75 MG/0.5 ML PEN <i>dulaglutide</i>	P	PR PA QPD 0.08 per day
TRULICITY 1.5 MG/0.5 ML PEN <i>dulaglutide</i>	P	PR PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRULICITY 3 MG/0.5 ML PEN <i>dulaglutide</i>	P	PR PA QPD 0.08 per day
TRULICITY 4.5 MG/0.5 ML PEN <i>dulaglutide</i>	P	PR PA QPD 0.08 per day
VICTOZA 2-PAK 18 MG/3 ML PEN <i>liraglutide</i>	P	PR PA QPD 0.3 per day
VICTOZA 3-PAK 18 MG/3 ML PEN <i>liraglutide</i>	P	PR PA QPD 0.3 per day
<b>MEGLITINIDES</b>		
<i>nateglinide 120 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>nateglinide 60 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>repaglinide 0.5 mg tablet</i>	P	PR QPD 4 per day
<i>repaglinide 1 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>repaglinide 2 mg tablet</i>	P	PR QPD 8 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>repaglinide-metformin 1-500 mg</i>	P	PR QPD 5 per day F11 Formulary Indicator 1
<i>repaglinide-metformin 2-500 mg</i>	P	PR QPD 5 per day F11 Formulary Indicator 1
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>		
FARXIGA 10 MG TABLET <i>dapagliflozin propanediol</i>	P	ST PR QPD 1 per day
FARXIGA 5 MG TABLET <i>dapagliflozin propanediol</i>	P	ST PR QPD 1 per day
GLYXAMBI 10 MG-5 MG TABLET <i>empagliflozin/linagliptin</i>	P	ST PR QPD 1 per day
GLYXAMBI 25 MG-5 MG TABLET <i>empagliflozin/linagliptin</i>	P	ST PR QPD 1 per day
JARDIANCE 10 MG TABLET <i>empagliflozin</i>	P	ST PR QPD 1 per day
JARDIANCE 25 MG TABLET <i>empagliflozin</i>	P	ST PR QPD 1 per day
SYNJARDY 12.5-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	P	ST PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNJARDY 12.5-500 MG TABLET <i>empagliflozin/metformin hcl</i>	P	ST PR QPD 2 per day
SYNJARDY 5-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	P	ST PR QPD 2 per day
SYNJARDY 5-500 MG TABLET <i>empagliflozin/metformin hcl</i>	P	ST PR QPD 2 per day
SYNJARDY XR 10-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	P	ST PR QPD 2 per day
SYNJARDY XR 12.5-1,000 MG TAB <i>empagliflozin/metformin hcl</i>	P	ST PR QPD 2 per day
SYNJARDY XR 25-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	P	ST PR QPD 1 per day
SYNJARDY XR 5-1,000 MG TABLET <i>empagliflozin/metformin hcl</i>	P	ST PR QPD 2 per day
TRIJARDY XR 10-5-1,000 MG TAB <i>empagliflozin/linagliptin/metformin hcl</i>	P	ST PR QPD 1 per day
TRIJARDY XR 12.5-2.5-1,000 MG <i>empagliflozin/linagliptin/metformin hcl</i>	P	ST PR QPD 2 per day
TRIJARDY XR 25-5-1,000 MG TAB <i>empagliflozin/linagliptin/metformin hcl</i>	P	ST PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIJARDY XR 5-2.5-1,000 MG TAB <i>empagliflozin/linagliptin/metformin hcl</i>	P	ST PR QPD 2 per day
XIGDUO XR 10 MG-1,000 MG TAB <i>dapagliflozin propanediol/metformin hcl</i>	P	ST PR QPD 1 per day
XIGDUO XR 10 MG-500 MG TABLET <i>dapagliflozin propanediol/metformin hcl</i>	P	ST PR QPD 1 per day
XIGDUO XR 2.5 MG-1,000 MG TAB <i>dapagliflozin propanediol/metformin hcl</i>	P	ST PR QPD 2 per day
XIGDUO XR 5 MG-1,000 MG TABLET <i>dapagliflozin propanediol/metformin hcl</i>	P	ST PR QPD 2 per day
XIGDUO XR 5 MG-500 MG TABLET <i>dapagliflozin propanediol/metformin hcl</i>	P	ST PR QPD 1 per day
<b>SULFONYLUREAS</b>		
<i>glimepiride 1 mg tablet</i>	P	PR
<i>glimepiride 2 mg tablet</i>	P	PR
<i>glimepiride 4 mg tablet</i>	P	PR
<i>glipizide 10 mg tablet</i>	P	PR
<i>glipizide 5 mg tablet</i>	P	PR
<i>glipizide er 10 mg tablet</i>	P	PR
<i>glipizide er 2.5 mg tablet</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glipizide er 5 mg tablet</i>	P	PR
<i>glipizide powder</i>	P	
<i>glipizide xl 10 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>glipizide xl 2.5 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>glipizide xl 5 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>glipizide-metformin 2.5-250 mg</i>	P	PR QPD 8 per day F11 Formulary Indicator 1
<i>glipizide-metformin 2.5-500 mg</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>glipizide-metformin 5-500 mg</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>glyburid-metformin 1.25-250 mg</i>	P	PR QPD 8 per day
<i>glyburide 1.25 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>glyburide 2.5 mg tablet</i>	P	PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glyburide 5 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>glyburide micro 1.5 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>glyburide micro 3 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>glyburide micro 6 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>glyburide powder</i>	P	
<i>glyburide-metformin 2.5-500 mg</i>	P	PR QPD 4 per day
<i>glyburide-metformin 5-500 mg</i>	P	PR QPD 4 per day
<b>THIAZOLIDINEDIONES</b>		
ACTOS 15 MG TABLET <i>pioglitazone hcl</i>	P	PR QPD 1 per day SBA Select Brand Alternative
ACTOS 30 MG TABLET <i>pioglitazone hcl</i>	P	PR QPD 1 per day SBA Select Brand Alternative
ACTOS 45 MG TABLET <i>pioglitazone hcl</i>	P	PR QPD 1 per day SBA Select Brand Alternative



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVANDIA 2 MG TABLET <i>rosiglitazone maleate</i>	P	PR PA QPD 3 per day
AVANDIA 4 MG TABLET <i>rosiglitazone maleate</i>	P	PR PA QPD 2 per day
<i>pioglitazone hcl 15 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>pioglitazone hcl 30 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>pioglitazone hcl 45 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>pioglitazone-glimepiride 30-2</i>	P	PR QPD 1 per day
<i>pioglitazone-glimepiride 30-4</i>	P	PR QPD 1 per day
<i>pioglitazone-metformin 15-500</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>pioglitazone-metformin 15-850</i>	P	PR QPD 3 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET 50 MG TABLET <i>dolasetron mesylate</i>	P	QPD 2.0 per day
<i>granisetron hcl 1 mg tablet</i>	P	QL 6 / 30 days
<i>ondansetron 16mg/50ml-0.9%nacl</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>ondansetron 4 mg/5 ml solution</i>	P	QPD 20 per day
<i>ondansetron 40 mg/20 ml vial</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>ondansetron 8mg/50ml-0.9% nacl</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>ondansetron hcl 4 mg tablet</i>	P	QL 24 / 30 days
<i>ondansetron hcl 4 mg/2 ml amp</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>ondansetron hcl 4 mg/2 ml syr</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>ondansetron hcl 4 mg/2 ml vial</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>ondansetron hcl 8 mg tablet</i>	P	QL 24 / 30 days
<i>ondansetron hcl powder</i>	P	
<i>ondansetron odt 4 mg tablet</i>	P	QL 24 / 30 days
<i>ondansetron odt 8 mg tablet</i>	P	QL 24 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOFRAN 4 MG TABLET <i>ondansetron hcl</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: purple; color: white; padding: 2px;">QL</span> 24 / 30 days</div> <div><span style="background-color: red; color: white; padding: 2px;">SBA</span> Select Brand Alternative</div> </div>
<b>ANTIEMETICS, MISCELLANEOUS</b>		
<i>diphenidol hcl powder</i>	P	
<i>dronabinol 10 mg capsule</i>	P	<span style="background-color: blue; color: white; padding: 2px;">QPD</span> 5 per day
<i>dronabinol 2.5 mg capsule</i>	P	<span style="background-color: blue; color: white; padding: 2px;">QPD</span> 5 per day
<i>dronabinol 5 mg capsule</i>	P	<span style="background-color: blue; color: white; padding: 2px;">QPD</span> 5 per day
MARINOL 10 MG CAPSULE <i>dronabinol</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: brown; color: white; padding: 2px;">PA</span></div> <div><span style="background-color: blue; color: white; padding: 2px;">QPD</span> 5 per day</div> </div>
MARINOL 2.5 MG CAPSULE <i>dronabinol</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: brown; color: white; padding: 2px;">PA</span></div> <div><span style="background-color: blue; color: white; padding: 2px;">QPD</span> 5 per day</div> </div>
MARINOL 5 MG CAPSULE <i>dronabinol</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: brown; color: white; padding: 2px;">PA</span></div> <div><span style="background-color: blue; color: white; padding: 2px;">QPD</span> 5 per day</div> </div>
<i>scopolamine 1 mg/3 day patch</i>	P	
SYNDROS 5 MG/ML SOLUTION <i>dronabinol</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: purple; color: white; padding: 2px;">AL</span> At least 18 yrs old</div> <div><span style="background-color: brown; color: white; padding: 2px;">PA</span></div> <div><span style="background-color: blue; color: white; padding: 2px;">QPD</span> 13 per day</div> </div>
TRANSDERM-SCOP 1 MG/3 DAY PTCH <i>scopolamine</i>	P	<span style="background-color: red; color: white; padding: 2px;">SBA</span> Select Brand Alternative
TRANSDERM-SCOP 1.5 MG (1MG/3D) <i>scopolamine</i>	P	<span style="background-color: red; color: white; padding: 2px;">SBA</span> Select Brand Alternative
<b>ANTIHISTAMINES (GI DRUGS)</b>		
ANTIVERT 50 MG TABLET <i>meclizine hcl</i>	P	
BONJESTA ER 20-20 MG TABLET <i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><span style="background-color: brown; color: white; padding: 2px;">PA</span></div> <div><span style="background-color: blue; color: white; padding: 2px;">QPD</span> 2 per day</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPАЗINE 10 MG TABLET <i>prochlorperazine maleate</i>	P	
COMPАЗINE 25 MG SUPPOSITORY <i>prochlorperazine</i>	P	
COMPАЗINE 5 MG TABLET <i>prochlorperazine maleate</i>	P	
COMPRO 25 MG SUPPOSITORY <i>prochlorperazine</i>	P	
<i>doxylamine-pyridoxine 10-10 mg</i>	P	PA QPD 4 per day
<i>meclizine 12.5 mg tablet</i>	P	
<i>meclizine 25 mg tablet</i>	P	
<i>meclizine hcl powder</i>	P	
<i>prochlorperazine 10 mg tab</i>	P	
<i>prochlorperazine 25 mg supp</i>	P	
<i>prochlorperazine 5 mg tablet</i>	P	
<i>prochlorperazine 50 mg/10 ml</i>	P	
TIGAN 300 MG CAPSULE <i>trimethobenzamide hcl</i>	P	
<i>trimethobenzamide 300 mg cap</i>	P	
<i>trimethobenzamide hcl powder</i>	P	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS</b>		
AKYNZEO 300-0.5 MG CAPSULE <i>netupitant/palonosetron hcl</i>	P	PA QPD 0.15 per day
<i>aprepitant 125 mg capsule</i>	P	QPD 0.08 per day
<i>aprepitant 125-80-80 mg pack</i>	P	QL 3/ fill
<i>aprepitant 40 mg capsule</i>	P	QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aprepitant 80 mg capsule</i>	P	QPD 0.15 per day
EMEND 125 MG POWDER PACKET <i>aprepitant</i>	P	QPD 0.08 per day
EMEND 80 MG CAPSULE <i>aprepitant</i>	P	QPD 0.15 per day SBA Select Brand Alternative
EMEND TRIPACK <i>aprepitant</i>	P	QL 3/ fill SBA Select Brand Alternative
VARUBI 180 MG DOSE(2X 90MG TB) <i>rolapitant hcl</i>	P	SPC PA QPD 0.15 per day
<b>ANTIFUNGAL (SYSTEMIC)</b>		
<b>ALLYLAMINE ANTIFUNGALS</b>		
<i>terbinafine hcl 250 mg tablet</i>	P	
<i>terbinafine hcl powder</i>	P	
<b>ANTIFUNGALS, MISCELLANEOUS</b>		
<i>griseofulvin 125 mg/5 ml susp</i>	P	
<i>griseofulvin micro 500 mg tab</i>	P	
<i>griseofulvin micronized powder</i>	P	
<i>griseofulvin powder</i>	P	
<i>griseofulvin ultra 125 mg tab</i>	P	
<i>griseofulvin ultra 250 mg tab</i>	P	
<i>thymol crystals</i>	P	
<i>thymol iodide powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>AZOLE ANTIFUNGALS</b>		
CRESEMBA 186 MG CAPSULE <i>isavuconazonium sulfate</i>	P	PA
DIFLUCAN 10 MG/ML SUSPENSION <i>fluconazole</i>	P	
DIFLUCAN 100 MG TABLET <i>fluconazole</i>	P	
DIFLUCAN 150 MG TABLET <i>fluconazole</i>	P	QPD 1 per day
DIFLUCAN 200 MG TABLET <i>fluconazole</i>	P	
DIFLUCAN 40 MG/ML SUSPENSION <i>fluconazole</i>	P	
DIFLUCAN 50 MG TABLET <i>fluconazole</i>	P	
<i>fluconazole 10 mg/ml susp</i>	P	
<i>fluconazole 100 mg tablet</i>	P	
<i>fluconazole 150 mg tablet</i>	P	QPD 1 per day
<i>fluconazole 200 mg tablet</i>	P	
<i>fluconazole 40 mg/ml susp</i>	P	
<i>fluconazole 50 mg tablet</i>	P	
<i>fluconazole powder</i>	P	
<i>itraconazole 10 mg/ml solution</i>	P	
<i>itraconazole 100 mg capsule</i>	P	
<i>itraconazole 100 mg/10 ml cup</i>	P	
<i>itraconazole micronized powder</i>	P	
<i>itraconazole powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketoconazole 200 mg tablet</i>	P	
<i>ketoconazole crystals</i>	P	
<i>ketoconazole powder</i>	P	
NOXAFIL 300 MG POWDERMIX SUSP <i>posaconazole</i>	P	
NOXAFIL 40 MG/ML SUSPENSION <i>posaconazole</i>	P	
<i>posaconazole dr 100 mg tablet</i>	P	
VFEND 200 MG TABLET <i>voriconazole</i>	P	QPD 4 per day
VFEND 40 MG/ML SUSPENSION <i>voriconazole</i>	P	SPC QPD 20 per day
VFEND 50 MG TABLET <i>voriconazole</i>	P	QPD 4 per day
VIVJOA 150 MG CAPSULE <i>oteseconazole</i>	P	QL 21 / fill PA
<i>voriconazole 200 mg tablet</i>	P	QPD 4 per day
<i>voriconazole 40 mg/ml susp</i>	P	SPC QPD 20 per day
<i>voriconazole 50 mg tablet</i>	P	QPD 4 per day
<i>voriconazole powder</i>	P	
<b>POLYENE ANTIFUNGALS</b>		
<i>amphotericin b powder</i>	P	
<i>nystatin 100,000 unit/ml susp</i>	P	
<i>nystatin 500,000 unit oral tab</i>	P	
<i>nystatin 500,000 unit/5 ml cup</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PYRIMIDINE ANTIFUNGALS</b>		
ANCOBON 250 MG CAPSULE <i>flucytosine</i>	P	
ANCOBON 500 MG CAPSULE <i>flucytosine</i>	P	
<i>flucytosine 250 mg capsule</i>	P	
<i>flucytosine 500 mg capsule</i>	P	
<i>flucytosine powder</i>	P	
<b>ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)</b>		
<b>ANTIFUNGALS (SKIN, MUCOUS MEMBRANE), MISC</b>		
<i>clioquinol powder</i>	P	
<i>gentian violet crystals</i>	P	
<i>sodium propionate powder</i>	P	
<i>sodium thiosulfate crystals</i>	P	
<i>undecylenic acid liquid</i>	P	
<i>zinc undecylenate powder</i>	P	
<b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>clotrimazole 1% solution</i>	P	
<i>clotrimazole 1% topical cream</i>	P	
<i>clotrimazole 10 mg troche</i>	P	
<i>clotrimazole crystalline</i>	P	
<i>clotrimazole powder</i>	P	
<i>clotrimazole-betamethasone crm</i>	P	
<i>econazole nitrate 1% cream</i>	P	
<i>econazole nitrate powder</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GYNAZOLE 1 2% CREAM <i>butoconazole nitrate</i>	P	
<i>ketoconazole 2% cream</i>	P	QPD 2 per day
<i>ketoconazole 2% shampoo</i>	P	
<i>luliconazole 1% cream</i>	P	PA QPD 2 per day
<i>miconazole 3 200 mg vag supp</i>	P	GL Female
<i>miconazole nitrate powder</i>	P	
<i>miconazole powder</i>	P	
ORAVIG 50 MG BUCCAL TABLET <i>miconazole</i>	P	
<i>terconazole 0.4% cream</i>	P	GL Female QPD 1.5 per day
<i>terconazole 0.8% cream</i>	P	GL Female QPD 1.5 per day
<i>terconazole 80 mg suppository</i>	P	GL Female QPD 1.5 per day
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN 8% SOLUTION <i>ciclopirox</i>	P	QPD 0.22 per day
<i>ciclopirox 0.77% cream</i>	P	
<i>ciclopirox 0.77% gel</i>	P	
<i>ciclopirox 0.77% topical susp</i>	P	
<i>ciclopirox 1% shampoo</i>	P	
<i>ciclopirox 8% solution</i>	P	QPD 0.22 per day
<i>ciclopirox olamine powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciclopirox powder</i>	P	
LOPROX 1% SHAMPOO <i>ciclopirox</i>	P	SBA Select Brand Alternative
<b>OXABOROLES</b>		
KERYDIN 5% TOPICAL SOLUTION <i>tavaborole</i>	P	AL At least 6 yrs old PA QPD 0.67 per day
<i>tavaborole 5% topical solution</i>	P	AL At least 6 yrs old PA QPD 0.67 per day
<b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>		
NYAMYC 100,000 UNIT/GM POWDER <i>nystatin</i>	P	
<i>nystatin 1 billion unit powder</i>	P	
<i>nystatin 1 million unit powder</i>	P	
<i>nystatin 10 billion unit powd</i>	P	
<i>nystatin 100 million units pwd</i>	P	
<i>nystatin 100,000 unit/gm cream</i>	P	
<i>nystatin 100,000 unit/gm oint</i>	P	
<i>nystatin 100,000 unit/gm powd</i>	P	QPD 1 per day
<i>nystatin 15 billion unit powd</i>	P	
<i>nystatin 150 million unit pwd</i>	P	
<i>nystatin 2 billion unit powder</i>	P	
<i>nystatin 5 billion unit powder</i>	P	
<i>nystatin 50 million unit pwd</i>	P	
<i>nystatin 500 million unit pwd</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nystatin-triamcinolone cream</i>	P	
<i>nystatin-triamcinolone ointm</i>	P	
NYSTOP 100,000 UNIT/GM POWDER <i>nystatin</i>	P	
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE)		
<i>tolnaftate powder</i>	P	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS <i>brimonidine tartrate</i>	P	QPD 0.4 per day
<i>brimonidine 0.2% eye drop</i>	P	QPD 0.4 per day
<i>brimonidine tartrate 0.15% drp</i>	P	QPD 0.4 per day
<i>brimonidine tartrate powder</i>	P	
<i>brimonidine-timolol 0.2%-0.5%</i>	P	QPD 0.334 per day
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol hcl 0.5% eye drop</i>	P	QPD 0.54 per day
BETIMOL 0.25% EYE DROPS <i>timolol</i>	P	QPD 0.286 per day
BETIMOL 0.5% EYE DROPS <i>timolol</i>	P	QPD 0.334 per day
BETOPTIC S 0.25% EYE DROP <i>betaxolol hcl</i>	P	QPD 0.54 per day
BETOPTIC S 0.25% EYE DROPS <i>betaxolol hcl</i>	P	QPD 0.54 per day
<i>carteolol hcl 1% eye drops</i>	P	QPD 0.334 per day
ISTALOL 0.5% EYE DROPS <i>timolol maleate</i>	P	QPD 0.286 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levobunolol 0.5% eye drops</i>	P	QPD 0.4 per day
<i>metipranolol 0.3% eye drops</i>	P	QPD 0.334 per day
<i>timolol 0.25% gel-solution</i>	P	QPD 0.286 per day
<i>timolol 0.5% gel-solution</i>	P	QPD 0.286 per day
<i>timolol 0.5% gfs gel-solution</i>	P	QPD 0.286 per day
<i>timolol maleate 0.25% eye drop</i>	P	QPD 2 per day
<i>timolol maleate 0.25% eye drop</i>	P	QPD 2 per day
<i>timolol maleate 0.5% eye drop</i>	P	QPD 2 per day
<i>timolol maleate 0.5% eye drops</i>	P	QPD 0.334 per day
<b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>		
<i>acetazolamide 125 mg tablet</i>	P	F11 Formulary Indicator 1
<i>acetazolamide 250 mg tablet</i>	P	F11 Formulary Indicator 1
<i>acetazolamide er 500 mg cap</i>	P	F11 Formulary Indicator 1
<i>acetazolamide powder</i>	P	
<i>brinzolamide 1% eye drops</i>	P	QPD 0.5 per day
<i>dorzolamide hcl 2% eye drops</i>	P	QPD 0.4 per day
<i>dorzolamide-timolol 2%-0.5%</i>	P	QPD 2 per day
<i>dorzolamide-timolol eye drops</i>	P	QPD 0.334 per day
<i>methazolamide 25 mg tablet</i>	P	
<i>methazolamide 50 mg tablet</i>	P	
<i>methazolamide powder</i>	P	
<b>SIMBRINZA 1%-0.2% EYE DROP</b> <i>brinzolamide/brimonidine tartrate</i>	P	QPD 0.4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMBRINZA 1%-0.2% EYE DROPS <i>brinzolamide/brimonidine tartrate</i>	P	QPD 0.4 per day
TRUSOPT 2% EYE DROPS <i>dorzolamide hcl</i>	P	QPD 0.4 per day
<b>MIOTICS</b>		
<i>acetylcholine chloride powder</i>	P	
<i>carbachol 99% powder</i>	P	
ISOPTO CARPINE 1% EYE DROPS <i>pilocarpine hcl</i>	P	QPD 0.54 per day
ISOPTO CARPINE 2% EYE DROPS <i>pilocarpine hcl</i>	P	QPD 0.54 per day
ISOPTO CARPINE 4% EYE DROPS <i>pilocarpine hcl</i>	P	QPD 0.54 per day
PHOSPHOLINE IODIDE 0.125% <i>echothiophate iodide</i>	P	
PHOSPHOLINE IODIDE 0.125% DROP <i>echothiophate iodide</i>	P	
<i>pilocarpine 1% eye drops</i>	P	QPD 0.54 per day
<i>pilocarpine 2% eye drops</i>	P	QPD 0.54 per day
<i>pilocarpine 4% eye drops</i>	P	QPD 0.54 per day
<i>pilocarpine hcl powder</i>	P	
<i>pilocarpine nitrate crystal</i>	P	
<i>pilocarpine nitrate powder</i>	P	
<b>PROSTAGLANDIN ANALOGS</b>		
<i>bimatoprost 0.03% eye drops</i>	P	QPD 0.13 per day
<i>latanoprost 0.005% eye drops</i>	P	QPD 0.13 per day
<i>latanoprost oil</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMIGAN 0.01% EYE DROPS <i>bimatoprost</i>	P	QPD 0.13 per day
<i>travoprost 0.004% eye drop</i>	P	QPD 0.13 per day
XELPROS 0.005% EYE DROP <i>latanoprost</i>	P	QPD 0.13 per day
<b>RHO KINASE INHIBITORS</b>		
RHOPRESSA 0.02% OPHTH SOLUTION <i>netarsudil mesylate</i>	P	QPD 0.1 per day
ROCKLATAN 0.02%-0.005% EYE DRP <i>netarsudil mesylate/latanoprost</i>	P	QPD 0.1 per day
<b>ANTIHEMORRHAGIC AGENTS</b>		
<b>ANTIHEPARIN AGENTS</b>		
<i>protamine sulfate powder</i>	P	
<b>HEMOSTATICS</b>		
6-aminocaproic acid powder	P	
ADVATE 1,201-1,800 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
ADVATE 1,801-2,400 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
ADVATE 2,401-3,600 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
ADVATE 200-400 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
ADVATE 3,601-4,800 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
ADVATE 401-800 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVATE 801-1,200 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
ADYNOVATE 1,251-2,500 UNIT VL <i>antihemophilic factor (fviii) recombinant, full length, peg</i>	P	SPC PA
ADYNOVATE 1,500 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length, peg</i>	P	SPC PA
ADYNOVATE 200-400 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length, peg</i>	P	SPC PA
ADYNOVATE 3,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length, peg</i>	P	SPC PA
ADYNOVATE 401-800 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length, peg</i>	P	SPC PA
ADYNOVATE 750 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length, peg</i>	P	SPC PA
ADYNOVATE 801-1,250 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length, peg</i>	P	SPC PA
AFSTYLA 1,000 UNIT VIAL <i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	P	SPC PA
AFSTYLA 1,500 UNIT RANGE VIAL <i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	P	SPC PA
AFSTYLA 2,000 UNIT VIAL <i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	P	SPC PA
AFSTYLA 2,500 UNIT RANGE VIAL <i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	P	SPC PA
AFSTYLA 250 UNIT VIAL <i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFSTYLA 3,000 UNIT VIAL <i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	P	SPC PA
AFSTYLA 500 UNIT VIAL <i>antihemophilic factor viii recomb, single-chn, b-dom truncated</i>	P	SPC PA
ALPHANATE 1,000-400 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
ALPHANATE 1,500-600 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
ALPHANATE 2,000-800 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
ALPHANATE 250-100 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
ALPHANATE 500-200 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
ALPHANINE SD 1,000 UNIT VIAL <i>factor ix</i>	P	SPC
ALPHANINE SD 1,500 UNIT VIAL <i>factor ix</i>	P	SPC
ALPHANINE SD 500 UNIT VIAL <i>factor ix</i>	P	SPC
ALPROLIX 1,000 UNIT NOMINAL <i>factor ix recombinant, fc fusion protein</i>	P	SPC PA
ALPROLIX 2,000 UNIT NOMINAL <i>factor ix recombinant, fc fusion protein</i>	P	SPC PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPROLIX 250 UNIT NOMINAL <i>factor ix recombinant, fc fusion protein</i>	P	SPC PA
ALPROLIX 3,000 UNIT NOMINAL <i>factor ix recombinant, fc fusion protein</i>	P	SPC PA
ALPROLIX 4,000 UNIT NOMINAL <i>factor ix recombinant, fc fusion protein</i>	P	SPC PA
ALPROLIX 500 UNIT NOMINAL <i>factor ix recombinant, fc fusion protein</i>	P	SPC PA
<i>aminocaproic acid 0.25 gram/ml</i>	P	
<i>aminocaproic acid 1,000 mg tab</i>	P	
<i>aminocaproic acid 500 mg tab</i>	P	
<i>aminocaproic acid powder</i>	P	
AVITENE FLOUR <i>microfibrillar collagen</i>	P	
AVITENE FLOUR <i>microfibrillar collagen</i>	P	
AVITENE SHEET 35MMX35MM <i>microfibrillar collagen</i>	P	
AVITENE SHEET 70MMX35MM <i>microfibrillar collagen</i>	P	
AVITENE SHEET 70MMX70MM <i>microfibrillar collagen</i>	P	
BENEFIX 1,000 UNIT RANGE <i>factor ix human recombinant</i>	P	SPC PA
BENEFIX 2,000 UNIT RANGE <i>factor ix human recombinant</i>	P	SPC PA
BENEFIX 250 UNIT RANGE <i>factor ix human recombinant</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENEFIX 3,000 UNIT RANGE <i>factor ix human recombinant</i>	P	SPC PA
BENEFIX 500 UNIT RANGE <i>factor ix human recombinant</i>	P	SPC PA
<i>carbazochrome powder</i>	P	
COAGADEX 250 UNIT VIAL <i>coagulation factor x</i>	P	SPC PA
COAGADEX 500 UNIT VIAL <i>coagulation factor x</i>	P	SPC PA
CORIFACT KIT <i>factor xiii</i>	P	SPC
ELOCTATE 1,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ELOCTATE 1,500 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ELOCTATE 2,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ELOCTATE 250 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ELOCTATE 3,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ELOCTATE 4,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ELOCTATE 5,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ELOCTATE 500 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELOCTATE 6,000 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ELOCTATE 750 UNIT NOMINAL <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>	P	SPC PA
ENDO-AVITENE 10MM SHEET <i>microfibrillar collagen</i>	P	
ENDO-AVITENE 5MM SHEET <i>microfibrillar collagen</i>	P	
ESPEROCT 1,000 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	P	SPC PA
ESPEROCT 1,500 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	P	SPC PA
ESPEROCT 2,000 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	P	SPC PA
ESPEROCT 3,000 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	P	SPC PA
ESPEROCT 500 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>	P	SPC PA
EVARREST 2"X4" PATCH <i>fibrinogen/thrombin (human plasma derived)</i>	P	
EVARREST 4"X4" PATCH <i>fibrinogen/thrombin (human plasma derived)</i>	P	
FEIBA NF 1,000 UNIT (NOMINAL) <i>anti-inhibitor coagulant complex</i>	P	SPC PA
FEIBA NF 2,500 UNIT (NOMINAL) <i>anti-inhibitor coagulant complex</i>	P	SPC PA
FEIBA NF 500 UNIT (NOMINAL) <i>anti-inhibitor coagulant complex</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMLIBRA 105 MG/0.7 ML VIAL <i>emicizumab-kxwh</i>	P	SPC PA QPD 12 per day
HEMLIBRA 150 MG/ML VIAL <i>emicizumab-kxwh</i>	P	SPC PA QPD 12 per day
HEMLIBRA 30 MG/ML VIAL <i>emicizumab-kxwh</i>	P	SPC PA QPD 12 per day
HEMLIBRA 60 MG/0.4 ML VIAL <i>emicizumab-kxwh</i>	P	SPC PA QPD 12 per day
HEMOFIL M 1,000 UNIT NOMINAL <i>antihemophilic factor, human</i>	P	SPC PA
HEMOFIL M 1,700 UNIT NOMINAL <i>antihemophilic factor, human</i>	P	SPC PA
HEMOFIL M 250 UNIT NOMINAL <i>antihemophilic factor, human</i>	P	SPC PA
HEMOFIL M 500 UNIT NOMINAL <i>antihemophilic factor, human</i>	P	SPC PA
HUMATE-P 1,200 UNIT VWF:RCO <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
HUMATE-P 2,400 UNIT VWF:RCO <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
HUMATE-P 600 UNIT VWF:RCO <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IDELVION 1,000 UNIT RANGE VIAL</b> <i>factor ix recombinant, albumin fusion protein</i>	P	<span>SPC</span> <span>PA</span>
<b>IDELVION 2,000 UNIT RANGE VIAL</b> <i>factor ix recombinant, albumin fusion protein</i>	P	<span>SPC</span> <span>PA</span>
<b>IDELVION 250 UNIT RANGE VIAL</b> <i>factor ix recombinant, albumin fusion protein</i>	P	<span>SPC</span> <span>PA</span>
<b>IDELVION 3,500 UNIT RANGE VIAL</b> <i>factor ix recombinant, albumin fusion protein</i>	P	<span>SPC</span> <span>PA</span>
<b>IDELVION 500 UNIT RANGE VIAL</b> <i>factor ix recombinant, albumin fusion protein</i>	P	<span>SPC</span> <span>PA</span>
<b>IXINITY 1,000 UNIT RANGE</b> <i>factor ix human recombinant, threonine 148</i>	P	<span>SPC</span> <span>PA</span>
<b>IXINITY 1,500 UNIT RANGE</b> <i>factor ix human recombinant, threonine 148</i>	P	<span>SPC</span> <span>PA</span>
<b>IXINITY 2,000 UNIT RANGE</b> <i>factor ix human recombinant, threonine 148</i>	P	<span>SPC</span> <span>PA</span>
<b>IXINITY 250 UNIT RANGE</b> <i>factor ix human recombinant, threonine 148</i>	P	<span>SPC</span> <span>PA</span>
<b>IXINITY 3,000 UNIT RANGE</b> <i>factor ix human recombinant, threonine 148</i>	P	<span>SPC</span> <span>PA</span>
<b>IXINITY 500 UNIT RANGE</b> <i>factor ix human recombinant, threonine 148</i>	P	<span>SPC</span> <span>PA</span>
<b>JIVI 1,000 UNIT VIAL</b> <i>antihemophilic factor (fviii) rec, b-domain deleted peg-auc1</i>	P	<span>SPC</span> <span>PA</span>
<b>JIVI 2,000 UNIT VIAL</b> <i>antihemophilic factor (fviii) rec, b-domain deleted peg-auc1</i>	P	<span>SPC</span> <span>PA</span>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JIVI 3,000 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-domain deleted peg-auc1</i>	P	SPC PA
JIVI 500 UNIT VIAL <i>antihemophilic factor (fviii) rec, b-domain deleted peg-auc1</i>	P	SPC PA
KOATE 1,000 UNIT VIAL <i>antihemophilic factor, human</i>	P	SPC PA
KOATE 250 UNIT VIAL <i>antihemophilic factor, human</i>	P	SPC PA
KOATE 500 UNIT VIAL <i>antihemophilic factor, human</i>	P	SPC PA
KOGENATE FS 1,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOGENATE FS 2,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOGENATE FS 250 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOGENATE FS 3,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOGENATE FS 500 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 1,000 UNIT KIT <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 1,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 2,000 UNIT KIT <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOVALTRY 2,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 250 UNIT KIT <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 250 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 3,000 UNIT KIT <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 3,000 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 500 UNIT KIT <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
KOVALTRY 500 UNIT VIAL <i>antihemophilic factor (fviii) recombinant, full length</i>	P	SPC PA
LYSTEDA 650 MG TABLET <i>tranexamic acid</i>	P	GL Female QPD 6 per day
MONONINE 1,000 UNIT VIAL <i>factor ix</i>	P	SPC PA
NOVOEIGHT 1,000 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	P	SPC PA
NOVOEIGHT 1,500 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	P	SPC PA
NOVOEIGHT 2,000 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	P	SPC PA
NOVOEIGHT 250 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOEIGHT 3,000 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	P	SPC PA
NOVOEIGHT 500 UNIT VIAL <i>antihemophilic factor viii recombinant, b-domain truncated</i>	P	SPC PA
NOVOSEVEN RT 1 MG VIAL <i>coagulation factor viia (recombinant)</i>	P	SPC PA
NOVOSEVEN RT 2 MG VIAL <i>coagulation factor viia (recombinant)</i>	P	SPC PA
NOVOSEVEN RT 5 MG VIAL <i>coagulation factor viia (recombinant)</i>	P	SPC PA
NOVOSEVEN RT 8 MG VIAL <i>coagulation factor viia (recombinant)</i>	P	SPC PA
NUWIQ 1,000 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 1,000 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 2,000 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 2,000 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 2,500 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 2,500 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 250 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUWIQ 250 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 3,000 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 3,000 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 4,000 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 4,000 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 500 UNIT VIAL <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
NUWIQ 500 UNIT VIAL PACK <i>antihemophilic factor viii rec hek cell, b-domain deleted</i>	P	SPC PA
OBIZUR 500 UNIT VIAL <i>antihemophilic factor viii, recombinant porcine sequence</i>	P	SPC PA
OBIZUR 500 UNIT VIAL - 5 VIALS <i>antihemophilic factor viii, recombinant porcine sequence</i>	P	SPC PA
PROFILNINE 1,000 UNIT VIAL <i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	P	SPC PA
PROFILNINE 1,500 UNIT VIAL <i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	P	SPC PA
PROFILNINE 500 UNIT VIAL <i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>	P	SPC PA
REBINYN 1,000 UNIT VIAL <i>factor ix (human) recombinant, pegylated</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBINYN 2,000 UNIT VIAL <i>factor ix (human) recombinant, pegylated</i>	P	SPC PA
REBINYN 500 UNIT VIAL <i>factor ix (human) recombinant, pegylated</i>	P	SPC PA
RECOMBINATE 1,241-1,800 UNIT V <i>antihemophilic factor viii, human recombinant</i>	P	SPC PA
RECOMBINATE 1,801-2,400 UNIT V <i>antihemophilic factor viii, human recombinant</i>	P	SPC PA
RECOMBINATE 220-400 UNIT VIAL <i>antihemophilic factor viii, human recombinant</i>	P	SPC PA
RECOMBINATE 401-800 UNIT VIAL <i>antihemophilic factor viii, human recombinant</i>	P	SPC PA
RECOMBINATE 801-1,240 UNIT VL <i>antihemophilic factor viii, human recombinant</i>	P	SPC PA
RIXUBIS 1,000 UNIT NOMINAL <i>factor ix human recombinant</i>	P	SPC PA
RIXUBIS 2,000 UNIT NOMINAL <i>factor ix human recombinant</i>	P	SPC PA
RIXUBIS 250 UNIT NOMINAL <i>factor ix human recombinant</i>	P	SPC PA
RIXUBIS 3,000 UNIT NOMINAL <i>factor ix human recombinant</i>	P	SPC PA
RIXUBIS 500 UNIT NOMINAL <i>factor ix human recombinant</i>	P	SPC PA
SEVENFACT 1 MG VIAL <i>coagulation factor viia recombinant-jncw</i>	P	SPC PA
SEVENFACT 5 MG VIAL <i>coagulation factor viia recombinant-jncw</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYRINGE AVITENE FLOUR <i>microfibrillar collagen</i>	P	
TACHOSIL 4.8 CM X 4.8 CM PATCH <i>fibrinogen/thrombin (human plasma derived)</i>	P	
TACHOSIL 9.5 CM X 4.8 CM PATCH <i>fibrinogen/thrombin (human plasma derived)</i>	P	
THROMBIN-JMI 20,000 UNIT VIAL <i>thrombin (bovine)</i>	P	
THROMBIN-JMI 20,000 UNITS PUMP <i>thrombin (bovine)</i>	P	
THROMBIN-JMI 20,000 UNITS SYR <i>thrombin (bovine)</i>	P	
THROMBIN-JMI 5,000 UNIT EPIST <i>thrombin (bovine)</i>	P	
THROMBIN-JMI 5,000 UNITS SYR <i>thrombin (bovine)</i>	P	
THROMBIN-JMI 5,000 UNITS VIAL <i>thrombin (bovine)</i>	P	
<i>tranexamic acid 650 mg tablet</i>	P	GL Female QPD 6 per day
<i>tranexamic acid powder</i>	P	
TRETTEN 2,500 UNIT VIAL <i>factor xiii a-subunit, recombinant</i>	P	SPC PA
ULTRAFOAM 2X6.25X7CM SPONGE <i>microfibrillar collagen</i>	P	
ULTRAFOAM 8X12.5X1CM SPONGE <i>microfibrillar collagen</i>	P	
ULTRAFOAM 8X12.5X3CM SPONGE <i>microfibrillar collagen</i>	P	
ULTRAFOAM 8X6.25X1CM SPONGE <i>microfibrillar collagen</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VONVENDI 1,300 UNIT VIAL <i>von willebrand factor (recombinant)</i>	P	SPC PA
VONVENDI 650 UNIT VIAL <i>von willebrand factor (recombinant)</i>	P	SPC PA
WILATE 1,000-1,000 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
WILATE 500-500 UNIT VIAL <i>antihemophilic factor, human/von willebrand factor, human</i>	P	SPC PA
XYNTHA 1,000 UNIT KIT <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	P	SPC PA
XYNTHA 2,000 UNIT KIT <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	P	SPC PA
XYNTHA 2,000 UNIT VIAL <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	P	SPC PA
XYNTHA 250 UNIT KIT <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	P	SPC PA
XYNTHA 500 UNIT KIT <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 1,000 UNIT KIT <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 1,000 UNIT SYR <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 2,000 UNIT KIT <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYNTHA SOLOFUSE 2,000 UNIT SYR <i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 250 UNIT KIT <i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 250 UNIT SYR <i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 3,000 UNIT KIT <i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 3,000 UNIT SYR <i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 500 UNIT KIT <i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	P	SPC PA
XYNTHA SOLOFUSE 500 UNIT SYR <i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>	P	SPC PA
<b>ANTIHISTAMINE DRUGS</b>		
<b>OTHER ANTIHISTAMINES</b>		
<i>ketotifen fumarate powder</i>	P	
<b>SECOND GENERATION ANTIHISTAMINES</b>		
<i>cetirizine hcl 1 mg/ml soln</i>	P	QPD 10 per day
<i>cetirizine hcl 1 mg/ml syrup</i>	P	QPD 10 per day
<i>desloratadine 5 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fexofenadine hcl powder</i>	P	
<i>levocetirizine 2.5 mg/5 ml sol</i>	P	QPD 30 per day F11 Formulary Indicator 1
<i>levocetirizine 5 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>levocetirizine dihydrochl pwdr</i>	P	
<i>loratadine micronized powder</i>	P	
<i>loratadine powder</i>	P	
XYZAL 2.5 MG/5 ML SOLUTION <i>levocetirizine dihydrochloride</i>	P	QPD 30 per day
<b>ANTIHYPOGLYCEMIC AGENTS</b>		
<b>ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS</b>		
<i>diazoxide 50 mg/ml oral susp</i>	P	F11 Formulary Indicator 1
PROGLYCEM 50 MG/ML ORAL SUSP <i>diazoxide</i>	P	
<b>GLYCOGENOLYTIC AGENTS</b>		
BAQSIMI 3 MG SPRAY <i>glucagon</i>	P	
BAQSIMI 3 MG SPRAY ONE PACK <i>glucagon</i>	P	
BAQSIMI 3 MG SPRAY TWO PACK <i>glucagon</i>	P	
GLUCAGON 1 MG EMERGENCY KIT <i>glucagon</i>	P	
GLUCAGON 1 MG EMERGENCY KIT <i>glucagon hcl</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEGALOGUE 0.6 MG/0.6 ML SYRING <i>dasiglucagon hcl</i>	P	
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ <i>dasiglucagon hcl</i>	P	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>icosapent ethyl 1 gram capsule</i>	P	PR PA QPD 4 per day F11 Formulary Indicator 1
<i>icosapent ethyl 500 mg capsule</i>	P	PA QPD 4 per day
JUXTAPID 10 MG CAPSULE <i>lomitapide mesylate</i>	P	SPC PA QPD 2 per day
JUXTAPID 20 MG CAPSULE <i>lomitapide mesylate</i>	P	SPC PA QPD 1 per day
JUXTAPID 30 MG CAPSULE <i>lomitapide mesylate</i>	P	SPC PA QPD 1 per day
JUXTAPID 40 MG CAPSULE <i>lomitapide mesylate</i>	P	SPC PA QPD 1 per day
JUXTAPID 5 MG CAPSULE <i>lomitapide mesylate</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUXTAPID 60 MG CAPSULE <i>lomitapide mesylate</i>	P	SPC PA QPD 1 per day
NEXLETOL 180 MG TABLET <i>bempedoic acid</i>	P	PA QPD 1 per day
NEXLIZET 180-10 MG TABLET <i>bempedoic acid/ezetimibe</i>	P	PA QPD 1 per day
<i>niacin er 1,000 mg tablet</i>	P	PR QPD 2 per day
<i>niacin er 500 mg tablet</i>	P	PR QPD 3 per day
<i>niacin er 750 mg tablet</i>	P	PR QPD 2 per day
<i>niacin powder</i>	P	
NIACOR 500 MG TABLET <i>niacin</i>	P	PR QPD 12 per day F11 Formulary Indicator 1
<i>nicotinic acid powder</i>	P	
<i>omega-3 ethyl esters 1 gm cap</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
THEROMEGA SPORT SOFTGEL <i>omega-3 fatty acids/docosahexanoic acid/epa/fish oil</i>	P	
VASCEPA 0.5 GM CAPSULE <i>icosapent ethyl</i>	P	PR PA QPD 4 per day B4G



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASCEPA 1 GM CAPSULE <i>icosapent ethyl</i>	P	PR PA QPD 4 per day B4G
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light packet</i>	P	QPD 4 per day F11 Formulary Indicator 1
<i>cholestyramine light powder</i>	P	QPD 4 per day F11 Formulary Indicator 1
<i>cholestyramine packet</i>	P	QPD 4 per day F11 Formulary Indicator 1
<i>cholestyramine powder</i>	P	QPD 24 per day F11 Formulary Indicator 1
<i>cholestyramine resin powder</i>	P	
<i>colesevelam 625 mg tablet</i>	P	QPD 6 per day F11 Formulary Indicator 1
<i>colesevelam hcl 3.75 g packet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>colestipol hcl 1 gm tablet</i>	P	QPD 4 per day
<i>colestipol hcl granules</i>	P	QPD 6 per day
<i>colestipol hcl granules packet</i>	P	QPD 6 per day
PREVALITE PACKET <i>cholestyramine/aspartame</i>	P	QPD 4 per day
PREVALITE POWDER <i>cholestyramine/aspartame</i>	P	QPD 24 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe 10 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>ezetimibe-simvastatin 10-10 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>ezetimibe-simvastatin 10-20 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>ezetimibe-simvastatin 10-40 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>ezetimibe-simvastatin 10-80 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA 30 MG CAPSULE <i>fenofibrate, micronized</i>	P	PR PA QPD 2 per day
ANTARA 90 MG CAPSULE <i>fenofibrate, micronized</i>	P	PR PA QPD 1 per day
<i>fenofibrate 134 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate 145 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>fenofibrate 160 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>fenofibrate 200 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>fenofibrate 48 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>fenofibrate 54 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>fenofibrate 67 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>fenofibric acid 105 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>fenofibric acid 35 mg tablet</i>	P	PR QPD 2 per day
<i>fenofibric acid dr 135 mg cap</i>	P	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibric acid dr 45 mg cap</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
FIBRICOR 105 MG TABLET <i>fenofibric acid</i>	P	PR QPD 1 per day
FIBRICOR 35 MG TABLET <i>fenofibric acid</i>	P	PR QPD 2 per day
<i>gemfibrozil 600 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>gemfibrozil powder</i>	P	
LIPOFEN 150 MG CAPSULE <i>fenofibrate</i>	P	PR PA QPD 1 per day
LIPOFEN 50 MG CAPSULE <i>fenofibrate</i>	P	PR PA QPD 2 per day
HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin 10 mg tablet</i>	P	PR HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atorvastatin 40 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>atorvastatin 80 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
FLOLIPID 20 MG/5 ML ORAL SUSP <i>simvastatin</i>	P	ST PR QPD 10 per day SBA Select Brand Alternative
FLOLIPID 40 MG/5 ML ORAL SUSP <i>simvastatin</i>	P	ST PR QPD 5 per day
<i>fluvastatin er 80 mg tablet</i>	P	PR QPD 1 per day
<i>fluvastatin sodium 20 mg cap</i>	P	PR QPD 1 per day
<i>fluvastatin sodium 40 mg cap</i>	P	PR QPD 2 per day
LESCOL 20 MG CAPSULE <i>fluvastatin sodium</i>	P	ST PR QPD 1 per day SBA Select Brand Alternative
LESCOL 40 MG CAPSULE <i>fluvastatin sodium</i>	P	ST PR QPD 2 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lovastatin 10 mg tablet</i>	P	<p>PR</p> <p>HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
<i>lovastatin 20 mg tablet</i>	P	<p>PR</p> <p>HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
<i>lovastatin 40 mg tablet</i>	P	<p>PR</p> <p>HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>QPD 2 per day</p> <p>F11 Formulary Indicator 1</p>
<i>lovastatin powder</i>	P	
<i>pravastatin sodium 10 mg tab</i>	P	<p>PR</p> <p>HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pravastatin sodium 20 mg tab</i>	P	PR HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day F11 Formulary Indicator 1
<i>pravastatin sodium 40 mg tab</i>	P	PR HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day F11 Formulary Indicator 1
<i>pravastatin sodium 80 mg tab</i>	P	PR HCR HCR Standard Rx & OTC QPD 1 per day F11 Formulary Indicator 1
<i>rosuvastatin calcium 10 mg tab</i>	P	PR HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day F11 Formulary Indicator 1
<i>rosuvastatin calcium 20 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rosuvastatin calcium 40 mg tab</i>	P	<p>PR</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
<i>rosuvastatin calcium 5 mg tab</i>	P	<p>PR</p> <p>HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
<i>simvastatin 10 mg tablet</i>	P	<p>PR</p> <p>HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>QPD 1.5 per day</p> <p>F11 Formulary Indicator 1</p>
<i>simvastatin 20 mg tablet</i>	P	<p>PR</p> <p>HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>QPD 1.5 per day</p> <p>F11 Formulary Indicator 1</p>
<i>simvastatin 40 mg tablet</i>	P	<p>PR</p> <p>HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only.</p> <p>QPD 1.5 per day</p> <p>F11 Formulary Indicator 1</p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 5 mg tablet</i>	P	PR HCR HCR: Age Edits (40 to 75) and Quantity Limits apply. Generic low and moderate intensity statins only. QPD 1 per day F11 Formulary Indicator 1
<i>simvastatin 80 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>simvastatin powder</i>	P	
<b>PCSK9 INHIBITORS</b>		
PRALUENT 150 MG/ML PEN <i>alirocumab</i>	P	SPC PA QPD 0.08 per day
PRALUENT 75 MG/ML PEN <i>alirocumab</i>	P	SPC PA QPD 0.08 per day
REPATHA 140 MG/ML SURECLICK <i>evolocumab</i>	P	SPC PA QPD 0.08 per day
REPATHA 140 MG/ML SYRINGE <i>evolocumab</i>	P	SPC PA QPD 0.08 per day
REPATHA 420 MG/3.5ML PUSHTRONX <i>evolocumab</i>	P	SPC PA QPD 0.13 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIMIGRAINE AGENTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE ANTAG.</b>		
AIMOVIG 140 MG/ML AUTOINJECTOR <i>erenumab-aooe</i>	P	AL At least 18 yrs old PA QPD 0.04 per day
AIMOVIG 70 MG/ML AUTOINJECTOR <i>erenumab-aooe</i>	P	QL 2 / 30 days AL At least 18 yrs old PA
AJOVY 225 MG/1.5 ML AUTOINJECT <i>fremanezumab-vfrm</i>	P	AL At least 18 yrs old PA QPD 0.057 per day
AJOVY 225 MG/1.5 ML SYRINGE <i>fremanezumab-vfrm</i>	P	AL At least 18 yrs old PA QPD 0.057 per day
EMGALITY 100 MG/ML SYR(1 OF 3) <i>galcanezumab-gnlm</i>	P	AL At least 18 yrs old PA QPD 0.1 per day
EMGALITY 300 MG (100 MG X3SYR) <i>galcanezumab-gnlm</i>	P	AL At least 18 yrs old PA QPD 0.1 per day
NURTEC ODT 75 MG TABLET <i>rimegepant sulfate</i>	P	AL At least 18 yrs old PA QPD 0.8 per day
QULIPTA 10 MG TABLET <i>atogepant</i>	P	AL At least 18 yrs old PA QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QULIPTA 30 MG TABLET <i>atogepant</i>	P	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
QULIPTA 60 MG TABLET <i>atogepant</i>	P	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 1 per day</p>
UBRELVY 100 MG TABLET <i>ubrogepant</i>	P	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.54 per day</p>
UBRELVY 50 MG TABLET <i>ubrogepant</i>	P	<p>AL At least 18 yrs old</p> <p>PA</p> <p>QPD 0.54 per day</p>
<b>SELECTIVE SEROTONIN AGONISTS</b>		
<i>almotriptan malate 12.5 mg tab</i>	P	QPD 0.4 per day
<i>almotriptan malate 6.25 mg tab</i>	P	QPD 0.4 per day
AMERGE 1 MG TABLET <i>naratriptan hcl</i>	P	<p>ST</p> <p>QPD 0.6 per day</p> <p>SBA Select Brand Alternative</p>
AMERGE 2.5 MG TABLET <i>naratriptan hcl</i>	P	<p>ST</p> <p>QPD 0.6 per day</p> <p>SBA Select Brand Alternative</p>
<i>eletriptan hbr 20 mg tablet</i>	P	QPD 0.4 per day
<i>eletriptan hbr 40 mg tablet</i>	P	QPD 0.4 per day
<i>frovatriptan succ 2.5 mg tab</i>	P	QPD 0.6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naratriptan hcl 1 mg tablet</i>	P	QPD 0.6 per day
<i>naratriptan hcl 2.5 mg tablet</i>	P	QPD 0.6 per day
<i>rizatriptan 10 mg odt</i>	P	QPD 0.6 per day
<i>rizatriptan 10 mg tablet</i>	P	QPD 0.6 per day
<i>rizatriptan 5 mg odt</i>	P	QPD 0.6 per day
<i>rizatriptan 5 mg tablet</i>	P	QPD 0.6 per day
<i>sumatriptan 20 mg nasal spray</i>	P	QL 6 / 30 days
<i>sumatriptan 4 mg/0.5 ml cart</i>	P	QPD 0.167 per day
<i>sumatriptan 4 mg/0.5 ml inject</i>	P	QPD 0.167 per day
<i>sumatriptan 5 mg nasal spray</i>	P	QL 6 / 30 days
<i>sumatriptan 6 mg/0.5 ml cart</i>	P	QPD 0.167 per day
<i>sumatriptan 6 mg/0.5 ml inject</i>	P	QPD 0.167 per day
<i>sumatriptan 6 mg/0.5 ml syrng</i>	P	QPD 0.167 per day
<i>sumatriptan 6 mg/0.5 ml vial</i>	P	QPD 0.167 per day
<i>sumatriptan powder</i>	P	
<i>sumatriptan succ 100 mg tablet</i>	P	QPD 0.3 per day
<i>sumatriptan succ 25 mg tablet</i>	P	QPD 0.3 per day
<i>sumatriptan succ 50 mg tablet</i>	P	QPD 0.3 per day
<i>sumatriptan succinate powder</i>	P	
<i>zolmitriptan 2.5 mg nasal spry</i>	P	ST QPD 0.2 per day
<i>zolmitriptan 2.5 mg odt</i>	P	QPD 0.2 per day
<i>zolmitriptan 2.5 mg tablet</i>	P	QPD 0.2 per day
<i>zolmitriptan 5 mg nasal spray</i>	P	ST QPD 0.2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolmitriptan 5 mg odt</i>	P	QPD 0.2 per day
<i>zolmitriptan 5 mg tablet</i>	P	QPD 0.2 per day
<i>zolmitriptan powder</i>	P	QPD 0.2 per day
ZOMIG 2.5 MG NASAL SPRAY <i>zolmitriptan</i>	P	ST QPD 0.2 per day
ZOMIG 5 MG NASAL SPRAY <i>zolmitriptan</i>	P	ST QPD 0.2 per day
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>clofazimine powder</i>	P	
<i>dapsone 100 mg tablet</i>	P	
<i>dapsone 25 mg tablet</i>	P	
<i>dapsone powder</i>	P	
ANTITUBERCULOSIS AGENTS		
<i>aminosalicylic acid powder</i>	P	
<i>cycloserine 250 mg capsule</i>	P	
<i>cycloserine powder</i>	P	
<i>ethambutol hcl 100 mg tablet</i>	P	
<i>ethambutol hcl 400 mg tablet</i>	P	
<i>isoniazid 100 mg tablet</i>	P	
<i>isoniazid 300 mg tablet</i>	P	
<i>isoniazid 50 mg/5 ml solution</i>	P	
<i>isoniazid powder</i>	P	
MYAMBUTOL 400 MG TABLET <i>ethambutol hcl</i>	P	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYCOBUTIN 150 MG CAPSULE <i>rifabutin</i>	P	
PASER GRANULES 4 GM PACKET <i>aminosalicylic acid</i>	P	
<i>pretomanid 200 mg tablet</i>	P	AL At least 18 yrs old PA QPD 1 per day
PRIFTIN 150 MG TABLET <i>rifapentine</i>	P	QPD 1.25 per day
<i>pyrazinamide 500 mg tablet</i>	P	
<i>pyrazinamide powder</i>	P	
<i>rifabutin 150 mg capsule</i>	P	
<i>rifampin 150 mg capsule</i>	P	
<i>rifampin 300 mg capsule</i>	P	
<i>rifampin powder</i>	P	
SIRTURO 100 MG TABLET <i>bedaquiline fumarate</i>	P	SPC PA
SIRTURO 20 MG TABLET <i>bedaquiline fumarate</i>	P	SPC PA
<i>sodium 4-aminosalicylate powd</i>	P	
TRECTOR 250 MG TABLET <i>ethionamide</i>	P	
<b>ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	P	SPC PA QPD 4.0 per day
<i>abiraterone acetate 500 mg tab</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFINITOR 10 MG TABLET <i>everolimus</i>	P	SPC PA QPD 2 per day
AFINITOR 2.5 MG TABLET <i>everolimus</i>	P	SPC PA QPD 1 per day
AFINITOR 5 MG TABLET <i>everolimus</i>	P	SPC PA QPD 2 per day
AFINITOR 7.5 MG TABLET <i>everolimus</i>	P	SPC PA QPD 2 per day
AFINITOR DISPERZ 2 MG TABLET <i>everolimus</i>	P	SPC PA QPD 1 per day
AFINITOR DISPERZ 3 MG TABLET <i>everolimus</i>	P	SPC PA QPD 1 per day
AFINITOR DISPERZ 5 MG TABLET <i>everolimus</i>	P	SPC PA QPD 2 per day
ALECENSA 150 MG CAPSULE <i>alectinib hcl</i>	P	AL At least 18 yrs old SPC PA QPD 8 per day
ALKERAN 2 MG TABLET <i>melfalan</i>	P	
ALUNBRIG 180 MG TABLET <i>brigatinib</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALUNBRIG 30 MG TABLET <i>brigatinib</i>	P	AL At least 18 yrs old SPC PA QPD 6 per day
ALUNBRIG 90 MG TABLET <i>brigatinib</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
ALUNBRIG 90 MG-180 MG TAB PACK <i>brigatinib</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
<i>anastrozole 1 mg tablet</i>	P	PR HCR HCR: Age edits (35 and older) and Gender edits (Females) apply. F11 Formulary Indicator 1
AROMASIN 25 MG TABLET <i>exemestane</i>	P	PR
<i>arsenic trioxide powder</i>	P	
AVASTIN 100 MG/4 ML VIAL <i>bevacizumab</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
AVASTIN 400 MG/16 ML VIAL <i>bevacizumab</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
AYVAKIT 100 MG TABLET <i>avapritinib</i>	P	SPC PA QPD 1 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AYVAKIT 200 MG TABLET <i>avapritinib</i>	P	SPC PA QPD 1 per day
AYVAKIT 25 MG TABLET <i>avapritinib</i>	P	SPC PA QPD 1 per day
AYVAKIT 300 MG TABLET <i>avapritinib</i>	P	SPC PA QPD 1 per day
AYVAKIT 50 MG TABLET <i>avapritinib</i>	P	SPC PA QPD 1 per day
BALVERSA 3 MG TABLET <i>erdafitinib</i>	P	SPC PA QPD 3 per day
BALVERSA 4 MG TABLET <i>erdafitinib</i>	P	SPC PA QPD 2 per day
BALVERSA 5 MG TABLET <i>erdafitinib</i>	P	SPC PA QPD 1 per day
BESREMI 500 MCG/ML SYRINGE <i>ropeginterferon alfa-2b-njft</i>	P	SPC PA QPD 0.08 per day
<i>bevacizumab 1.25 mg/0.05 ml</i>	99	ME Medical Drug
<i>bexarotene 1% gel</i>	P	SPC PA
<i>bexarotene 75 mg capsule</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bicalutamide 50 mg tablet</i>	P	F11 Formulary Indicator 1
BOSULIF 100 MG TABLET <i>bosutinib</i>	P	SPC PA QPD 4 per day
BOSULIF 400 MG TABLET <i>bosutinib</i>	P	SPC PA QPD 1 per day
BOSULIF 500 MG TABLET <i>bosutinib</i>	P	SPC PA QPD 1 per day
BRAFTOVI 50 MG CAPSULE <i>encorafenib</i>	P	SPC PA
BRAFTOVI 75 MG CAPSULE <i>encorafenib</i>	P	SPC PA
BRUKINSA 80 MG CAPSULE <i>zanubrutinib</i>	P	SPC PA QPD 4 per day
CABOMETYX 20 MG TABLET <i>cabozantinib s-malate</i>	P	SPC PA QPD 1 per day
CABOMETYX 40 MG TABLET <i>cabozantinib s-malate</i>	P	SPC PA QPD 1 per day
CABOMETYX 60 MG TABLET <i>cabozantinib s-malate</i>	P	SPC PA QPD 1 per day
CALQUENCE 100 MG CAPSULE <i>acalabrutinib</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALQUENCE 100 MG TABLET <i>acalabrutinib maleate</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
<i>capecitabine 150 mg tablet</i>	P	SPC PA
<i>capecitabine 500 mg tablet</i>	P	SPC PA
CAPRELSA 100 MG TABLET <i>vandetanib</i>	P	SPC PA QPD 2 per day
CAPRELSA 300 MG TABLET <i>vandetanib</i>	P	SPC PA QPD 1 per day
CASODEX 50 MG TABLET <i>bicalutamide</i>	P	
<i>chlorambucil powder</i>	P	
<i>cisplatin powder</i>	P	
COMETRIQ 100 MG DAILY-DOSE PK <i>cabozantinib s-malate</i>	P	SPC PA QPD 2 per day
COMETRIQ 140 MG DAILY-DOSE PK <i>cabozantinib s-malate</i>	P	SPC PA QPD 4 per day
COMETRIQ 60 MG DAILY-DOSE PACK <i>cabozantinib s-malate</i>	P	SPC PA QPD 3 per day
COPIKTRA 15 MG CAPSULE <i>duvelisib</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COPIKTRA 25 MG CAPSULE <i>duvelisib</i>	P	SPC PA
COTELLIC 20 MG TABLET <i>cobimetinib fumarate</i>	P	AL At least 18 yrs old SPC PA QPD 2.5 per day
<i>cyclophosphamide 1 gm vial</i>	99	ME Medical Drug
<i>cyclophosphamide 1 gm/5 ml vl</i>	99	ME Medical Drug
<i>cyclophosphamide 2 gm vial</i>	99	ME Medical Drug
<i>cyclophosphamide 2 gm/10 ml vl</i>	99	ME Medical Drug
<i>cyclophosphamide 25 mg capsule</i>	P	PA
<i>cyclophosphamide 25 mg tablet</i>	P	PA
<i>cyclophosphamide 50 mg capsule</i>	P	PA
<i>cyclophosphamide 50 mg tablet</i>	P	PA
<i>cyclophosphamide 500 mg vial</i>	99	ME Medical Drug
<i>cyclophosphamide 500 mg/2.5 ml</i>	99	ME Medical Drug
<i>cyclophosphamide powder</i>	P	
<i>cyclophosphamide powder</i>	P	
DAURISMO 100 MG TABLET <i>glasdegib maleate</i>	P	SPC PA QPD 1 per day
DAURISMO 25 MG TABLET <i>glasdegib maleate</i>	P	SPC PA QPD 1 per day
DROXIA 200 MG CAPSULE <i>hydroxyurea</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROXIA 300 MG CAPSULE <i>hydroxyurea</i>	P	F11 Formulary Indicator 1
DROXIA 400 MG CAPSULE <i>hydroxyurea</i>	P	F11 Formulary Indicator 1
EFUDEX 5% CREAM <i>fluorouracil</i>	P	
EMCYT 140 MG CAPSULE <i>estramustine phosphate sodium</i>	P	SPC
ERIVEDGE 150 MG CAPSULE <i>vismodegib</i>	P	SPC PA QPD 1 per day
ERLEADA 60 MG TABLET <i>apalutamide</i>	P	SPC PA QPD 4 per day
<i>erlotinib hcl 100 mg tablet</i>	P	SPC PA QPD 1 per day
<i>erlotinib hcl 150 mg tablet</i>	P	SPC PA QPD 1 per day
<i>erlotinib hcl 25 mg tablet</i>	P	SPC PA QPD 1 per day
<i>etoposide 50 mg capsule</i>	P	SPC
<i>etoposide powder</i>	P	
<i>everolimus 10 mg tablet</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus 2 mg tab for susp</i>	P	SPC PA QPD 1 per day
<i>everolimus 2.5 mg tablet</i>	P	SPC PA QPD 1 per day
<i>everolimus 3 mg tab for susp</i>	P	SPC PA QPD 1 per day
<i>everolimus 5 mg tab for susp</i>	P	SPC PA QPD 2 per day
<i>everolimus 5 mg tablet</i>	P	SPC PA QPD 2 per day
<i>everolimus 7.5 mg tablet</i>	P	SPC PA QPD 2 per day
<i>exemestane 25 mg tablet</i>	P	PR HCR HCR: Age edits (35 and older) and Gender edits (Females) apply. F11 Formulary Indicator 1
EXKIVITY 40 MG CAPSULE <i>mobocertinib succinate</i>	P	SPC PA QPD 4 per day
FARYDAK 10 MG CAPSULE <i>panobinostat lactate</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FARYDAK 15 MG CAPSULE <i>panobinostat lactate</i>	P	SPC PA
FARYDAK 20 MG CAPSULE <i>panobinostat lactate</i>	P	SPC PA
FEMARA 2.5 MG TABLET <i>letrozole</i>	P	PR PA
<i>floxuridine powder</i>	P	
FLUOROPLEX 1% CREAM <i>fluorouracil</i>	P	
<i>fluorouracil 0.5% cream</i>	P	
<i>fluorouracil 2% topical soln</i>	P	
<i>fluorouracil 5% cream</i>	P	
<i>fluorouracil 5% topical soln</i>	P	
<i>fluorouracil powder</i>	P	
<i>flutamide 125 mg capsule</i>	P	
FOTIVDA 0.89 MG CAPSULE <i>tivozanib hcl</i>	P	SPC PA QPD 0.767 per day
FOTIVDA 1.34 MG CAPSULE <i>tivozanib hcl</i>	P	SPC PA QPD 0.767 per day
<i>fulvestrant 250 mg/5 ml syring</i>	99	ME Medical Drug
GAVRETO 100 MG CAPSULE <i>pralsetinib</i>	P	SPC PA QPD 4 per day
GILOTRIF 20 MG TABLET <i>afatinib dimaleate</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILOTRIF 30 MG TABLET <i>afatinib dimaleate</i>	P	SPC PA QPD 1 per day
GILOTRIF 40 MG TABLET <i>afatinib dimaleate</i>	P	SPC PA QPD 1 per day
GLEEVEC 100 MG TABLET <i>imatinib mesylate</i>	P	SPC PA QPD 8 per day SBA Select Brand Alternative
GLEEVEC 400 MG TABLET <i>imatinib mesylate</i>	P	SPC PA QPD 2 per day SBA Select Brand Alternative
GLEOSTINE 10 MG CAPSULE <i>lomustine</i>	P	SPC
GLEOSTINE 100 MG CAPSULE <i>lomustine</i>	P	SPC
GLEOSTINE 40 MG CAPSULE <i>lomustine</i>	P	SPC
HERCEPTIN 150 MG VIAL <i>trastuzumab</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
HERCEPTIN 420 MG VIAL <i>trastuzumab</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
HERCEPTIN HYLECTA 600MG-10,000 <i>trastuzumab-hyaluronidase-oysk</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYCAMTIN 0.25 MG CAPSULE <i>topotecan hcl</i>	P	SPC PA
HYCAMTIN 1 MG CAPSULE <i>topotecan hcl</i>	P	SPC PA
HYDREA 500 MG CAPSULE <i>hydroxyurea</i>	P	
<i>hydroxyurea 500 mg capsule</i>	P	F11 Formulary Indicator 1
<i>hydroxyurea powder</i>	P	
IBRANCE 100 MG CAPSULE <i>palbociclib</i>	P	SPC PA QPD 1.25 per day
IBRANCE 100 MG TABLET <i>palbociclib</i>	P	SPC PA QPD 1.25 per day
IBRANCE 125 MG CAPSULE <i>palbociclib</i>	P	SPC PA QPD 1 per day
IBRANCE 125 MG TABLET <i>palbociclib</i>	P	SPC PA QPD 1 per day
IBRANCE 75 MG CAPSULE <i>palbociclib</i>	P	SPC PA QPD 1.667 per day
IBRANCE 75 MG TABLET <i>palbociclib</i>	P	SPC PA QPD 1.667 per day
ICLUSIG 10 MG TABLET <i>ponatinib hcl</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLUSIG 15 MG TABLET <i>ponatinib hcl</i>	P	SPC PA QPD 2 per day
ICLUSIG 30 MG TABLET <i>ponatinib hcl</i>	P	SPC PA QPD 1 per day
ICLUSIG 45 MG TABLET <i>ponatinib hcl</i>	P	SPC PA QPD 1 per day
IDHIFA 100 MG TABLET <i>enasidenib mesylate</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day
IDHIFA 50 MG TABLET <i>enasidenib mesylate</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day
<i>imatinib mesylate 100 mg tab</i>	P	SPC PA QPD 8 per day
<i>imatinib mesylate 400 mg tab</i>	P	SPC PA QPD 2 per day
IMBRUVICA 140 MG CAPSULE <i>ibrutinib</i>	P	SPC PA QPD 3 per day
IMBRUVICA 280 MG TABLET <i>ibrutinib</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 420 MG TABLET <i>ibrutinib</i>	P	SPC PA QPD 1.47 per day
IMBRUVICA 560 MG TABLET <i>ibrutinib</i>	P	SPC PA QPD 1 per day
IMBRUVICA 70 MG CAPSULE <i>ibrutinib</i>	P	SPC PA QPD 8 per day
IMBRUVICA 70 MG/ML SUSPENSION <i>ibrutinib</i>	P	SPC PA QPD 6 per day
INLYTA 1 MG TABLET <i>axitinib</i>	P	SPC PA QPD 4 per day
INLYTA 5 MG TABLET <i>axitinib</i>	P	SPC PA QPD 4 per day
INQOVI 35 MG-100 MG TABLET <i>decitabine/cedazuridine</i>	P	SPC PA QPD 0.18 per day
INREBIC 100 MG CAPSULE <i>fedratinib dihydrochloride</i>	P	SPC PA QPD 4 per day
IRESSA 250 MG TABLET <i>gefitinib</i>	P	SPC PA QPD 1 per day
JAKAFI 10 MG TABLET <i>ruxolitinib phosphate</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JAKAFI 15 MG TABLET <i>ruxolitinib phosphate</i>	P	SPC PA QPD 2 per day
JAKAFI 20 MG TABLET <i>ruxolitinib phosphate</i>	P	SPC PA QPD 2 per day
JAKAFI 25 MG TABLET <i>ruxolitinib phosphate</i>	P	SPC PA QPD 2 per day
JAKAFI 5 MG TABLET <i>ruxolitinib phosphate</i>	P	SPC PA QPD 2 per day
JEVTANA 60 MG/1.5 ML KIT <i>cabazitaxel</i>	99	ME Medical Drug
JEVTANA 60 MG/1.5 ML VIAL <i>cabazitaxel</i>	99	ME Medical Drug
KANJINTI 150 MG VIAL <i>trastuzumab-anns</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
KANJINTI 420 MG VIAL <i>trastuzumab-anns</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
KISQALI 200 MG DAILY DOSE <i>ribociclib succinate</i>	P	SPC PA QPD 1 per day
KISQALI 400 MG DAILY DOSE <i>ribociclib succinate</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI 600 MG DAILY DOSE <i>ribociclib succinate</i>	P	SPC PA QPD 3 per day
KISQALI FEMARA 200 MG CO-PACK <i>ribociclib succinate/letrozole</i>	P	SPC PA QPD 2 per day
KISQALI FEMARA 400 MG CO-PACK <i>ribociclib succinate/letrozole</i>	P	SPC PA QPD 2.5 per day
KISQALI FEMARA 600 MG CO-PACK <i>ribociclib succinate/letrozole</i>	P	SPC PA QPD 3.334 per day
KOSELUGO 10 MG CAPSULE <i>selumetinib sulfate/vitamin e tpgs</i>	P	SPC PA QPD 4 per day
KOSELUGO 25 MG CAPSULE <i>selumetinib sulfate/vitamin e tpgs</i>	P	SPC PA QPD 4 per day
<i>lapatinib 250 mg tablet</i>	P	SPC PA QPD 6 per day
<i>lenalidomide 10 mg capsule</i>	P	SPC PA QPD 1 per day
<i>lenalidomide 15 mg capsule</i>	P	SPC PA QPD 1 per day
<i>lenalidomide 2.5 mg capsule</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lenalidomide 20 mg capsule</i>	P	SPC PA QPD 1 per day
<i>lenalidomide 25 mg capsule</i>	P	SPC PA QPD 1 per day
<i>lenalidomide 5 mg capsule</i>	P	SPC PA QPD 1 per day
LENVIMA 10 MG DAILY DOSE <i>lenvatinib mesylate</i>	P	SPC PA QPD 3 per day
LENVIMA 12 MG DAILY DOSE <i>lenvatinib mesylate</i>	P	SPC PA QPD 3 per day
LENVIMA 14 MG DAILY DOSE <i>lenvatinib mesylate</i>	P	SPC PA QPD 3 per day
LENVIMA 18 MG DAILY DOSE <i>lenvatinib mesylate</i>	P	SPC PA QPD 3 per day
LENVIMA 20 MG DAILY DOSE <i>lenvatinib mesylate</i>	P	SPC PA QPD 3 per day
LENVIMA 24 MG DAILY DOSE <i>lenvatinib mesylate</i>	P	SPC PA QPD 3 per day
LENVIMA 4 MG CAPSULE <i>lenvatinib mesylate</i>	P	SPC PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA 8 MG DAILY DOSE <i>lenvatinib mesylate</i>	P	SPC PA QPD 3 per day
<i>letrozole 2.5 mg tablet</i>	P	PR HCR HCR: Age edits (35 and older) and Gender edits (Females) apply. F11 Formulary Indicator 1
LEUKERAN 2 MG TABLET <i>chlorambucil</i>	P	SPC
LONSURF 15 MG-6.14 MG TABLET <i>trifluridine/tipiracil hcl</i>	P	SPC PA QPD 2.15 per day
LONSURF 20 MG-8.19 MG TABLET <i>trifluridine/tipiracil hcl</i>	P	SPC PA QPD 3 per day
LORBRENA 100 MG TABLET <i>lorlatinib</i>	P	SPC PA QPD 1 per day
LORBRENA 25 MG TABLET <i>lorlatinib</i>	P	SPC PA QPD 1 per day
LUMAKRAS 120 MG TABLET <i>sotorasib</i>	P	SPC PA QPD 8 per day
LYNPARZA 100 MG TABLET <i>olaparib</i>	P	AL At least 18 yrs old SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYNPARZA 150 MG TABLET <i>olaparib</i>	P	AL At least 18 yrs old SPC PA
LYSODREN 500 MG TABLET <i>mitotane</i>	P	SPC
LYTGOBI 12 MG DAILY DOSE PACK <i>futibatinib</i>	P	SPC PA QPD 3 per day
LYTGOBI 16 MG DAILY DOSE PACK <i>futibatinib</i>	P	SPC PA QPD 4 per day
LYTGOBI 20 MG DAILY DOSE PACK <i>futibatinib</i>	P	SPC PA QPD 5 per day
MATULANE 50 MG CAPSULE <i>procarbazine hcl</i>	P	SPC
<i>mechlorethamine hcl powder</i>	P	
MEKINIST 0.5 MG TABLET <i>trametinib dimethyl sulfoxide</i>	P	SPC PA QPD 4 per day
MEKINIST 2 MG TABLET <i>trametinib dimethyl sulfoxide</i>	P	SPC PA QPD 1 per day
MEKTOVI 15 MG TABLET <i>binimetinib</i>	P	SPC PA
<i>melphalan 2 mg tablet</i>	P	
<i>mercaptopurine 50 mg tablet</i>	P	F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mercaptopurine powder</i>	P	
<i>methotrexate 1 gm vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>methotrexate 1 gram/40 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>methotrexate 2.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>methotrexate 25 mg/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>methotrexate 250 mg/10 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>methotrexate 250 mg/10 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>methotrexate 50 mg/2 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>methotrexate 50 mg/2 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>methotrexate powder</i>	P	
<i>mitomycin c powder</i>	P	
<i>mitomycin powder</i>	P	
<i>mitotane powder</i>	P	
MVASI 100 MG/4 ML VIAL <i>bevacizumab-awwb</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
MVASI 400 MG/16 ML VIAL <i>bevacizumab-awwb</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
MYLERAN 2 MG TABLET <i>busulfan</i>	P	SPC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NERLYNX 40 MG TABLET <i>neratinib maleate</i>	P	AL At least 18 yrs old SPC PA QPD 6 per day
NEXAVAR 200 MG TABLET <i>sorafenib tosylate</i>	P	SPC PA QPD 4 per day
NILANDRON 150 MG TABLET <i>nilutamide</i>	P	SPC SBA Select Brand Alternative
<i>nilutamide 150 mg tablet</i>	P	SPC
NINLARO 2.3 MG CAPSULE <i>ixazomib citrate</i>	P	AL At least 18 yrs old SPC PA QPD 0.124 per day
NINLARO 3 MG CAPSULE <i>ixazomib citrate</i>	P	AL At least 18 yrs old SPC PA QPD 0.124 per day
NINLARO 4 MG CAPSULE <i>ixazomib citrate</i>	P	AL At least 18 yrs old SPC PA QPD 0.124 per day
NUBEQA 300 MG TABLET <i>darolutamide</i>	P	SPC PA QPD 4 per day
ODOMZO 200 MG CAPSULE <i>sonidegib phosphate</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OGIVRI 150 MG VIAL <i>trastuzumab-dkst</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
OGIVRI 420 MG VIAL <i>trastuzumab-dkst</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ONUREG 200 MG TABLET <i>azacitidine</i>	P	SPC PA QPD 0.5 per day
ONUREG 300 MG TABLET <i>azacitidine</i>	P	SPC PA QPD 0.5 per day
<i>paclitaxel protein-bound 100mg</i>	99	ME Medical Drug
PANRETIN 0.1% GEL <i>alitretinoin</i>	P	SPC
PEMAZYRE 13.5 MG TABLET <i>pemigatinib</i>	P	SPC PA QPD 0.67 per day
PEMAZYRE 4.5 MG TABLET <i>pemigatinib</i>	P	SPC PA QPD 0.67 per day
PEMAZYRE 9 MG TABLET <i>pemigatinib</i>	P	SPC PA QPD 0.67 per day
PIQRAY 200 MG DAILY DOSE PACK <i>alpelisib</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIQRAY 250 MG DAILY DOSE PACK <i>apfelisib</i>	P	SPC PA QPD 2 per day
PIQRAY 300 MG DAILY DOSE PACK <i>apfelisib</i>	P	SPC PA QPD 2 per day
POMALYST 1 MG CAPSULE <i>pomalidomide</i>	P	SPC PA QPD 1 per day
POMALYST 2 MG CAPSULE <i>pomalidomide</i>	P	SPC PA QPD 1 per day
POMALYST 3 MG CAPSULE <i>pomalidomide</i>	P	SPC PA QPD 1 per day
POMALYST 4 MG CAPSULE <i>pomalidomide</i>	P	SPC PA QPD 1 per day
<i>procarbazine hcl powder</i>	P	
PURIXAN 20 MG/ML ORAL SUSP <i>mercaptopurine</i>	P	SPC PA
QINLOCK 50 MG TABLET <i>ripretinib</i>	P	SPC PA QPD 3 per day
RASUVO 10 MG/0.2 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day
RASUVO 12.5 MG/0.25 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RASUVO 15 MG/0.3 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day
RASUVO 17.5 MG/0.35 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day
RASUVO 20 MG/0.4 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day
RASUVO 22.5 MG/0.45 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day
RASUVO 25 MG/0.5 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day
RASUVO 30 MG/0.6 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day
RASUVO 7.5 MG/0.15 ML AUTOINJ <i>methotrexate/pf</i>	P	PA QPD 0.08 per day
RETEVMO 40 MG CAPSULE <i>selpercatinib</i>	P	SPC PA QPD 2 per day
RETEVMO 80 MG CAPSULE <i>selpercatinib</i>	P	SPC PA QPD 4 per day
REVLIMID 10 MG CAPSULE <i>lenalidomide</i>	P	SPC PA QPD 1 per day
REVLIMID 15 MG CAPSULE <i>lenalidomide</i>	P	SPC PA QPD 1 per day
REVLIMID 2.5 MG CAPSULE <i>lenalidomide</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVLIMID 20 MG CAPSULE <i>lenalidomide</i>	P	SPC PA QPD 1 per day
REVLIMID 25 MG CAPSULE <i>lenalidomide</i>	P	SPC PA QPD 1 per day
REVLIMID 5 MG CAPSULE <i>lenalidomide</i>	P	SPC PA QPD 1 per day
RITUXAN 100 MG/10 ML VIAL <i>rituximab</i>	P	SPC PA QPD 4.3 per day BSP BENEFIT SHIFT PROGRAM
RITUXAN 500 MG/50 ML VIAL <i>rituximab</i>	P	SPC PA QPD 14.3 per day BSP BENEFIT SHIFT PROGRAM
RITUXAN HYCELA 1,400 MG-23,400 <i>rituximab/hyaluronidase, human recombinant</i>	P	SPC PA QPD 1.7 per day BSP BENEFIT SHIFT PROGRAM
RITUXAN HYCELA 1,600 MG-26,800 <i>rituximab/hyaluronidase, human recombinant</i>	P	SPC PA QPD 0.5 per day BSP BENEFIT SHIFT PROGRAM
ROZLYTREK 100 MG CAPSULE <i>entrectinib</i>	P	SPC PA QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROZLYTREK 200 MG CAPSULE <i>entrectinib</i>	P	SPC PA QPD 3 per day
RUBRACA 200 MG TABLET <i>rucaparib camsylate</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
RUBRACA 250 MG TABLET <i>rucaparib camsylate</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
RUBRACA 300 MG TABLET <i>rucaparib camsylate</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
RUXIENCE 100 MG/10 ML VIAL <i>rituximab-pvvr</i>	P	SPC PA QPD 4.3 per day BSP BENEFIT SHIFT PROGRAM
RUXIENCE 500 MG/50 ML VIAL <i>rituximab-pvvr</i>	P	SPC PA QPD 14.3 per day BSP BENEFIT SHIFT PROGRAM
RYDAPT 25 MG CAPSULE <i>midostaurin</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
SCEMBLIX 20 MG TABLET <i>asciminib hydrochloride</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SCEMBLIX 40 MG TABLET <i>asciminib hydrochloride</i>	P	SPC PA QPD 10 per day
SIKLOS 1,000 MG TABLET <i>hydroxyurea</i>	P	SPC
SIKLOS 100 MG TABLET <i>hydroxyurea</i>	P	SPC
<i>sorafenib 200 mg tablet</i>	P	SPC PA QPD 4 per day
SPRYCEL 100 MG TABLET <i>dasatinib</i>	P	SPC PA QPD 1 per day
SPRYCEL 140 MG TABLET <i>dasatinib</i>	P	SPC PA QPD 1 per day
SPRYCEL 20 MG TABLET <i>dasatinib</i>	P	SPC PA QPD 9 per day
SPRYCEL 50 MG TABLET <i>dasatinib</i>	P	SPC PA QPD 3 per day
SPRYCEL 70 MG TABLET <i>dasatinib</i>	P	SPC PA QPD 2 per day
SPRYCEL 80 MG TABLET <i>dasatinib</i>	P	SPC PA QPD 2 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STIVARGA 40 MG TABLET <i>regorafenib</i>	P	SPC PA QPD 4 per day
<i>sunitinib malate 12.5 mg cap</i>	P	SPC PA QPD 1 per day
<i>sunitinib malate 25 mg capsule</i>	P	SPC PA QPD 1 per day
<i>sunitinib malate 37.5 mg cap</i>	P	SPC PA QPD 1 per day
<i>sunitinib malate 50 mg capsule</i>	P	SPC PA QPD 1 per day
SUTENT 12.5 MG CAPSULE <i>sunitinib malate</i>	P	SPC PA QPD 1 per day
SUTENT 25 MG CAPSULE <i>sunitinib malate</i>	P	SPC PA QPD 1 per day
SUTENT 37.5 MG CAPSULE <i>sunitinib malate</i>	P	SPC PA QPD 1 per day
SUTENT 50 MG CAPSULE <i>sunitinib malate</i>	P	SPC PA QPD 1 per day
SYNRIBO 3.5 MG/ML VIAL <i>omacetaxine mepesuccinate</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TABLOID 40 MG TABLET <i>thioguanine</i>	P	SPC
TABRECTA 150 MG TABLET <i>capmatinib hydrochloride</i>	P	SPC PA QPD 4 per day
TABRECTA 200 MG TABLET <i>capmatinib hydrochloride</i>	P	SPC PA QPD 4 per day
TAFINLAR 50 MG CAPSULE <i>dabrafenib mesylate</i>	P	SPC PA QPD 6 per day
TAFINLAR 75 MG CAPSULE <i>dabrafenib mesylate</i>	P	SPC PA QPD 4 per day
TAGRISSO 40 MG TABLET <i>osimertinib mesylate</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day
TAGRISSO 80 MG TABLET <i>osimertinib mesylate</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day
TALZENNA 0.25 MG CAPSULE <i>talazoparib tosylate</i>	P	SPC PA
TALZENNA 1 MG CAPSULE <i>talazoparib tosylate</i>	P	SPC PA
TARCEVA 100 MG TABLET <i>erlotinib hcl</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TARCEVA 150 MG TABLET <i>erlotinib hcl</i>	P	SPC PA QPD 1 per day
TARCEVA 25 MG TABLET <i>erlotinib hcl</i>	P	SPC PA QPD 6 per day
TARGRETIN 1% GEL <i>bexarotene</i>	P	SPC PA
TARGRETIN 75 MG CAPSULE <i>bexarotene</i>	P	SPC PA
TASIGNA 150 MG CAPSULE <i>nilotinib hcl</i>	P	SPC PA QPD 4 per day
TASIGNA 200 MG CAPSULE <i>nilotinib hcl</i>	P	SPC PA QPD 4 per day
TASIGNA 50 MG CAPSULE <i>nilotinib hcl</i>	P	SPC PA QPD 6 per day
TAZVERIK 200 MG TABLET <i>tazemetostat hydrobromide</i>	P	SPC PA
TEMODAR 100 MG CAPSULE <i>temozolomide</i>	P	SPC PA
TEMODAR 140 MG CAPSULE <i>temozolomide</i>	P	SPC PA
TEMODAR 180 MG CAPSULE <i>temozolomide</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEMODAR 250 MG CAPSULE <i>temozolomide</i>	P	SPC PA
<i>temozolomide 100 mg capsule</i>	P	SPC PA
<i>temozolomide 140 mg capsule</i>	P	SPC PA
<i>temozolomide 180 mg capsule</i>	P	SPC PA
<i>temozolomide 20 mg capsule</i>	P	SPC PA
<i>temozolomide 250 mg capsule</i>	P	SPC PA
<i>temozolomide 5 mg capsule</i>	P	SPC PA
<i>temsirolimus 25 mg vial</i>	99	ME Medical Drug
TEPMETKO 225 MG TABLET <i>tepotinib hcl</i>	P	SPC PA QPD 2 per day
<i>thioguanine powder</i>	P	
<i>thiotepa powder</i>	P	
TIBSOVO 250 MG TABLET <i>ivosidenib</i>	P	SPC PA
TOLAK 4% CREAM <i>fluorouracil</i>	P	QPD 1.47 per day
TRAZIMERA 150 MG VIAL <i>trastuzumab-qyyp</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRAZIMERA 420 MG VIAL <i>trastuzumab-qyyp</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>tretinoin 10 mg capsule</i>	P	SPC
TREXALL 10 MG TABLET <i>methotrexate sodium</i>	P	
TREXALL 15 MG TABLET <i>methotrexate sodium</i>	P	
TREXALL 5 MG TABLET <i>methotrexate sodium</i>	P	
TREXALL 7.5 MG TABLET <i>methotrexate sodium</i>	P	
TRUSELTIQ 100 MG DAILY DOSE PK <i>infigratinib phosphate</i>	P	SPC PA QPD 0.75 per day
TRUSELTIQ 125 MG DAILY DOSE PK <i>infigratinib phosphate</i>	P	SPC PA QPD 1.5 per day
TRUSELTIQ 50 MG DAILY DOSE PK <i>infigratinib phosphate</i>	P	SPC PA QPD 1.5 per day
TRUSELTIQ 75 MG DAILY DOSE PK <i>infigratinib phosphate</i>	P	SPC PA QPD 2.5 per day
TUKYSA 150 MG TABLET <i>tucatinib</i>	P	SPC PA QPD 4 per day
TUKYSA 50 MG TABLET <i>tucatinib</i>	P	SPC PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TURALIO 200 MG CAPSULE <i>pexidartinib hydrochloride</i>	P	SPC PA QPD 4 per day
TYKERB 250 MG TABLET <i>lapatinib ditosylate</i>	P	SPC PA QPD 6 per day
UKONIQ 200 MG TABLET <i>umbralisib tosylate</i>	P	SPC PA QPD 4 per day
VALCHLOR 0.016% GEL <i>mechlorethamine hcl</i>	P	SPC PA QPD 3 per day
VENCLEXTA 10 MG TAB (10MG X 2) <i>venetoclax</i>	P	SPC PA QPD 4 per day
VENCLEXTA 10 MG TABLET <i>venetoclax</i>	P	SPC PA QPD 4 per day
VENCLEXTA 100 MG TABLET <i>venetoclax</i>	P	SPC PA QPD 4 per day
VENCLEXTA 50 MG TABLET <i>venetoclax</i>	P	SPC PA QPD 4 per day
VENCLEXTA STARTING PACK <i>venetoclax</i>	P	SPC PA QPD 1.5 per day
VERZENIO 100 MG TABLET <i>abemaciclib</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERZENIO 150 MG TABLET <i>abemaciclib</i>	P	SPC PA QPD 2 per day
VERZENIO 200 MG TABLET <i>abemaciclib</i>	P	SPC PA QPD 2 per day
VERZENIO 50 MG TABLET <i>abemaciclib</i>	P	SPC PA QPD 2 per day
VITRAKVI 100 MG CAPSULE <i>larotrectinib sulfate</i>	P	SPC PA QPD 2 per day
VITRAKVI 20 MG/ML SOLUTION <i>larotrectinib sulfate</i>	P	SPC PA QPD 2 per day
VITRAKVI 25 MG CAPSULE <i>larotrectinib sulfate</i>	P	SPC PA QPD 2 per day
VIZIMPRO 15 MG TABLET <i>dacomitinib</i>	P	SPC PA
VIZIMPRO 30 MG TABLET <i>dacomitinib</i>	P	SPC PA
VIZIMPRO 45 MG TABLET <i>dacomitinib</i>	P	SPC PA
VOTRIENT 200 MG TABLET <i>pazopanib hcl</i>	P	SPC PA QPD 4 per day
WELIREG 40 MG TABLET <i>belzutifan</i>	P	SPC PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI 200 MG CAPSULE <i>crizotinib</i>	P	SPC PA QPD 2 per day
XALKORI 250 MG CAPSULE <i>crizotinib</i>	P	SPC PA QPD 2 per day
XATMEP 2.5 MG/ML ORAL SOLUTION <i>methotrexate</i>	P	AL Up to 18 yrs old PA QPD 4 per day F11 Formulary Indicator 1
XELODA 150 MG TABLET <i>capecitabine</i>	P	SPC PA QPD 4 per day
XELODA 500 MG TABLET <i>capecitabine</i>	P	SPC PA QPD 4 per day
XOSPATA 40 MG TABLET <i>gilteritinib fumarate</i>	P	SPC PA QPD 3 per day
XPOVIO 100 MG ONCE WEEKLY DOSE <i>selinexor</i>	P	SPC PA QPD 0.767 per day
XPOVIO 40 MG ONCE WEEKLY DOSE <i>selinexor</i>	P	SPC PA QPD 0.286 per day
XPOVIO 40 MG TWICE WEEKLY DOSE <i>selinexor</i>	P	SPC PA QPD 0.574 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO 60 MG ONCE WEEKLY DOSE <i>selinexor</i>	P	SPC PA QPD 0.434 per day
XPOVIO 60 MG TWICE WEEKLY DOSE <i>selinexor</i>	P	SPC PA QPD 0.86 per day
XPOVIO 80 MG ONCE WEEKLY DOSE <i>selinexor</i>	P	SPC PA QPD 0.574 per day
XPOVIO 80 MG TWICE WEEKLY DOSE <i>selinexor</i>	P	SPC PA QPD 1.25 per day
XTANDI 40 MG CAPSULE <i>enzalutamide</i>	P	SPC PA QPD 4 per day
XTANDI 40 MG TABLET <i>enzalutamide</i>	P	SPC PA QPD 4 per day
XTANDI 80 MG TABLET <i>enzalutamide</i>	P	SPC PA QPD 2 per day
YONSA 125 MG TABLET <i>abiraterone acetate, submicronized</i>	P	SPC PA QPD 4 per day
ZEJULA 100 MG CAPSULE <i>niraparib tosylate</i>	P	AL At least 18 yrs old SPC PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZELBORAF 240 MG TABLET <i>vemurafenib</i>	P	SPC PA QPD 8 per day
ZIRABEV 100 MG/4 ML VIAL <i>bevacizumab-bvzr</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ZIRABEV 400 MG/16 ML VIAL <i>bevacizumab-bvzr</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ZOLINZA 100 MG CAPSULE <i>vorinostat</i>	P	SPC PA QPD 4 per day
ZTALMY 50 MG/ML SUSPENSION <i>ganaxolone</i>	P	SPC PA QPD 36 per day
ZYDELIG 100 MG TABLET <i>idelalisib</i>	P	SPC PA QPD 2 per day
ZYDELIG 150 MG TABLET <i>idelalisib</i>	P	SPC PA QPD 2 per day
ZYKADIA 150 MG TABLET <i>ceritinib</i>	P	AL At least 18 yrs old SPC PA QPD 8 per day
ZYTIGA 250 MG TABLET <i>abiraterone acetate</i>	P	SPC PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYTIGA 500 MG TABLET <i>abiraterone acetate</i>	P	SPC PA QPD 2 per day
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine 100 mg capsule</i>	P	F11 Formulary Indicator 1
<i>amantadine 100 mg tablet</i>	P	F11 Formulary Indicator 1
<i>amantadine 100 mg/10 ml soln</i>	P	F11 Formulary Indicator 1
<i>amantadine 50 mg/5 ml solution</i>	P	F11 Formulary Indicator 1
<i>amantadine hcl powder</i>	P	
OSMOLEX ER 129 MG TABLET <i>amantadine hcl</i>	P	SPC PA QPD 1 per day
OSMOLEX ER 193 MG TABLET <i>amantadine hcl</i>	P	SPC PA QPD 1 per day
OSMOLEX ER 258 MG TABLET <i>amantadine hcl</i>	P	SPC PA QPD 1 per day
OSMOLEX ER 322 MG DAILY DOSE <i>amantadine hcl</i>	P	SPC PA QPD 2 per day
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mes 0.5 mg tab</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benztropine mes 1 mg tablet</i>	P	F11 Formulary Indicator 1
<i>benztropine mes 2 mg tablet</i>	P	F11 Formulary Indicator 1
<i>trihexyphenidyl 2 mg tablet</i>	P	
<i>trihexyphenidyl 2 mg/5 ml soln</i>	P	
<i>trihexyphenidyl 5 mg tablet</i>	P	
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.</b>		
COMTAN 200 MG TABLET <i>entacapone</i>	P	
<i>entacapone 200 mg tablet</i>	P	
ONGENTYS 25 MG CAPSULE <i>opicapone</i>	P	
ONGENTYS 50 MG CAPSULE <i>opicapone</i>	P	
TASMAR 100 MG TABLET <i>tolcapone</i>	P	
<i>tolcapone 100 mg tablet</i>	P	F11 Formulary Indicator 1
<b>DOPAMINE PRECURSORS</b>		
<i>carbidopa-levo 10-100 mg odt</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levo 25-100 mg odt</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levo 25-250 mg odt</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levo er 25-100 tab</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levo er 50-200 tab</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbidopa-levodopa 10-100 tab</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levodopa 100 mg-enta</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levodopa 125 mg-enta</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levodopa 150 mg-enta</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levodopa 200 mg-enta</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levodopa 25-100 tab</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levodopa 25-250 tab</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levodopa 50 mg-enta</i>	P	F11 Formulary Indicator 1
<i>carbidopa-levodopa 75 mg-enta</i>	P	F11 Formulary Indicator 1
DUOPA 4.63 MG-20 MG/ML SUSPENS <i>carbidopa/levodopa</i>	P	SPC PA QPD 1 per day
INBRIJA 42 MG INHALATION CAP <i>levodopa</i>	P	SPC PA QPD 1 per day
INBRIJA 42 MG INHALATION CAP <i>levodopa</i>	P	SPC PA QPD 1 per day
<i>levodopa powder</i>	P	
RYTARY ER 23.75 MG-95 MG CAP <i>carbidopa/levodopa</i>	P	
RYTARY ER 36.25 MG-145 MG CAP <i>carbidopa/levodopa</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RYTARY ER 48.75 MG-195 MG CAP <i>carbidopa/levodopa</i>	P	
RYTARY ER 61.25 MG-245 MG CAP <i>carbidopa/levodopa</i>	P	
SINEMET 10-100 MG TABLET <i>carbidopa/levodopa</i>	P	
SINEMET 25-100 MG TABLET <i>carbidopa/levodopa</i>	P	
STALEVO 100 TABLET <i>carbidopa/levodopa/entacapone</i>	P	
STALEVO 125 TABLET <i>carbidopa/levodopa/entacapone</i>	P	
STALEVO 150 TABLET <i>carbidopa/levodopa/entacapone</i>	P	F11 Formulary Indicator 1
STALEVO 200 TABLET <i>carbidopa/levodopa/entacapone</i>	P	
STALEVO 50 TABLET <i>carbidopa/levodopa/entacapone</i>	P	F11 Formulary Indicator 1
STALEVO 75 TABLET <i>carbidopa/levodopa/entacapone</i>	P	F11 Formulary Indicator 1
<b>MONOAMINE OXIDASE B INHIBITORS</b>		
AZILECT 0.5 MG TABLET <i>rasagiline mesylate</i>	P	
AZILECT 1 MG TABLET <i>rasagiline mesylate</i>	P	
EMSAM 12 MG/24 HOURS PATCH <i>selegiline</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
EMSAM 6 MG/24 HOURS PATCH <i>selegiline</i>	P	ST QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMSAM 9 MG/24 HOURS PATCH <i>selegiline</i>	P	ST QPD 1 per day
<i>rasagiline mesylate 0.5 mg tab</i>	P	F11 Formulary Indicator 1
<i>rasagiline mesylate 1 mg tab</i>	P	F11 Formulary Indicator 1
<i>rasagiline mesylate powder</i>	P	
<i>selegiline hcl 5 mg capsule</i>	P	F11 Formulary Indicator 1
<i>selegiline hcl 5 mg tablet</i>	P	
<i>selegiline hcl powder</i>	P	
XADAGO 100 MG TABLET <i>safinamide mesylate</i>	P	AL At least 18 yrs old PA QPD 1 per day F11 Formulary Indicator 1
XADAGO 50 MG TABLET <i>safinamide mesylate</i>	P	AL At least 18 yrs old PA QPD 1 per day
ZELAPAR 1.25 MG ODT TABLET <i>selegiline hcl</i>	P	
<b>ANTIPROTOZOALS</b>		
<b>AMEBICIDES</b>		
HUMATIN 250 MG CAPSULE <i>paromomycin sulfate</i>	P	
<i>iodoquinol powder</i>	P	
<i>paromomycin 250 mg capsule</i>	P	
<i>paromomycin sulfate powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIMALARIALS</b>		
ARAKODA 100 MG TABLET <i>tafenoquine succinate</i>	P	PA
<i>atovaquone-proguanil 250-100</i>	P	PA
<i>atovaquone-proguanil 62.5-25</i>	P	PA
<i>chloroquine ph 250 mg tablet</i>	P	
<i>chloroquine ph 500 mg tablet</i>	P	
<i>chloroquine phosphate powder</i>	P	
COARTEM TABLETS <i>artemether/lumefantrine</i>	P	
<i>hydroxychloroquine 100 mg tab</i>	P	F11 Formulary Indicator 1
<i>hydroxychloroquine 200 mg tab</i>	P	F11 Formulary Indicator 1
<i>hydroxychloroquine 300 mg tab</i>	P	F11 Formulary Indicator 1
<i>hydroxychloroquine 400 mg tab</i>	P	F11 Formulary Indicator 1
<i>hydroxychloroquine sulfate pwd</i>	P	
KRINTAFEL 150 MG TABLET <i>tafenoquine succinate</i>	P	
MALARONE 250-100 MG TABLET <i>atovaquone/proguanil hcl</i>	P	PA
MALARONE 62.5-25 MG PED TAB <i>atovaquone/proguanil hcl</i>	P	PA
<i>mefloquine hcl 250 mg tablet</i>	P	
<i>primaquine 26.3 mg tablet</i>	P	
<i>pyrimethamine powder</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUALAQUIN 324 MG CAPSULE <i>quinine sulfate</i>	P	QL 42 / 365 days PA
<i>quinacrine dihydrochloride pwd</i>	P	
<i>quinacrine hcl powder</i>	P	
<i>quinine hcl powder</i>	P	
<i>quinine sulfate 324 mg capsule</i>	P	QL 42 / 365 days PA
<i>quinine sulfate powder</i>	P	
<b>ANTIPROTOZOALS, MISCELLANEOUS</b>		
ALINIA 100 MG/5 ML SUSPENSION <i>nitazoxanide</i>	P	PA
ALINIA 500 MG TABLET <i>nitazoxanide</i>	P	PA
<i>antimony sulfide powder</i>	P	
<i>antimony trichloride crystals</i>	P	
<i>atovaquone 1,500 mg/10 ml susp</i>	P	PA
<i>atovaquone 750 mg/5 ml susp</i>	P	PA
<i>benznidazole 100 mg tablet</i>	P	AL 2.0 to 12.0 yrs old
<i>benznidazole 12.5 mg tablet</i>	P	AL 2.0 to 12.0 yrs old
FLAGYL 375 CAPSULE <i>metronidazole</i>	P	
FLAGYL 500 MG TABLET <i>metronidazole</i>	P	SBA Select Brand Alternative
IMPAVIDO 50 MG CAPSULE <i>miltefosine</i>	P	SPC
LAMPIT 120 MG TABLET <i>nifurtimox</i>	P	AL Up to 17 yrs old PA QPD 7.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAMPIT 30 MG TABLET <i>nifurtimox</i>	P	AL Up to 17 yrs old PA QPD 12 per day
MEPRON 750 MG/5 ML SUSPENSION <i>atovaquone</i>	P	PA
<i>metronidazole 250 mg tablet</i>	P	
<i>metronidazole 375 mg capsule</i>	P	
<i>metronidazole 500 mg tablet</i>	P	
<i>metronidazole benzoate powder</i>	P	
<i>metronidazole powder</i>	P	
NEBUPENT 300 MG INHAL POWDER <i>pentamidine isethionate</i>	P	SBA Select Brand Alternative
<i>nitazoxanide 500 mg tablet</i>	P	PA
<i>pentamidine 300 mg inhal powdr</i>	P	
SOLOSEC 2 GM GRANULE PACKET <i>secnidazole</i>	P	QL 1/ fill GL Female
<i>tinidazole 250 mg tablet</i>	P	
<i>tinidazole 500 mg tablet</i>	P	
<i>tinidazole powder</i>	P	
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE 10 MG INHALATION POWDR <i>loxapine</i>	P	AL At least 18 yrs old PR
<i>loxapine 10 mg capsule</i>	P	AL At least 18 yrs old PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loxapine 25 mg capsule</i>	P	AL At least 18 yrs old PR
<i>loxapine 5 mg capsule</i>	P	AL At least 18 yrs old PR F11 Formulary Indicator 1
<i>loxapine 50 mg capsule</i>	P	AL At least 18 yrs old PR F11 Formulary Indicator 1
<i>molindone hcl 10 mg tablet</i>	P	
<i>molindone hcl 25 mg tablet</i>	P	
<i>molindone hcl 5 mg tablet</i>	P	
<i>pimozide 1 mg tablet</i>	P	
<i>pimozide 2 mg tablet</i>	P	
<b>ATYPICAL ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA ER 300 MG SYR <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 0.04 per day
ABILIFY MAINTENA ER 300 MG VL <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 0.04 per day
ABILIFY MAINTENA ER 400 MG SYR <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 0.04 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ABILIFY MAINTENA ER 400 MG VL <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 0.04 per day
ABILIFY MYCITE 10 MG KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 10 MG MAINT KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 10 MG START KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 15 MG KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 15 MG MAINT KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 15 MG START KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ABILIFY MYCITE 2 MG MAINT KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day F11 Formulary Indicator 1
ABILIFY MYCITE 2 MG START KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 20 MG KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 20 MG MAINT KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 20 MG START KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 30 MG KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 30 MG MAINT KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ABILIFY MYCITE 30 MG START KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 5 MG KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 5 MG MAINT KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
ABILIFY MYCITE 5 MG START KIT <i>aripiprazole</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
<i>aripiprazole 1 mg/ml solution</i>	P	AL At least 6 yrs old PR QPD 30 per day F11 Formulary Indicator 1
<i>aripiprazole 10 mg tablet</i>	P	AL At least 6 yrs old PR QPD 1 per day F11 Formulary Indicator 1
<i>aripiprazole 15 mg tablet</i>	P	AL At least 6 yrs old PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole 2 mg tablet</i>	P	AL At least 6 yrs old PR QPD 1 per day F11 Formulary Indicator 1
<i>aripiprazole 20 mg tablet</i>	P	AL At least 6 yrs old PR QPD 1 per day F11 Formulary Indicator 1
<i>aripiprazole 30 mg tablet</i>	P	AL At least 6 yrs old PR QPD 1 per day F11 Formulary Indicator 1
<i>aripiprazole 5 mg tablet</i>	P	AL At least 6 yrs old PR QPD 1 per day F11 Formulary Indicator 1
<i>aripiprazole odt 10 mg tablet</i>	P	AL At least 6 yrs old PR QPD 1 per day F11 Formulary Indicator 1
<i>aripiprazole odt 15 mg tablet</i>	P	AL At least 6 yrs old PR QPD 1 per day F11 Formulary Indicator 1
ARISTADA ER 1064 MG/3.9 ML SYR <i>aripiprazole lauroxil</i>	P	AL At least 18 yrs old PR PA QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARISTADA ER 441 MG/1.6 ML SYRN <i>aripiprazole lauroxil</i>	P	AL At least 18 yrs old PR PA QPD 0.07 per day
ARISTADA ER 662 MG/2.4 ML SYRN <i>aripiprazole lauroxil</i>	P	AL At least 18 yrs old PR PA QPD 0.08 per day
ARISTADA ER 882 MG/3.2 ML SYRN <i>aripiprazole lauroxil</i>	P	AL At least 18 yrs old PR PA QPD 0.12 per day
ARISTADA INITIO ER 675 MG/2.4 <i>aripiprazole lauroxil, submicronized</i>	P	AL At least 18 yrs old PR PA QPD 0.08 per day
<i>asenapine 10 mg tablet sl</i>	P	AL At least 10 yrs old PR QPD 2 per day
<i>asenapine 2.5 mg tablet sl</i>	P	AL At least 10 yrs old PR QPD 2 per day
<i>asenapine 5 mg tablet sl</i>	P	AL At least 10 yrs old PR QPD 2 per day
CAPLYTA 10.5 MG CAPSULE <i>lumateperone tosylate</i>	P	AL At least 18 yrs old PR PA QPD 1 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPLYTA 21 MG CAPSULE <i>lumateperone tosylate</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
CAPLYTA 42 MG CAPSULE <i>lumateperone tosylate</i>	P	AL At least 18 yrs old PR PA QPD 1 per day
<i>clozapine 100 mg tablet</i>	P	AL At least 18 yrs old PR QPD 9 per day
<i>clozapine 200 mg tablet</i>	P	AL At least 18 yrs old PR QPD 4 per day
<i>clozapine 25 mg tablet</i>	P	AL At least 18 yrs old PR QPD 18 per day
<i>clozapine 50 mg tablet</i>	P	AL At least 18 yrs old PR QPD 3 per day
<i>clozapine odt 100 mg tablet</i>	P	AL At least 18 yrs old PR QPD 9 per day
<i>clozapine odt 12.5 mg tablet</i>	P	AL At least 18 yrs old PR QPD 3 per day
<i>clozapine odt 150 mg tablet</i>	P	AL At least 18 yrs old PR QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clozapine odt 200 mg tablet</i>	P	AL At least 18 yrs old PR QPD 3 per day
<i>clozapine odt 25 mg tablet</i>	P	AL At least 18 yrs old PR QPD 3 per day
CLOZARIL 100 MG TABLET <i>clozapine</i>	P	ST AL At least 18 yrs old PR QPD 9 per day
CLOZARIL 200 MG TABLET <i>clozapine</i>	P	ST AL At least 18 yrs old PR QPD 4 per day
CLOZARIL 25 MG TABLET <i>clozapine</i>	P	ST AL At least 18 yrs old PR QPD 18 per day
CLOZARIL 50 MG TABLET <i>clozapine</i>	P	ST AL At least 18 yrs old PR QPD 3 per day
FANAPT 1 MG TABLET <i>iloperidone</i>	P	ST AL At least 18 yrs old PR QPD 2 per day
FANAPT 10 MG TABLET <i>iloperidone</i>	P	ST AL At least 18 yrs old PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT 12 MG TABLET <i>iloperidone</i>	P	<p>ST</p> <p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 2 per day</p> <p>F11 Formulary Indicator 1</p>
FANAPT 2 MG TABLET <i>iloperidone</i>	P	<p>ST</p> <p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 2 per day</p>
FANAPT 4 MG TABLET <i>iloperidone</i>	P	<p>ST</p> <p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 2 per day</p>
FANAPT 6 MG TABLET <i>iloperidone</i>	P	<p>ST</p> <p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 2 per day</p>
FANAPT 8 MG TABLET <i>iloperidone</i>	P	<p>ST</p> <p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 2 per day</p>
FANAPT TITRATION PACK <i>iloperidone</i>	P	<p>QL 8 / rx</p> <p>ST</p> <p>AL At least 18 yrs old</p> <p>PR</p>
GEODON 20 MG CAPSULE <i>ziprasidone hcl</i>	P	<p>ST</p> <p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 2 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GEODON 20 MG/ML VIAL <i>ziprasidone mesylate</i>	P	ST PR
GEODON 40 MG CAPSULE <i>ziprasidone hcl</i>	P	ST AL At least 18 yrs old PR QPD 2 per day
GEODON 60 MG CAPSULE <i>ziprasidone hcl</i>	P	ST AL At least 18 yrs old PR QPD 2 per day
GEODON 80 MG CAPSULE <i>ziprasidone hcl</i>	P	ST AL At least 18 yrs old PR QPD 2 per day
INVEGA ER 1.5 MG TABLET <i>paliperidone</i>	P	ST AL At least 12 yrs old PR QPD 8 per day
INVEGA ER 3 MG TABLET <i>paliperidone</i>	P	ST AL At least 12 yrs old PR QPD 4 per day
INVEGA ER 6 MG TABLET <i>paliperidone</i>	P	ST AL At least 12 yrs old PR QPD 2 per day
INVEGA ER 9 MG TABLET <i>paliperidone</i>	P	ST AL At least 12 yrs old PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA HAFYERA 1,092 MG/3.5 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.04 per day
INVEGA HAFYERA 1,560 MG/5 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.06 per day
INVEGA SUSTENNA 117 MG/0.75 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.034 per day
INVEGA SUSTENNA 156 MG/ML SYRG <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.04 per day
INVEGA SUSTENNA 234 MG/1.5 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.057 per day
INVEGA SUSTENNA 39 MG/0.25 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.012 per day
INVEGA SUSTENNA 78 MG/0.5 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.02 per day
INVEGA TRINZA 273 MG/0.88 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.034 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 410 MG/1.32 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.057 per day
INVEGA TRINZA 546 MG/1.75 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.067 per day
INVEGA TRINZA 819 MG/2.63 ML <i>paliperidone palmitate</i>	P	AL At least 18 yrs old PR PA QPD 0.1 per day
LATUDA 120 MG TABLET <i>lurasidone hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day B4G
LATUDA 20 MG TABLET <i>lurasidone hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day B4G F11 Formulary Indicator 1
LATUDA 40 MG TABLET <i>lurasidone hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day B4G F11 Formulary Indicator 1
LATUDA 60 MG TABLET <i>lurasidone hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day B4G F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LATUDA 80 MG TABLET <i>lurasidone hcl</i>	P	AL At least 10 yrs old PR QPD 1 per day B4G F11 Formulary Indicator 1
NUPLAZID 10 MG TABLET <i>pimavanserin tartrate</i>	P	SPC PA QPD 1 per day
NUPLAZID 34 MG CAPSULE <i>pimavanserin tartrate</i>	P	SPC PA QPD 1 per day
<i>olanzapine 10 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>olanzapine 10 mg vial</i>	P	PR
<i>olanzapine 15 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>olanzapine 2.5 mg tablet</i>	P	PR QPD 6 per day F11 Formulary Indicator 1
<i>olanzapine 20 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>olanzapine 5 mg tablet</i>	P	PR QPD 6 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olanzapine 7.5 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>olanzapine odt 10 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>olanzapine odt 15 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>olanzapine odt 20 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>olanzapine odt 5 mg tablet</i>	P	PR QPD 6 per day F11 Formulary Indicator 1
<i>paliperidone er 1.5 mg tablet</i>	P	AL At least 12 yrs old PR QPD 8 per day F11 Formulary Indicator 1
<i>paliperidone er 3 mg tablet</i>	P	AL At least 12 yrs old PR QPD 4 per day F11 Formulary Indicator 1
<i>paliperidone er 6 mg tablet</i>	P	AL At least 12 yrs old PR QPD 2 per day F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paliperidone er 9 mg tablet</i>	P	AL At least 12 yrs old PR QPD 1 per day F11 Formulary Indicator 1
PERSERIS ER 120 MG SYRINGE KIT <i>risperidone</i>	P	AL At least 18 yrs old PR PA QPD 0.034 per day
PERSERIS ER 90 MG POWDER SYRNG <i>risperidone</i>	P	AL At least 18 yrs old PR PA QPD 0.034 per day
PERSERIS ER 90 MG SYRINGE KIT <i>risperidone</i>	P	AL At least 18 yrs old PR PA QPD 0.034 per day
<i>quetiapine 150 mg tablet</i>	P	AL At least 10 yrs old PR QPD 2 per day
<i>quetiapine er 150 mg tablet</i>	P	AL At least 10 yrs old PR QPD 5 per day F11 Formulary Indicator 1
<i>quetiapine er 200 mg tablet</i>	P	AL At least 10 yrs old PR QPD 4 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine er 300 mg tablet</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 2 per day</p> <p>F11 Formulary Indicator 1</p>
<i>quetiapine er 400 mg tablet</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 2 per day</p> <p>F11 Formulary Indicator 1</p>
<i>quetiapine er 50 mg tablet</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 6 per day</p> <p>F11 Formulary Indicator 1</p>
<i>quetiapine fumarate 100 mg tab</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 3 per day</p> <p>F11 Formulary Indicator 1</p>
<i>quetiapine fumarate 200 mg tab</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 1.5 per day</p> <p>F11 Formulary Indicator 1</p>
<i>quetiapine fumarate 25 mg tab</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 6 per day</p> <p>F11 Formulary Indicator 1</p>
<i>quetiapine fumarate 300 mg tab</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate 400 mg tab</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 2 per day</p> <p>F11 Formulary Indicator 1</p>
<i>quetiapine fumarate 50 mg tab</i>	P	<p>AL At least 10 yrs old</p> <p>PR</p> <p>QPD 6 per day</p> <p>F11 Formulary Indicator 1</p>
REXULTI 0.25 MG TABLET <i>brexipiprazole</i>	P	<p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 1 per day</p>
REXULTI 0.5 MG TABLET <i>brexipiprazole</i>	P	<p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 1 per day</p>
REXULTI 1 MG TABLET <i>brexipiprazole</i>	P	<p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 1 per day</p>
REXULTI 2 MG TABLET <i>brexipiprazole</i>	P	<p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
REXULTI 3 MG TABLET <i>brexipiprazole</i>	P	<p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
REXULTI 4 MG TABLET <i>brexipiprazole</i>	P	<p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 1 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RISPERDAL CONSTA 12.5 MG VIAL <i>risperidone microspheres</i>	P	AL At least 18 yrs old PR PA QPD 0.1 per day
RISPERDAL CONSTA 25 MG VIAL <i>risperidone microspheres</i>	P	AL At least 18 yrs old PR PA QPD 0.1 per day
RISPERDAL CONSTA 37.5 MG VIAL <i>risperidone microspheres</i>	P	AL At least 18 yrs old PR PA QPD 0.1 per day
RISPERDAL CONSTA 50 MG VIAL <i>risperidone microspheres</i>	P	AL At least 18 yrs old PR PA QPD 0.1 per day
<i>risperidone 0.25 mg odt</i>	P	AL At least 5 yrs old PR QPD 8 per day
<i>risperidone 0.25 mg tablet</i>	P	AL At least 5 yrs old PR QPD 8 per day
<i>risperidone 0.5 mg odt</i>	P	AL At least 5 yrs old PR QPD 8 per day
<i>risperidone 0.5 mg tablet</i>	P	AL At least 5 yrs old PR QPD 8 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone 1 mg odt</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 8 per day</p> <p>F11 Formulary Indicator 1</p>
<i>risperidone 1 mg tablet</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 8 per day</p> <p>F11 Formulary Indicator 1</p>
<i>risperidone 1 mg/ml solution</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 16 per day</p>
<i>risperidone 2 mg odt</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 8 per day</p> <p>F11 Formulary Indicator 1</p>
<i>risperidone 2 mg tablet</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 8 per day</p> <p>F11 Formulary Indicator 1</p>
<i>risperidone 3 mg odt</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 5 per day</p>
<i>risperidone 3 mg tablet</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 5 per day</p>
<i>risperidone 4 mg odt</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 4 per day</p> <p>F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone 4 mg tablet</i>	P	<p>AL At least 5 yrs old</p> <p>PR</p> <p>QPD 4 per day</p> <p>F11 Formulary Indicator 1</p>
SEROQUEL XR SAMPLE KIT <i>quetiapine fumarate</i>	P	<p>AL At least 10 yrs old</p>
VERSACLOZ 50 MG/ML SUSPENSION <i>clozapine</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 20 per day</p>
VRAYLAR 1.5 MG CAPSULE <i>cariprazine hcl</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
VRAYLAR 1.5 MG-3 MG PACK <i>cariprazine hcl</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 1 per day</p>
VRAYLAR 3 MG CAPSULE <i>cariprazine hcl</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
VRAYLAR 4.5 MG CAPSULE <i>cariprazine hcl</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
VRAYLAR 6 MG CAPSULE <i>cariprazine hcl</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>QPD 1 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ziprasidone 20 mg/ml vial</i>	P	PR
<i>ziprasidone hcl 20 mg capsule</i>	P	AL At least 18 yrs old PR QPD 2 per day F11 Formulary Indicator 1
<i>ziprasidone hcl 40 mg capsule</i>	P	AL At least 18 yrs old PR QPD 2 per day F11 Formulary Indicator 1
<i>ziprasidone hcl 60 mg capsule</i>	P	AL At least 18 yrs old PR QPD 2 per day F11 Formulary Indicator 1
<i>ziprasidone hcl 80 mg capsule</i>	P	AL At least 18 yrs old PR QPD 2 per day F11 Formulary Indicator 1
ZYPREXA RELPREVV 210 MG VIAL <i>olanzapine pamoate</i>	P	AL At least 18 yrs old PR PA QPD 0.08 per day
ZYPREXA RELPREVV 210 MG VL KIT <i>olanzapine pamoate</i>	P	AL At least 18 yrs old PR PA QPD 0.08 per day
ZYPREXA RELPREVV 300 MG VIAL <i>olanzapine pamoate</i>	P	AL At least 18 yrs old PR PA QPD 0.08 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYPREXA RELPREVV 300 MG VL KIT <i>olanzapine pamoate</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>PA</p> <p>QPD 0.08 per day</p>
ZYPREXA RELPREVV 405 MG VIAL <i>olanzapine pamoate</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>PA</p> <p>QPD 0.08 per day</p>
ZYPREXA RELPREVV 405 MG VL KIT <i>olanzapine pamoate</i>	P	<p>AL At least 18 yrs old</p> <p>PR</p> <p>PA</p> <p>QPD 0.08 per day</p>
ZYPREXA ZYDIS 10 MG TABLET <i>olanzapine</i>	P	<p>ST</p> <p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 3 per day</p> <p>SBA Select Brand Alternative</p>
ZYPREXA ZYDIS 15 MG TABLET <i>olanzapine</i>	P	<p>ST</p> <p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 2 per day</p> <p>SBA Select Brand Alternative</p>
ZYPREXA ZYDIS 20 MG TABLET <i>olanzapine</i>	P	<p>ST</p> <p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 1 per day</p> <p>SBA Select Brand Alternative</p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYPREXA ZYDIS 5 MG TABLET <i>olanzapine</i>	P	<p>ST</p> <p>AL At least 13 yrs old</p> <p>PR</p> <p>QPD 6 per day</p> <p>SBA Select Brand Alternative</p>
<b>BUTYROPHENONES</b>		
HALDOL DECANOATE 100 AMPUL <i>haloperidol decanoate</i>	P	PR
HALDOL DECANOATE 50 AMPUL <i>haloperidol decanoate</i>	P	PR
<i>haloperidol 0.5 mg tablet</i>	P	<p>AL At least 3 yrs old</p> <p>PR</p> <p>F11 Formulary Indicator 1</p>
<i>haloperidol 1 mg tablet</i>	P	<p>AL At least 3 yrs old</p> <p>PR</p> <p>F11 Formulary Indicator 1</p>
<i>haloperidol 10 mg tablet</i>	P	<p>AL At least 3 yrs old</p> <p>PR</p> <p>F11 Formulary Indicator 1</p>
<i>haloperidol 2 mg tablet</i>	P	<p>AL At least 3 yrs old</p> <p>PR</p> <p>F11 Formulary Indicator 1</p>
<i>haloperidol 20 mg tablet</i>	P	<p>AL At least 3 yrs old</p> <p>PR</p> <p>F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol 5 mg tablet</i>	P	AL At least 3 yrs old PR F11 Formulary Indicator 1
<i>haloperidol dec 100 mg/ml amp</i>	P	PR
<i>haloperidol dec 100 mg/ml amp</i>	P	PR
<i>haloperidol dec 100 mg/ml vial</i>	P	PR
<i>haloperidol dec 250 mg/5 ml vl</i>	P	PR
<i>haloperidol dec 50 mg/ml vial</i>	P	PR
<i>haloperidol dec 500 mg/5 ml vl</i>	P	PR
<i>haloperidol decan 50 mg/ml amp</i>	P	PR
<i>haloperidol decanoate powder</i>	P	
<i>haloperidol lac 10 mg/5 ml cup</i>	P	AL At least 3 yrs old PR
<i>haloperidol lac 2 mg/ml conc</i>	P	AL At least 3 yrs old PR
<i>haloperidol lac 5 mg/ml syring</i>	P	PR
<i>haloperidol powder</i>	P	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine 10 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>chlorpromazine 100 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>chlorpromazine 100 mg/ml conc</i>	P	PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlorpromazine 200 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>chlorpromazine 25 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>chlorpromazine 30 mg/ml conc</i>	P	PR F11 Formulary Indicator 1
<i>chlorpromazine 50 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>chlorpromazine hcl powder</i>	P	
<i>fluphenazine 1 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>fluphenazine 10 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>fluphenazine 2.5 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>fluphenazine 2.5 mg/5 ml elix</i>	P	PR
<i>fluphenazine 2.5 mg/ml vial</i>	P	PR BSP BENEFIT SHIFT PROGRAM
<i>fluphenazine 5 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>fluphenazine 5 mg/ml conc</i>	P	PR
<i>fluphenazine dec 125 mg/5 ml</i>	P	AL At least 12 yrs old PR BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluphenazine decanoate liquid</i>	P	AL At least 12 yrs old
<i>fluphenazine decanoate oil</i>	P	AL At least 12 yrs old
<i>perphenazine 16 mg tablet</i>	P	AL At least 12 yrs old PR F11 Formulary Indicator 1
<i>perphenazine 2 mg tablet</i>	P	AL At least 12 yrs old PR F11 Formulary Indicator 1
<i>perphenazine 4 mg tablet</i>	P	AL At least 12 yrs old PR F11 Formulary Indicator 1
<i>perphenazine 8 mg tablet</i>	P	AL At least 12 yrs old PR F11 Formulary Indicator 1
<i>perphenazine powder</i>	P	AL At least 12 yrs old
<i>prochlorperazine edisylate pow</i>	P	
<i>prochlorperazine mal powder</i>	P	
<i>thioridazine 10 mg tablet</i>	P	PR
<i>thioridazine 100 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>thioridazine 25 mg tablet</i>	P	PR
<i>thioridazine 50 mg tablet</i>	P	PR
<i>thioridazine hcl powder</i>	P	
<i>trifluoperazine 1 mg tablet</i>	P	AL At least 6 yrs old PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trifluoperazine 10 mg tablet</i>	P	AL At least 6 yrs old PR
<i>trifluoperazine 2 mg tablet</i>	P	AL At least 6 yrs old PR F11 Formulary Indicator 1
<i>trifluoperazine 5 mg tablet</i>	P	AL At least 6 yrs old PR
<b>THIOXANTHENES</b>		
<i>thiothixene 1 mg capsule</i>	P	AL At least 12 yrs old PR F11 Formulary Indicator 1
<i>thiothixene 10 mg capsule</i>	P	AL At least 12 yrs old PR F11 Formulary Indicator 1
<i>thiothixene 2 mg capsule</i>	P	AL At least 12 yrs old PR F11 Formulary Indicator 1
<i>thiothixene 5 mg capsule</i>	P	AL At least 12 yrs old PR F11 Formulary Indicator 1
<b>ANTIRETROVIRALS</b>		
<b>HIV ENTRY AND FUSION INHIBITORS</b>		
FUZEON 90 MG VIAL <i>enfuvirtide</i>	P	SPC PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>maraviroc 150 mg tablet</i>	P	SPC PR
<i>maraviroc 300 mg tablet</i>	P	SPC PR
RUKOBIA ER 600 MG TABLET <i>fostemsavir tromethamine</i>	P	SPC PR
SELZENTRY 150 MG TABLET <i>maraviroc</i>	P	SPC PR
SELZENTRY 20 MG/ML ORAL SOLN <i>maraviroc</i>	P	SPC PR
SELZENTRY 25 MG TABLET <i>maraviroc</i>	P	SPC PR
SELZENTRY 300 MG TABLET <i>maraviroc</i>	P	SPC PR
SELZENTRY 75 MG TABLET <i>maraviroc</i>	P	SPC PR
<b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS</b>		
DOVATO 50-300 MG TABLET <i>dolutegravir sodium/lamivudine</i>	P	SPC PR QPD 1 per day
ISENTRESS 100 MG POWDER PACKET <i>raltegravir potassium</i>	P	SPC PR
ISENTRESS 100 MG TABLET CHEW <i>raltegravir potassium</i>	P	SPC PR
ISENTRESS 25 MG TABLET CHEW <i>raltegravir potassium</i>	P	SPC PR
ISENTRESS 400 MG TABLET <i>raltegravir potassium</i>	P	SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISENTRESS HD 600 MG TABLET <i>raltegravir potassium</i>	P	SPC PR
JULUCA 50-25 MG TABLET <i>dolutegravir sodium/rilpivirine hcl</i>	P	SPC PR QPD 1 per day
TIVICAY 10 MG TABLET <i>dolutegravir sodium</i>	P	SPC PR
TIVICAY 25 MG TABLET <i>dolutegravir sodium</i>	P	SPC PR
TIVICAY 50 MG TABLET <i>dolutegravir sodium</i>	P	SPC PR
TIVICAY PD 5 MG TAB FOR SUSP <i>dolutegravir sodium</i>	P	SPC PR
VOCABRIA 30 MG TABLET <i>cabotegravir sodium</i>	P	SPC PR PA QPD 1 per day
<b>HIV NONNUCLEOSIDE REV. TRANSCRIP. INHIB.</b>		
DELSTRIGO 100-300-300 MG TAB <i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>	P	SPC PR
EDURANT 25 MG TABLET <i>rilpivirine hcl</i>	P	SPC PR
<i>efavir-lamiv-tenof 400-300-300</i>	P	SPC
<i>efavir-lamiv-tenof 600-300-300</i>	P	SPC
<i>efavirenz 200 mg capsule</i>	P	SPC PR
<i>efavirenz 50 mg capsule</i>	P	SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>efavirenz 600 mg tablet</i>	P	SPC PR
<i>etravirine 100 mg tablet</i>	P	SPC PR
<i>etravirine 200 mg tablet</i>	P	SPC PR
INTELENCE 100 MG TABLET <i>etravirine</i>	P	SPC PR
INTELENCE 200 MG TABLET <i>etravirine</i>	P	SPC PR
INTELENCE 25 MG TABLET <i>etravirine</i>	P	SPC PR
<i>nevirapine 200 mg tablet</i>	P	SPC PR
<i>nevirapine 50 mg/5 ml susp</i>	P	SPC PR
<i>nevirapine er 100 mg tablet</i>	P	SPC PR
<i>nevirapine er 400 mg tablet</i>	P	SPC PR
PIFELTRO 100 MG TABLET <i>doravirine</i>	P	SPC PR
SUSTIVA 200 MG CAPSULE <i>efavirenz</i>	P	SPC PR
SUSTIVA 50 MG CAPSULE <i>efavirenz</i>	P	SPC PR
SUSTIVA 600 MG TABLET <i>efavirenz</i>	P	SPC PR



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMFI 600-300-300 MG TABLET <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	P	SPC PR
SYMFI LO 400-300-300 MG TABLET <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	P	SPC PR
VIRAMUNE 50 MG/5 ML SUSP <i>nevirapine</i>	P	SPC PR
VIRAMUNE XR 400 MG TABLET <i>nevirapine</i>	P	SPC PR
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir 20 mg/ml solution</i>	P	SPC PR
<i>abacavir 300 mg tablet</i>	P	SPC PR
<i>abacavir-lamivudine 600-300 mg</i>	P	SPC PR
<i>abacavir-lamivudine-zidov tab</i>	P	SPC PR
ATRIPLA TABLET <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	P	ST SPC PR
BIKTARVY 30-120-15 MG TABLET <i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>	P	SPC PR
BIKTARVY 50-200-25 MG TABLET <i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>	P	SPC PR
CIMDUO 300-300 MG TABLET <i>lamivudine/tenofovir disoproxil fumarate</i>	P	ST SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMBIVIR TABLET <i>lamivudine/zidovudine</i>	P	SPC PR
COMPLERA TABLET <i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>	P	ST SPC PR
DESCOVY 120-15 MG TABLET <i>emtricitabine/tenofovir alafenamide fumarate</i>	P	SPC PR
DESCOVY 200-25 MG TABLET <i>emtricitabine/tenofovir alafenamide fumarate</i>	P	SPC PR HCR QPD 1 per day HCR: Preventive use only. Quantity Limits may apply. Must try generic Truvada first.
<i>didanosine dr 250 mg capsule</i>	P	SPC PR
<i>didanosine dr 400 mg capsule</i>	P	SPC PR
<i>efavir-emtri-tenof 600-200-300</i>	P	ST SPC PR
<i>emtricitabine 200 mg capsule</i>	P	SPC PR
<i>emtricitabine-tenofv 100-150mg</i>	P	SPC PR
<i>emtricitabine-tenofv 133-200mg</i>	P	SPC PR
<i>emtricitabine-tenofv 167-250mg</i>	P	SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>emtricitabine-tenofv 200-300mg</i>	P	SPC PR HCR HCR: Preventive use only. Quantity Limits may apply.
EMTRIVA 10 MG/ML SOLUTION <i>emtricitabine</i>	P	SPC PR
EMTRIVA 200 MG CAPSULE <i>emtricitabine</i>	P	SPC PR
EPIVIR 10 MG/ML ORAL SOLN <i>lamivudine</i>	P	SPC PR
EPIVIR 150 MG TABLET <i>lamivudine</i>	P	SPC PR
EPIVIR 300 MG TABLET <i>lamivudine</i>	P	SPC PR
EPIVIR HBV 100 MG TABLET <i>lamivudine</i>	P	SPC
EPIVIR HBV 25 MG/5 ML SOLN <i>lamivudine</i>	P	SPC
EPZICOM TABLET <i>abacavir sulfate/lamivudine</i>	P	SPC PR
GENVOYA TABLET <i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>	P	SPC PR
<i>lamivudine 10 mg/ml oral soln</i>	P	SPC PR
<i>lamivudine 150 mg tablet</i>	P	SPC PR
<i>lamivudine 300 mg tablet</i>	P	SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamivudine hbv 100 mg tablet</i>	P	SPC
<i>lamivudine-zidovudine tablet</i>	P	SPC PR
ODEFSEY TABLET <i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>	P	SPC PR
RETROVIR 10 MG/ML SYRUP <i>zidovudine</i>	P	SPC PR
RETROVIR 100 MG CAPSULE <i>zidovudine</i>	P	SPC PR
<i>stavudine 15 mg capsule</i>	P	SPC PR
<i>stavudine 20 mg capsule</i>	P	SPC PR
<i>stavudine 30 mg capsule</i>	P	SPC PR
<i>stavudine 40 mg capsule</i>	P	SPC PR
STRIBILD TABLET <i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>	P	SPC PR
TEMIXYS 300-300 MG TABLET <i>lamivudine/tenofovir disoproxil fumarate</i>	P	SPC PR QPD 1 per day
<i>tenofovir disop fum 300 mg tb</i>	P	SPC PR
TRIUMEQ 600-50-300 MG TABLET <i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	P	SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIUMEQ PD 60-5-30 MG TAB SUSP <i>abacavir sulfate/dolutegravir sodium/lamivudine</i>	P	SPC PR
TRIZIVIR TABLET <i>abacavir sulfate/lamivudine/zidovudine</i>	P	SPC PR
TRUVADA 100 MG-150 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	P	SPC PR
TRUVADA 133 MG-200 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	P	SPC PR
TRUVADA 167 MG-250 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	P	SPC PR
TRUVADA 200 MG-300 MG TABLET <i>emtricitabine/tenofovir disoproxil fumarate</i>	P	SPC PR
VIREAD 150 MG TABLET <i>tenofovir disoproxil fumarate</i>	P	SPC PR
VIREAD 200 MG TABLET <i>tenofovir disoproxil fumarate</i>	P	SPC PR
VIREAD 250 MG TABLET <i>tenofovir disoproxil fumarate</i>	P	SPC PR
VIREAD 300 MG TABLET <i>tenofovir disoproxil fumarate</i>	P	SPC PR
VIREAD POWDER <i>tenofovir disoproxil fumarate</i>	P	SPC PR
ZIAGEN 20 MG/ML SOLUTION <i>abacavir sulfate</i>	P	SPC PR
ZIAGEN 300 MG TABLET <i>abacavir sulfate</i>	P	SPC PR
<i>zidovudine 100 mg capsule</i>	P	SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zidovudine 300 mg tablet</i>	P	SPC PR
<i>zidovudine 50 mg/5 ml syrup</i>	P	SPC PR
<b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS</b>		
APTIVUS 100 MG/ML SOLUTION <i>tipranavir/vitamin e tpgs</i>	P	SPC PR
APTIVUS 250 MG CAPSULE <i>tipranavir</i>	P	SPC PR
<i>atazanavir sulfate 150 mg cap</i>	P	SPC PR
<i>atazanavir sulfate 200 mg cap</i>	P	SPC PR
<i>atazanavir sulfate 300 mg cap</i>	P	SPC PR
EVOTAZ 300 MG-150 MG TABLET <i>atazanavir sulfate/cobicistat</i>	P	SPC PR
<i>fosamprenavir 700 mg tablet</i>	P	SPC PR
INVIRASE 500 MG TABLET <i>saquinavir mesylate</i>	P	SPC PR
KALETRA 100-25 MG TABLET <i>lopinavir/ritonavir</i>	P	SPC PR
KALETRA 200-50 MG TABLET <i>lopinavir/ritonavir</i>	P	SPC PR
KALETRA 80 MG-20 MG/ML SOLN <i>lopinavir/ritonavir</i>	P	SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEXIVA 50 MG/ML SUSPENSION <i>fosamprenavir calcium</i>	P	SPC PR
LEXIVA 700 MG TABLET <i>fosamprenavir calcium</i>	P	SPC PR
<i>lopinavir-ritonavir 80-20mg/ml</i>	P	SPC PR
<i>lopinavir-ritonavir 100-25mg tb</i>	P	SPC PR
<i>lopinavir-ritonavir 200-50mg tb</i>	P	SPC PR
NORVIR 100 MG POWDER PACKET <i>ritonavir</i>	P	SPC PR
NORVIR 100 MG TABLET <i>ritonavir</i>	P	SPC PR
NORVIR 80 MG/ML SOLUTION <i>ritonavir</i>	P	SPC PR
PREZCOBIX 800 MG-150 MG TABLET <i>darunavir ethanolate/cobicistat</i>	P	SPC PR
PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i>	P	SPC PR
PREZISTA 150 MG TABLET <i>darunavir ethanolate</i>	P	SPC PR
PREZISTA 600 MG TABLET <i>darunavir ethanolate</i>	P	SPC PR
PREZISTA 75 MG TABLET <i>darunavir ethanolate</i>	P	SPC PR
PREZISTA 800 MG TABLET <i>darunavir ethanolate</i>	P	SPC PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REYATAZ 150 MG CAPSULE <i>atazanavir sulfate</i>	P	SPC PR
REYATAZ 200 MG CAPSULE <i>atazanavir sulfate</i>	P	SPC PR
REYATAZ 300 MG CAPSULE <i>atazanavir sulfate</i>	P	SPC PR
REYATAZ 50 MG POWDER PACKET <i>atazanavir sulfate</i>	P	SPC PR
<i>ritonavir 100 mg tablet</i>	P	SPC PR
SYMTUZA 800-150-200-10 MG TAB <i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>	P	SPC PR
VIRACEPT 250 MG TABLET <i>nelfinavir mesylate</i>	P	SPC PR
VIRACEPT 625 MG TABLET <i>nelfinavir mesylate</i>	P	SPC PR
<b>ANTITHROMBOTIC AGENTS</b>		
<b>ANTITHROMBOTIC AGENTS, MISCELLANEOUS</b>		
CABLIVI 11 MG KIT <i>caplacizumab-yhdp</i>	P	SPC
CABLIVI 11 MG VIAL <i>caplacizumab-yhdp</i>	P	SPC
<b>PLATELET-AGGREGATION INHIBITORS</b>		
BRILINTA 60 MG TABLET <i>ticagrelor</i>	P	PR QPD 2 per day F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRILINTA 90 MG TABLET <i>ticagrelor</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>cilostazol 100 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>cilostazol 50 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>clopidogrel 300 mg tablet</i>	P	PR QPD 1 per day
<i>clopidogrel 75 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>clopidogrel bisulfate powder</i>	P	
EFFIENT 10 MG TABLET <i>prasugrel hcl</i>	P	PR QPD 1 per day SBA Select Brand Alternative
EFFIENT 5 MG TABLET <i>prasugrel hcl</i>	P	PR QPD 1 per day SBA Select Brand Alternative
<i>prasugrel 10 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prasugrel 5 mg tablet</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">1 per day</span> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> <span style="margin-left: 5px;">Formulary Indicator 1</span> </div> </div>
ZONTIVITY 2.08 MG TABLET <i>vorapaxar sulfate</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">1 per day</span> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> <span style="margin-left: 5px;">Formulary Indicator 1</span> </div> </div>
<b>PLATELET-REDUCING AGENTS</b>		
AGRYLIN 0.5 MG CAPSULE <i>anagrelide hcl</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">4 per day</span> </div> </div>
<i>anagrelide hcl 0.5 mg capsule</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">4 per day</span> </div> </div>
<i>anagrelide hcl 1 mg capsule</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">4 per day</span> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> <span style="margin-left: 5px;">Formulary Indicator 1</span> </div> </div>
<b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES</b>		
<b>TOXOIDS</b>		
ADACEL TDAP SYRINGE <i>diphtheria, pertussis (acellular), tetanus vaccine/pf</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">HCR</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">HCR Vaccines</span> </div> </div>
ADACEL TDAP VIAL <i>diphtheria, pertussis (acellular), tetanus vaccine/pf</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">HCR</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">HCR Vaccines</span> </div> </div>
BOOSTRIX TDAP VACCINE SYRINGE <i>diphtheria, pertussis (acellular), tetanus vaccine</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">HCR</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">HCR Vaccines</span> </div> </div>
BOOSTRIX TDAP VACCINE VIAL <i>diphtheria, pertussis (acellular), tetanus vaccine</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">HCR</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">HCR Vaccines</span> </div> </div>
DAPTACEL DTAP VACCINE <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">HCR</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">HCR Vaccines</span> </div> </div>
<i>diphtheria-tetanus toxoids-ped</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">HCR</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">HCR Vaccines</span> </div> </div>
INFANRIX DTAP SYRINGE <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">HCR</div> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">HCR Vaccines</span> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INFANRIX DTAP VIAL <i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>	P	HCR HCR Vaccines
<i>tdvax vial</i>	P	HCR HCR Vaccines
TENIVAC SYRINGE <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>	P	HCR HCR Vaccines
TENIVAC VIAL <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>	P	HCR HCR Vaccines
VAXELIS VACCINE SYRINGE <i>diphtheria, pertus(acell), tetanus/hepb/polio/hib conj-meng/pf</i>	P	HCR HCR Vaccines
VAXELIS VACCINE VIAL <i>diphtheria, pertus(acell), tetanus/hepb/polio/hib conj-meng/pf</i>	P	HCR HCR Vaccines
<b>VACCINES</b>		
ACTHIB VACCINE VIAL <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	P	HCR HCR Vaccines
ACTHIB VACCINE WITH DILUENT <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	P	HCR HCR Vaccines
AFLURIA QUAD 2020-2021 VIAL <i>influenza virus vaccine quadrivalent 2020-21 (6 mos and up)</i>	P	HCR HCR Vaccines
AFLURIA QUAD 2021-2022 VIAL <i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	P	HCR HCR Vaccines
AFLURIA QUAD 2021-22 (3YR UP) <i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i>	P	AL At least 3 yrs old HCR HCR Vaccines
AFLURIA QUAD 2021-22 (6-35MO) <i>influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf</i>	P	AL Up to 3 yrs old HCR HCR Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>AFLURIA QUAD 2022-2023 VIAL</b> <i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>	P	HCR HCR Vaccines
<b>AFLURIA QUAD 2022-23 (3YR UP)</b> <i>influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf</i>	P	AL At least 3 yrs old HCR HCR Vaccines
<b>BEXSERO PREFILLED SYRINGE</b> <i>meningococcal group b vaccine, 4-component</i>	P	HCR HCR Vaccines
<b>BIOTHRAX VACCINE VIAL</b> <i>anthrax vaccine</i>	P	
<b>COMIRNATY 30MCG/0.3ML VAC-GRAY</b> <i>covid-19 vac mrna, tris(pfizer)/pf</i>	P	HCR HCR Standard Rx & OTC
<b>DENGVAXIA VIAL</b> <i>dengue tetravalent vaccine, live, vero cell/pf</i>	P	
<b>DENGVAXIA VIAL WITH DILUENT</b> <i>dengue tetravalent vaccine, live, vero cell/pf</i>	P	
<b>ENGERIX-B 20 MCG/ML SYRN</b> <i>hepatitis b virus vaccine recombinant/pf</i>	P	HCR HCR Vaccines
<b>ENGERIX-B 20 MCG/ML VIAL</b> <i>hepatitis b virus vaccine recombinant/pf</i>	P	HCR HCR Vaccines
<b>ENGERIX-B PEDI 10 MCG/0.5 SYRN</b> <i>hepatitis b virus vaccine recombinant/pf</i>	P	HCR HCR Vaccines
<b>FLUAD 2020-2021 SYRINGE</b> <i>influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf</i>	P	AL At least 65 yrs old HCR HCR Vaccines
<b>FLUAD QUAD 2021-2022 SYRINGE</b> <i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf</i>	P	AL At least 65 yrs old HCR HCR Vaccines
<b>FLUAD QUAD 2022-2023 SYRINGE</b> <i>influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf</i>	P	AL At least 65 yrs old HCR HCR Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>FLUARIX QUAD 2021-2022 SYRINGE</b> <i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	P	HCR HCR Vaccines
<b>FLUARIX QUAD 2022-2023 SYRINGE</b> <i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	P	HCR HCR Vaccines
<b>FLUBLOK QUAD 2021-2022 SYRINGE</b> <i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i>	P	AL At least 18 yrs old HCR HCR Vaccines
<b>FLUBLOK QUAD 2022-2023 SYRINGE</b> <i>influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf</i>	P	AL At least 18 yrs old HCR HCR Vaccines
<b>FLUCELVAX QUAD 2020-2021 VIAL</b> <i>flu vaccine quadriv 2020-2021(4 years and older)cell derived</i>	P	AL At least 4 yrs old HCR HCR Vaccines
<b>FLUCELVAX QUAD 2021-2022 SYR</b> <i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i>	P	AL At least 2 yrs old HCR HCR Vaccines
<b>FLUCELVAX QUAD 2021-2022 VIAL</b> <i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i>	P	AL At least 2 yrs old HCR HCR Vaccines
<b>FLUCELVAX QUAD 2022-2023 SYR</b> <i>flu vaccine quad 2022-2023(6 month and older)cell derived/pf</i>	P	HCR HCR Vaccines
<b>FLUCELVAX QUAD 2022-2023 VIAL</b> <i>flu vaccine quadriv 2022-2023(6 month and older)cell derived</i>	P	HCR HCR Vaccines
<b>FLULAVAL QUAD 2021-2022 SYR</b> <i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i>	P	HCR HCR Vaccines
<b>FLULAVAL QUAD 2022-2023 SYRING</b> <i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>	P	HCR HCR Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUMIST QUAD NASAL 2020-21 VAC <i>influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs)</i>	P	AL 2.0 to 49.0 yrs old HCR Vaccines
FLUMIST QUAD NASAL 2021-22 VAC <i>influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)</i>	P	AL 2.0 to 49.0 yrs old HCR Vaccines
FLUMIST QUAD NASAL 2022-23 VAC <i>influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)</i>	P	AL 2.0 to 49.0 yrs old HCR Vaccines
FLUZONE HIGH-DOSE QUAD 2021-22 <i>influenza virus vaccine quadrivalent split 2021-22(65 yr up)/pf</i>	P	AL At least 65 yrs old HCR Vaccines
FLUZONE HIGH-DOSE QUAD 2022-23 <i>influenza virus vaccine quadrivalent split 2022-23(65 yr up)/pf</i>	P	AL At least 65 yrs old HCR Vaccines
FLUZONE QUAD 2021-2022 SYRINGE <i>influenza virus vaccine quadrivalent 2021-2022(6 mos and up)/pf</i>	P	HCR Vaccines
FLUZONE QUAD 2021-2022 VIAL <i>influenza virus vaccine quadrivalent 2021-2022(6 mos and up)/pf</i>	P	HCR Vaccines
FLUZONE QUAD 2021-2022 VIAL <i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>	P	HCR Vaccines
FLUZONE QUAD 2022-2023 SYRINGE <i>influenza virus vaccine quadrivalent 2022-2023(6 mos and up)/pf</i>	P	HCR Vaccines
FLUZONE QUAD 2022-2023 VIAL <i>influenza virus vaccine quadrivalent 2022-2023(6 mos and up)/pf</i>	P	HCR Vaccines
FLUZONE QUAD 2022-2023 VIAL <i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>	P	HCR Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GARDASIL 9 SYRINGE <i>human papillomavirus vaccine, 9-valent/pf</i>	P	HCR HCR Vaccines
GARDASIL 9 VIAL <i>human papillomavirus vaccine, 9-valent/pf</i>	P	HCR HCR Vaccines
HAVRIX 1,440 UNIT/ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	P	HCR HCR Vaccines
HAVRIX 720 UNIT/0.5 ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	P	HCR HCR Vaccines
HEPLISAV-B 20 MCG/0.5 ML SYRNG <i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>	P	HCR HCR Vaccines
HIBERIX VACCINE VIAL <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	P	HCR HCR Vaccines
HIBERIX VACCINE WITH DILUENT <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>	P	HCR HCR Vaccines
IMOVAX RABIES VACCINE VIAL <i>rabies vaccine, human diploid cell/pf</i>	P	
IPOL SINGLE DOSE SYRINGE <i>poliomyelitis vaccine, killed</i>	P	HCR HCR Vaccines
IPOL VIAL <i>poliomyelitis vaccine, killed</i>	P	HCR HCR Vaccines
IXIARO 6 MCG/0.5 ML SYRINGE <i>japanese encephalitis vaccine/pf</i>	P	
IXIARO 6 UNIT(6 MCG)/0.5ML SYR <i>japanese encephalitis vaccine/pf</i>	P	
JANSSEN COVID-19 VACCINE (EUA) <i>covid-19 vac, ad26.cov2.s (janssen)/pf</i>	P	HCR HCR Standard Rx & OTC
KINRIX TIP-LOK SYRINGE <i>diphtheria, pertussis(accel), tetanus, polio vaccine/pf</i>	P	HCR HCR Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>KINRIX VIAL</b> <i>diphtheria, pertussis(acell), tetanus, polio vaccine/pf</i>	P	HCR HCR Vaccines
<b>M-M-R II VACCINE VIAL</b> <i>measles, mumps, and rubella vaccine live/pf</i>	P	HCR HCR Vaccines
<b>MENACTRA VIAL</b> <i>meningococcal vaccine a,c,y,w-135, diphtheria toxoid conj/pf</i>	P	HCR HCR Vaccines
<b>MENQUADFI VIAL</b> <i>meningococcal vaccine a,c,y and w-135, conj tetanus toxoid/pf</i>	P	HCR HCR Vaccines
<b>MENVEO 1 VIAL-A-C-Y-W-135-DIP</b> <i>meningococcal vaccine a,c,y,w-135, diphtheria toxoid conj/pf</i>	P	HCR HCR Vaccines
<b>MENVEO A-C-Y-W KIT (2 VIALS)</b> <i>meningococcal vaccine a,c,y,w-135, diphtheria toxoid conj/pf</i>	P	HCR HCR Vaccines
<b>MENVEO MENA COMPONENT</b> <i>meningococcal a diphtheria-conj vaccine component 2 of 2/pf</i>	P	HCR HCR Vaccines
<b>MENVEO MENCYW-135 COMPONENT</b> <i>meningococcal c,y,w-135, dip-conj vaccine component 1 of 2/pf</i>	P	HCR HCR Vaccines
<b>MODERNA COVID (12Y UP)VAC(EUA)</b> <i>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</i>	P	HCR HCR Standard Rx & OTC
<b>MODERNA COVID BIVAL (6Y UP)EUA</b> <i>covid-19 vaccine mrna, original, omicron ba.4/5(moderna)/pf</i>	P	HCR HCR Standard Rx & OTC
<b>MODERNA COVID BIVAL(6MO-5Y)EUA</b> <i>covid-19 vaccine mrna, original, omicron ba.4/5(moderna)/pf</i>	P	HCR HCR Standard Rx & OTC
<b>MODERNA COVID(6M-5Y) VACC(EUA)</b> <i>covid-19 vaccine, mrna, Inp-s, pediatric (moderna)/pf</i>	P	HCR HCR Standard Rx & OTC



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MODERNA COVID-19 BOOSTER (EUA) <i>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</i>	P	HCR HCR Standard Rx & OTC
NOVAVAX COVID-19 VACC,ADJ(EUA) <i>covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf</i>	P	HCR HCR Standard Rx & OTC
PEDIARIX 0.5 ML SYRINGE <i>hep b virus,rcmb/diphth,pertus(accel),tet,polio vaccine/pf</i>	P	HCR HCR Vaccines
PEDVAXHIB VACCINE VIAL <i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>	P	HCR HCR Vaccines
PENTACEL ACTHIB COMPONENT VIAL <i>haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf</i>	P	HCR HCR Vaccines
PENTACEL DTAP-IPV COMPONENT VL <i>diphther,pertus(accel),tetanus,polio vacc,component 1 of 2/pf</i>	P	HCR HCR Vaccines
PENTACEL VIAL KIT <i>diphtheria,pertussis(accel),tetanus,polio/haemophilus b/pf</i>	P	HCR HCR Vaccines
PFIZER COVID (12Y UP) VAC-GRAY <i>covid-19 vac mrna, tris(pfizer)/pf</i>	P	HCR HCR Standard Rx & OTC
PFIZER COVID (5-11Y) VAC-ORANG <i>covid-19 vac mrna, tris(pfizer)/pf</i>	P	HCR HCR Standard Rx & OTC
PFIZER COVID (6M-4Y)VAC-MAROON <i>covid-19 vac mrna, tris(pfizer)/pf</i>	P	HCR HCR Standard Rx & OTC
PFIZER COVID BIVAL (12Y UP)EUA <i>covid-19 vaccine mrna,original,omicron ba. 4/5(pfizer)/pf</i>	P	HCR HCR Standard Rx & OTC
PFIZER COVID BIVAL (5-11YR)EUA <i>covid-19 vaccine mrna,original,omicron ba. 4/5(pfizer)/pf</i>	P	HCR HCR Standard Rx & OTC
PFIZER COVID BIVAL (6MO-4Y)EUA <i>covid-19 vaccine mrna,original,omicron ba. 4/5(pfizer)/pf</i>	P	HCR HCR Standard Rx & OTC
PFIZER COVID-19 VACCINE-PURPLE <i>covid-19 vaccine, mrna, bnt162b2, Inp-s (pfizer)/pf</i>	P	HCR HCR Standard Rx & OTC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PNEUMOVAX 23 SYRINGE <i>pneumococcal 23-valent polysaccharide vaccine</i>	P	HCR HCR Vaccines
PNEUMOVAX 23 VIAL <i>pneumococcal 23-valent polysaccharide vaccine</i>	P	HCR HCR Vaccines
PREHEVBRIO 10 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant, isoform s,m,l/pf</i>	P	HCR HCR Vaccines
PREVNAR 13 SYRINGE <i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>	P	HCR HCR Vaccines
PREVNAR 20 SYRINGE <i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i>	P	HCR HCR Vaccines
PRIORIX VIAL <i>measles, mumps, and rubella vaccine live/pf</i>	P	HCR HCR Vaccines
PROQUAD VIAL <i>measles, mumps, rubella, and varicella vaccine live/pf</i>	P	HCR HCR Vaccines
QUADRACEL DTAP-IPV SYRINGE <i>diphtheria, pertussis(acell), tetanus, polio vaccine/pf</i>	P	HCR HCR Vaccines
QUADRACEL DTAP-IPV VIAL <i>diphtheria, pertussis(acell), tetanus, polio vaccine/pf</i>	P	HCR HCR Vaccines
RABAVERT RABIES VACC W-DILUENT <i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i>	P	
RABAVERT RABIES VACCINE VIAL <i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i>	P	
RECOMBIVAX HB 10 MCG/ML SYR <i>hepatitis b virus vaccine recombinant/pf</i>	P	HCR HCR Vaccines
RECOMBIVAX HB 10 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	P	HCR HCR Vaccines
RECOMBIVAX HB 40 MCG/ML VIAL <i>hepatitis b virus vaccine recombinant/pf</i>	P	HCR HCR Vaccines
RECOMBIVAX HB 5 MCG/0.5 ML SYR <i>hepatitis b virus vaccine recombinant/pf</i>	P	HCR HCR Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RECOMBIVAX HB 5 MCG/0.5 ML VL <i>hepatitis b virus vaccine recombinant/pf</i>	P	HCR HCR Vaccines
ROTARIX VACCINE ORAL SYRINGE <i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>	P	HCR HCR Vaccines
ROTARIX VACCINE SUSPENSION <i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>	P	HCR HCR Vaccines
ROTATEQ VACCINE <i>rotavirus vaccine, live oral pentavalent</i>	P	HCR HCR Vaccines
SHINGRIX GE ANTIGEN COMPONENT <i>varicella-zoster virus glycoprotein e,rec,component 2 of 2</i>	P	AL At least 18 yrs old HCR HCR Vaccines
SHINGRIX VIAL KIT <i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>	P	AL At least 18 yrs old HCR HCR Vaccines
SPIKEVAX COVID (18Y UP) VACC <i>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</i>	P	
STAMARIL VIAL <i>yellow fever vaccine live/pf</i>	P	
TICOVAC 1.2 MCG/0.25 ML SYRING <i>tick-borne encephalitis vaccine</i>	P	
TICOVAC 2.4 MCG/0.5 ML SYRINGE <i>tick-borne encephalitis vaccine</i>	P	
TRUMENBA 120 MCG/0.5 ML VACCIN <i>neisseria meningitidis group b, lipidated fhbp recombinant</i>	P	HCR HCR Vaccines
TWINRIX VACCINE SYRINGE <i>hepatitis a virus and hepatitis b virus vaccine/pf</i>	P	HCR HCR Vaccines
TYPHIM VI 25 MCG/0.5 ML SYRNG <i>typhoid vaccine vi capsular polysaccharide</i>	P	
TYPHIM VI 25 MCG/0.5 ML VIAL <i>typhoid vaccine vi capsular polysaccharide</i>	P	
VAQTA 25 UNITS/0.5 ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	P	HCR HCR Vaccines

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAQTA 25 UNITS/0.5 ML VIAL <i>hepatitis a virus vaccine/pf</i>	P	HCR HCR Vaccines
VAQTA 50 UNITS/ML SYRINGE <i>hepatitis a virus vaccine/pf</i>	P	HCR HCR Vaccines
VAQTA 50 UNITS/ML VIAL <i>hepatitis a virus vaccine/pf</i>	P	HCR HCR Vaccines
VARIVAX VACCINE VIAL <i>varicella virus vaccine live/pf</i>	P	HCR HCR Vaccines
VARIVAX VACCINE WITH DILUENT <i>varicella virus vaccine live/pf</i>	P	HCR HCR Vaccines
VAXNEUVANCE 0.5 ML SYRINGE <i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>	P	HCR HCR Vaccines
VIVOTIF EC CAPSULE <i>typhoid vacc, live, attenuated</i>	P	
YF-VAX 1 DOSE VIAL <i>yellow fever vaccine live/pf</i>	P	
YF-VAX 5 DOSE VIAL <i>yellow fever vaccine live/pf</i>	P	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<b>ANTIULCER AGENTS AND ACID SUPPRESS., MISC</b>		
TALICIA DR 10-250-12.5 MG CAP <i>omeprazole magnesium/amoxicillin trihydrate/rifabutin</i>	P	QPD 12 per day
<b>HISTAMINE H2-ANTAGONISTS</b>		
<i>cimetidine 200 mg tablet</i>	P	
<i>cimetidine 300 mg tablet</i>	P	
<i>cimetidine 300 mg/5 ml soln</i>	P	F11 Formulary Indicator 1
<i>cimetidine 400 mg tablet</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cimetidine 400 mg/6.67 ml soln</i>	P	
<i>cimetidine 800 mg tablet</i>	P	
<i>cimetidine powder</i>	P	
<i>famotidine 20 mg tablet</i>	P	
<i>famotidine 40 mg tablet</i>	P	
<i>famotidine 40 mg/5 ml susp</i>	P	
<i>famotidine powder</i>	P	
<i>nizatidine 15 mg/ml solution</i>	P	
<i>nizatidine 150 mg capsule</i>	P	QPD 2 per day
<i>nizatidine 300 mg capsule</i>	P	
<b>POTASSIUM-COMPETITIVE ACID BLOCKERS</b>		
VOQUEZNA DUAL PAK <i>vonoprazan fumarate/amoxicillin trihydrate</i>	P	PA QPD 8 per day
VOQUEZNA TRIPLE PAK <i>vonoprazan fumarate/amoxicillin trihydrate/clarithromycin</i>	P	PA QPD 8 per day
<b>PROSTAGLANDINS</b>		
CYTOTEC 100 MCG TABLET <i>misoprostol</i>	P	
CYTOTEC 200 MCG TABLET <i>misoprostol</i>	P	
<i>misoprostol 1% powder</i>	P	
<i>misoprostol 100 mcg tablet</i>	P	F11 Formulary Indicator 1
<i>misoprostol 200 mcg tablet</i>	P	F11 Formulary Indicator 1
<i>misoprostol hpmc 1% powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>misoprostol hpmc 1% powder</i>	P	
<b>PROTECTANTS</b>		
CARAFATE 1 GM/10 ML SUSP <i>sucralfate</i>	P	SBA Select Brand Alternative
<i>sucralfate 1 gm tablet</i>	P	F11 Formulary Indicator 1
<i>sucralfate 1 gm/10 ml susp</i>	P	F11 Formulary Indicator 1
<i>sucralfate 1 gm/10 ml susp cup</i>	P	F11 Formulary Indicator 1
<i>sucralfate powder</i>	P	
<b>PROTON-PUMP INHIBITORS</b>		
ACIPHEX SPRINKLE DR 10 MG CAP <i>rabeprazole sodium</i>	P	ST QPD 1 per day
ACIPHEX SPRINKLE DR 5 MG CAP <i>rabeprazole sodium</i>	P	ST QPD 1 per day
DEXILANT DR 30 MG CAPSULE <i>dexlansoprazole</i>	P	ST QPD 1.0 per day B4G
DEXILANT DR 60 MG CAPSULE <i>dexlansoprazole</i>	P	ST QPD 1.0 per day B4G
<i>esomeprazole dr 10 mg packet</i>	P	QPD 1 per day
<i>esomeprazole dr 20 mg packet</i>	P	QPD 1 per day
<i>esomeprazole dr 40 mg packet</i>	P	QPD 1 per day
<i>esomeprazole mag dr 20 mg cap</i>	P	QPD 1 per day
<i>esomeprazole mag dr 40 mg cap</i>	P	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lansoprazol-amoxicil-clarithro</i>	P	QL 112 / 365 days
<i>lansoprazole dr 15 mg capsule</i>	P	
<i>lansoprazole dr 30 mg capsule</i>	P	QPD 1 per day
<i>lansoprazole odt 15 mg tablet</i>	P	QPD 1 per day
<i>lansoprazole odt 30 mg tablet</i>	P	QPD 1 per day
<i>lansoprazole powder</i>	P	
NEXIUM DR 10 MG PACKET <i>esomeprazole magnesium</i>	P	ST QPD 1 per day SBA Select Brand Alternative
NEXIUM DR 2.5 MG PACKET <i>esomeprazole magnesium</i>	P	ST QPD 1 per day
NEXIUM DR 40 MG PACKET <i>esomeprazole magnesium</i>	P	ST QPD 1 per day SBA Select Brand Alternative
NEXIUM DR 5 MG PACKET <i>esomeprazole magnesium</i>	P	ST QPD 1 per day
OMECLAMOX-PAK COMBO PACK <i>omeprazole/clarithromycin/amoxicillin trihydrate</i>	P	QL 80 / 365 days
OMECLAMOX-PAK DAILY CARD <i>omeprazole/clarithromycin/amoxicillin trihydrate</i>	P	QL 80 / 365 days
<i>omeprazole dr 10 mg capsule</i>	P	QPD 1 per day
<i>omeprazole dr 20 mg capsule</i>	P	QPD 1 per day
<i>omeprazole dr 40 mg capsule</i>	P	QPD 1 per day
<i>omeprazole powder</i>	P	
<i>pantoprazole 40 mg suspension</i>	P	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pantoprazole sod dr 20 mg tab</i>	P	QPD 1 per day
<i>pantoprazole sod dr 40 mg tab</i>	P	QPD 2 per day
PRILOSEC DR 10 MG SUSPENSION <i>omeprazole magnesium</i>	P	ST
PRILOSEC DR 2.5 MG SUSPENSION <i>omeprazole magnesium</i>	P	ST
PROTONIX 40 MG SUSPENSION <i>pantoprazole sodium</i>	P	ST QPD 1 per day
<i>rabeprazole sod dr 20 mg tab</i>	P	QPD 2 per day
<b>ANTIVIRALS (SYSTEMIC)</b>		
<b>ADAMANTANE ANTIVIRALS</b>		
<i>rimantadine hcl 100 mg tablet</i>	P	
<b>ANTIVIRALS, MISCELLANEOUS</b>		
2-deoxy-d-glucose powder	P	
<i>deoxy-d-glucose (2) powder</i>	P	
LIVTENCITY 200 MG TABLET <i>maribavir</i>	P	SPC PA QPD 4 per day
PAXLOVID 150-100 MG PACK (EUA) <i>nirmatrelvir/ritonavir</i>	P	QL 21 / fill AL At least 12 yrs old QPD 4 per day
PAXLOVID 300-100 MG PACK (EUA) <i>nirmatrelvir/ritonavir</i>	P	QL 30 / fill AL At least 12 yrs old QPD 6 per day
PREVYMIS 240 MG TABLET <i>letermovir</i>	P	AL At least 18 yrs old SPC PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVYMIS 480 MG TABLET <i>letermovir</i>	P	AL At least 18 yrs old SPC PA
XOFLUZA 20 MG TAB (40 MG DOSE) <i>baloxavir marboxil</i>	P	QL 2 / fill
XOFLUZA 40 MG TAB (80 MG DOSE) <i>baloxavir marboxil</i>	P	QL 2 / fill
XOFLUZA 40 MG TABLET <i>baloxavir marboxil</i>	P	QL 1/ fill
XOFLUZA 80 MG TABLET <i>baloxavir marboxil</i>	P	QL 1/ fill
<b>INTERFERON ANTIVIRALS</b>		
INTRON A 10 MILLION UNITS VIAL <i>interferon alfa-2b, recomb.</i>	P	SPC PA
INTRON A 18 MILLION UNIT/3 ML <i>interferon alfa-2b, recomb.</i>	P	SPC PA
INTRON A 18 MILLION UNITS VIAL <i>interferon alfa-2b, recomb.</i>	P	SPC PA
INTRON A 25 MILLION UNIT/2.5ML <i>interferon alfa-2b, recomb.</i>	P	SPC PA
INTRON A 50 MILLION UNITS VIAL <i>interferon alfa-2b, recomb.</i>	P	SPC PA
PEGASYS 180 MCG/0.5 ML SYRINGE <i>peginterferon alfa-2a</i>	P	SPC PA
PEGASYS 180 MCG/ML VIAL <i>peginterferon alfa-2a</i>	P	SPC PA
PEGINTRON 50 MCG KIT <i>peginterferon alfa-2b</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MONOCLONAL ANTIBODY ANTIVIRALS</b>		
SYNAGIS 100 MG/ML VIAL <i>palivizumab</i>	P	SPC PA
SYNAGIS 50 MG/0.5 ML VIAL <i>palivizumab</i>	P	SPC PA
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS</b>		
<i>oseltamivir 6 mg/ml suspension</i>	P	QL 180 / 30 days
<i>oseltamivir phos 30 mg capsule</i>	P	QL 20 / 365 days
<i>oseltamivir phos 45 mg capsule</i>	P	QL 20 / 365 days
<i>oseltamivir phos 75 mg capsule</i>	P	QL 20 / 365 days
<i>oseltamivir phosphate powder</i>	P	
RELENZA 5 MG DISKHALER <i>zanamivir</i>	P	QL 40 / 365 days
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS</b>		
<i>acyclovir 200 mg capsule</i>	P	
<i>acyclovir 200 mg/5 ml susp</i>	P	
<i>acyclovir 400 mg tablet</i>	P	
<i>acyclovir 800 mg tablet</i>	P	
<i>acyclovir powder</i>	P	
<i>adefovir dipivoxil 10 mg tab</i>	P	SPC
BARACLUDE 0.05 MG/ML SOLUTION <i>entecavir</i>	P	SPC PA QPD 20 per day
BARACLUDE 0.5 MG TABLET <i>entecavir</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BARACLUDE 1 MG TABLET <i>entecavir</i>	P	SPC PA QPD 1 per day
<i>cidofovir powder</i>	P	
<i>entecavir 0.5 mg tablet</i>	P	SPC QPD 1 per day
<i>entecavir 1 mg tablet</i>	P	SPC QPD 1 per day
<i>famciclovir 125 mg tablet</i>	P	
<i>famciclovir 250 mg tablet</i>	P	
<i>famciclovir 500 mg tablet</i>	P	
HEPSERA 10 MG TABLET <i>adefovir dipivoxil</i>	P	SPC PA QPD 1 per day
LAGEVRIO 200 MG CAP (EUA) <i>molnupiravir</i>	P	QL 40 / fill AL At least 18 yrs old QPD 8 per day
<i>ribavirin 200 mg capsule</i>	P	SPC PA QPD 6 per day
<i>ribavirin 200 mg tablet</i>	P	SPC PA QPD 6 per day
<i>valacyclovir hcl 1 gram tablet</i>	P	
<i>valacyclovir hcl 500 mg tablet</i>	P	
<i>valacyclovir hcl powder</i>	P	
VALCYTE 450 MG TABLET <i>valganciclovir hcl</i>	P	QPD 4 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALCYTE 50 MG/ML SOLUTION <i>valganciclovir hcl</i>	P	SBA Select Brand Alternative
<i>valganciclovir 450 mg tablet</i>	P	QPD 4 per day
<i>valganciclovir hcl 50 mg/ml</i>	P	
VEMLIDY 25 MG TABLET <i>tenofovir alafenamide</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day
<i>vidarabine monohydrate powder</i>	P	
<i>vidarabine powder</i>	P	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
<i>bupirone hcl 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bupirone hcl 15 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bupirone hcl 30 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bupirone hcl 5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bupirone hcl 7.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bupirone hcl powder</i>	P	
<i>chloral hydrate crystals</i>	P	
<i>dichloralphenazone powder</i>	P	
<i>droperidol powder</i>	P	
<i>eszopiclone 1 mg tablet</i>	P	QPD 1 per day
<i>eszopiclone 2 mg tablet</i>	P	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eszopiclone 3 mg tablet</i>	P	AL Up to 65 yrs old QPD 1 per day
HETLIOZ 20 MG CAPSULE <i>tasimelteon</i>	P	SPC PA QPD 1 per day
HETLIOZ LQ 4 MG/ML SUSPENSION <i>tasimelteon</i>	P	SPC PA QPD 5 per day
<i>hydroxyzine 10 mg/5 ml soln</i>	P	AL At least 2 yrs old
<i>hydroxyzine 10 mg/5 ml syrup</i>	P	AL At least 2 yrs old
<i>hydroxyzine 50 mg/25 ml syrup</i>	P	AL At least 2 yrs old
<i>hydroxyzine hcl 10 mg tablet</i>	P	AL At least 2 yrs old
<i>hydroxyzine hcl 25 mg tablet</i>	P	AL At least 2 yrs old
<i>hydroxyzine hcl 50 mg tablet</i>	P	AL At least 2 yrs old
<i>hydroxyzine hcl powder</i>	P	AL At least 2 yrs old
<i>hydroxyzine pam 100 mg cap</i>	P	
<i>hydroxyzine pam 25 mg cap</i>	P	AL At least 2 yrs old
<i>hydroxyzine pam 50 mg cap</i>	P	AL At least 2 yrs old
<i>hydroxyzine pamoate powder</i>	P	
<i>meprobamate 200 mg tablet</i>	P	
<i>meprobamate 400 mg tablet</i>	P	
<i>ramelteon 8 mg tablet</i>	P	QPD 1 per day
ROZEREM 8 MG TABLET <i>ramelteon</i>	P	ST QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tasimelteon 20 mg capsule</i>	P	SPC PA QPD 1 per day
<i>tryptophan (l) powder</i>	P	
<i>zaleplon 10 mg capsule</i>	P	QPD 1 per day
<i>zaleplon 5 mg capsule</i>	P	QPD 1 per day
<i>zolpidem tart 1.75 mg tab sl</i>	P	QPD 1 per day
<i>zolpidem tart 3.5 mg tablet sl</i>	P	QPD 1 per day
<i>zolpidem tart er 12.5 mg tab</i>	P	QPD 1 per day
<i>zolpidem tart er 6.25 mg tab</i>	P	QPD 1 per day
<i>zolpidem tartrate 10 mg tablet</i>	P	QPD 1 per day
<i>zolpidem tartrate 5 mg tablet</i>	P	QPD 1 per day
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)</b>		
<i>butalbital powder</i>	P	
<i>pentobarbital sodium powder</i>	P	
<i>phenobarbital 100 mg tablet</i>	P	
<i>phenobarbital 15 mg tablet</i>	P	
<i>phenobarbital 16.2 mg tablet</i>	P	
<i>phenobarbital 20 mg/5 ml cup</i>	P	
<i>phenobarbital 20 mg/5 ml elix</i>	P	
<i>phenobarbital 20 mg/5 ml soln</i>	P	
<i>phenobarbital 30 mg tablet</i>	P	
<i>phenobarbital 30 mg/7.5 ml cup</i>	P	
<i>phenobarbital 32.4 mg tablet</i>	P	
<i>phenobarbital 60 mg tablet</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenobarbital 60 mg/15 ml cup</i>	P	
<i>phenobarbital 64.8 mg tablet</i>	P	
<i>phenobarbital 97.2 mg tablet</i>	P	
<i>phenobarbital powder</i>	P	
<i>phenobarbital sodium powder</i>	P	
SECONAL SODIUM 100 MG CAPSULE <i>secobarbital sodium</i>	P	
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)</b>		
<i>alprazolam 0.25 mg tablet</i>	P	QPD 4 per day
<i>alprazolam 0.5 mg tablet</i>	P	QPD 4 per day
<i>alprazolam 1 mg tablet</i>	P	QPD 4 per day
<i>alprazolam 2 mg tablet</i>	P	QPD 5 per day
<i>alprazolam er 0.5 mg tablet</i>	P	QPD 1 per day
<i>alprazolam er 1 mg tablet</i>	P	QPD 1 per day
<i>alprazolam er 2 mg tablet</i>	P	QPD 5 per day
<i>alprazolam er 3 mg tablet</i>	P	QPD 3 per day
ALPRAZOLAM INTENSOL 1 MG/ML <i>alprazolam</i>	P	QPD 10 per day
<i>alprazolam odt 0.25 mg tab</i>	P	QPD 4 per day
<i>alprazolam odt 0.5 mg tab</i>	P	QPD 4 per day
<i>alprazolam odt 1 mg tab</i>	P	QPD 4 per day
<i>alprazolam odt 2 mg tab</i>	P	QPD 5 per day
<i>alprazolam powder</i>	P	
<i>alprazolam xr 0.5 mg tablet</i>	P	QPD 1 per day
<i>alprazolam xr 1 mg tablet</i>	P	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alprazolam xr 2 mg tablet</i>	P	QPD 5 per day
<i>alprazolam xr 3 mg tablet</i>	P	QPD 3 per day
<i>chlordiazepoxide 10 mg capsule</i>	P	QPD 30 per day
<i>chlordiazepoxide 25 mg capsule</i>	P	QPD 12 per day
<i>chlordiazepoxide 5 mg capsule</i>	P	QPD 4 per day
<i>clorazepate 15 mg tablet</i>	P	QPD 6 per day
<i>clorazepate 3.75 mg tablet</i>	P	QPD 24 per day
<i>clorazepate 7.5 mg tablet</i>	P	QPD 12 per day
DIASTAT 2.5 MG PEDI SYSTEM <i>diazepam</i>	P	QPD 0.07 per day
DIASTAT ACUDIAL 12.5-15-20 MG <i>diazepam</i>	P	QPD 0.07 per day
DIASTAT ACUDIAL 5-7.5-10 MG KT <i>diazepam</i>	P	QPD 0.07 per day
<i>diazepam 10 mg rectal gel syst</i>	P	QPD 0.07 per day
<i>diazepam 10 mg tablet</i>	P	
<i>diazepam 2 mg tablet</i>	P	
<i>diazepam 2.5 mg rectal gel syst</i>	P	QPD 0.07 per day
<i>diazepam 20 mg rectal gel syst</i>	P	QPD 0.07 per day
<i>diazepam 25 mg/5 ml oral conc</i>	P	
<i>diazepam 5 mg tablet</i>	P	
<i>diazepam 5 mg/5 ml oral soln</i>	P	
<i>diazepam 5 mg/5 ml solution</i>	P	
<i>diazepam 5 mg/ml oral conc</i>	P	
<i>diazepam powder</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DORAL 15 MG TABLET <i>quazepam</i>	P	QPD 1 per day
<i>estazolam 1 mg tablet</i>	P	QPD 1 per day
<i>estazolam 2 mg tablet</i>	P	QPD 1 per day
<i>flurazepam 15 mg capsule</i>	P	QPD 1 per day
<i>flurazepam 30 mg capsule</i>	P	QPD 1 per day
HALCION 0.25 MG TABLET <i>triazolam</i>	P	QPD 2 per day SBA Select Brand Alternative
<i>lorazepam 0.5 mg tablet</i>	P	QPD 3 per day
<i>lorazepam 1 mg tablet</i>	P	QPD 3 per day
<i>lorazepam 2 mg tablet</i>	P	QPD 5 per day
<i>lorazepam 2 mg/ml oral concent</i>	P	QPD 5 per day
LORAZEPAM INTENSOL 2 MG/ML <i>lorazepam</i>	P	QPD 5 per day
<i>lorazepam powder</i>	P	
<i>midazolam hcl 2 mg/ml syrup</i>	P	
<i>midazolam hcl 5 mg/2.5 ml syrnp</i>	P	
<i>midazolam powder</i>	P	
<i>oxazepam 10 mg capsule</i>	P	QPD 4 per day
<i>oxazepam 15 mg capsule</i>	P	QPD 4 per day
<i>oxazepam 30 mg capsule</i>	P	QPD 4 per day
<i>quazepam 15 mg tablet</i>	P	QPD 1 per day
<i>temazepam 15 mg capsule</i>	P	QPD 1 per day
<i>temazepam 22.5 mg capsule</i>	P	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temazepam 30 mg capsule</i>	P	QPD 1 per day
<i>temazepam 7.5 mg capsule</i>	P	QPD 1 per day
TRANXENE T-TAB 7.5 MG <i>clorazepate dipotassium</i>	P	QPD 12 per day
<i>triazolam 0.125 mg tablet</i>	P	QPD 1 per day
<i>triazolam 0.25 mg tablet</i>	P	QPD 2 per day
VALTOCO 10 MG NASAL SPRAY <i>diazepam</i>	P	QL 10 / 30 days
VALTOCO 15 MG NASAL SPRAY <i>diazepam</i>	P	QL 10 / 30 days
VALTOCO 20 MG NASAL SPRAY <i>diazepam</i>	P	QL 10 / 30 days
VALTOCO 5 MG NASAL SPRAY <i>diazepam</i>	P	QL 10 / 30 days
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA 10 MG TABLET <i>suvorexant</i>	P	ST
BELSOMRA 15 MG TABLET <i>suvorexant</i>	P	ST
BELSOMRA 20 MG TABLET <i>suvorexant</i>	P	ST
BELSOMRA 5 MG TABLET <i>suvorexant</i>	P	ST
DAYVIGO 10 MG TABLET <i>lemborexant</i>	P	ST QPD 1 per day
DAYVIGO 5 MG TABLET <i>lemborexant</i>	P	ST QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>AUTONOMIC DRUGS</b>		
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
<i>nicotine polacrilex powder</i>	P	QPD 24 per day
<i>nicotine polacrilex powder</i>	P	QPD 24 per day
<i>nicotine tartrate powder</i>	P	
TYRVAYA 0.03 MG NASAL SPRAY <i>varenicline tartrate</i>	P	AL At least 18 yrs old PA QPD 0.28 per day
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>		
ADLARITY 10MG/DAY WEEKLY PATCH <i>donepezil hcl</i>	P	AL At least 40 yrs old
ADLARITY 5 MG/DAY WEEKLY PATCH <i>donepezil hcl</i>	P	AL At least 40 yrs old
ARICEPT 10 MG TABLET <i>donepezil hcl</i>	P	AL At least 40 yrs old
ARICEPT 23 MG TABLET <i>donepezil hcl</i>	P	AL At least 40 yrs old
ARICEPT 5 MG TABLET <i>donepezil hcl</i>	P	AL At least 40 yrs old
<i>bethanechol 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bethanechol 25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bethanechol 5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bethanechol 50 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bethanechol chloride powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cevimeline hcl 30 mg capsule</i>	P	F11 Formulary Indicator 1
<i>donepezil hcl 10 mg tablet</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>donepezil hcl 23 mg tablet</i>	P	AL At least 40 yrs old
<i>donepezil hcl 5 mg tablet</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>donepezil hcl odt 10 mg tablet</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>donepezil hcl odt 5 mg tablet</i>	P	AL At least 40 yrs old
EVOXAC 30 MG CAPSULE <i>cevimeline hcl</i>	P	SBA Select Brand Alternative
EXELON 13.3 MG/24HR PATCH <i>rivastigmine</i>	P	AL At least 40 yrs old SBA Select Brand Alternative
EXELON 4.6 MG/24HR PATCH <i>rivastigmine</i>	P	AL At least 40 yrs old SBA Select Brand Alternative
EXELON 9.5 MG/24HR PATCH <i>rivastigmine</i>	P	AL At least 40 yrs old SBA Select Brand Alternative
<i>galantamine 4 mg/ml oral soln</i>	P	AL At least 40 yrs old
<i>galantamine er 16 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>galantamine er 24 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine er 8 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>galantamine hbr 12 mg tablet</i>	P	AL At least 40 yrs old
<i>galantamine hbr 4 mg tablet</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>galantamine hbr 8 mg tablet</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>guanidine hcl 125 mg tablet</i>	P	
MESTINON 180 MG TIMESPAN <i>pyridostigmine bromide</i>	P	SBA Select Brand Alternative
MESTINON 60 MG TABLET <i>pyridostigmine bromide</i>	P	SBA Select Brand Alternative
MESTINON 60 MG/5 ML SOLUTION <i>pyridostigmine bromide</i>	P	SBA Select Brand Alternative
<i>neostigmine methylsulfate powd</i>	P	
<i>pilocarpine hcl 5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pilocarpine hcl 7.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pyridostigmine 60 mg/5 ml soln</i>	P	F11 Formulary Indicator 1
<i>pyridostigmine br 30 mg tablet</i>	P	
<i>pyridostigmine br 60 mg tablet</i>	P	
<i>pyridostigmine bromide powder</i>	P	
<i>pyridostigmine er 180 mg tab</i>	P	
RAZADYNE ER 16 MG CAPSULE <i>galantamine hbr</i>	P	AL At least 40 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAZADYNE ER 24 MG CAPSULE <i>galantamine hbr</i>	P	AL At least 40 yrs old
RAZADYNE ER 8 MG CAPSULE <i>galantamine hbr</i>	P	AL At least 40 yrs old
<i>rivastigmine 1.5 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>rivastigmine 13.3 mg/24hr ptch</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>rivastigmine 3 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>rivastigmine 4.5 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>rivastigmine 4.6 mg/24hr patch</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>rivastigmine 6 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>rivastigmine 9.5 mg/24hr patch</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
SALAGEN 5 MG TABLET <i>pilocarpine hcl</i>	P	
SALAGEN 7.5 MG TABLET <i>pilocarpine hcl</i>	P	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>isometheptene mucate powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BETA-3-ADRENERGIC AGONISTS</b>		
<b>SELECTIVE BETA-3-ADRENERGIC AGONISTS</b>		
MYRBETRIQ ER 25 MG TABLET <i>mirabegron</i>	P	QPD 1 per day F11 Formulary Indicator 1
MYRBETRIQ ER 50 MG TABLET <i>mirabegron</i>	P	QPD 1 per day F11 Formulary Indicator 1
<b>BETA-ADRENERGIC AGONISTS</b>		
<b>NON-SELECTIVE BETA-ADRENERGIC AGONISTS</b>		
<i>isoproterenol hcl powder</i>	P	
<b>SELECTIVE BETA-1-ADRENERGIC AGONISTS</b>		
<i>dopamine hcl powder</i>	P	
<b>SELECTIVE BETA-2-ADRENERGIC AGONISTS</b>		
<i>albuterol 100 mg/20 ml soln</i>	P	PR QPD 18 per day
<i>albuterol 2.5 mg/0.5 ml sol</i>	P	PR QPD 18 per day
<i>albuterol 5 mg/ml solution</i>	P	PR QPD 18 per day
<i>albuterol hfa 90 mcg inhaler</i>	P	PR QPD 0.8 per day
<i>albuterol sul 0.63 mg/3 ml sol</i>	P	PR QPD 18 per day
<i>albuterol sul 1.25 mg/3 ml sol</i>	P	PR QPD 18 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>albuterol sul 2.5 mg/3 ml soln</i>	P	PR QPD 18 per day
<i>albuterol sulf 2 mg/5 ml syrup</i>	P	PR
<i>albuterol sulfate 2 mg tab</i>	P	PR
<i>albuterol sulfate 4 mg tab</i>	P	PR
<i>albuterol sulfate er 4 mg tab</i>	P	PR
<i>albuterol sulfate er 8 mg tab</i>	P	PR
<i>albuterol sulfate powder</i>	P	
<i>arformoterol 15 mcg/2 ml soln</i>	P	PR QPD 4 per day
<i>formoterol 20 mcg/2 ml neb vl</i>	P	QL 120 / 30 days PR
<i>formoterol fumarate micro pwdr</i>	P	
<i>formoterol fumarate powder</i>	P	
<i>levalbuterol 0.31 mg/3 ml sol</i>	P	PR
<i>levalbuterol 0.63 mg/3 ml sol</i>	P	PR
<i>levalbuterol 1.25 mg/3 ml sol</i>	P	PR
<i>levalbuterol conc 1.25 mg/0.5</i>	P	PR
<i>metaproterenol sulfate powder</i>	P	
PERFORMIST 20 MCG/2 ML SOLN <i>formoterol fumarate</i>	P	QL 120 / 30 days PR
SEREVENT DISKUS 50 MCG <i>salmeterol xinafoate</i>	P	PR QPD 2 per day
STRIVERDI RESPIMAT INHAL SPRAY <i>olodaterol hcl</i>	P	PR QPD 0.144 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>terbutaline sulf 1 mg/ml vial</i>	P	PR
<i>terbutaline sulfate 2.5 mg tab</i>	P	PR
<i>terbutaline sulfate 5 mg tab</i>	P	PR
<i>terbutaline sulfate powder</i>	P	
XOPENEX 0.31 MG/3 ML SOLUTION <i>levalbuterol hcl</i>	P	PR SBA Select Brand Alternative
XOPENEX 0.63 MG/3 ML SOLUTION <i>levalbuterol hcl</i>	P	PR SBA Select Brand Alternative
XOPENEX 1.25 MG/3 ML SOLUTION <i>levalbuterol hcl</i>	P	PR SBA Select Brand Alternative
XOPENEX CONC 1.25 MG/0.5 ML <i>levalbuterol hcl</i>	P	PR
BETA-ADRENERGIC BLOCKING AGENTS(SYMPATH)		
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT		
<i>acebutolol hcl powder</i>	P	
BLOOD DERIVATIVES		
RYPLAZIM 68.8 MG VIAL <i>plasminogen, human-tvmh</i>	P	SPC PA QPD 5.5 per day
BLOOD FORMATION, COAGULATION, THROMBOSIS		
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
OXBRYTA 300 MG TABLET FOR SUSP <i>voxelotor</i>	P	SPC PA QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXBRYTA 500 MG TABLET <i>voxelotor</i>	P	SPC PA QPD 3 per day
TAVALISSE 100 MG TABLET <i>fostamatinib disodium</i>	P	SPC PA
TAVALISSE 150 MG TABLET <i>fostamatinib disodium</i>	P	SPC PA
<b>HEMATOPOIETIC AGENTS</b>		
ARANESP 10 MCG/0.4 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 100 MCG/0.5 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 100 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 150 MCG/0.3 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 200 MCG/0.4 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 200 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 25 MCG/0.42 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 25 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 300 MCG/0.6 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 40 MCG/0.4 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARANESP 40 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 500 MCG/1 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 60 MCG/0.3 ML SYRINGE <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
ARANESP 60 MCG/ML VIAL <i>darbepoetin alfa in polysorbate 80</i>	P	SPC PA
DOPTELET (10 TAB PK) 20 MG TAB <i>avatrombopag maleate</i>	P	SPC PA
DOPTELET (15 TAB PK) 20 MG TAB <i>avatrombopag maleate</i>	P	SPC PA
DOPTELET (30 TAB PK) 20 MG TAB <i>avatrombopag maleate</i>	P	SPC PA
EPOGEN 10,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
EPOGEN 2,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
EPOGEN 20,000 UNITS/2 ML VIAL <i>epoetin alfa</i>	P	SPC PA
EPOGEN 20,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
EPOGEN 3,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
EPOGEN 4,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
FULPHILA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-jmdb</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FYLNETRA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-pbbk</i>	P	SPC PA
GRANIX 300 MCG/0.5 ML SAFE SYR <i>tbo-filgrastim</i>	P	SPC PA
GRANIX 300 MCG/0.5 ML SYRINGE <i>tbo-filgrastim</i>	P	SPC PA
GRANIX 300 MCG/ML VIAL <i>tbo-filgrastim</i>	P	SPC PA
GRANIX 480 MCG/0.8 ML SAFE SYR <i>tbo-filgrastim</i>	P	SPC PA
GRANIX 480 MCG/0.8 ML SYRINGE <i>tbo-filgrastim</i>	P	SPC PA
GRANIX 480 MCG/1.6 ML VIAL <i>tbo-filgrastim</i>	P	SPC PA
LEUKINE 250 MCG VIAL <i>sargramostim</i>	P	SPC PA
MIRCERA 100 MCG/0.3 ML SYRINGE <i>methoxy polyethylene glycol-epoetin beta</i>	P	SPC PA
MIRCERA 150 MCG/0.3 ML SYRINGE <i>methoxy polyethylene glycol-epoetin beta</i>	P	SPC PA
MIRCERA 200 MCG/0.3 ML SYRINGE <i>methoxy polyethylene glycol-epoetin beta</i>	P	SPC PA
MIRCERA 30 MCG/0.3 ML SYRINGE <i>methoxy polyethylene glycol-epoetin beta</i>	P	SPC PA
MIRCERA 50 MCG/0.3 ML SYRINGE <i>methoxy polyethylene glycol-epoetin beta</i>	P	SPC PA
MIRCERA 75 MCG/0.3 ML SYRINGE <i>methoxy polyethylene glycol-epoetin beta</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOZOBIL 24 MG/1.2 ML VIAL <i>plerixafor</i>	P	SPC PA
MULPLETA 3 MG TABLET <i>lusutrombopag</i>	P	SPC PA QPD 1 per day
NEULASTA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim</i>	P	SPC PA
NEULASTA ONPRO 6 MG/0.6 ML KIT <i>pegfilgrastim</i>	P	SPC PA
NEUPOGEN 300 MCG/0.5 ML SYR <i>filgrastim</i>	P	SPC PA
NEUPOGEN 300 MCG/ML VIAL <i>filgrastim</i>	P	SPC PA
NEUPOGEN 480 MCG/0.8 ML SYR <i>filgrastim</i>	P	SPC PA
NEUPOGEN 480 MCG/1.6 ML VIAL <i>filgrastim</i>	P	SPC PA
NIVESTYM 300 MCG/0.5 ML SYRING <i>filgrastim-aafi</i>	P	SPC PA
NIVESTYM 300 MCG/ML VIAL <i>filgrastim-aafi</i>	P	SPC PA
NIVESTYM 480 MCG/0.8 ML SYRING <i>filgrastim-aafi</i>	P	SPC PA
NIVESTYM 480 MCG/1.6 ML VIAL <i>filgrastim-aafi</i>	P	SPC PA
NYVEPRIA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-apgf</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCRIT 10,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
PROCRIT 2,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
PROCRIT 20,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
PROCRIT 3,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
PROCRIT 4,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
PROCRIT 40,000 UNITS/ML VIAL <i>epoetin alfa</i>	P	SPC PA
RETACRIT 10,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	P	SPC PA
RETACRIT 2,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	P	SPC PA
RETACRIT 20,000 UNIT/2 ML VIAL <i>epoetin alfa-epbx</i>	P	SPC PA
RETACRIT 20,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	P	SPC PA
RETACRIT 3,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	P	SPC PA
RETACRIT 4,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	P	SPC PA
RETACRIT 40,000 UNIT/ML VIAL <i>epoetin alfa-epbx</i>	P	SPC PA
ROLVEDON 13.2 MG/0.6 ML SYRING <i>eflapegrastim-xnst</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UDENYCA 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-cbqv</i>	P	SPC PA
ZARXIO 300 MCG/0.5 ML SYRINGE <i>filgrastim-sndz</i>	P	SPC PA
ZARXIO 480 MCG/0.8 ML SYRINGE <i>filgrastim-sndz</i>	P	SPC PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE <i>pegfilgrastim-bmez</i>	P	SPC PA
<b>HEMORRHEOLOGIC AGENTS</b>		
<i>pentoxifylline er 400 mg tab</i>	P	F11 Formulary Indicator 1
<i>pentoxifylline powder</i>	P	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<b>CALCIUM-CHANNEL BLOCKING AGENTS, MISC.</b>		
CALAN SR 120 MG CAPLET <i>verapamil hcl</i>	P	QPD 1 per day SBA Select Brand Alternative
CALAN SR 120 MG TABLET <i>verapamil hcl</i>	P	QPD 1 per day SBA Select Brand Alternative
CALAN SR 180 MG TABLET <i>verapamil hcl</i>	P	QPD 1 per day SBA Select Brand Alternative
CALAN SR 240 MG CAPLET <i>verapamil hcl</i>	P	QPD 1 per day SBA Select Brand Alternative
CALAN SR 240 MG TABLET <i>verapamil hcl</i>	P	QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIZEM 120 MG TABLET <i>diltiazem hcl</i>	P	QPD 4 per day SBA Select Brand Alternative
CARDIZEM 30 MG TABLET <i>diltiazem hcl</i>	P	QPD 4 per day SBA Select Brand Alternative
CARDIZEM 60 MG TABLET <i>diltiazem hcl</i>	P	QPD 4 per day SBA Select Brand Alternative
CARDIZEM CD 120 MG CAPSULE <i>diltiazem hcl</i>	P	QPD 4 per day SBA Select Brand Alternative
CARDIZEM CD 180 MG CAPSULE <i>diltiazem hcl</i>	P	QPD 3 per day SBA Select Brand Alternative
CARDIZEM CD 240 MG CAPSULE <i>diltiazem hcl</i>	P	QPD 2 per day SBA Select Brand Alternative
CARDIZEM CD 300 MG CAPSULE <i>diltiazem hcl</i>	P	QPD 1 per day SBA Select Brand Alternative
CARDIZEM CD 360 MG CAPSULE <i>diltiazem hcl</i>	P	QPD 1 per day SBA Select Brand Alternative
CARTIA XT 120 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 4 per day
CARTIA XT 180 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 3 per day
CARTIA XT 240 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 2 per day
CARTIA XT 300 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 1 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DILT XR 120 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
DILT XR 180 MG CAPSULE <i>diltiazem hcl</i>	P	PR F11 Formulary Indicator 1
DILT XR 240 MG CAPSULE <i>diltiazem hcl</i>	P	PR F11 Formulary Indicator 1
<i>diltiazem 120 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>diltiazem 12hr er 120 mg cap</i>	P	PR
<i>diltiazem 12hr er 60 mg cap</i>	P	PR
<i>diltiazem 12hr er 90 mg cap</i>	P	PR F11 Formulary Indicator 1
<i>diltiazem 24h er(cd) 120 mg cp</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>diltiazem 24h er(cd) 180 mg cp</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>diltiazem 24h er(cd) 240 mg cp</i>	P	PR QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem 24h er(cd) 300 mg cp</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>diltiazem 24h er(cd) 360 mg cp</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>diltiazem 24h er(la) 180 mg tb</i>	P	PR QPD 3 per day
<i>diltiazem 24h er(la) 240 mg tb</i>	P	PR QPD 2 per day
<i>diltiazem 24h er(la) 300 mg tb</i>	P	PR QPD 1 per day
<i>diltiazem 24h er(la) 360 mg tb</i>	P	PR QPD 1 per day
<i>diltiazem 24h er(la) 420 mg tb</i>	P	PR QPD 1 per day
<i>diltiazem 24h er(xr) 120 mg cp</i>	P	PR QPD 4 per day
<i>diltiazem 24h er(xr) 180 mg cp</i>	P	PR QPD 3 per day
<i>diltiazem 24h er(xr) 240 mg cp</i>	P	PR
<i>diltiazem 24hr er 120 mg cap</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>diltiazem 24hr er 180 mg cap</i>	P	PR QPD 3 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem 24hr er 240 mg cap</i>	P	PR F11 Formulary Indicator 1
<i>diltiazem 24hr er 300 mg cap</i>	P	PR
<i>diltiazem 24hr er 360 mg cap</i>	P	PR
<i>diltiazem 24hr er 420 mg cap</i>	P	PR
<i>diltiazem 30 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>diltiazem 60 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>diltiazem 90 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>diltiazem hcl powder</i>	P	
MATZIM LA 180 MG TABLET <i>diltiazem hcl</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
MATZIM LA 240 MG TABLET <i>diltiazem hcl</i>	P	PR QPD 2 per day
MATZIM LA 300 MG TABLET <i>diltiazem hcl</i>	P	PR QPD 1 per day
MATZIM LA 360 MG TABLET <i>diltiazem hcl</i>	P	PR QPD 1 per day
MATZIM LA 420 MG TABLET <i>diltiazem hcl</i>	P	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAZTIA XT 120 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 4 per day
TAZTIA XT 180 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 3 per day
TAZTIA XT 240 MG CAPSULE <i>diltiazem hcl</i>	P	PR
TAZTIA XT 300 MG CAPSULE <i>diltiazem hcl</i>	P	PR
TAZTIA XT 360 MG CAPSULE <i>diltiazem hcl</i>	P	PR
TIADYLT ER 120 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 4 per day
TIADYLT ER 180 MG CAPSULE <i>diltiazem hcl</i>	P	PR QPD 3 per day
TIADYLT ER 240 MG CAPSULE <i>diltiazem hcl</i>	P	PR
TIADYLT ER 300 MG CAPSULE <i>diltiazem hcl</i>	P	PR
TIADYLT ER 360 MG CAPSULE <i>diltiazem hcl</i>	P	PR
TIADYLT ER 420 MG CAPSULE <i>diltiazem hcl</i>	P	PR
TIAZAC ER 120 MG CAPSULE <i>diltiazem hcl</i>	P	QPD 4 per day SBA Select Brand Alternative
TIAZAC ER 180 MG CAPSULE <i>diltiazem hcl</i>	P	QPD 3 per day SBA Select Brand Alternative
TIAZAC ER 240 MG CAPSULE <i>diltiazem hcl</i>	P	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIAZAC ER 300 MG CAPSULE <i>diltiazem hcl</i>	P	SBA Select Brand Alternative
TIAZAC ER 360 MG CAPSULE <i>diltiazem hcl</i>	P	SBA Select Brand Alternative
TIAZAC ER 420 MG CAPSULE <i>diltiazem hcl</i>	P	SBA Select Brand Alternative
<i>verapamil 120 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>verapamil 40 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>verapamil 80 mg tablet</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>verapamil er 120 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>verapamil er 120 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>verapamil er 180 mg capsule</i>	P	PR QPD 1 per day
<i>verapamil er 180 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verapamil er 240 mg capsule</i>	P	PR QPD 1 per day
<i>verapamil er 240 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>verapamil er pm 100 mg capsule</i>	P	PR QPD 1 per day
<i>verapamil er pm 200 mg capsule</i>	P	PR QPD 1 per day
<i>verapamil er pm 300 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>verapamil hcl powder</i>	P	
<i>verapamil sr 120 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>verapamil sr 180 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>verapamil sr 240 mg capsule</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>verapamil sr 360 mg capsule</i>	P	PR QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DIHYDROPYRIDINES</b>		
<i>amlod-vals-hctz 10-160-12.5mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlod-vals-hctz 10-160-25 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlod-vals-hctz 10-320-25 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlod-vals-hctz 5-160-12.5 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlod-vals-hctz 5-160-25 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine besilate powder</i>	P	
<i>amlodipine besylate 10 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine besylate 2.5 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine besylate 5 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate powder</i>	P	
<i>amlodipine-benazepril 10-20 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-benazepril 10-40 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-benazepril 2.5-10</i>	P	PR QPD 1 per day
<i>amlodipine-benazepril 5-10 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-benazepril 5-20 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-benazepril 5-40 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-olmesartan 10-20 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-olmesartan 10-40 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-olmesartan 5-20 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-olmesartan 5-40 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-valsartan 10-160 mg</i>	P	PR QPD 1 per day
<i>amlodipine-valsartan 10-320 mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>amlodipine-valsartan 5-160 mg</i>	P	PR QPD 2 per day
<i>amlodipine-valsartan 5-320 mg</i>	P	PR QPD 1 per day
<i>felodipine er 10 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>felodipine er 2.5 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>felodipine er 5 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>isradipine 2.5 mg capsule</i>	P	PR QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isradipine 5 mg capsule</i>	P	PR QPD 4 per day
<i>nicardipine 20 mg capsule</i>	P	PR
<i>nicardipine 30 mg capsule</i>	P	PR
<i>nifedipine 10 mg capsule</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>nifedipine 20 mg capsule</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>nifedipine er 30 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>nifedipine er 30 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>nifedipine er 60 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>nifedipine er 60 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>nifedipine er 90 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nifedipine er 90 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>nifedipine micronized powder</i>	P	
<i>nifedipine powder</i>	P	
<i>nimodipine 30 mg capsule</i>	P	PR
<i>nisoldipine er 17 mg tablet</i>	P	PR QPD 1 per day
<i>nisoldipine er 20 mg tablet</i>	P	PR QPD 1 per day
<i>nisoldipine er 25.5 mg tablet</i>	P	PR QPD 1 per day
<i>nisoldipine er 30 mg tablet</i>	P	PR QPD 1 per day
<i>nisoldipine er 34 mg tablet</i>	P	PR QPD 1 per day
<i>nisoldipine er 40 mg tablet</i>	P	PR QPD 1 per day
<i>nisoldipine er 8.5 mg tablet</i>	P	PR QPD 1 per day
NYMALIZE 30 MG/5 ML ORAL SYRNG <i>nimodipine</i>	P	QPD 60 per day
NYMALIZE 60 MG/10 ML ORAL SYRN <i>nimodipine</i>	P	QPD 60 per day
NYMALIZE 60 MG/10 ML SOLUTION <i>nimodipine</i>	P	QPD 120 per day
PROCARDIA XL 30 MG TABLET <i>nifedipine</i>	P	QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCARDIA XL 60 MG TABLET <i>nifedipine</i>	P	QPD 2 per day SBA Select Brand Alternative
PROCARDIA XL 90 MG TABLET <i>nifedipine</i>	P	QPD 1 per day SBA Select Brand Alternative
SULAR ER 17 MG TABLET <i>nisoldipine</i>	P	QPD 1 per day
SULAR ER 34 MG TABLET <i>nisoldipine</i>	P	QPD 1 per day
SULAR ER 8.5 MG TABLET <i>nisoldipine</i>	P	QPD 1 per day
<b>CARDIAC DRUGS</b>		
<b>CARDIAC DRUGS, MISCELLANEOUS</b>		
ASPRUZYO SPRINKLE ER 1000MG PK <i>ranolazine</i>	P	QPD 2 per day
ASPRUZYO SPRINKLE ER 500MG PKT <i>ranolazine</i>	P	QPD 2 per day
CAMZYOS 10 MG CAPSULE <i>mavacamten</i>	P	SPC PA QPD 1 per day
CAMZYOS 15 MG CAPSULE <i>mavacamten</i>	P	SPC PA QPD 1 per day
CAMZYOS 2.5 MG CAPSULE <i>mavacamten</i>	P	SPC PA QPD 1 per day
CAMZYOS 5 MG CAPSULE <i>mavacamten</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORLANOR 5 MG TABLET <i>ivabradine hcl</i>	P	PA QPD 2 per day F11 Formulary Indicator 1
CORLANOR 5 MG/5 ML ORAL SOLN <i>ivabradine hcl</i>	P	PA QPD 15 per day F11 Formulary Indicator 1
CORLANOR 7.5 MG TABLET <i>ivabradine hcl</i>	P	PA QPD 2 per day F11 Formulary Indicator 1
<i>ranolazine er 1,000 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>ranolazine er 500 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<b>CARDIOTONIC AGENTS</b>		
DIGITEK 125 MCG TABLET <i>digoxin</i>	P	NTI
DIGITEK 250 MCG TABLET <i>digoxin</i>	P	NTI F11 Formulary Indicator 1
DIGOX 125 MCG TABLET <i>digoxin</i>	P	NTI
DIGOX 250 MCG TABLET <i>digoxin</i>	P	NTI
<i>digoxin 0.05 mg/ml solution</i>	P	NTI
<i>digoxin 0.125 mg tablet</i>	P	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>digoxin 0.25 mg tablet</i>	P	NTI
<i>digoxin 125 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>digoxin 250 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>digoxin 62.5 mcg tablet</i>	P	NTI
<i>digoxin micronized powder</i>	P	
<i>digoxin powder</i>	P	
LANOXIN 125 MCG TABLET <i>digoxin</i>	P	NTI
LANOXIN 250 MCG TABLET <i>digoxin</i>	P	NTI
LANOXIN 62.5 MCG TABLET <i>digoxin</i>	P	NTI
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
CARDURA 1 MG TABLET <i>doxazosin mesylate</i>	P	
CARDURA 2 MG TABLET <i>doxazosin mesylate</i>	P	
CARDURA 4 MG TABLET <i>doxazosin mesylate</i>	P	
CARDURA XL 4 MG TABLET <i>doxazosin mesylate</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
CARDURA XL 8 MG TABLET <i>doxazosin mesylate</i>	P	ST QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxazosin mesylate 1 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>doxazosin mesylate 2 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>doxazosin mesylate 4 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>doxazosin mesylate 8 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>doxazosin mesylate powder</i>	P	
<i>prazosin 1 mg capsule</i>	P	PR F11 Formulary Indicator 1
<i>prazosin 2 mg capsule</i>	P	PR F11 Formulary Indicator 1
<i>prazosin 5 mg capsule</i>	P	PR F11 Formulary Indicator 1
<i>prazosin hcl powder</i>	P	
<i>terazosin 1 mg capsule</i>	P	PR F11 Formulary Indicator 1
<i>terazosin 10 mg capsule</i>	P	PR F11 Formulary Indicator 1
<i>terazosin 2 mg capsule</i>	P	PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>terazosin 5 mg capsule</i>	P	PR F11 Formulary Indicator 1
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol 200 mg capsule</i>	P	PR
<i>acebutolol 400 mg capsule</i>	P	PR
<i>atenolol 100 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>atenolol 25 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>atenolol 50 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>atenolol powder</i>	P	
<i>atenolol-chlorthalidone 100-25</i>	P	PR F11 Formulary Indicator 1
<i>atenolol-chlorthalidone 50-25</i>	P	PR F11 Formulary Indicator 1
BETAPACE 120 MG TABLET <i>sotalol hcl</i>	P	PR SBA Select Brand Alternative
BETAPACE 160 MG TABLET <i>sotalol hcl</i>	P	PR SBA Select Brand Alternative
BETAPACE 240 MG TABLET <i>sotalol hcl</i>	P	PR SBA Select Brand Alternative



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETAPACE 80 MG TABLET <i>sotalol hcl</i>	P	PR SBA Select Brand Alternative
BETAPACE AF 120 MG TABLET <i>sotalol hcl</i>	P	PR SBA Select Brand Alternative
BETAPACE AF 160 MG TABLET <i>sotalol hcl</i>	P	PR SBA Select Brand Alternative
BETAPACE AF 80 MG TABLET <i>sotalol hcl</i>	P	PR SBA Select Brand Alternative
<i>betaxolol 10 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>betaxolol 20 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>bisoprolol fumarate 10 mg tab</i>	P	PR
<i>bisoprolol fumarate 5 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>bisoprolol fumarate powder</i>	P	
<i>bisoprolol-hctz 10-6.25 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>bisoprolol-hctz 2.5-6.25 mg tb</i>	P	PR F11 Formulary Indicator 1
<i>bisoprolol-hctz 5-6.25 mg tab</i>	P	PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carvedilol 12.5 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>carvedilol 25 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>carvedilol 3.125 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>carvedilol 6.25 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>carvedilol er 10 mg capsule</i>	P	PR QPD 2 per day
<i>carvedilol er 20 mg capsule</i>	P	PR QPD 2 per day
<i>carvedilol er 40 mg capsule</i>	P	PR QPD 2 per day
<i>carvedilol er 80 mg capsule</i>	P	PR QPD 1 per day
CORGARD 20 MG TABLET <i>nadolol</i>	P	PR SBA Select Brand Alternative
CORGARD 40 MG TABLET <i>nadolol</i>	P	PR SBA Select Brand Alternative
CORGARD 80 MG TABLET <i>nadolol</i>	P	PR SBA Select Brand Alternative
HEMANGEOL 4.28 MG/ML ORAL SOLN <i>propranolol hcl</i>	P	SPC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>labetalol hcl 100 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>labetalol hcl 200 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>labetalol hcl 300 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>labetalol hcl powder</i>	P	
LOPRESSOR 100 MG TABLET <i>metoprolol tartrate</i>	P	PR SBA Select Brand Alternative
LOPRESSOR 50 MG TABLET <i>metoprolol tartrate</i>	P	PR SBA Select Brand Alternative
<i>metoprolol succ er 100 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol succ er 200 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol succ er 25 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol succ er 50 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol tartrate 100 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol tartrate 25 mg tab</i>	P	PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate 37.5 mg tb</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol tartrate 50 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol tartrate 75 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol tartrate powder</i>	P	
<i>metoprolol-hctz 100-25 mg tab</i>	P	PR
<i>metoprolol-hctz 100-50 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>metoprolol-hctz 50-25 mg tab</i>	P	PR F11 Formulary Indicator 1
<i>nadolol 20 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>nadolol 40 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>nadolol 80 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>nadolol powder</i>	P	
<i>nebivolol 10 mg tablet</i>	P	PR QPD 3.0 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nebivolol 2.5 mg tablet</i>	P	PR QPD 1.0 per day F11 Formulary Indicator 1
<i>nebivolol 20 mg tablet</i>	P	PR QPD 2.0 per day F11 Formulary Indicator 1
<i>nebivolol 5 mg tablet</i>	P	PR QPD 3.0 per day F11 Formulary Indicator 1
<i>pindolol 10 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>pindolol 5 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>propranolol 10 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>propranolol 20 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>propranolol 20 mg/5 ml soln</i>	P	PR
<i>propranolol 40 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>propranolol 40 mg/5 ml soln</i>	P	PR
<i>propranolol 60 mg tablet</i>	P	PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol 80 mg tablet</i>	P	PR
<i>propranolol er 120 mg capsule</i>	P	PR F11 Formulary Indicator 1
<i>propranolol er 160 mg capsule</i>	P	PR F11 Formulary Indicator 1
<i>propranolol er 60 mg capsule</i>	P	PR
<i>propranolol er 80 mg capsule</i>	P	PR
<i>propranolol hcl powder</i>	P	
<i>propranolol-hctz 40-25 mg tab</i>	P	PR
<i>propranolol-hctz 80-25 mg tab</i>	P	PR F11 Formulary Indicator 1
SORINE 120 MG TABLET <i>sotalol hcl</i>	P	PR
SORINE 160 MG TABLET <i>sotalol hcl</i>	P	PR F11 Formulary Indicator 1
SORINE 240 MG TABLET <i>sotalol hcl</i>	P	PR F11 Formulary Indicator 1
SORINE 80 MG TABLET <i>sotalol hcl</i>	P	PR F11 Formulary Indicator 1
<i>sotalol 120 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>sotalol 160 mg tablet</i>	P	PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sotalol 240 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>sotalol 80 mg tablet</i>	P	PR F11 Formulary Indicator 1
SOTALOL AF 120 MG TABLET <i>sotalol hcl</i>	P	PR
SOTALOL AF 160 MG TABLET <i>sotalol hcl</i>	P	PR F11 Formulary Indicator 1
SOTALOL AF 80 MG TABLET <i>sotalol hcl</i>	P	PR
SOTYLIZE 5 MG/ML ORAL SOLUTION <i>sotalol hcl</i>	P	F11 Formulary Indicator 1
TENORETIC 100 TABLET <i>atenolol/chlorthalidone</i>	P	SBA Select Brand Alternative
<i>timolol maleate 10 mg tablet</i>	P	PR
<i>timolol maleate 20 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>timolol maleate 5 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>timolol maleate powder</i>	P	
<b>SCLEROSING AGENTS</b>		
<i>ethanolamine liquid</i>	P	
<i>sodium tetradecyl sul 27% soln</i>	P	
<i>sodium tetradecyl sulfate powd</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>VASODILATING AGENTS</b>		
<i>betahistine dihydrochl powder</i>	P	
<i>betahistine hcl powder</i>	P	
<i>betahistine hcl powder</i>	P	
<i>citicoline powder</i>	P	
<i>cyclandelate powder</i>	P	
<i>nylidrin hcl powder</i>	P	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate 150 mg cap</i>	P	NTI F11 Formulary Indicator 1
<i>lithium carbonate 300 mg cap</i>	P	NTI F11 Formulary Indicator 1
<i>lithium carbonate 300 mg tab</i>	P	NTI F11 Formulary Indicator 1
<i>lithium carbonate 600 mg cap</i>	P	NTI F11 Formulary Indicator 1
<i>lithium carbonate er 300 mg tb</i>	P	NTI F11 Formulary Indicator 1
<i>lithium carbonate er 450 mg tb</i>	P	NTI F11 Formulary Indicator 1
<i>lithium carbonate powder</i>	P	
<i>lithium citrate tetrahyd powd</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LITHOBID ER 300 MG TABLET <i>lithium carbonate</i>	P	NTI
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>atomoxetine hcl 10 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>atomoxetine hcl 100 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>atomoxetine hcl 18 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>atomoxetine hcl 25 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>atomoxetine hcl 40 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>atomoxetine hcl 60 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>atomoxetine hcl 80 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>bremelanotide acetate powder</i>	P	
<i>carbidopa 25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>carbidopa powder</i>	P	
<i>flibanserin powder</i>	P	
<i>flumazenil powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>guanfacine hcl er 1 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>guanfacine hcl er 2 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>guanfacine hcl er 3 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>guanfacine hcl er 4 mg tablet</i>	P	QPD 1 per day
<i>idebenone powder</i>	P	
LODOSYN 25 MG TABLET <i>carbidopa</i>	P	
<i>memantine 5-10 mg titration pk</i>	P	AL At least 40 yrs old
<i>memantine hcl 10 mg tablet</i>	P	AL At least 40 yrs old QPD 2 per day F11 Formulary Indicator 1
<i>memantine hcl 2 mg/ml solution</i>	P	QL 360 / 30 days AL At least 40 yrs old
<i>memantine hcl 5 mg tablet</i>	P	AL At least 40 yrs old QPD 3 per day F11 Formulary Indicator 1
<i>memantine hcl er 14 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>memantine hcl er 21 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>memantine hcl er 28 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>memantine hcl er 7 mg capsule</i>	P	AL At least 40 yrs old F11 Formulary Indicator 1
<i>memantine hcl powder</i>	P	AL At least 40 yrs old
NAMENDA 10 MG TABLET <i>memantine hcl</i>	P	AL At least 40 yrs old
NAMENDA 5 MG TABLET <i>memantine hcl</i>	P	AL At least 40 yrs old
NAMENDA 5-10 MG TITRATION PK <i>memantine hcl</i>	P	AL At least 40 yrs old
NAMENDA XR 14 MG CAPSULE <i>memantine hcl</i>	P	AL At least 40 yrs old SBA Select Brand Alternative
NAMENDA XR 21 MG CAPSULE <i>memantine hcl</i>	P	AL At least 40 yrs old SBA Select Brand Alternative
NAMENDA XR 28 MG CAPSULE <i>memantine hcl</i>	P	AL At least 40 yrs old SBA Select Brand Alternative
NAMENDA XR 7 MG CAPSULE <i>memantine hcl</i>	P	AL At least 40 yrs old SBA Select Brand Alternative
NAMENDA XR TITRATION PACK <i>memantine hcl</i>	P	AL At least 40 yrs old
NAMZARIC 14 MG-10 MG CAPSULE <i>memantine hcl/donepezil hcl</i>	P	ST AL At least 40 yrs old
NAMZARIC 21 MG-10 MG CAPSULE <i>memantine hcl/donepezil hcl</i>	P	ST AL At least 40 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NAMZARIC 28 MG-10 MG CAPSULE <i>memantine hcl/donepezil hcl</i>	P	ST AL At least 40 yrs old
NAMZARIC 7 MG-10 MG CAPSULE <i>memantine hcl/donepezil hcl</i>	P	ST AL At least 40 yrs old F11 Formulary Indicator 1
NAMZARIC TITRATION PACK <i>memantine hcl/donepezil hcl</i>	P	ST AL At least 40 yrs old
NOURIANZ 20 MG TABLET <i>istradefylline</i>	P	SPC PA QPD 1 per day
NOURIANZ 40 MG TABLET <i>istradefylline</i>	P	SPC PA QPD 1 per day
NUDEXTA 20-10 MG CAPSULE <i>dextromethorphan hbr/quinidine sulfate</i>	P	PA
RADICAVA ORS 105 MG/5 ML SUSP <i>edaravone</i>	P	SPC PA QPD 1.8 per day
RADICAVA ORS STARTER KIT SUSP <i>edaravone</i>	P	SPC PA QPD 2.5 per day
<i>riluzole 50 mg tablet</i>	P	F11 Formulary Indicator 1
TIGLUTIK 50 MG/10 ML SUSP <i>riluzole</i>	P	PA F11 Formulary Indicator 1
XYREM 500 MG/ML ORAL SOLUTION <i>sodium oxybate</i>	P	SPC PA QPD 18 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYWAV 0.5 GM/ML ORAL SOLUTION <i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>	P	SPC PA QPD 18 per day
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA 100 MG TABLET <i>milnacipran hcl</i>	P	ST QPD 2 per day
SAVELLA 12.5 MG TABLET <i>milnacipran hcl</i>	P	ST QPD 2 per day
SAVELLA 25 MG TABLET <i>milnacipran hcl</i>	P	ST QPD 2 per day
SAVELLA 50 MG TABLET <i>milnacipran hcl</i>	P	ST QPD 2 per day
SAVELLA TITRATION PACK <i>milnacipran hcl</i>	P	ST QPD 2 per day
<b>OPIATE ANTAGONISTS</b>		
KLOXXADO 8 MG NASAL SPRAY <i>naloxone hcl</i>	P	QL 2 / 30 days
<i>naloxone 0.4 mg/ml carpupject</i>	P	
<i>naloxone 0.4 mg/ml vial</i>	P	
<i>naloxone 2 mg/2 ml syringe</i>	P	
<i>naloxone 4 mg/10 ml vial</i>	P	
<i>naloxone hcl 4 mg nasal spray</i>	P	QL 2 / 30 days
<i>naloxone hcl powder</i>	P	
<i>naltrexone 50 mg tablet</i>	P	
<i>naltrexone base monohydrate</i>	P	
<i>naltrexone hcl dihydrate powd</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naltrexone hcl powder</i>	P	
NARCAN 4 MG NASAL SPRAY <i>naloxone hcl</i>	P	QL 2 / 30 days B4G
VIVITROL 380 MG VIAL <i>naltrexone microspheres</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
VIVITROL 380 MG VIAL-DILUENT <i>naltrexone microspheres</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO 12 MG TABLET <i>deutetrabenazine</i>	P	AL At least 18 yrs old SPC PA QPD 4 per day
AUSTEDO 6 MG TABLET <i>deutetrabenazine</i>	P	AL At least 18 yrs old SPC PA QPD 4 per day
AUSTEDO 9 MG TABLET <i>deutetrabenazine</i>	P	AL At least 18 yrs old SPC PA QPD 4 per day
INGREZZA 40 MG CAPSULE <i>valbenazine tosylate</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
INGREZZA 60 MG CAPSULE <i>valbenazine tosylate</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA 80 MG CAPSULE <i>valbenazine tosylate</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day
INGREZZA INITIATION PACK <i>valbenazine tosylate</i>	P	AL At least 18 yrs old SPC PA QPD 1 per day
<i>tetrabenazine 12.5 mg tablet</i>	P	SPC PA
<i>tetrabenazine 25 mg tablet</i>	P	SPC PA
XENAZINE 12.5 MG TABLET <i>tetrabenazine</i>	P	SPC PA SBA Select Brand Alternative
XENAZINE 25 MG TABLET <i>tetrabenazine</i>	P	SPC PA SBA Select Brand Alternative
<b>CEPHALOSPORIN ANTIBIOTICS</b>		
<b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefadroxil 1 gm tablet</i>	P	
<i>cefadroxil 250 mg/5 ml susp</i>	P	
<i>cefadroxil 500 mg capsule</i>	P	
<i>cefadroxil 500 mg/5 ml susp</i>	P	
<i>cephalexin 125 mg/5 ml susp</i>	P	
<i>cephalexin 250 mg capsule</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cephalexin 250 mg tablet</i>	P	
<i>cephalexin 250 mg/5 ml susp</i>	P	
<i>cephalexin 500 mg capsule</i>	P	
<i>cephalexin 500 mg tablet</i>	P	
<i>cephalexin 750 mg capsule</i>	P	
KEFLEX 750 MG CAPSULE <i>cephalexin</i>	P	
<b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>ceclor 250 mg/5 ml suspension</i>	P	
<i>cefactor 125 mg/5 ml susp</i>	P	
<i>cefactor 250 mg capsule</i>	P	
<i>cefactor 250 mg/5 ml susp</i>	P	
<i>cefactor 375 mg/5 ml suspen</i>	P	
<i>cefactor 500 mg capsule</i>	P	
<i>cefactor er 500 mg tablet</i>	P	QL 20 / 30 days
<i>cefprozil 125 mg/5 ml susp</i>	P	
<i>cefprozil 250 mg tablet</i>	P	
<i>cefprozil 250 mg/5 ml susp</i>	P	
<i>cefprozil 500 mg tablet</i>	P	
<i>cefuroxime axetil 250 mg tab</i>	P	
<i>cefuroxime axetil 500 mg tab</i>	P	
<b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefdinir 125 mg/5 ml susp</i>	P	
<i>cefdinir 250 mg/5 ml susp</i>	P	
<i>cefdinir 300 mg capsule</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefditoren pivoxil 200 mg tab</i>	P	
<i>cefditoren pivoxil 400 mg tab</i>	P	
<i>cefixime 100 mg/5 ml susp</i>	P	QL 1200 / 90 days
<i>cefixime 200 mg/5 ml susp</i>	P	QL 1200 / 90 days
<i>cefixime 400 mg capsule</i>	P	
<i>cefpodoxime 100 mg tablet</i>	P	
<i>cefpodoxime 100 mg/5 ml susp</i>	P	
<i>cefpodoxime 200 mg tablet</i>	P	
<i>cefpodoxime 50 mg/5 ml susp</i>	P	
<i>ceftazidime powder</i>	P	
<i>ceftazidime-sodium carb powder</i>	P	
<i>ceftriaxone 1 gm add-vant vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 1 gm piggyback</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 1 gm vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 1 gm-d5w bag</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 10 gm vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 100 gram bulk bag</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 2 gm add vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 2 gm piggyback</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 2 gm vial</i>	P	BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ceftriaxone 2 gm-d5w bag</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 250 mg vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone 500 mg vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>ceftriaxone sodium powder</i>	P	
SPECTRACEF 400 MG DOSE PACK TB <i>cefditoren pivoxil</i>	P	
SUPRAX 100 MG TABLET CHEWABLE <i>cefixime</i>	P	
SUPRAX 100 MG/5 ML SUSPENSION <i>cefixime</i>	P	QL 1200 / 90 days
SUPRAX 200 MG TABLET CHEWABLE <i>cefixime</i>	P	
SUPRAX 200 MG/5 ML SUSPENSION <i>cefixime</i>	P	QL 1200 / 90 days
SUPRAX 400 MG CAPSULE <i>cefixime</i>	P	SBA Select Brand Alternative
SUPRAX 500 MG/5 ML SUSPENSION <i>cefixime</i>	P	
<b>CORTICOSTEROIDS (RESPIRATORY TRACT)</b>		
<b>ORALLY INHALED PREPARATIONS (STEROIDS)</b>		
ADVAIR 100-50 DISKUS <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 2 per day B4G
ADVAIR 250-50 DISKUS <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 2 per day B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVAIR 500-50 DISKUS <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 2 per day B4G
ADVAIR HFA 115-21 MCG INHALER <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 0.4 per day
ADVAIR HFA 230-21 MCG INHALER <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 0.4 per day
ADVAIR HFA 45-21 MCG INHALER <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 0.4 per day
ARNUITY ELLIPTA 100 MCG INH <i>fluticasone furoate</i>	P	PR QPD 2 per day
ARNUITY ELLIPTA 200 MCG INH <i>fluticasone furoate</i>	P	PR QPD 1 per day
ARNUITY ELLIPTA 50 MCG INH <i>fluticasone furoate</i>	P	PR QPD 4 per day
BREO ELLIPTA 100-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	P	PR QPD 2 per day B4G
BREO ELLIPTA 200-25 MCG INH <i>fluticasone furoate/vilanterol trifenate</i>	P	PR QPD 2 per day B4G
BREZTRI AEROSPHERE INHALER <i>budesonide/glycopyrrolate/formoterol fumarate</i>	P	PR QPD 0.36 per day
<i>budesonide 0.25 mg/2 ml susp</i>	P	QL 120 / 30 days PR
<i>budesonide 0.5 mg/2 ml susp</i>	P	QL 120 / 30 days PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide 1 mg/2 ml inh susp</i>	P	<span style="background-color: purple; color: white; padding: 2px;">QL</span> 120 / 30 days <span style="background-color: blue; color: white; padding: 2px;">PR</span>
FLOVENT 100 MCG DISKUS <i>fluticasone propionate</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 4 per day
FLOVENT 250 MCG DISKUS <i>fluticasone propionate</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 8 per day
FLOVENT 50 MCG DISKUS <i>fluticasone propionate</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 4 per day
FLOVENT HFA 110 MCG INHALER <i>fluticasone propionate</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 0.8 per day <span style="background-color: black; color: white; padding: 2px;">B4G</span>
FLOVENT HFA 220 MCG INHALER <i>fluticasone propionate</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 0.8 per day <span style="background-color: black; color: white; padding: 2px;">B4G</span>
FLOVENT HFA 44 MCG INHALER <i>fluticasone propionate</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 0.767 per day <span style="background-color: black; color: white; padding: 2px;">B4G</span>
<i>fluticasone-salmeterol 100-50</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 2 per day
<i>fluticasone-salmeterol 250-50</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 2 per day
<i>fluticasone-salmeterol 500-50</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 2 per day
PULMICORT 180 MCG FLEXHALER <i>budesonide</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 0.07 per day
PULMICORT 90 MCG FLEXHALER <i>budesonide</i>	P	<span style="background-color: blue; color: white; padding: 2px;">PR</span> <span style="background-color: blue; color: white; padding: 2px;">QPD</span> 0.07 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMBICORT 160-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	P	PR QPD 0.4 per day B4G
SYMBICORT 80-4.5 MCG INHALER <i>budesonide/formoterol fumarate</i>	P	PR QPD 0.4 per day B4G
TRELEGY ELLIPTA 100-62.5-25 <i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>	P	PR QPD 2 per day
TRELEGY ELLIPTA 200-62.5-25 <i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>	P	PR QPD 2 per day
WIXELA 100-50 INHUB <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 2 per day
WIXELA 250-50 INHUB <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 2 per day
WIXELA 500-50 INHUB <i>fluticasone propionate/salmeterol xinafoate</i>	P	PR QPD 2 per day
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
SYMDEKO 100/150 MG-150 MG TABS <i>tezacaftor/ivacaftor</i>	P	SPC PA QPD 2 per day
SYMDEKO 50/75 MG-75 MG TABLETS <i>tezacaftor/ivacaftor</i>	P	SPC PA QPD 2 per day
TRIKAFTA 100-50-75 MG/150 MG <i>elexacaftor/tezacaftor/ivacaftor</i>	P	SPC PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIKAFTA 50-25-37.5 MG/75 MG <i>elexacaftor/tezacaftor/ivacaftor</i>	P	SPC PA QPD 3 per day
<b>CYSTIC FIBROSIS (CFTR) POTENTIATORS</b>		
KALYDECO 150 MG TABLET <i>ivacaftor</i>	P	SPC PA QPD 2 per day
KALYDECO 25 MG GRANULES PACKET <i>ivacaftor</i>	P	SPC PA QPD 2 per day
KALYDECO 50 MG GRANULES PACKET <i>ivacaftor</i>	P	SPC PA QPD 2 per day
KALYDECO 75 MG GRANULES PACKET <i>ivacaftor</i>	P	SPC PA QPD 2 per day
ORKAMBI 100 MG-125 MG TABLET <i>lumacaftor/ivacaftor</i>	P	SPC PA QPD 4 per day
ORKAMBI 100-125 MG GRANULE PKT <i>lumacaftor/ivacaftor</i>	P	SPC PA QPD 2 per day
ORKAMBI 150-188 MG GRANULE PKT <i>lumacaftor/ivacaftor</i>	P	SPC PA QPD 2 per day
ORKAMBI 200 MG-125 MG TABLET <i>lumacaftor/ivacaftor</i>	P	SPC PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORKAMBI 75-94 MG GRANULE PKT <i>lumacaftor/ivacaftor</i>	P	SPC PA QPD 2 per day
DEPIGMENTING AND PIGMENTING AGENTS		
DEPIGMENTING AGENTS		
<i>hydroquinone crystals</i>	P	
<i>hydroquinone powder</i>	P	
<i>mequinol crystals</i>	P	
<i>monobenzene powder</i>	P	
PIGMENTING AGENTS		
<i>methoxsalen 10 mg softgel</i>	P	
<i>methoxsalen crystal</i>	P	
<i>methoxsalen powder</i>	P	
OXSORALEN-ULTRA 10 MG CAP <i>methoxsalen</i>	P	
DEVICES		
<i>1st tier comfortouch 28g lanct</i>	P	PR
<i>1st tier comfortouch 30g lanct</i>	P	PR
<i>1st tier unifine pentp 5mm 31g</i>	P	PR
<i>1st tier unifine pntip 4mm 32g</i>	P	PR
<i>1st tier unifine pntip 6mm 31g</i>	P	PR
<i>1st tier unifine pntip 8mm 31g</i>	P	PR
<i>1st tier unifine pntip 8mm 31g</i>	P	PR
<i>1st tier unifine pntp 12mm 29g</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>1st tier unifine pntp 29gx1/2"</i>	P	PR
<i>1st tier unifine pntp 31gx1/4"</i>	P	PR
<i>1st tier unifine pntp 31gx3/16</i>	P	PR
<i>1st tier unifine pntp 31gx5/16</i>	P	PR
<i>1st tier unifine pntp 32gx5/32</i>	P	PR
<i>abouttime pen needle 30g x 8mm</i>	P	PR
<i>abouttime pen needle 31g x 5mm</i>	P	PR
<i>abouttime pen needle 31g x 8mm</i>	P	PR
<i>abouttime pen needle 32g x 4mm</i>	P	PR
<i>accu-chek fastclix lancet drum</i>	P	PR
<i>accu-chek fastclix lancing dev</i>	P	PR
<i>accu-chek multiclix lancet kit</i>	P	PR
<i>accu-chek safe-t-pro 23g lancet</i>	P	PR
<i>accu-chek safe-t-pro plus 23g</i>	P	PR
<i>accu-chek softclix lancet kit</i>	P	PR
<i>accu-chek softclix lancets</i>	P	PR
<i>acti-lance lite 28g lancets</i>	P	PR
<i>acti-lance special 17g lancets</i>	P	PR
<i>acti-lance univers 23g lancets</i>	P	PR
<i>adjustable lancing device</i>	P	PR
<i>advanced lancing device</i>	P	PR
<i>advanced lancing device</i>	P	PR
<i>advanced travel 28g lancets</i>	P	PR



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>advanced travel 30g lancets</i>	P	PR
<i>airs pediatric disp mask</i>	P	
<i>alternate site 26g lancets</i>	P	PR
APLIGRAF DISK <i>cultured skin substitute, human and bovine</i>	P	
AQUORAL SPRAY <i>saliva substitute combo no.3</i>	P	
<i>assure comfort 28g lancets</i>	P	PR
<i>assure comfort 30g lancets</i>	P	PR
<i>assure haemolance plus 18g</i>	P	PR
<i>assure haemolance plus 21g</i>	P	PR
<i>assure haemolance plus 25g</i>	P	PR
<i>assure haemolance plus 28g</i>	P	PR
<i>assure haemolance plus blade</i>	P	PR
<i>assure id duo-shield 30gx3/16"</i>	P	PR
<i>assure id duo-shield 30gx5/16"</i>	P	PR
<i>assure id pen needle 30gx3/16"</i>	P	PR
<i>assure id pen needle 30gx5/16"</i>	P	PR
<i>assure id pen needle 31gx3/16"</i>	P	PR
<i>assure id syr 0.5 ml 29gx1/2"</i>	P	PR
<i>assure id syr 0.5ml 31gx15/64"</i>	P	PR
<i>assure id syr 1 ml 29gx1/2"</i>	P	PR
<i>assure id syr 1 ml 31gx15/64"</i>	P	PR
<i>assure lance 25g lancets</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>assure lance 28g lancets</i>	P	PR
<i>assure lance 28g safety lancet</i>	P	PR
<i>assure lance plus 21g lancets</i>	P	PR
<i>assure lance plus 25g lancets</i>	P	PR
<i>assure lance plus 30g lancets</i>	P	PR
ATOPICLAIR CREAM <i>vitamin e acet (dl,tocopheryl)/grape/hyaluronic acid</i>	P	
ATRAPRO DERMAL SPRAY <i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>	P	
<i>auto-lancet mini lancing dev</i>	P	PR
<i>autolet impress lancing device</i>	P	PR
<i>autolet impression lancing dev</i>	P	PR
<i>autolet lancing device</i>	P	PR
<i>autolet plus lancing device</i>	P	PR
<i>bd autoshield duo ndl 5mmx30g</i>	P	PR
<i>bd eclipse 30gx1/2" syringe</i>	P	PR
<i>bd ins syr 0.3 ml 8mmx31g(1/2)</i>	P	PR
<i>bd ins syr u-500 1/2ml 6mmx31g</i>	P	PR
<i>bd ins syr uf 0.3ml 12.7mmx30g</i>	P	PR
<i>bd ins syr uf 0.5ml 12.7mmx30g</i>	P	PR
<i>bd ins syrnf uf 1 ml 12.7mmx30g</i>	P	PR
<i>bd ins syrnf 0.3 ml 29gx12.7mm</i>	P	PR
<i>bd ins syrnf 0.5 ml 29gx12.7mm</i>	P	PR
<i>bd ins syrnf uf 0.3 ml 8mmx31g</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bd ins syrng uf 0.5 ml 8mmx31g</i>	P	PR
<i>bd insulin syr 0.5 ml 28gx1/2"</i>	P	PR
<i>bd insulin syr 0.5 ml 29gx1/2"</i>	P	PR
<i>bd insulin syr 1 ml 25gx1"</i>	P	PR
<i>bd insulin syr 1 ml 25gx5/8"</i>	P	PR
<i>bd insulin syr 1 ml 26gx1/2"</i>	P	PR
<i>bd insulin syr 1 ml 27gx12.7mm</i>	P	PR
<i>bd insulin syr 1 ml 27gx5/8"</i>	P	PR
<i>bd insulin syr 1 ml 28gx1/2"</i>	P	PR
<i>bd insulin syr 1 ml 29gx1/2"</i>	P	PR
<i>bd insulin syr 1 ml 29gx12.7mm</i>	P	PR
<i>bd insulin syr uf 1 ml 8mmx31g</i>	P	PR
<i>bd insulin syringe 1 ml</i>	P	PR
<i>bd lancets 33g</i>	P	PR
<i>bd luer-lok syringe 1 ml</i>	P	PR
<i>bd microtainer 21g lancets</i>	P	PR
<i>bd microtainer 30g lancets</i>	P	PR
<i>bd microtainer lancets</i>	P	PR
<i>bd nano 2 gen pen ndl 32g 4mm</i>	P	PR
<i>bd safetgld ins 0.3ml 29g 13mm</i>	P	PR
<i>bd safetgld ins 0.5ml 13mmx29g</i>	P	PR
<i>bd safetygld ins 0.3ml 31g 8mm</i>	P	PR
<i>bd safetygld ins 0.5ml 30g 8mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bd safetygld ins 1 ml 29g 13mm</i>	P	PR
<i>bd safetygld ins 1 ml 29g 13mm</i>	P	PR
<i>bd safetyglid ins 1 ml 6mmx31g</i>	P	PR
<i>bd safetyglide syringe 27gx5/8</i>	P	PR
<i>bd saftygld ins 0.3 ml 6mmx31g</i>	P	PR
<i>bd saftygld ins 0.5 ml 6mmx31g</i>	P	PR
<i>bd saftygld ins 0.5ml 29g 13mm</i>	P	PR
<i>bd uf micro pen needle 6mmx32g</i>	P	PR
<i>bd uf mini pen needle 5mmx31g</i>	P	PR
<i>bd uf nano pen needle 4mmx32g</i>	P	PR
<i>bd uf orig pen ndl 12.7mmx29g</i>	P	PR
<i>bd uf short pen needle 8mmx31g</i>	P	PR
<i>bd ultra-fine 33g lancets</i>	P	PR
<i>bd ultra-fine ii 30g lancets</i>	P	PR
<i>bd veo ins 0.3ml 6mmx31g (1/2)</i>	P	PR
<i>bd veo ins syring 1 ml 6mmx31g</i>	P	PR
<i>bd veo ins syrn 0.3 ml 6mmx31g</i>	P	PR
<i>bd veo ins syrn 0.5 ml 6mmx31g</i>	P	PR
<i>bd veritor at-home covid19 tst</i>	P	QL 8 / 30 days
<i>binaxnow covid-19 ag self test</i>	P	QL max 4 per 30 days
BIONECT 0.2% FOAM <i>hyaluronate sodium</i>	P	
BIONECT 0.2% GEL <i>hyaluronate sodium</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butterfly touch 30-36g lancet</i>	P	PR
<i>ca ins syr 0.3 ml 30gx5/16"</i>	P	PR
<i>ca ins syr 0.3 ml 31gx5/16"</i>	P	PR
<i>ca ins syr 0.5 ml 30gx5/16"</i>	P	PR
<i>ca ins syr 0.5 ml 31gx5/16"</i>	P	PR
<i>ca insulin syr 0.3 ml 29gx1/2"</i>	P	PR
<i>ca insulin syr 0.5 ml 29gx1/2"</i>	P	PR
<i>ca insulin syr 1 ml 29gx1/2"</i>	P	PR
<i>ca insulin syr 1 ml 30gx5/16"</i>	P	PR
<i>ca insulin syr 1 ml 31gx5/16"</i>	P	PR
CAPHOSOL SOLUTION <i>saliva substitute combo no.2</i>	P	
<i>carefine pen needle 12.7mm 29g</i>	P	PR
<i>carefine pen needle 4mm 32g</i>	P	PR
<i>carefine pen needle 5mm 32g</i>	P	PR
<i>carefine pen needle 6mm 31g</i>	P	PR
<i>carefine pen needle 8mm 30g</i>	P	PR
<i>carefine pen needles 6mm 32g</i>	P	PR
<i>carefine pen needles 8mm 31g</i>	P	PR
<i>carelance ult lancing device</i>	P	PR
<i>careone lancing device</i>	P	PR
<i>careone syr 0.3 ml 30gx1/2"</i>	P	PR
<i>careone syr 0.5 ml 30gx1/2"</i>	P	PR
<i>careone syr 1 ml 30gx1/2"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>careone thin lancet</i>	P	PR
<i>careone ultra thin lancet</i>	P	PR
<i>careone unifine pentip 4mm 32g</i>	P	PR
<i>careone unifine pentip 5mm 31g</i>	P	PR
<i>careone unifine pentip 6mm 31g</i>	P	PR
<i>careone unifine pentip 8mm 31g</i>	P	PR
<i>careone unifine pentp 29gx1/2"</i>	P	PR
<i>careone unifine pentp 31gx1/4"</i>	P	PR
<i>careone unifine pntp 12mm 29g</i>	P	PR
<i>careone unifine pntp 31gx3/16"</i>	P	PR
<i>careone unifine pntp 31gx5/16"</i>	P	PR
<i>careone unifine pntp 32gx5/32"</i>	P	PR
<i>caresens prem lancing device</i>	P	PR
<i>caresens ultra thin 30g lancet</i>	P	PR
<i>carestart covid-19 ag home tst</i>	P	QL max 4 per 30 days
<i>caretouch 26g safety lancets</i>	P	PR
<i>caretouch 28g safety lancets</i>	P	PR
<i>caretouch hypodermic 22g 1"</i>	P	PR
<i>caretouch lancing device</i>	P	PR
<i>caretouch pen needle 29g 12mm</i>	P	PR
<i>caretouch pen needle 31gx1/4"</i>	P	PR
<i>caretouch pen needle 31gx3/16"</i>	P	PR
<i>caretouch pen needle 31gx5/16"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>caretouch pen needle 32gx3/16"</i>	P	PR
<i>caretouch pen needle 32gx5/32"</i>	P	PR
<i>caretouch syr 0.3 ml 31gx5/16"</i>	P	PR
<i>caretouch syr 0.5 ml 30gx5/16"</i>	P	PR
<i>caretouch syr 0.5 ml 31gx5/16"</i>	P	PR
<i>caretouch syr 1 ml 28gx5/16"</i>	P	PR
<i>caretouch syr 1 ml 29gx5/16"</i>	P	PR
<i>caretouch syr 1 ml 30gx5/16"</i>	P	PR
<i>caretouch syr 1 ml 31gx5/16"</i>	P	PR
<i>caretouch twist 28g lancet</i>	P	PR
<i>caretouch twist 30g lancet</i>	P	PR
<i>caretouch twist 33g lancet</i>	P	PR
<i>celltrion diatrust cov-19 home</i>	P	QL max 4 per 30 days
<i>clickfine 31g x 1/4" needles</i>	P	PR
<i>clickfine 31g x 5/16" needles</i>	P	PR
<i>clickfine pen needle 32gx5/32"</i>	P	PR
<i>clickfine universal 31g x 1/4"</i>	P	PR
<i>clinitest covid-19 home test</i>	P	QL 8 / 30 days
<i>coaguheck lancets</i>	P	PR
<i>coaguheck pt test strips</i>	P	QPD 0.434 per day
<i>coaguheck xs pt test strips</i>	P	QPD 0.434 per day
<i>coaguheck xs system</i>	P	
<i>comfort ez ins 0.5ml 31gx5/16"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>comfort ez ins 1 ml 31gx5/16"</i>	P	PR
<i>comfort ez pen needles 4mm 32g</i>	P	PR
<i>comfort ez pen needles 5mm 31g</i>	P	PR
<i>comfort ez pen needles 5mm 33g</i>	P	PR
<i>comfort ez pen needles 6mm 31g</i>	P	PR
<i>comfort ez pen needles 6mm 33g</i>	P	PR
<i>comfort ez pen needles 8mm 31g</i>	P	PR
<i>comfort ez pen needles 8mm 33g</i>	P	PR
<i>comfort lancets</i>	P	PR
<i>comfort point pen ndl 29gx1/2"</i>	P	PR
<i>comfort point pen ndl 31gx1/3"</i>	P	PR
<i>comfort point pen ndl 31gx1/4"</i>	P	PR
<i>comfort point pen ndl 31gx1/6"</i>	P	PR
<i>comfort touch pen ndl 31g 4mm</i>	P	PR
<i>comfort touch pen ndl 31g 5mm</i>	P	PR
<i>comfort touch pen ndl 31g 6mm</i>	P	PR
<i>comfort touch pen ndl 31g 8mm</i>	P	PR
<i>comfort touch pen ndl 32g 4mm</i>	P	PR
<i>comfort touch pen ndl 32g 5mm</i>	P	PR
<i>comfort touch pen ndl 32g 6mm</i>	P	PR
<i>comfort touch pen ndl 32g 8mm</i>	P	PR
<i>comfort touch pen ndl 33g 4mm</i>	P	PR
<i>comfort touch pen ndl 33g 6mm</i>	P	PR



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>comfort touch pen ndl 33gx5mm</i>	P	PR
<i>comfort touch ult thin 31g lanc</i>	P	PR
<i>comforttouch plus saf 30g lanc</i>	P	PR
<i>conception kit</i>	P	
<i>contour meter</i>	P	PR
<i>contour meter system</i>	P	PR
<i>contour next ez meter</i>	P	PR
<i>contour next ez meter system</i>	P	PR
<i>contour next ez meter system</i>	P	PR
<i>contour next gen meter</i>	P	PR
<i>contour next gen meter kit</i>	P	PR
<i>contour next glucose meter kit</i>	P	PR
<i>contour next lev 1 control sol</i>	P	
<i>contour next lev 2 control sol</i>	P	
<i>contour next link 2.4 meter kt</i>	P	PR
<i>contour next link meter</i>	P	PR
<i>contour next meter</i>	P	PR
<i>contour next one meter</i>	P	PR
<i>contour solution</i>	P	
<i>contour solution</i>	P	
<i>contour solution</i>	P	
<i>covid-19 at-home test</i>	P	QL 8 / 30 days
CRYODOSE TA MEDIUM STREAM SPR <i>norflurane/pentafluoropropane (hfc 245fa)</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRYODOSE TA MIST SPRAY <i>norflurane/pentafluoropropane (hfc 245fa)</i>	P	
<i>cvx covid-19 at-home test</i>	P	
<i>cvx lancing device</i>	P	PR
<i>cvx micro thin 33g lancets</i>	P	PR
<i>cvx thin 26g lancets</i>	P	PR
<i>cvx ultra thin 30g lancets</i>	P	PR
<i>dario 100 sterile lancets</i>	P	PR
DERMAGRAFT 2"X3" SHEET <i>cultured skin substitute, human and bovine</i>	P	
<i>dexcom g4 (ped) receiver kit</i>	P	QL 1 / 365 days AL At least 2 yrs old PA
<i>dexcom g4 receiver kit</i>	P	QL 1 / 365 days AL At least 2 yrs old PA
<i>dexcom g4 receiver-share (ped)</i>	P	QL 1 / 365 days AL At least 2 yrs old PA
<i>dexcom g4 receiver-share kit</i>	P	QL 1 / 365 days AL At least 2 yrs old PA
<i>dexcom g4 transmitter kit</i>	P	QL 1 / 90 days AL At least 2 yrs old PA
<i>dexcom g5 receiver kit</i>	P	QL 1 / 365 days AL At least 2 yrs old PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexcom g5 transmitter kit</i>	P	<p>QL 1 / 90 days</p> <p>AL At least 2 yrs old</p> <p>PA</p>
<i>dexcom g5-g4 sensor kit</i>	P	<p>AL At least 2 yrs old</p> <p>PA</p> <p>QPD 0.15 per day</p>
<i>dexcom g6 receiver</i>	P	<p>QL 1 / 365 days</p> <p>AL At least 2 yrs old</p> <p>PA</p>
<i>dexcom g6 sensor</i>	P	<p>AL At least 2 yrs old</p> <p>PA</p> <p>QPD 0.1 per day</p>
<i>dexcom g6 transmitter</i>	P	<p>QL 1 / 90 days</p> <p>AL At least 2 yrs old</p> <p>PA</p>
<i>dexcom receiver kit</i>	P	<p>QL 1 / 365 days</p> <p>AL At least 2 yrs old</p> <p>PA</p>
<i>droplet 0.5 ml 29gx12.5mm(1/2)</i>	P	PR
<i>droplet 0.5 ml 30gx12.5mm(1/2)</i>	P	PR
<i>droplet 30g lancets</i>	P	PR
<i>droplet genteel lancing device</i>	P	PR
<i>droplet ins 0.3 ml 29gx12.5mm</i>	P	PR
<i>droplet ins 0.3ml 30gx12.5mm</i>	P	PR
<i>droplet ins 0.5ml 30gx6mm(1/2)</i>	P	PR
<i>droplet ins 0.5ml 30gx8mm(1/2)</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>droplet ins 0.5ml 31gx6mm(1/2)</i>	P	PR
<i>droplet ins 0.5ml 31gx8mm(1/2)</i>	P	PR
<i>droplet ins syr 0.3 ml 30gx6mm</i>	P	PR
<i>droplet ins syr 0.3 ml 30gx8mm</i>	P	PR
<i>droplet ins syr 0.3 ml 31gx6mm</i>	P	PR
<i>droplet ins syr 0.3 ml 31gx8mm</i>	P	PR
<i>droplet ins syr 1 ml 30gx6mm</i>	P	PR
<i>droplet ins syr 1 ml 30gx8mm</i>	P	PR
<i>droplet ins syr 1 ml 31gx6mm</i>	P	PR
<i>droplet ins syr 1 ml 31gx8mm</i>	P	PR
<i>droplet ins syr 1ml 29gx12.5mm</i>	P	PR
<i>droplet ins syr 1ml 30gx12.5mm</i>	P	PR
<i>droplet lancing device</i>	P	PR
<i>droplet micron 34g x 9/64"</i>	P	PR
<i>droplet pen needle 29gx1/2"</i>	P	PR
<i>droplet pen needle 29gx3/8"</i>	P	PR
<i>droplet pen needle 30gx5/16"</i>	P	PR
<i>droplet pen needle 31gx1/4"</i>	P	PR
<i>droplet pen needle 31gx3/16"</i>	P	PR
<i>droplet pen needle 31gx5/16"</i>	P	PR
<i>droplet pen needle 32gx1/4"</i>	P	PR
<i>droplet pen needle 32gx3/16"</i>	P	PR
<i>droplet pen needle 32gx5/16"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>droplet pen needle 32gx5/32"</i>	P	PR
<i>dropsafe pen needle 31gx1/4"</i>	P	PR
<i>dropsafe pen needle 31gx3/16"</i>	P	PR
<i>dropsafe pen needle 31gx5/16"</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>drug mart ultra comfort syr</i>	P	PR
<i>DUROLANE 60 MG/3 ML SYRINGE</i> <i>hyaluronate sodium, stabilized</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>e-z ject colored lancets</i>	P	PR
<i>e-z ject lancets</i>	P	PR
<i>e-zject color 32g lancets</i>	P	PR
<i>e-zject color 33g lancets</i>	P	PR
<i>e-zject super thin 30g lancets</i>	P	PR
<i>e-zject thin lancets</i>	P	PR
<i>easy comfort 0.5 ml 32gx5/16"</i>	P	PR
<i>easy comfort 1 ml 32gx5/16"</i>	P	PR
<i>easy comfort pen ndl 33g 5mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy comfort pen ndl 33g 6mm</i>	P	PR
<i>easy touch 0.3 ml syr 30gx1/2"</i>	P	PR
<i>easy touch 0.5 ml syr 27gx1/2"</i>	P	PR
<i>easy touch 0.5 ml syr 29gx1/2"</i>	P	PR
<i>easy touch 0.5 ml syr 30gx1/2"</i>	P	PR
<i>easy touch 0.5 ml syr 30gx5/16</i>	P	PR
<i>easy touch 1 ml syr 27gx1/2"</i>	P	PR
<i>easy touch 1 ml syr 29gx1/2"</i>	P	PR
<i>easy touch 1 ml syr 30gx1/2"</i>	P	PR
<i>easy touch 1 ml syr 30gx1/2"</i>	P	PR
<i>easy touch insulin 1ml 29gx1/2</i>	P	PR
<i>easy touch insulin 1ml 30gx1/2</i>	P	PR
<i>easy touch insulin syr 0.3 ml</i>	P	PR
<i>easy touch insulin syr 0.3 ml</i>	P	PR
<i>easy touch insulin syr 0.5 ml</i>	P	PR
<i>easy touch insulin syr 0.5 ml</i>	P	PR
<i>easy touch insulin syr 0.5 ml</i>	P	PR
<i>easy touch insulin syr 0.5 ml</i>	P	PR
<i>easy touch insulin syr 1 ml</i>	P	PR
<i>easy touch insulin syr 1 ml</i>	P	PR
<i>easy touch insulin syr 1 ml</i>	P	PR
<i>easy touch insulin syr 1 ml</i>	P	PR
<i>easy touch insulin syr 1 ml</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch insulin 1ml 29gx1/2"</i>	P	PR
<i>easy touch insulin 1ml 30gx1/2"</i>	P	PR
<i>easy touch insulin 1ml 30gx5/16</i>	P	PR
<i>easy touch insulin 1ml 30gx5/16</i>	P	PR
<i>easy touch insulin 1ml 31gx5/16</i>	P	PR
<i>easy touch insulin 1ml 31gx5/16</i>	P	PR
<i>easy touch lancing device</i>	P	PR
<i>easy touch luer lok insul 1 ml</i>	P	PR
<i>easy touch pen needle 29gx1/2"</i>	P	PR
<i>easy touch pen needle 30gx5/16</i>	P	PR
<i>easy touch pen needle 31gx1/4"</i>	P	PR
<i>easy touch pen needle 31gx3/16</i>	P	PR
<i>easy touch pen needle 31gx5/16</i>	P	PR
<i>easy touch pen needle 32gx1/4"</i>	P	PR
<i>easy touch pen needle 32gx3/16</i>	P	PR
<i>easy touch pen needle 32gx5/32</i>	P	PR
<i>easy touch pull-top 26g lancet</i>	P	PR
<i>easy touch pull-top 28g lancet</i>	P	PR
<i>easy touch pull-top 30g lancet</i>	P	PR
<i>easy touch pull-top 32g lancet</i>	P	PR
<i>easy touch saf pen ndl 29g 5mm</i>	P	PR
<i>easy touch saf pen ndl 29g 8mm</i>	P	PR
<i>easy touch saf pen ndl 30g 5mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>easy touch saf pen ndl 30g 8mm</i>	P	PR
<i>easy touch safety 21g lancets</i>	P	PR
<i>easy touch safety 23g lancets</i>	P	PR
<i>easy touch safety 26g lancets</i>	P	PR
<i>easy touch safety 28g lancets</i>	P	PR
<i>easy touch safety 30g lancets</i>	P	PR
<i>easy touch safety 32g lancets</i>	P	PR
<i>easy touch syr 0.5ml 27g12.7mm</i>	P	PR
<i>easy touch syr 0.5ml 28g12.7mm</i>	P	PR
<i>easy touch syr 0.5ml 29g12.7mm</i>	P	PR
<i>easy touch syr 1 ml 27g 12.7mm</i>	P	PR
<i>easy touch syr 1 ml 27g 16mm</i>	P	PR
<i>easy touch syr 1 ml 28g 12.7mm</i>	P	PR
<i>easy touch syr 1 ml 29g 12.7mm</i>	P	PR
<i>easy touch twist 26g lancets</i>	P	PR
<i>easy touch twist 28g lancets</i>	P	PR
<i>easy touch twist 30g lancets</i>	P	PR
<i>easy touch twist 32g lancets</i>	P	PR
<i>easy touch twist 33g lancets</i>	P	PR
<i>easy touch uni-slip syr 1 ml</i>	P	PR
<i>easy-touch ins 1 ml 31gx5/16"</i>	P	PR
<i>easytouch saf pen ndl 30g 6mm</i>	P	PR
ELESTONE CREAM <i>emollient combination no. 25</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ellume covid-19 home test</i>	P	QL max 4 per 30 days
<i>embrace 21g safety lancet</i>	P	PR
<i>embrace 28g safety lancet</i>	P	PR
<i>embrace 30g lancets</i>	P	PR
<i>embrace lancing device</i>	P	PR
<i>embrace pen needle 29g 12mm</i>	P	
<i>embrace pen needle 30g 5mm</i>	P	PR
<i>embrace pen needle 30g 8mm</i>	P	PR
<i>embrace pen needle 31g 5mm</i>	P	
<i>embrace pen needle 31g 6mm</i>	P	PR
<i>embrace pen needle 31g 8mm</i>	P	PR
<i>embrace pen needle 32g 4mm</i>	P	PR
<b>EPISIL LIQUID</b>		
<i>oral mucositis and stomatitis anti-inflammatory agent comb 2</i>	P	
<i>eql ins syr 1 ml 29gx1/2"</i>	P	PR
<i>eql insul syr 0.3 ml 31gx5/16"</i>	P	PR
<i>eql insul syr 0.5 ml 31gx5/16"</i>	P	PR
<i>eql insulin 0.3 ml syringe</i>	P	PR
<i>eql insulin 0.3 ml syringe</i>	P	PR
<i>eql insulin 0.5 ml syringe</i>	P	PR
<i>eql insulin 0.5 ml syringe</i>	P	PR
<i>eql insulin 1 ml syringe</i>	P	PR
<i>eql insulin syr 1 ml 31gx5/16"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eql micro thin 33g lancets</i>	P	PR
EUFLEXXA 20 MG/2 ML SYRINGE <i>hyaluronate sodium</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>eversense sensor-holder</i>	P	
<i>exel ins syr u100 1 ml 28gx1/2</i>	P	PR
<i>exel u100 0.3 ml 29gx1/2"</i>	P	PR
<i>exel u100 0.3 ml 30gx5/16"</i>	P	PR
<i>exel u100 0.5 ml 28gx1/2"</i>	P	PR
<i>exel u100 0.5 ml 29gx1/2"</i>	P	PR
<i>exel u100 0.5 ml 30gx5/16"</i>	P	PR
<i>exel u100 1 ml 30gx5/16"</i>	P	PR
<i>exel u100 ins syr 1 ml 29gx1/2</i>	P	PR
<i>ez smart 28g lancets</i>	P	PR
<i>ez-lets 26g lancets</i>	P	PR
<i>fastep covid-19 ag home test</i>	P	
<i>fifty50 ins 0.3 ml 31gx5/16"</i>	P	PR
<i>fifty50 ins 0.5 ml 31gx5/16"</i>	P	PR
<i>fifty50 ins syr 1 ml 31gx5/16"</i>	P	PR
<i>fifty50 lancing device</i>	P	PR
<i>fifty50 pen 31g x 3/16" needle</i>	P	PR
<i>fifty50 pen 31g x 5/16" needle</i>	P	PR
<i>fifty50 pen needle 32g x 1/4"</i>	P	PR
<i>fifty50 pen needle 32g x 5/32"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fifty50 safety seal 30g lancet</i>	P	PR
<i>fifty50 safety seal 32g lancet</i>	P	PR
<i>fifty50 unilet 33g lancets</i>	P	PR
<i>fine 30 universal 30g lancets</i>	P	PR
<i>fingerstix lancets</i>	P	PR
<i>flowflex covid-19 ag home test</i>	P	QL max 4 per 30 days
<i>fora 30g lancets</i>	P	PR
<i>fora lancing device</i>	P	PR
<i>foracare 30g lancets</i>	P	PR
<i>freestyle 28g lancets</i>	P	PR
<i>freestyle prec 0.5 ml 30gx5/16</i>	P	PR
<i>freestyle prec 0.5 ml 31gx5/16</i>	P	PR
<i>freestyle prec 1 ml 30gx5/16"</i>	P	PR
<i>freestyle prec 1 ml 31gx5/16"</i>	P	PR
<i>freestyle unistik 2 lancets</i>	P	PR
<i>ge lancing device</i>	P	PR
GEL-ONE 30 MG/3 ML SYRINGE <i>hyaluronate sod, cross-linked</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
GELFOAM JMI SPONGE KIT <i>thrombin (bovine)/gelatin sponge, absorbable</i>	P	
<i>genabio covid-19 rapid at-home</i>	P	
<i>genteel vacuum lancing device</i>	P	PR
GENVISC 850 25 MG/2.5 ML SYR <i>hyaluronate sodium</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glucocom 28g lancets</i>	P	PR
<i>glucocom 30g lancets</i>	P	PR
<i>glucocom 33g lancets</i>	P	PR
<i>gnp clickfine 31g x 1/4" ndl</i>	P	PR
<i>gnp clickfine 31g x 5/16" ndl</i>	P	PR
<i>gnp ins syr 0.3 ml 29gx1/2"</i>	P	PR
<i>gnp ins syringe 1 ml 28g 1/2"</i>	P	PR
<i>gnp insul syr 0.3 ml 31gx5/16"</i>	P	PR
<i>gnp insul syr 0.5 ml 31gx5/16"</i>	P	PR
<i>gnp insulin syr 1 ml 31gx5/16"</i>	P	PR
<i>gnp lancing system device</i>	P	PR
<i>gnp sterile 33g lancet</i>	P	PR
<i>gnp ult c 0.3ml 29gx1/2" (1/2)</i>	P	PR
<i>gnp ult cmfirt 0.5 ml 29gx1/2"</i>	P	PR
<i>gnp ulticare pen ndl 31g 5mm</i>	P	PR
<i>gnp ulticare pen ndl 31g 8mm</i>	P	PR
<i>gnp ulticare pen ndl 32g 4mm</i>	P	PR
<i>gnp ulticare pen ndl 32g 6mm</i>	P	PR
<i>gnp ultiguard safepack 31g 5mm</i>	P	PR
<i>gnp ultiguard safepack 31g 8mm</i>	P	PR
<i>gnp ultiguard safepack 32g 4mm</i>	P	PR
<i>gnp ultiguard safepack 32g 6mm</i>	P	PR
<i>gnp ultr cmfirt 0.5 ml 28gx1/2"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp ultr cmfprt 0.5 ml 30gx5/16</i>	P	PR
<i>gnp ultr comfort 1 ml 29gx1/2"</i>	P	PR
<i>gnp ultra comfort 0.5 ml syr</i>	P	PR
<i>gnp ultra comfort 0.5 ml syr</i>	P	PR
<i>gnp ultra comfort 0.5 ml syr</i>	P	PR
<i>gnp ultra comfort 1 ml syringe</i>	P	PR
<i>gnp ultra comfort 1 ml syringe</i>	P	PR
<i>gnp ultra comfort 3/10 ml syr</i>	P	PR
<i>gnp ultra comfprt 1 ml 28gx1/2"</i>	P	PR
<i>gnp universal 1 standard 21g</i>	P	PR
<i>gnp universal 1 thin 26g lanct</i>	P	PR
<i>gojji lancets 30g</i>	P	PR
<i>gojji lancing device</i>	P	PR
<i>gs lancing device and lancets</i>	P	PR
<i>gs pen needle 31g x 1/4"</i>	P	PR
<i>gs pen needle 31g x 5/16"</i>	P	PR
<i>gs pen needle 31g x 5mm</i>	P	PR
<i>gs pen needle 31g x 6mm</i>	P	PR
<i>gs pen needle 31g x 8mm</i>	P	PR
<i>gs pen needle 32g x 4mm</i>	P	PR
<i>gs pen needle 32g x 6mm</i>	P	PR
<i>gs universal 1 micro thin 33g</i>	P	PR
<i>gs universal 1 thin 26g lancet</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gs universal 1 ultra thin 30g</i>	P	PR
<i>healthwise ins 0.3ml 30gx5/16"</i>	P	PR
<i>healthwise ins 0.3ml 31gx5/16"</i>	P	PR
<i>healthwise ins 0.5ml 30gx5/16"</i>	P	PR
<i>healthwise ins 0.5ml 31gx5/16"</i>	P	PR
<i>healthwise ins 1 ml 30gx5/16"</i>	P	PR
<i>healthwise ins 1 ml 31gx5/16"</i>	P	PR
<i>healthwise pen needle 31g 5mm</i>	P	PR
<i>healthwise pen needle 31g 8mm</i>	P	PR
<i>healthwise pen needle 32g 4mm</i>	P	PR
<i>healthy accents autolet device</i>	P	PR
<i>healthy accents pentip 4mm 32g</i>	P	PR
<i>healthy accents pentip 5mm 31g</i>	P	PR
<i>healthy accents pentip 6mm 31g</i>	P	PR
<i>healthy accents pentip 8mm 31g</i>	P	PR
<i>healthy accents pentp 12mm 29g</i>	P	PR
<i>healthy accents unilet 30g</i>	P	PR
<i>heb micro thin 33g lancets</i>	P	PR
<i>heb unifine pntp plus 31gx3/16</i>	P	PR
<i>heb unifine pntp plus 32gx5/32</i>	P	PR
<i>hm ulticare pen needle 4mm 32g</i>	P	PR
<i>hm ulticare pen needle 5mm 31g</i>	P	PR
<i>hm ulticare pen needle 6mm 31g</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hm ulticare pen needle 8mm 31g</i>	P	PR
HYALGAN 20 MG/2 ML SYRINGE <i>hyaluronate sodium</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
HYALGAN 20 MG/2 ML VIAL <i>hyaluronate sodium</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
HYLATOPICPLUS CREAM <i>emollient combination no.53</i>	P	
HYLATOPICPLUS LOTION <i>emollient combination no.53</i>	P	
HYMOVIS 24 MG/3 ML SYRINGE <i>hyaluronate sodium, modified, non-crosslinked</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>hypolance ast lancing kit</i>	P	PR
<i>ihealth covid-19 ag home test</i>	P	OL max 4 per 30 days
<i>incontrol lancing device</i>	P	PR
<i>incontrol pen needle 12mm 29g</i>	P	PR
<i>incontrol pen needle 4mm 32g</i>	P	PR
<i>incontrol pen needle 5mm 31g</i>	P	PR
<i>incontrol pen needle 6mm 31g</i>	P	PR
<i>incontrol pen needle 8mm 31g</i>	P	PR
<i>incontrol super thin 30g lanct</i>	P	PR
<i>incontrol ulticare ndl 31g 6mm</i>	P	PR
<i>incontrol ulticare ndl 31g 8mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>incontrol ulticare ndl 32g 4mm</i>	P	PR
<i>incontrol ultra thin 28g lanct</i>	P	PR
<i>indicaid covid-19 ag home test</i>	P	
<i>insulin 1 ml syringe</i>	P	PR
<i>insulin 1 ml syringe</i>	P	PR
<i>insulin 1/2 ml syringe</i>	P	PR
<i>insulin 1/2 ml syringe</i>	P	PR
<i>insulin 3/10 ml syringe</i>	P	PR
<i>insulin 3/10 ml syringe</i>	P	PR
<i>insulin syr 0.3ml 31gx1/4(1/2)</i>	P	PR
<i>insulin syrin 0.3 ml 29gx1/2"</i>	P	PR
<i>insulin syrin 0.3 ml 30gx1/2"</i>	P	PR
<i>insulin syrin 0.3 ml 30gx5/16"</i>	P	PR
<i>insulin syrin 0.3 ml 31gx5/16"</i>	P	PR
<i>insulin syrin 0.5 ml 28g 1/2"</i>	P	PR
<i>insulin syrin 0.5 ml 28gx1/2"</i>	P	PR
<i>insulin syrin 0.5 ml 29gx1/2"</i>	P	PR
<i>insulin syrin 0.5 ml 30g 1/2"</i>	P	PR
<i>insulin syrin 0.5 ml 30g 5/16"</i>	P	PR
<i>insulin syrin 0.5 ml 30gx1/2"</i>	P	PR
<i>insulin syrin 0.5 ml 30gx5/16"</i>	P	PR
<i>insulin syrin 0.5 ml 31gx5/16"</i>	P	PR
<i>insulin syring 0.5 ml 27g 1/2"</i>	P	PR



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>insulin syringe 0.5 ml 27g 13mm</i>	P	PR
<i>insulin syringe 0.5 ml 27gx1/2"</i>	P	PR
<i>insulin syringe 0.5 ml 28g 1/2"</i>	P	PR
<i>insulin syringe 0.5 ml 29g 1/2"</i>	P	PR
<i>insulin syringe 0.5 ml 29gx1/2"</i>	P	PR
<i>insulin syringe 0.3 ml</i>	P	PR
<i>insulin syringe 0.3 ml</i>	P	PR
<i>insulin syringe 0.3 ml 31gx1/4</i>	P	PR
<i>insulin syringe 0.5 ml</i>	P	PR
<i>insulin syringe 0.5 ml 31gx1/4</i>	P	PR
<i>insulin syringe 1 ml</i>	P	PR
<i>insulin syringe 1 ml</i>	P	PR
<i>insulin syringe 1 ml 27g 13mm</i>	P	PR
<i>insulin syringe 1 ml 27gx1/2"</i>	P	PR
<i>insulin syringe 1 ml 28g 13mm</i>	P	PR
<i>insulin syringe 1 ml 28gx1/2"</i>	P	PR
<i>insulin syringe 1 ml 29g 1/2"</i>	P	PR
<i>insulin syringe 1 ml 29gx1/2"</i>	P	PR
<i>insulin syringe 1 ml 30g 1/2"</i>	P	PR
<i>insulin syringe 1 ml 30g 5/16"</i>	P	PR
<i>insulin syringe 1 ml 30gx1/2"</i>	P	PR
<i>insulin syringe 1 ml 30gx5/16"</i>	P	PR
<i>insulin syringe 1 ml 31g 5/16"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>insulin syringe 1 ml 31gx1/4"</i>	P	PR
<i>insulin syringe 1 ml 31gx5/16"</i>	P	PR
<i>insupen pen needle 29gx1/2"</i>	P	PR
<i>insupen pen needle 29gx12mm</i>	P	PR
<i>insupen pen needle 30gx8mm</i>	P	PR
<i>insupen pen needle 31gx3/16"</i>	P	PR
<i>insupen pen needle 31gx5/16"</i>	P	PR
<i>insupen pen needle 31gx6mm</i>	P	PR
<i>insupen pen needle 31gx8mm</i>	P	PR
<i>insupen pen needle 32gx4mm</i>	P	PR
<i>insupen pen needle 32gx5/32"</i>	P	PR
<i>insupen pen needle 32gx6mm</i>	P	PR
<i>insupen pen needle 32gx8mm</i>	P	PR
<i>insupen pen needle 33gx4mm</i>	P	PR
<i>inteliswab covid-19 home test</i>	P	QL max 4 per 30 days
<i>invacare 30g lancets</i>	P	PR
<i>invacare lancing device</i>	P	PR
<i>kinray ins syr 1 ml 31gx5/16"</i>	P	PR
<i>kinray syring 0.3 ml 31gx5/16"</i>	P	PR
<i>kinray syring 0.5 ml 31gx5/16"</i>	P	PR
<i>kmart valu plus syr 1/2 ml</i>	P	PR
<i>kmart valu plus syr 1/2 ml</i>	P	PR
<i>kro autolet lancing device</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kro ins syr 0.3 ml 29gx1/2"</i>	P	PR
<i>kro ins syrin 0.3 ml 30gx5/16"</i>	P	PR
<i>kro ins syrin 0.3 ml 31gx5/16"</i>	P	PR
<i>kro ins syrin 0.5 ml 30gx5/16"</i>	P	PR
<i>kro ins syrin 0.5 ml 31gx5/16"</i>	P	PR
<i>kro ins syringe 0.5 ml 29gx1/2"</i>	P	PR
<i>kro ins syringe 1 ml 29gx1/2"</i>	P	PR
<i>kro ins syringe 1 ml 30gx5/16"</i>	P	PR
<i>kro ins syringe 1 ml 31gx5/16"</i>	P	PR
<i>kro insulin syr 1 ml 30gx5/16"</i>	P	PR
<i>kro lancing device</i>	P	PR
<i>kro pen needle 4mm x 32g</i>	P	PR
<i>kro pen needle 4mm x 33g</i>	P	PR
<i>kro pen needle 5mm x 31g</i>	P	PR
<i>kro pen needle 6mm x 31g</i>	P	PR
<i>kro pen needle 8mm x 31g</i>	P	PR
<i>kro universal 1 thin 26g lanct</i>	P	PR
<i>croger ins syr 0.3 ml 30gx5/16</i>	P	PR
<i>croger ins syr 0.5 ml 29gx1/2"</i>	P	PR
<i>croger ins syr 1 ml 29gx1/2"</i>	P	PR
<i>croger ins syr 1 ml 31gx5/16"</i>	P	PR
<i>croger lancets</i>	P	PR
<i>croger lancing device</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>croger pen needles 31g x 5/16"</i>	P	PR
<i>croger super thin lancets</i>	P	PR
<i>croger syr 0.5 ml 30gx5/16"</i>	P	PR
<i>croger syring 0.3 ml 31gx5/16"</i>	P	PR
<i>lancets 26g</i>	P	PR
<i>lancets 26g x 1.8mm</i>	P	PR
<i>lancets 28g lancets</i>	P	PR
<i>lancets 28g x 1.8mm</i>	P	PR
<i>lancets 30g</i>	P	PR
<i>lancets thin 23g</i>	P	PR
<i>lancets ultra fine 28g</i>	P	PR
<i>lancets ultra thin 26g</i>	P	PR
<i>lancing device</i>	P	PR
<i>lancing device</i>	P	PR
<i>lanzo lancing device</i>	P	PR
<i>latex gloves</i>	P	
<i>leader ins syr 0.3 ml 29gx1/2"</i>	P	PR
<i>leader ins syr 0.5 ml 28gx1/2"</i>	P	PR
<i>leader ins syr 0.5 ml 29gx1/2"</i>	P	PR
<i>leader ins syr 0.5 ml 30gx1/2"</i>	P	PR
<i>leader ins syr 1 ml 28gx1/2"</i>	P	PR
<i>leader ins syr 1 ml 29gx1/2"</i>	P	PR
<i>leader ins syr 1 ml 30gx5/16"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leader ins syr 1 ml 31gx5/16"</i>	P	PR
<i>leader insulin syringe 0.3 ml</i>	P	PR
<i>leader syring 0.3 ml 31gx5/16"</i>	P	PR
<i>leader syring 0.5 ml 31gx5/16"</i>	P	PR
LIDOTREX 2% WOUND GEL <i>vitamin e/lidocaine/aloe vera/collagen</i>	P	
<i>lite touch 28g lancets</i>	P	PR
<i>lite touch 30g lancets</i>	P	PR
<i>lite touch 31gx1/4" pen needle</i>	P	PR
<i>lite touch 33g lancets</i>	P	PR
<i>lite touch insulin 0.5 ml syr</i>	P	PR
<i>lite touch insulin 0.5 ml syr</i>	P	PR
<i>lite touch insulin 0.5 ml syr</i>	P	PR
<i>lite touch insulin 1 ml syr</i>	P	PR
<i>lite touch insulin 1 ml syr</i>	P	PR
<i>lite touch insulin 1 ml syr</i>	P	PR
<i>lite touch insulin syr 0.3 ml</i>	P	PR
<i>lite touch insulin syr 0.5 ml</i>	P	PR
<i>lite touch insulin syr 1 ml</i>	P	PR
<i>lite touch lancing pen</i>	P	PR
<i>lite touch pen needle 29g</i>	P	PR
<i>lite touch pen needle 31g</i>	P	PR
<i>lite touch pen needle 31g</i>	P	PR
<i>litetouch ins 0.3 ml 29gx1/2"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>litetouch ins 0.3 ml 30gx5/16"</i>	P	PR
<i>litetouch ins 0.3 ml 31gx5/16"</i>	P	PR
<i>litetouch ins 0.5 ml 31gx5/16"</i>	P	PR
<i>litetouch syr 0.5 ml 28gx1/2"</i>	P	PR
<i>litetouch syr 0.5 ml 29gx1/2"</i>	P	PR
<i>litetouch syr 0.5 ml 30gx5/16"</i>	P	PR
<i>litetouch syrin 1 ml 28gx1/2"</i>	P	PR
<i>litetouch syrin 1 ml 29gx1/2"</i>	P	PR
<i>litetouch syrin 1 ml 30gx5/16"</i>	P	PR
<i>live better advanced lancing</i>	P	PR
<i>live better pen needles 8mm</i>	P	PR
<i>live better super thin lancet</i>	P	PR
<i>live better ultra thin lancet</i>	P	PR
<i>longs thin lancets 26g</i>	P	PR
<i>longs thin lancets 30g</i>	P	PR
<i>magellan insul syringe 0.3 ml</i>	P	PR
<i>magellan insul syringe 0.5 ml</i>	P	PR
<i>magellan insulin syr 0.3 ml</i>	P	PR
<i>magellan insulin syr 0.5 ml</i>	P	PR
<i>magellan insulin syringe 1 ml</i>	P	PR
<i>magellan insulin syringe 1 ml</i>	P	PR
<i>maxi-comfort ins 0.5 ml 28g</i>	P	PR
<i>maxi-comfort ins 1 ml 28gx1/2"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>maxicomfort ii pen ndl 31gx6mm</i>	P	PR
<i>maxicomfort ins 0.5ml 27gx1/2"</i>	P	PR
<i>maxicomfort ins 1 ml 27gx1/2"</i>	P	PR
<i>maxicomfort pen ndl 29g x 5mm</i>	P	PR
<i>maxicomfort pen ndl 29g x 8mm</i>	P	PR
<i>medisense thin 28g lancets</i>	P	PR
<i>medisense thin lancets</i>	P	PR
<i>medlance plus 21g lancets</i>	P	PR
<i>medlance plus 30g lancets</i>	P	PR
<i>medlance plus extra 21g lancet</i>	P	PR
<i>medlance plus lite 25g lancets</i>	P	PR
<i>medlance plus special blade</i>	P	PR
<i>meijer lancets</i>	P	PR
<i>meijer lancing device</i>	P	PR
<i>meijer universal 1 26g lancets</i>	P	PR
<i>micro thin 33g lancets</i>	P	PR
MICROCYN SKIN-WOUND CARE SPRAY <i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>	P	
MICROCYN SKIN-WOUND HYDROGEL <i>hypochlorus ac/na hypoch/na mg fluo/na phos/nacl/elec water</i>	P	
<i>microdot pen needle 31gx6mm</i>	P	PR
<i>microdot pen needle 32gx4mm</i>	P	PR
<i>microdot pen needle 33gx4mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>microlet 2 lancing device</i>	P	PR
<i>microlet lancets</i>	P	PR
<i>microlet next lancing device</i>	P	PR
<i>mini lancing device</i>	P	PR
<i>mini pen needle 32g 4mm</i>	P	PR
<i>mini pen needle 32g 5mm</i>	P	PR
<i>mini pen needle 32g 6mm</i>	P	PR
<i>mini pen needle 32g 8mm</i>	P	PR
<i>mini pen needle 33g 4mm</i>	P	PR
<i>mini pen needle 33g 5mm</i>	P	PR
<i>mini pen needle 33g 6mm</i>	P	PR
<i>mini ultra-thin ii pen ndl 31g</i>	P	PR
<i>monoject 0.5 ml syrn 28gx1/2"</i>	P	PR
<i>monoject 1 ml syrn 27x1/2"</i>	P	PR
<i>monoject 1 ml syrn 28gx1/2"</i>	P	PR
<i>monoject insul syr u100</i>	P	PR
<i>monoject insul syr u100</i>	P	PR
<i>monoject insul syr u100 0.5 ml</i>	P	PR
<i>monoject insul syr u100 1 ml</i>	P	PR
<i>monoject insul syr u100 1 ml</i>	P	PR
<i>monoject insul syr u100 1 ml</i>	P	PR
<i>monoject insul syr u100 1 ml</i>	P	PR
<i>monoject insulin syr 0.3 ml</i>	P	PR



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>monoject insulin syr 0.5 ml</i>	P	PR
<i>monoject insulin syr 1 ml</i>	P	PR
<i>monoject insulin syr u-100</i>	P	PR
<i>monoject insulin syr u-100</i>	P	PR
<i>monoject insulin syr 3/10 ml</i>	P	PR
<i>monoject syringe 0.3 ml</i>	P	PR
<i>monoject syringe 0.5 ml</i>	P	PR
<i>monoject syringe 1 ml</i>	P	PR
<i>monoject syringe 1 ml</i>	P	PR
<i>monolet 21g lancets</i>	P	PR
<i>monolet thin 28g lancets</i>	P	PR
MONOVISC 88 MG/4 ML SYRINGE <i>hyaluronate sodium, stabilized</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>ms ins syr 0.5 ml 29gx1/2"</i>	P	PR
<i>ms ins syr 1 ml 29gx1/2"</i>	P	PR
<i>ms ins syringe 1 ml 30gx1/2"</i>	P	PR
<i>ms insul syr 0.3 ml 31gx5/16"</i>	P	PR
<i>ms insul syr 0.5 ml 30gx1/2"</i>	P	PR
<i>ms insul syr 0.5 ml 31gx5/16"</i>	P	PR
<i>ms insulin syr 0.3 ml 29gx1/2"</i>	P	PR
<i>ms insulin syr 1 ml 31gx5/16"</i>	P	PR
<i>ms insulin syringe 0.3 ml</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ms pen needle 6mm 31g</i>	P	PR
MUCOSITISRX POWDER PACKET <i>saliva substitute combination no. 11</i>	P	
<i>multi-lancet device 2 kit</i>	P	PR
<i>myglucohealth 30g lancets</i>	P	PR
NEOSALUS CP CREAM <i>emollient combination no. 47</i>	P	
NEOSALUS CREAM <i>emollient combination no. 47</i>	P	
NEOSALUS FOAM <i>emollient combination no. 38</i>	P	
NEOSALUS LOTION <i>emollient combination no. 47</i>	P	
<i>nova safety 23g lancets</i>	P	PR
<i>nova safety 28g lancets</i>	P	PR
<i>nova sureflex lancing device</i>	P	PR
<i>nova sureflex lancing device</i>	P	PR
<i>nova sureflex thin lancets</i>	P	PR
<i>novofine 32g needles</i>	P	PR
<i>novofine autocover 30g needle</i>	P	PR
<i>novofine plus pen ndl 32gx1/6"</i>	P	PR
<i>novotwist needle 32g 5mm</i>	P	PR
NUMOISYN LIQUID <i>flaxseed</i>	P	
NUMOISYN LOZENGE <i>sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUVAIL NAIL 16% SOLUTION <i>poly-ureaurethane</i>	P	
<i>ohc covid-19 antigen home test</i>	P	
<i>omnipod 5 g6 intro kit (gen 5)</i>	P	QL 1 / 365 days PA
<i>omnipod 5 g6 pods (gen 5) 5pk</i>	P	QL 10 / 30 days PA
<i>omnipod dash pods (gen 4) 5pk</i>	P	QL 10 / 30 days PA
<i>on call 30g lancet</i>	P	PR
<i>on call lancing device</i>	P	PR
<i>on call plus 30g lancet</i>	P	PR
<i>on call plus lancing device</i>	P	PR
<i>on-go covid-19 ag at home test</i>	P	QL 8 / 30 days
<i>on-the-go 30g lancets</i>	P	PR
<i>onetouch delica 30g lancets</i>	P	PR
<i>onetouch delica 33g lancets</i>	P	PR
<i>onetouch delica lancing dev</i>	P	PR
<i>onetouch delica plus 30g lancet</i>	P	PR
<i>onetouch delica plus 33g lancet</i>	P	PR
<i>onetouch delica plus lanc dev</i>	P	PR
<i>onetouch delica saf 30g lancet</i>	P	PR
<i>onetouch suresoft 18g lanc dev</i>	P	PR
<i>onetouch suresoft 21g lanc dev</i>	P	PR
<i>onetouch suresoft 28g lanc dev</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>onetouch ultrasoft lancets</i>	P	PR
ORTHOVISC 15 MG/ML SYRINGE <i>hyaluronate sodium</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
PAIN EASE MEDIUM STREAM SPRAY <i>norflurane/pentafluoropropane (hfc 245fa)</i>	P	
PAIN EASE MIST SPRAY <i>norflurane/pentafluoropropane (hfc 245fa)</i>	P	
<i>pc super thin 30g lancets</i>	P	PR
<i>pc unifine pentips 12mm needle</i>	P	PR
<i>pc unifine pentips 6mm needle</i>	P	PR
<i>pc unifine pentips 8mm needle</i>	P	PR
<i>pen needle 12mm 29g</i>	P	PR
<i>pen needle 29g 12mm</i>	P	PR
<i>pen needle 30g x 8mm</i>	P	PR
<i>pen needle 31g 5mm</i>	P	PR
<i>pen needle 31g 6mm</i>	P	PR
<i>pen needle 31g 8mm</i>	P	PR
<i>pen needle 31g x 1/4"</i>	P	PR
<i>pen needle 31g x 3/16"</i>	P	PR
<i>pen needle 31g x 5/16"</i>	P	PR
<i>pen needle 31g x 8mm</i>	P	PR
<i>pen needle 32g 4mm</i>	P	PR
<i>pen needle 32g x 5/32"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pen needle 33g 4mm</i>	P	PR
<i>pen needle 4mm 32g</i>	P	PR
<i>pen needle 5mm 31g</i>	P	PR
<i>pen needle 6mm 31g</i>	P	PR
<i>pen needle 8mm 31g</i>	P	PR
<i>pen needles 12mm 29g</i>	P	PR
<i>pen needles 6mm 31g</i>	P	PR
<i>pen needles 8mm 31g</i>	P	PR
<i>pentips pen needle 29g 12mm</i>	P	PR
<i>pentips pen needle 29gx1/2"</i>	P	PR
<i>pentips pen needle 31g 5mm</i>	P	PR
<i>pentips pen needle 31g 6mm</i>	P	PR
<i>pentips pen needle 31g 8mm</i>	P	PR
<i>pentips pen needle 31gx1/4"</i>	P	PR
<i>pentips pen needle 31gx3/16"</i>	P	PR
<i>pentips pen needle 31gx5/16"</i>	P	PR
<i>pentips pen needle 32g 4mm</i>	P	PR
<i>pentips pen needle 32g 6mm</i>	P	PR
<i>pentips pen needle 32gx5/32"</i>	P	PR
<i>pentips pen needle 6mm 31g</i>	P	PR
<i>pillow mask adult</i>	P	
<i>pilot covid-19 at-home test</i>	P	
<i>pip 28g lancet</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pip 30g lancet</i>	P	PR
<i>pip pen needle 31g x 5mm</i>	P	PR
<i>pip pen needle 32g x 4mm</i>	P	PR
<i>pref plus ins 0.3 ml 29gx1/2"</i>	P	PR
<i>pref plus syr 0.5 ml 30gx5/16"</i>	P	PR
<i>pref plus syringe 1 ml 29gx1/2"</i>	P	PR
<i>preferred plus 0.3 ml 30gx5/16</i>	P	PR
<i>preferred plus 0.5 ml 29gx1/2"</i>	P	PR
<i>preferred plus lancets</i>	P	PR
<i>preferred plus syringe 0.5 ml</i>	P	PR
<i>preferred plus syringe 1 ml</i>	P	PR
<i>preferred plus thin lancets</i>	P	PR
<i>prefpls ins syr 1 ml 30gx5/16"</i>	P	PR
PRESERA FOAM <i>emollient combination no.80</i>	P	
<i>pressure activated 21g lancets</i>	P	PR
<i>pressure activated 28g lancets</i>	P	PR
<i>prevent pen needle 31gx1/4"</i>	P	PR
<i>prevent pen needle 31gx5/16"</i>	P	PR
<i>prodigy ins syr 1ml 28gx1/2"</i>	P	PR
<i>prodigy lancing device</i>	P	PR
<i>prodigy pressure activated 28g</i>	P	PR
<i>prodigy safety 26g lancets</i>	P	PR
<i>prodigy syrng 0.5 ml 31gx5/16"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prodigy syringe 0.3ml 31gx5/16"</i>	P	PR
<i>prodigy twist top 28g lancet</i>	P	PR
PROMISEB TOPICAL CREAM <i>emollient combination no.43</i>	P	
<i>pub 28g lancets</i>	P	PR
<i>pub advanced lancing device</i>	P	PR
<i>pub ins syrin 0.3 ml 30gx1/2"</i>	P	PR
<i>pub ins syringe 1 ml 30gx1/2"</i>	P	PR
<i>pub insul syr 0.3 ml 31gx5/16"</i>	P	PR
<i>pub insul syr 0.5 ml 30gx1/2"</i>	P	PR
<i>pub insul syr 0.5 ml 31gx5/16"</i>	P	PR
<i>pub insulin syr 1 ml 31gx5/16"</i>	P	PR
<i>pub micro thin 33g lancet</i>	P	PR
<i>pub pen 12mm 29g needles</i>	P	PR
<i>pub pen 8mm 31g needles</i>	P	PR
<i>pub pen needle 6mm 31g</i>	P	PR
<i>pub unifine pntp plus 31gx3/16</i>	P	PR
<i>pure comfort 30g safety lancet</i>	P	PR
<i>push button safety 21g lancet</i>	P	PR
<i>push button safety 28g lancet</i>	P	PR
<i>pv autolet lancing device</i>	P	PR
<i>pv unifine pentip plus 31gx5mm</i>	P	PR
<i>pv unifine pentip plus 31gx6mm</i>	P	PR
<i>pv unifine pentip plus 31gx8mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pv unifine pentip plus 32gx4mm</i>	P	PR
<i>pv unifine pentip plus 33gx4mm</i>	P	PR
<i>pv unilet micro thin 33g lanct</i>	P	PR
<i>pv unilet super thin 30g lanct</i>	P	PR
<i>qc autolet lancing device</i>	P	PR
<i>qc unifine pentips 32gx5/32"</i>	P	PR
<i>qc unifine pentips 4mm 32g</i>	P	PR
<i>qc unilet super thin 30g lanct</i>	P	PR
<i>qc unilet ultra thin 28g lanct</i>	P	PR
<i>quickvue at-home covid-19 test</i>	P	QL 8 / 30 days
<i>ra e-zject 26g lancets</i>	P	PR
<i>ra e-zject 28g lancets</i>	P	PR
<i>ra e-zject 30g lancets</i>	P	PR
<i>ra e-zject color 33g lancets</i>	P	PR
<i>ra health care lancing device</i>	P	PR
<i>ra ins syr 0.5 ml 29gx1/2"</i>	P	PR
<i>ra ins syr 0.5 ml 30gx5/16"</i>	P	PR
<i>ra ins syr 1 ml 29gx1/2"</i>	P	PR
<i>ra ins syringe 1 ml 30gx5/16"</i>	P	PR
<i>ra pen needle 31gx3/16"</i>	P	PR
<i>ra pen needle 31gx5/16"</i>	P	PR
<i>raya sure pen needle 29g 12mm</i>	P	PR
<i>raya sure pen needle 31g 4mm</i>	P	PR



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>raya sure pen needle 31g 5mm</i>	P	PR
<i>raya sure pen needle 31g 6mm</i>	P	PR
<i>readylance 21g safety lancets</i>	P	PR
<i>readylance 23g safety lancets</i>	P	PR
<i>readylance 26g safety lancets</i>	P	PR
<i>readylance 28g safety lancets</i>	P	PR
<i>readylance 30g safety lancets</i>	P	PR
<i>reliamed 28g lancets</i>	P	PR
<i>reliamed 30g lancets</i>	P	PR
<i>reliamed lancing device</i>	P	PR
<i>reliamed mini lancing device</i>	P	PR
<i>reliamed safety 23g lancets</i>	P	PR
<i>reliamed safety 28g lancets</i>	P	PR
<i>reliamed safety seal 28g lancet</i>	P	PR
<i>reliamed safety seal 30g lancet</i>	P	PR
<i>reliamed twist&amp;cap 28g lancets</i>	P	PR
<i>relion 2-in-1 lancet device</i>	P	PR
<i>relion ins syr 0.3 ml 29gx1/2"</i>	P	PR
<i>relion ins syr 0.3 ml 30gx5/16</i>	P	PR
<i>relion ins syr 0.3 ml 31gx6mm</i>	P	PR
<i>relion ins syr 0.5 ml 29gx1/2"</i>	P	PR
<i>relion ins syr 0.5 ml 31gx6mm</i>	P	PR
<i>relion ins syr 1 ml 29gx1/2"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>relion ins syr 1 ml 31gx15/64"</i>	P	PR
<i>relion ins syr 1 ml 31gx5/16"</i>	P	PR
<i>relion insulin syr 0.5 ml</i>	P	PR
<i>relion lancing device</i>	P	PR
<i>relion lancing device</i>	P	PR
<i>relion micro thin 33g lancet</i>	P	PR
<i>relion mini pen 31g x 1/4" ndl</i>	P	PR
<i>relion pen 29g needle</i>	P	PR
<i>relion pen 31g needle</i>	P	PR
<i>relion pen needle 29gx1/2"</i>	P	PR
<i>relion pen needle 31g 6mm</i>	P	PR
<i>relion pen needle 31gx1/4"</i>	P	PR
<i>relion pen needle 31gx5/16"</i>	P	PR
<i>relion pen needle 32gx5/32"</i>	P	PR
<i>relion syring 0.3 ml 31gx5/16"</i>	P	PR
<i>relion syring 0.5 ml 31gx5/16"</i>	P	PR
<i>relion thin 26g lancets</i>	P	PR
<i>relion thin 26g lancets</i>	P	PR
<i>relion ultra thin 30g lancets</i>	P	PR
<i>relion ultra thin plus 33g</i>	P	PR
<i>rexall universal 1 30g lancets</i>	P	PR
<i>rightest gd500 lancing device</i>	P	PR
<i>rightest gl300 30g lancets</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>safesnap insul syringe 0.3 ml</i>	P	PR
<i>safesnap insul syringe 0.5 ml</i>	P	PR
<i>safesnap insul syringe 0.5 ml</i>	P	PR
<i>safesnap insulin syringe 1 ml</i>	P	PR
<i>safesnap insulin syringe 1 ml</i>	P	PR
<i>safety 21g lancets</i>	P	PR
<i>safety 28g lancets</i>	P	PR
<i>safety pen needle 31g 4mm</i>	P	PR
<i>safety pen needle 31g 5mm</i>	P	PR
<i>safety pen needle 5mm x 31g</i>	P	PR
SALIVAMAX POWDER PACKET <i>saliva substitute combination no. 11</i>	P	
<i>securesafe pen ndl 30gx5/16"</i>	P	PR
<i>shopko autolet lancing device</i>	P	PR
<i>shopko on-the-go 30g lancets</i>	P	PR
<i>shopko unifine pentips 4mm 32g</i>	P	PR
<i>shopko unifine pentips 4mm 32g</i>	P	PR
<i>shopko unifine pentips 5mm 31g</i>	P	PR
<i>shopko unifine pentips 5mm 31g</i>	P	PR
<i>shopko unifine pentips 8mm 31g</i>	P	PR
<i>shopko unifine pentips 8mm 31g</i>	P	PR
<i>shopko unifine pntips 12mm 29g</i>	P	PR
<i>shopko unifine pntips 12mm 29g</i>	P	PR
<i>shopko unilet super thin 30g</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>shopko unilet ultra thin 28g</i>	P	PR
SILVASORB GEL <i>silver</i>	P	
SILVRSTAT DRESSING GEL <i>silver</i>	P	
<i>single-let lancets</i>	P	PR
<i>sky safety pen needle 30g 5mm</i>	P	PR
<i>sky safety pen needle 30g 8mm</i>	P	PR
<i>sm color lancets 21g</i>	P	PR
<i>sm ins syr 0.5 ml 29gx1/2"</i>	P	PR
<i>sm ins syr 0.5 ml 30gx5/16"</i>	P	PR
<i>sm ins syr 1 ml 29gx1/2"</i>	P	PR
<i>sm ins syringe 0.3 ml 30gx5/16"</i>	P	PR
<i>sm ins syringe 1 ml 28gx1/2"</i>	P	PR
<i>sm ins syringe 1 ml 30gx5/16"</i>	P	PR
<i>sm insul syr 0.3 ml 31gx5/16"</i>	P	PR
<i>sm insul syr 0.5 ml 31gx5/16"</i>	P	PR
<i>sm insulin syr 0.3 ml 29gx1/2"</i>	P	PR
<i>sm insulin syr 0.5 ml 28gx1/2"</i>	P	PR
<i>sm insulin syr 1 ml 31gx5/16"</i>	P	PR
<i>sm lancets 21g</i>	P	PR
<i>sm micro thin 33g lancets</i>	P	PR
<i>sm super thin 30g lancets</i>	P	PR
<i>sm thin lancets 26g</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>smart sense color 33g lancets</i>	P	PR
<i>smart sense standard 21g</i>	P	PR
<i>smart sense super thin 30g</i>	P	PR
<i>smart sense thin 26g lancets</i>	P	PR
<i>smartest lancet</i>	P	PR
<i>sodium chloride 0.9% vial</i>	P	
<i>soft touch lancets</i>	P	PR
<i>solus v2 28g lancets</i>	P	PR
<i>solus v2 30g twist lancets</i>	P	PR
<i>solus v2 lancing device</i>	P	PR
<i>speedyswab covid-19 home test</i>	P	
SPRAY AND STRETCH SPRAY <i>norflurane/pentafluoropropane (hfc 245fa)</i>	P	
<i>sterilance tl twist 30g lancet</i>	P	PR
<i>sterilance tl twist 32g lancet</i>	P	PR
SUPARTZ FX 25 MG/2.5 ML SYR <i>hyaluronate sodium</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>super thin 28g lancets</i>	P	PR
<i>super thin 30g lancets</i>	P	PR
<i>sure cmft sfty pen ndl 31g 6mm</i>	P	PR
<i>sure cmft sfty pen ndl 32g 4mm</i>	P	PR
<i>sure comfort 0.3 ml syringe</i>	P	PR
<i>sure comfort 0.5 ml syringe</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sure comfort 0.5 ml syringe</i>	P	PR
<i>sure comfort 0.5 ml syringe</i>	P	PR
<i>sure comfort 0.5 ml syringe</i>	P	PR
<i>sure comfort 0.5 ml syringe</i>	P	PR
<i>sure comfort 1 ml syringe</i>	P	PR
<i>sure comfort 1 ml syringe</i>	P	PR
<i>sure comfort 1 ml syringe</i>	P	PR
<i>sure comfort 1 ml syringe</i>	P	PR
<i>sure comfort 1 ml syringe</i>	P	PR
<i>sure comfort 1 ml syringe</i>	P	PR
<i>sure comfort 18g lancets</i>	P	PR
<i>sure comfort 21g lancets</i>	P	PR
<i>sure comfort 23g lancets</i>	P	PR
<i>sure comfort 28g lancets</i>	P	PR
<i>sure comfort 3/10 ml syringe</i>	P	PR
<i>sure comfort 3/10 ml syringe</i>	P	PR
<i>sure comfort 3/10 ml syringe</i>	P	PR
<i>sure comfort 3/10 ml syringe</i>	P	PR
<i>sure comfort 30g lancets</i>	P	PR
<i>sure comfort 30g pen needle</i>	P	PR
<i>sure comfort ins 0.3ml 31gx1/4</i>	P	PR
<i>sure comfort ins 0.5ml 31gx1/4</i>	P	PR
<i>sure comfort ins 1 ml 31gx1/4"</i>	P	PR
<i>sure comfort lancing pen</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sure comfort pen ndl 29gx1/2"</i>	P	PR
<i>sure comfort pen ndl 31g 5mm</i>	P	PR
<i>sure comfort pen ndl 31g 8mm</i>	P	PR
<i>sure comfort pen ndl 32g 4mm</i>	P	PR
<i>sure comfort pen ndl 32g 6mm</i>	P	PR
<i>sure-fine pen needles 12.7mm</i>	P	PR
<i>sure-fine pen needles 5mm</i>	P	PR
<i>sure-fine pen needles 8mm</i>	P	PR
<i>sure-ject ins 0.3 ml 31gx5/16"</i>	P	PR
<i>sure-ject ins 0.5 ml 31gx5/16"</i>	P	PR
<i>sure-ject insu syr u100 0.3 ml</i>	P	PR
<i>sure-ject insu syr u100 0.3 ml</i>	P	PR
<i>sure-ject insu syr u100 0.5 ml</i>	P	PR
<i>sure-ject insu syr u100 0.5 ml</i>	P	PR
<i>sure-ject insu syr u100 0.5 ml</i>	P	PR
<i>sure-ject insu syr u100 1 ml</i>	P	PR
<i>sure-ject insul syr u100 1 ml</i>	P	PR
<i>sure-ject insul syr u100 1 ml</i>	P	PR
<i>sure-ject insulin syringe 1 ml</i>	P	PR
<i>sure-lance 26g lancets</i>	P	PR
<i>sure-lance flat lancets</i>	P	PR
<i>sure-lance thin 28g lancets</i>	P	PR
<i>sure-lance ultra thin 30g</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sure-pen lancing device</i>	P	PR
<i>sure-touch lancet</i>	P	PR
SYNVISC SYRINGE <i>hylan g-f 20</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
SYNVISC-ONE SYRINGE <i>hylan g-f 20</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>techlite 0.3 ml 29gx12mm (1/2)</i>	P	PR
<i>techlite 0.3 ml 30gx12mm (1/2)</i>	P	PR
<i>techlite 0.3 ml 30gx8mm (1/2)</i>	P	PR
<i>techlite 0.3 ml 31gx6mm (1/2)</i>	P	PR
<i>techlite 0.3 ml 31gx8mm (1/2)</i>	P	PR
<i>techlite 0.5 ml 30gx12mm (1/2)</i>	P	PR
<i>techlite 0.5 ml 30gx8mm (1/2)</i>	P	PR
<i>techlite 0.5 ml 31gx6mm (1/2)</i>	P	PR
<i>techlite 0.5 ml 31gx8mm (1/2)</i>	P	PR
<i>techlite 25g lancets</i>	P	PR
<i>techlite 28g lancets</i>	P	PR
<i>techlite 30g lancets</i>	P	PR
<i>techlite ins syr 1 ml 29gx12mm</i>	P	PR
<i>techlite ins syr 1 ml 30gx12mm</i>	P	PR
<i>techlite ins syr 1 ml 30gx8mm</i>	P	PR
<i>techlite ins syr 1 ml 31gx6mm</i>	P	PR



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>techlite ins syr 1 ml 31gx8mm</i>	P	PR
<i>techlite pen needle 29gx1/2"</i>	P	PR
<i>techlite pen needle 29gx3/8"</i>	P	PR
<i>techlite pen needle 31gx1/4"</i>	P	PR
<i>techlite pen needle 31gx3/16"</i>	P	PR
<i>techlite pen needle 31gx5/16"</i>	P	PR
<i>techlite pen needle 32gx1/4"</i>	P	PR
<i>techlite pen needle 32gx5/16"</i>	P	PR
<i>techlite pen needle 32gx5/32"</i>	P	PR
<i>telcare ultra thin 30g lancets</i>	P	PR
<i>terumo ins syr 0.3 ml 29gx1/2"</i>	P	PR
<i>terumo ins syringe u100-1 ml</i>	P	PR
<i>terumo ins syringe u100-1 ml</i>	P	PR
<i>terumo ins syringe u100-1 ml</i>	P	PR
<i>terumo ins syringe u100-1 ml</i>	P	PR
<i>terumo ins syringe u100-1/2 ml</i>	P	PR
<i>terumo ins syringe u100-1/3 ml</i>	P	PR
<i>terumo ins syrng u100-1/2 ml</i>	P	PR
<i>terumo ins syrng u100-1/2 ml</i>	P	PR
<i>terumo ins syrng u100-1/2 ml</i>	P	PR
<i>thin 26g lancets</i>	P	PR
<i>thin lancets 28g</i>	P	PR
<i>thinpro ins syrin u100-0.3 ml</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>thinpro ins syrin u100-0.3 ml</i>	P	PR
<i>thinpro ins syrin u100-0.3 ml</i>	P	PR
<i>thinpro ins syrin u100-0.5 ml</i>	P	PR
<i>thinpro ins syrin u100-0.5 ml</i>	P	PR
<i>thinpro ins syrin u100-0.5 ml</i>	P	PR
<i>thinpro ins syrin u100-0.5 ml</i>	P	PR
<i>thinpro ins syrin u100-1 ml</i>	P	PR
<i>thinpro ins syrin u100-1 ml</i>	P	PR
<i>thinpro ins syrin u100-1 ml</i>	P	PR
<i>thinpro ins syrin u100-1 ml</i>	P	PR
THROMBI-GEL SIZE 10 <i>thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic</i>	P	
THROMBI-GEL SIZE 100 <i>thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic</i>	P	
THROMBI-GEL SIZE 40 <i>thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic</i>	P	
THROMBI-PAD 3"X3" <i>thrombin(bov)/calcium chlor/cme-cell sod/dressing,hemostatic</i>	P	
<i>today's hlth pn needle 6mm 31g</i>	P	PR
<i>topcare clickfine 31g x 1/4"</i>	P	PR
<i>topcare clickfine 31g x 5/16"</i>	P	PR
<i>topcare ultra comfort syringe</i>	P	PR
<i>topcare ultra comfort syringe</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topcare ultra comfort syringe</i>	P	PR
<i>topcare ultra comfort syringe</i>	P	PR
<i>topcare ultra comfort syringe</i>	P	PR
<i>topcare ultra comfort syringe</i>	P	PR
<i>topcare ultra comfort syringe</i>	P	PR
<i>topcare ultra comfort syringe</i>	P	PR
<i>topcare ultra comfort syringe</i>	P	PR
<i>topcare universal1 33g lancets</i>	P	PR
<i>topcare universal1 thin lancet</i>	P	PR
TRIVISC 25 MG/2.5 ML SYR <i>hyaluronate sodium</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>true cmfrit pro 0.5ml 30g 5/16"</i>	P	PR
<i>true cmfrit pro 0.5ml 31g 5/16"</i>	P	PR
<i>true cmfrit pro 0.5ml 32g 5/16"</i>	P	PR
<i>true cmfrit sfty pen ndl 31g 5mm</i>	P	PR
<i>true cmfrit sfty pen ndl 31g 6mm</i>	P	PR
<i>true cmfrit sfty pen ndl 32g 4mm</i>	P	PR
<i>true comfort pen ndl 31g 5mm</i>	P	PR
<i>true comfort pen ndl 31g 6mm</i>	P	PR
<i>true comfort pen ndl 31g 8mm</i>	P	PR
<i>true comfort pen ndl 31gx5mm</i>	P	PR
<i>true comfort pen ndl 31gx6mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>true comfort pen ndl 32g 4mm</i>	P	PR
<i>true comfort pen ndl 32g 5mm</i>	P	PR
<i>true comfort pen ndl 32g 6mm</i>	P	PR
<i>true comfort pen ndl 32gx4mm</i>	P	PR
<i>true comfort pen ndl 33g 4mm</i>	P	PR
<i>true comfort pen ndl 33g 5mm</i>	P	PR
<i>true comfort pen ndl 33g 6mm</i>	P	PR
<i>true comfort pro 1 ml 30g 1/2"</i>	P	PR
<i>true comfort pro 1ml 30g 5/16"</i>	P	PR
<i>true comfort pro 1ml 31g 5/16"</i>	P	PR
<i>true comfort pro 1ml 32g 5/16"</i>	P	PR
<i>true comfirt pro 0.5ml 30g 1/2"</i>	P	PR
<i>truedraw lancing device</i>	P	PR
<i>trueplus 33g lancets</i>	P	PR
<i>trueplus pen needle 29g 12mm</i>	P	PR
<i>trueplus pen needle 29gx1/2"</i>	P	PR
<i>trueplus pen needle 31g 5mm</i>	P	PR
<i>trueplus pen needle 31g 8mm</i>	P	PR
<i>trueplus pen needle 31g x 1/4"</i>	P	PR
<i>trueplus pen needle 31gx3/16"</i>	P	PR
<i>trueplus pen needle 31gx5/16"</i>	P	PR
<i>trueplus pen needle 32gx5/32"</i>	P	PR
<i>trueplus safety 28g lancet</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trueplus safety 28g lancet</i>	P	PR
<i>trueplus safety 28g lancets</i>	P	PR
<i>trueplus super thin 28g lancet</i>	P	PR
<i>trueplus syr 0.3ml 29gx1/2"</i>	P	PR
<i>trueplus syr 0.3ml 30gx5/16"</i>	P	PR
<i>trueplus syr 0.3ml 31gx5/16"</i>	P	PR
<i>trueplus syr 0.5ml 28gx1/2"</i>	P	PR
<i>trueplus syr 0.5ml 29gx1/2"</i>	P	PR
<i>trueplus syr 0.5ml 30gx5/16"</i>	P	PR
<i>trueplus syr 0.5ml 31gx5/16"</i>	P	PR
<i>trueplus syr 1ml 28gx1/2"</i>	P	PR
<i>trueplus syr 1ml 29gx1/2"</i>	P	PR
<i>trueplus syr 1ml 30gx5/16"</i>	P	PR
<i>trueplus syr 1ml 31gx5/16"</i>	P	PR
<i>trueplus ultra thin 30g lancet</i>	P	PR
<i>twist lancets</i>	P	PR
<i>twist lancets 30g</i>	P	PR
<i>twist lancets 32g</i>	P	PR
<i>ult cft 0.3 ml 29gx1/2" (1/2)</i>	P	PR
<i>ult cft 0.3 ml 31gx5/16" (1/2)</i>	P	PR
<i>ultcare ins syr 1 ml 31gx5/16"</i>	P	PR
<i>ulti-lance auto-ad device</i>	P	PR
<i>ulti-lance automatic device</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ulticar ins 0.3ml 31gx1/4(1/2)</i>	P	PR
<i>ulticare ins 0.3 ml 30gx1/2"</i>	P	PR
<i>ulticare ins 0.3 ml 31gx1/4"</i>	P	PR
<i>ulticare ins 0.5 ml 30gx1/2"</i>	P	PR
<i>ulticare ins 0.5 ml 31gx1/4"</i>	P	PR
<i>ulticare ins 1 ml 31gx1/4"</i>	P	PR
<i>ulticare ins safety 1ml 29x1/2</i>	P	PR
<i>ulticare ins syr 1 ml 28gx1/2"</i>	P	PR
<i>ulticare ins syr 1 ml 29gx1/2"</i>	P	PR
<i>ulticare ins syr 1 ml 30gx1/2"</i>	P	PR
<i>ulticare pen ndl 12.7 mm 29g</i>	P	PR
<i>ulticare pen needle 31gx3/16"</i>	P	PR
<i>ulticare pen needle 4mm 32g</i>	P	PR
<i>ulticare pen needle 6mm 31g</i>	P	PR
<i>ulticare pen needle 8 mm 31g</i>	P	PR
<i>ulticare pen needle 8mm 31g</i>	P	PR
<i>ulticare pen needles 12mm 29g</i>	P	PR
<i>ulticare pen needles 4mm 32g</i>	P	PR
<i>ulticare pen needles 6mm 31g</i>	P	PR
<i>ulticare pen needles 6mm 32g</i>	P	PR
<i>ulticare pen needles 8mm 31g</i>	P	PR
<i>ulticare safe pen ndl 30g 8mm</i>	P	PR
<i>ulticare safe pen ndl 5mm 30g</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ulticare safety 0.5 ml 29gx1/2</i>	P	PR
<i>ulticare syr 0.3 ml 30gx1/2"</i>	P	PR
<i>ulticare syr 0.3 ml 30gx5/16"</i>	P	PR
<i>ulticare syr 0.3 ml 31gx5/16"</i>	P	PR
<i>ulticare syr 0.3 ml 31gx5/16"</i>	P	PR
<i>ulticare syr 0.5 ml 29gx1/2"</i>	P	PR
<i>ulticare syr 0.5 ml 30gx1/2"</i>	P	PR
<i>ulticare syr 0.5 ml 30gx5/16"</i>	P	PR
<i>ulticare syr 0.5 ml 31gx5/16"</i>	P	PR
<i>ulticare syr 0.5 ml 31gx5/16"</i>	P	PR
<i>ulticare syr 1 ml 30gx5/16"</i>	P	PR
<i>ulticare syr 1 ml 31gx5/16"</i>	P	PR
<i>ulticare syrin 0.3 ml 29gx1/2"</i>	P	PR
<i>ulticare syrin 0.5 ml 28gx1/2"</i>	P	PR
<i>ulticare syringe 1 ml 30gx1/2"</i>	P	PR
<i>ultiguard safe 1ml 30g 12.7mm</i>	P	PR
<i>ultiguard safe pack 29g 12.7mm</i>	P	PR
<i>ultiguard safe pack 32g 4mm</i>	P	PR
<i>ultiguard safe0.3ml 30g 12.7mm</i>	P	PR
<i>ultiguard safe0.5ml 30g 12.7mm</i>	P	PR
<i>ultiguard safepack 1ml 31g 8mm</i>	P	PR
<i>ultiguard safepack 31g 5mm</i>	P	PR
<i>ultiguard safepack 31g 6mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultiguard safepack 31g 8mm</i>	P	PR
<i>ultiguard safepack 32g 4mm</i>	P	PR
<i>ultiguard safepack 32g 6mm</i>	P	PR
<i>ultiguard safepk 0.3ml 31g 8mm</i>	P	PR
<i>ultiguard safepk 0.5ml 31g 8mm</i>	P	PR
<i>ultilet 28g lancets</i>	P	PR
<i>ultilet 30g lancets</i>	P	PR
<i>ultilet 33g lancets</i>	P	PR
<i>ultilet basic 30g lancets</i>	P	PR
<i>ultilet classic 26g lancets</i>	P	PR
<i>ultilet classic 28g lancets</i>	P	PR
<i>ultilet classic 28g lancets</i>	P	PR
<i>ultilet classic 30g lancets</i>	P	PR
<i>ultilet classic 33g lancets</i>	P	PR
<i>ultilet insulin syringe 0.3 ml</i>	P	PR
<i>ultilet insulin syringe 0.3 ml</i>	P	PR
<i>ultilet insulin syringe 0.3 ml</i>	P	PR
<i>ultilet insulin syringe 0.5 ml</i>	P	PR
<i>ultilet insulin syringe 0.5 ml</i>	P	PR
<i>ultilet insulin syringe 0.5 ml</i>	P	PR
<i>ultilet insulin syringe 1 ml</i>	P	PR
<i>ultilet insulin syringe 1 ml</i>	P	PR
<i>ultilet insulin syringe 1 ml</i>	P	PR



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultilet pen needle</i>	P	PR
<i>ultilet pen needle 4mm 32g</i>	P	PR
<i>ultilet safety 23g lancets</i>	P	PR
<i>ultra comfort 0.3 ml 29gx1/2"</i>	P	PR
<i>ultra comfort 0.3 ml syringe</i>	P	PR
<i>ultra comfort 0.5 ml 28gx1/2"</i>	P	PR
<i>ultra comfort 0.5 ml 29gx1/2"</i>	P	PR
<i>ultra comfort 0.5 ml 31gx5/16"</i>	P	PR
<i>ultra comfort 0.5 ml syringe</i>	P	PR
<i>ultra comfort 0.5 ml syringe</i>	P	PR
<i>ultra comfort 1 ml 28gx1/2"</i>	P	PR
<i>ultra comfort 1 ml 29gx1/2"</i>	P	PR
<i>ultra comfort 1 ml 30gx5/16"</i>	P	PR
<i>ultra comfort 1 ml 31gx5/16"</i>	P	PR
<i>ultra comfort 1 ml syringe</i>	P	PR
<i>ultra fine 30g lancets</i>	P	PR
<i>ultra flo 0.3ml 30g 1/2" (1/2)</i>	P	PR
<i>ultra flo 0.3ml 30g 5/16" (1/2)</i>	P	PR
<i>ultra flo 0.3ml 31g 5/16" (1/2)</i>	P	PR
<i>ultra flo pen needle 31g 5mm</i>	P	PR
<i>ultra flo pen needle 31g 8mm</i>	P	PR
<i>ultra flo pen needle 32g 4mm</i>	P	PR
<i>ultra flo pen needle 33g 4mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultra flo pen needles 12mm 29g</i>	P	PR
<i>ultra flo syr 0.3 ml 29gx1/2"</i>	P	PR
<i>ultra flo syr 0.3 ml 30g 5/16"</i>	P	PR
<i>ultra flo syr 0.3 ml 31g 5/16"</i>	P	PR
<i>ultra flo syr 0.5 ml 29g 1/2"</i>	P	PR
<i>ultra thin 28g lancets</i>	P	PR
<i>ultra thin 30g lancets</i>	P	PR
<i>ultra thin 31g lancet</i>	P	PR
<i>ultra thin 33g lancets</i>	P	PR
<i>ultra thin pen ndl 32g x 4mm</i>	P	PR
<i>ultra-care 30g lancets</i>	P	PR
<i>ultra-thin ii 1 ml 31gx5/16"</i>	P	PR
<i>ultra-thin ii 28g lancets</i>	P	PR
<i>ultra-thin ii 30g lancets</i>	P	PR
<i>ultra-thin ii ins 0.3 ml 30g</i>	P	PR
<i>ultra-thin ii ins 0.3 ml 31g</i>	P	PR
<i>ultra-thin ii ins 0.5 ml 29g</i>	P	PR
<i>ultra-thin ii ins 0.5 ml 30g</i>	P	PR
<i>ultra-thin ii ins 0.5 ml 31g</i>	P	PR
<i>ultra-thin ii ins syr 1 ml 29g</i>	P	PR
<i>ultra-thin ii ins syr 1 ml 30g</i>	P	PR
<i>ultra-thin ii pen ndl 29gx1/2"</i>	P	PR
<i>ultra-thin ii pen ndl 31gx5/16</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ultracare ins 0.3 ml 30gx5/16"</i>	P	PR
<i>ultracare ins 0.3 ml 31gx5/16"</i>	P	PR
<i>ultracare ins 0.5 ml 30gx1/2"</i>	P	PR
<i>ultracare ins 0.5 ml 30gx5/16"</i>	P	PR
<i>ultracare ins 0.5 ml 31gx5/16"</i>	P	PR
<i>ultracare ins 1 ml 30g x 5/16"</i>	P	PR
<i>ultracare ins 1 ml 30gx1/2"</i>	P	PR
<i>ultracare ins 1 ml 31g x 5/16"</i>	P	PR
<i>ultracare pen needle 31gx1/4"</i>	P	PR
<i>ultracare pen needle 31gx3/16"</i>	P	PR
<i>ultracare pen needle 31gx5/16"</i>	P	PR
<i>ultracare pen needle 32gx1/4"</i>	P	PR
<i>ultracare pen needle 32gx3/16"</i>	P	PR
<i>ultracare pen needle 32gx5/32"</i>	P	PR
<i>ultracare pen needle 33gx5/32"</i>	P	PR
<i>ultralance 26g lancets</i>	P	PR
<i>ultralance 28g lancets</i>	P	PR
<i>ultratlanc lancets</i>	P	PR
<i>unifine pen needle 32g 4mm</i>	P	PR
<i>unifine pentips 12mm 29g</i>	P	PR
<i>unifine pentips 29g 12mm</i>	P	PR
<i>unifine pentips 31g 5mm</i>	P	PR
<i>unifine pentips 31g 6mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unifine pentips 31g 8mm</i>	P	PR
<i>unifine pentips 31gx3/16"</i>	P	PR
<i>unifine pentips 32g 4mm</i>	P	PR
<i>unifine pentips 32g 6mm</i>	P	PR
<i>unifine pentips 32gx1/4"</i>	P	PR
<i>unifine pentips 32gx5/32"</i>	P	PR
<i>unifine pentips 33gx5/32"</i>	P	PR
<i>unifine pentips 6mm 31g</i>	P	PR
<i>unifine pentips 6mm needle</i>	P	PR
<i>unifine pentips 8mm 31g</i>	P	PR
<i>unifine pentips 8mm needle</i>	P	PR
<i>unifine pentips max 30gx3/16"</i>	P	PR
<i>unifine pentips needles 29g</i>	P	PR
<i>unifine pentips plus 29gx1/2"</i>	P	PR
<i>unifine pentips plus 30gx3/16"</i>	P	PR
<i>unifine pentips plus 31gx1/4"</i>	P	PR
<i>unifine pentips plus 31gx3/16"</i>	P	PR
<i>unifine pentips plus 31gx5/16"</i>	P	PR
<i>unifine pentips plus 32gx5/32"</i>	P	PR
<i>unifine pentips plus 33gx5/32"</i>	P	PR
<i>unifine safecontrol 30gx3/16"</i>	P	PR
<i>unifine safecontrol 30gx5/16"</i>	P	PR
<i>unifine safecontrol 32g 4mm</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unifine ultra pen ndl 31g 5mm</i>	P	PR
<i>unifine ultra pen ndl 31g 6mm</i>	P	PR
<i>unifine ultra pen ndl 31g 8mm</i>	P	PR
<i>unifine ultra pen ndl 32g 4mm</i>	P	PR
<i>unilet comfortouch 26g lancets</i>	P	PR
<i>unilet comfortouch lancet</i>	P	PR
<i>unilet excelite ii lancet</i>	P	PR
<i>unilet excelite lancet</i>	P	PR
<i>unilet gp lancet</i>	P	PR
<i>unilet gp lancet superlite</i>	P	PR
<i>unilet micro thin 33g lancet</i>	P	PR
<i>unilet micro thin 33g lancets</i>	P	PR
<i>unilet super thin 30g lancets</i>	P	PR
<i>unilet ultra thin 28g lancets</i>	P	PR
<i>unistik 2 2.4 mm device</i>	P	PR
<i>unistik 2 comfort 1.8 mm devic</i>	P	PR
<i>unistik 2 extra 0.81 mm device</i>	P	PR
<i>unistik 2 normal 0.81mm device</i>	P	PR
<i>unistik 3 1.8 mm lancing devic</i>	P	PR
<i>unistik 3 comfort 1.8 ml devic</i>	P	PR
<i>unistik 3 comfort lancet</i>	P	PR
<i>unistik 3 extra 21g lancets</i>	P	PR
<i>unistik 3 gentle 30g lancets</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unistik 3 gentle on-the-go 30g</i>	P	PR
<i>unistik 3 neonatal 1.8 ml dev</i>	P	PR
<i>unistik 3 normal 23g lancets</i>	P	PR
<i>unistik 3 safety 21g lancets</i>	P	PR
<i>unistik comfort 28g lancets</i>	P	PR
<i>unistik czr comfort 28g lancet</i>	P	PR
<i>unistik czr normal 23g lancets</i>	P	PR
<i>unistik extra 21g lancets</i>	P	PR
<i>unistik normal 23g lancets</i>	P	PR
<i>unistik pro 21g lancet</i>	P	PR
<i>unistik pro 25g lancet</i>	P	PR
<i>unistik pro 28g lancet</i>	P	PR
<i>unistik safety 28g lancet</i>	P	PR
<i>unistik safety 30g lancets</i>	P	PR
<i>unistik touch 21g lancets</i>	P	PR
<i>unistik touch 23g lancets</i>	P	PR
<i>unistik touch 28g lancets</i>	P	PR
<i>unistik touch 30g lancets</i>	P	PR
<i>unistik-2 3 mm device</i>	P	PR
<i>universal 1 33g lancets</i>	P	PR
<i>value plus lancing device</i>	P	PR
<i>vanishpoint 0.5 ml 30gx1/2" sy</i>	P	PR
<i>vanishpoint ins 1 ml 30gx3/16"</i>	P	PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vanishpoint u-100 29x1/2 syr</i>	P	PR
<i>vantage lancing device</i>	P	PR
<i>verifine pen needle 31g x 6mm</i>	P	PR
<i>verifine pen needle 31g x 8mm</i>	P	PR
<i>verifine pen needle 32g x 4mm</i>	P	PR
<i>verifine pen needle 32g x 5mm</i>	P	PR
<i>vivaguard 30g lancet</i>	P	PR
<i>vivaguard lancing device</i>	P	PR
<i>walgreens thin lancets</i>	P	PR
<i>walgreens ultra thin lancets</i>	P	PR
<i>wm unifine pentip plus 4mm 32g</i>	P	PR
<i>wm unifine pentip plus 5mm 31g</i>	P	PR
<i>wm unifine pentip plus 6mm 31g</i>	P	PR
<i>wm unifine pentip plus 8mm 31g</i>	P	PR
<b>XCLAIR CREAM</b>		
<i>hyaluronate sodium/vit e/emollient no. 12/allantoin/sheea tree</i>	P	
<i>yourx ulticare pen ndl 4mm 32g</i>	P	PR
<i>yourx ulticare pen ndl 6mm 31g</i>	P	PR
<i>yourx ulticare pen ndl 8mm 31g</i>	P	PR
<b>DIAGNOSTIC AGENTS</b>		
<b>ADRENOCORTICAL INSUFFICIENCY</b>		
<b>ACTHAR GEL 400 UNIT/5 ML VIAL</b> <i>corticotropin</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adrenocorticotrophic hormone</i>	P	
<i>corticotrophin powder</i>	P	
CORTROPHIN GEL 400 UNIT/5 ML <i>corticotropin</i>	P	SPC PA QPD 0.75 per day
<b>DIABETES MELLITUS</b>		
<i>contour next test strip</i>	P	PR QPD 10 per day
<i>contour test strip</i>	P	PR QPD 10 per day
<i>histamine phosphate crystals</i>	P	
TOXICOLOGY SALIVA COLLECT KIT <i>saliva collection device/ibuprofen</i>	P	
<b>INTESTINAL ABSORPTION</b>		
d-xylose powder	P	
<i>xylose powder</i>	P	
<b>MYASTHENIA GRAVIS</b>		
<i>edrophonium chloride powder</i>	P	
<b>OCULAR DISORDERS</b>		
<i>fluorescein sodium powder</i>	P	
<i>fluorescein sodium powder</i>	P	
<i>trypan blue powder</i>	P	
<b>PANCREATIC FUNCTION</b>		
<i>secretin-mannitol powder</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PITUITARY FUNCTION</b>		
MACRILEN 60 MG/120 ML SOLUTION <i>macimorelin acetate</i>	P	SPC PA
METOPIRONE 250 MG CAPSULE <i>metyrapone</i>	P	
<b>ROENTGENOGRAPHY AND OTHER IMAGING AGENTS</b>		
<i>barium sulfate powder</i>	P	
<b>THYROID FUNCTION</b>		
<i>protirelin powder</i>	P	
THYROGEN 0.9 MG VIAL <i>thyrotropin alfa</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<b>URINE AND FECES CONTENTS</b>		
<i>azo test strip</i>	P	
<i>ictotest tablet</i>	P	
<b>DISINFECTANTS (FOR NON-DERMATOLOGIC USE)</b>		
<i>glutaraldehyde 25% aq solution</i>	P	
<i>glutaraldehyde 50% liquid</i>	P	
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
<i>bumetanide 0.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>bumetanide 1 mg tablet</i>	P	
<i>bumetanide 2 mg tablet</i>	P	
<i>furosemide 10 mg/ml solution</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>furosemide 20 mg tablet</i>	P	F11 Formulary Indicator 1
<i>furosemide 40 mg tablet</i>	P	F11 Formulary Indicator 1
<i>furosemide 40 mg/5 ml soln</i>	P	
<i>furosemide 80 mg tablet</i>	P	F11 Formulary Indicator 1
<i>furosemide powder</i>	P	
<i>torseamide 10 mg tablet</i>	P	
<i>torseamide 100 mg tablet</i>	P	
<i>torseamide 20 mg tablet</i>	P	F11 Formulary Indicator 1
<i>torseamide 5 mg tablet</i>	P	
<b>OSMOTIC DIURETICS</b>		
<i>mannitol powder</i>	P	
<b>POTASSIUM-SPARING DIURETICS</b>		
<i>amiloride hcl 5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>amiloride hcl powder</i>	P	
<i>amiloride hcl-hctz 5-50 mg tab</i>	P	
MAXZIDE 37.5 MG-25 MG TABLET <i>triamterene/hydrochlorothiazide</i>	P	SBA Select Brand Alternative
MAXZIDE 75 MG-50 MG TABLET <i>triamterene/hydrochlorothiazide</i>	P	SBA Select Brand Alternative
<i>triamterene 100 mg capsule</i>	P	PA
<i>triamterene 50 mg capsule</i>	P	PA F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamterene powder</i>	P	
<i>triamterene-hctz 37.5-25 mg cp</i>	P	F11 Formulary Indicator 1
<i>triamterene-hctz 37.5-25 mg tb</i>	P	F11 Formulary Indicator 1
<i>triamterene-hctz 75-50 mg tab</i>	P	F11 Formulary Indicator 1
<b>THIAZIDE DIURETICS</b>		
DIURIL 250 MG/5 ML ORAL SUSP <i>chlorothiazide</i>	P	
<i>hydrochlorothiazide 12.5 mg cp</i>	P	F11 Formulary Indicator 1
<i>hydrochlorothiazide 12.5 mg tb</i>	P	
<i>hydrochlorothiazide 25 mg tab</i>	P	F11 Formulary Indicator 1
<i>hydrochlorothiazide 50 mg tab</i>	P	F11 Formulary Indicator 1
<i>hydrochlorothiazide powder</i>	P	
<i>trichlormethiazide powder</i>	P	
<b>THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone 25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>chlorthalidone 50 mg tablet</i>	P	F11 Formulary Indicator 1
<i>indapamide 1.25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>indapamide 2.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>metolazone 10 mg tablet</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metolazone 2.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>metolazone 5 mg tablet</i>	P	F11 Formulary Indicator 1
THALITONE 15 MG TABLET <i>chlorthalidone</i>	P	
<b>VASOPRESSIN ANTAGONISTS</b>		
JYNARQUE 15 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 1 per day
JYNARQUE 15 MG-15 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 2 per day
JYNARQUE 30 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 2 per day
JYNARQUE 30 MG-15 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 2 per day
JYNARQUE 45 MG-15 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 2 per day
JYNARQUE 60 MG-30 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 2 per day
JYNARQUE 90 MG-30 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAMSCA 15 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 1 per day
SAMSCA 30 MG TABLET <i>tolvaptan</i>	P	SPC PA QPD 2 per day
<i>tolvaptan 15 mg tablet</i>	P	SPC PA QPD 1 per day
<i>tolvaptan 30 mg tablet</i>	P	SPC PA QPD 2 per day
<b>DOPAMINE RECEPTOR AGONISTS</b>		
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS</b>		
<i>bromocriptine 2.5 mg tablet</i>	P	
<i>bromocriptine 5 mg capsule</i>	P	
<i>bromocriptine mesylate powder</i>	P	
<i>cabergoline 0.5 mg tablet</i>	P	F11 Formulary Indicator 1
CYCLOSET 0.8 MG TABLET <i>bromocriptine mesylate</i>	P	PR PA QPD 6 per day
PARLODEL 2.5 MG TABLET <i>bromocriptine mesylate</i>	P	
PARLODEL 5 MG CAPSULE <i>bromocriptine mesylate</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN 30 MG/3 ML CARTRIDGE <i>apomorphine hcl</i>	P	SPC PA QPD 2 per day
<i>apomorphine 30 mg/3 ml cartrdg</i>	P	SPC PA QPD 2 per day
<i>apomorphine hcl powder</i>	P	
KYNMOBI 10 MG SL FILM <i>apomorphine hcl</i>	P	SPC PA QPD 5 per day
KYNMOBI 15 MG SL FILM <i>apomorphine hcl</i>	P	SPC PA QPD 5 per day
KYNMOBI 20 MG SL FILM <i>apomorphine hcl</i>	P	SPC PA QPD 5 per day
KYNMOBI 25 MG SL FILM <i>apomorphine hcl</i>	P	SPC PA QPD 5 per day
KYNMOBI 30 MG SL FILM <i>apomorphine hcl</i>	P	SPC PA QPD 5 per day
KYNMOBI TITRATION KIT <i>apomorphine hcl</i>	P	QL 10 / 30 days SPC PA
MIRAPEX 0.125 MG TABLET <i>pramipexole di-hcl</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIRAPEX 0.25 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX 0.5 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX 0.75 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX 1 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX 1.5 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX ER 0.375 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX ER 0.75 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX ER 1.5 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX ER 2.25 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX ER 3 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX ER 3.75 MG TABLET <i>pramipexole di-hcl</i>	P	
MIRAPEX ER 4.5 MG TABLET <i>pramipexole di-hcl</i>	P	
NEUPRO 1 MG/24 HR PATCH <i>rotigotine</i>	P	PA F11 Formulary Indicator 1
NEUPRO 2 MG/24 HR PATCH <i>rotigotine</i>	P	PA F11 Formulary Indicator 1
NEUPRO 3 MG/24 HR PATCH <i>rotigotine</i>	P	PA F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUPRO 4 MG/24 HR PATCH <i>rotigotine</i>	P	PA F11 Formulary Indicator 1
NEUPRO 6 MG/24 HR PATCH <i>rotigotine</i>	P	PA F11 Formulary Indicator 1
NEUPRO 8 MG/24 HR PATCH <i>rotigotine</i>	P	PA F11 Formulary Indicator 1
<i>pramipexole 0.125 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole 0.25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole 0.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole 0.75 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole 1 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole 1.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole er 0.375 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole er 0.75 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole er 1.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole er 2.25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole er 3 mg tablet</i>	P	F11 Formulary Indicator 1
<i>pramipexole er 3.75 mg tablet</i>	P	F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pramipexole er 4.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl 0.25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl 0.5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl 1 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl 2 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl 3 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl 4 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl 5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl er 12 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl er 2 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl er 4 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl er 6 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ropinirole hcl er 8 mg tablet</i>	P	F11 Formulary Indicator 1
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
<i>ammonium chloride granules</i>	P	
K-PHOS ORIGINAL TABLET <i>potassium phosphate, monobasic</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSPHOROUS 250 MG TABLET <i>sodium phosphate, dibasic/pot phos, monob/sod phosphate mono</i>	P	
VIRT-PHOS 250 NEUTRAL TABLET <i>sodium phosphate, dibasic/pot phos, monob/sod phosphate mono</i>	P	
<b>ALKALINIZING AGENTS</b>		
<i>potassium bicarbonate granules</i>	P	
<i>potassium bicarbonate powder</i>	P	
<i>potassium citrate er 10 meq tb</i>	P	F11 Formulary Indicator 1
<i>potassium citrate er 15 meq tb</i>	P	F11 Formulary Indicator 1
<i>potassium citrate er 5 meq tab</i>	P	F11 Formulary Indicator 1
<i>sodium bicarb 50 meq/50 ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium bicarb 8.4% abboject</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium bicarb 8.4% syringe</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium bicarb 8.4%-water vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium bicarbonate 8.4% vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium bicarbonate 8.4%-water</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium bicarbonate 8.4%-water</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium bicarbonate powder</i>	P	
<i>sodium citrate dihydrate powd</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium citrate granules</i>	P	
<i>sodium citrate powder</i>	P	
<i>sodium lactate 60% solution</i>	P	
<i>tromethamine powder</i>	P	
UROCIT-K ER 15 MEQ TABLET <i>potassium citrate</i>	P	SBA Select Brand Alternative
UROCIT-K SR 10 MEQ TABLET <i>potassium citrate</i>	P	
UROCIT-K SR 5 MEQ TABLET <i>potassium citrate</i>	P	
<b>AMMONIA DETOXICANTS</b>		
BUPHENYL 500 MG TABLET <i>sodium phenylbutyrate</i>	P	SPC
BUPHENYL POWDER <i>sodium phenylbutyrate</i>	P	SPC
CARBAGLU 200 MG TAB FOR SUSP <i>carglumic acid</i>	P	SPC
<i>carglumic acid 200 mg tab susp</i>	P	SPC
CONSTULOSE 10 GM/15 ML SOLN <i>lactulose</i>	P	
ENULOSE 10 GM/15 ML SOLUTION <i>lactulose</i>	P	
GENERLAC 10 GM/15 ML SOLUTION <i>lactulose</i>	P	F11 Formulary Indicator 1
KRISTALOSE 10 GM PACKET <i>lactulose</i>	P	
KRISTALOSE 20 GM PACKET <i>lactulose</i>	P	F11 Formulary Indicator 1
<i>lactulose 10 gm/15 ml solution</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lactulose 20 gm/30 ml solution</i>	P	F11 Formulary Indicator 1
LITHOSTAT 250 MG TABLET <i>acetohydroxamic acid</i>	P	
PHEBURANE PELLETT <i>sodium phenylbutyrate</i>	P	SPC
RAVICTI 1.1 GRAM/ML LIQUID <i>glycerol phenylbutyrate</i>	P	SPC PA QPD 20 per day
<i>sodium phenylbutyrate 500mg tb</i>	P	SPC
<i>sodium phenylbutyrate powder</i>	P	SPC
<b>CALORIC AGENTS</b>		
<i>alanine powder</i>	P	
<i>arginine 100% crystals</i>	P	
<i>arginine hcl powder</i>	P	
<i>arginine-l powder</i>	P	
<i>asparagine monohydrate crystal</i>	P	
<i>asparagine monohydrate powder</i>	P	
CYCLINEX-1 POWDER <i>infant formula, special metabolic, urea cycle disorder</i>	P	
<i>cysteine-l hcl powder</i>	P	
d-ribose powder	P	
<i>dextrose 10%-water iv solution</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 10%-water iv solution</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 2.5%-0.45% nacl iv</i>	P	BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextrose 20%-water iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 25%-water syringe</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 30%-water iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 40%-water iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-0.2% nacl iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-0.225% nacl iv sol</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-0.3% nacl iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-0.33% nacl iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-0.45% nacl iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-0.9% nacl iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-water iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-water iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-water iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-water vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 50%-water abboject</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 50%-water iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 50%-water syringe</i>	P	BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextrose 50%-water vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 70%-water iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose anhydrous granules</i>	P	
<i>dextrose powder</i>	P	
<i>dl-phenylalanine powder</i>	P	
DOJOLVI LIQUID <i>triheptanoin</i>	P	SPC PA
<i>fructose crystals</i>	P	
<i>fructose granules</i>	P	
HCY 1 POWDER <i>infant formula, special metabolic, iron, methionine-free</i>	P	
HOMINEX-1 POWDER <i>infant formula, special metabolic, iron, methionine-free</i>	P	
I-alanine powder	P	
I-arginine base powder	P	
I-arginine hcl powder	P	
I-arginine mono-hcl powder	P	
I-arginine powder	P	
I-carnosine powder	P	
I-citrulline powder	P	
I-cysteine crystals	P	
I-cysteine hcl powder	P	
I-cysteine powder	P	
I-cystine powder	P	
I-leucine crystals	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
I-leucine powder	P	
I-tyrosine powder	P	
<i>lysine hcl powder</i>	P	
<i>maltodextrin powder</i>	P	
<i>phenylalanine (dl) crystals</i>	P	
<i>phenylalanine powder</i>	P	
<i>tyrosine powder</i>	P	
<b>IRRIGATING SOLUTIONS</b>		
<i>acetic acid 0.25% irrig soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% irrig</i>	P	
<i>sodium chloride 0.9% irrig.</i>	P	
<i>sodium chloride 0.9% prcss sol</i>	P	
<b>REPLACEMENT PREPARATIONS</b>		
<i>aspartic acid potassium salt</i>	P	
<i>boron 95.15% powder</i>	P	
<i>boron citrate 5% powder</i>	P	
<b>CALCI-MAX CAPSULE</b> <i>calcium/folic ac/b complex/d3/e/citrus bioflavonoids/soybean</i>	P	
<i>calcium + vitamin d3 gummies</i>	P	
<i>calcium acetate 667 mg tablet</i>	P	F11 Formulary Indicator 1
<i>calcium acetate powder</i>	P	
<i>calcium amino acid chelat gran</i>	P	
<i>calcium carb powder heavy</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>calcium carb powder light</i>	P	
<i>calcium carbonate powder</i>	P	
<i>calcium carbonate powder</i>	P	
<i>calcium chloride granules</i>	P	
<i>calcium chloride powder</i>	P	
<i>calcium chloride powder</i>	P	
<i>calcium citrate powder</i>	P	
<i>calcium glubionate powder</i>	P	
<i>calcium gluconate monohyd pwrdr</i>	P	
<i>calcium gluconate powder</i>	P	
<i>calcium glycerophosphate powdr</i>	P	
<i>calcium lactate powder</i>	P	
<i>calcium levulinate dihy powder</i>	P	
<i>calcium phosphate powder</i>	P	
<i>calcium phosphate powder</i>	P	
<i>calcium phosphate tribasic pwrdr</i>	P	
<i>calcium saccharate powder</i>	P	
<i>calcium sulfate powder</i>	P	
<i>calcium-l-lactate powder</i>	P	
<i>copper gluconate powder</i>	P	
<i>copper glycinate powder</i>	P	
<i>copper sulfate crystal</i>	P	
<i>coral calcium powder</i>	P	
<i>cupric chloride crystals</i>	P	
<i>cupric sulfate powder</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextrose 5%-electrolyte 48</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-Iv iv solution</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dextrose 5%-ringers iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
EFFER-K 10 MEQ TABLET EFF <i>potassium bicarbonate/citric acid</i>	P	
EFFER-K 20 MEQ TABLET EFF <i>potassium bicarbonate/citric acid</i>	P	
EFFER-K 25 MEQ TABLET EFF <i>potassium bicarbonate/citric acid</i>	P	
HYPER-SAL 7% VIAL <i>sodium chloride for inhalation</i>	P	
KLOR-CON 10 MEQ TABLET <i>potassium chloride</i>	P	
KLOR-CON 20 MEQ PACKET <i>potassium chloride</i>	P	
KLOR-CON 8 MEQ TABLET <i>potassium chloride</i>	P	
KLOR-CON M10 TABLET <i>potassium chloride</i>	P	
KLOR-CON M15 TABLET <i>potassium chloride</i>	P	
KLOR-CON M20 TABLET <i>potassium chloride</i>	P	
KLOR-CON-EF 25 MEQ TAB EFF <i>potassium bicarbonate/citric acid</i>	P	
<i>magnesium aa chelate powder</i>	P	
<i>magnesium bisglycinate chelate</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>magnesium gluconate powder</i>	P	
<i>magnesium glycinate 15% powder</i>	P	
<i>magnesium glycinate 20% powder</i>	P	
<i>manganese chloride 100% powder</i>	P	
<i>manganese gluconate powder</i>	P	
<i>manganese sulfate powder</i>	P	
<i>molybdenum powder</i>	P	
NEBUSAL 3% VIAL <i>sodium chloride for inhalation</i>	P	
NEBUSAL 6% VIAL <i>sodium chloride for inhalation</i>	P	
<i>normal saline flush 1 ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>normal saline flush 10 ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>normal saline flush 2 ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>normal saline flush 3 ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>normal saline flush 5 ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>normal saline flush syringe</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>potassium acetate powder</i>	P	
<i>potassium chloride granules</i>	P	
<i>potassium chloride powder</i>	P	
<i>potassium citrate granules</i>	P	
<i>potassium citrate granules</i>	P	
<i>potassium citrate powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>potassium cl 10% (20 meq/15ml)</i>	P	
<i>potassium cl 10% (40 meq/30ml)</i>	P	
<i>potassium cl 20 meq packet</i>	P	
<i>potassium cl 20% (40 meq/15ml)</i>	P	
<i>potassium cl er 10 meq capsule</i>	P	
<i>potassium cl er 10 meq tablet</i>	P	
<i>potassium cl er 10 meq tablet</i>	P	
<i>potassium cl er 15 meq tablet</i>	P	
<i>potassium cl er 20 meq tablet</i>	P	
<i>potassium cl er 20 meq tablet</i>	P	
<i>potassium cl er 8 meq capsule</i>	P	
<i>potassium cl er 8 meq tablet</i>	P	
<i>potassium gluconate powder</i>	P	
<i>potassium phosphate crystal</i>	P	
<i>potassium phosphate crystals</i>	P	
<i>potassium phosphate powder</i>	P	
<i>potassium sulfate crystal</i>	P	
PULMOSAL 7% VIAL <i>sodium chloride for inhalation</i>	P	
<i>saline 0.45% soln-excel con</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>selenomethionine powder</i>	P	
<i>sodium acetate powder</i>	P	
<i>sodium acetate trihydrate crys</i>	P	
<i>sodium acetate trihydrate powd</i>	P	
<i>sodium cacodylate powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium chloride 0.45% soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% (pwr inj)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% 10 ml syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% ampule</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% carpject</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% inhal vl</i>	P	
<i>sodium chloride 0.9% sol-excel</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% solution</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% solution</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% syringe</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 0.9% zr syr</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 10% vial</i>	P	
<i>sodium chloride 100 meq/40 ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 200 meq/50 ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 3% iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium chloride 3% vial</i>	P	
<i>sodium chloride 4 meq/ml vl</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 400 meq/100 ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 5% iv soln</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 50 meq/20 ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sodium chloride 7% vial</i>	P	
<i>sodium chloride granules</i>	P	
<i>sodium chloride powder</i>	P	
<i>sodium l-aspartate mono powder</i>	P	
<i>sodium selenite powder</i>	P	
<i>vanadium granules</i>	P	
<i>vanadyl sulfate crystals</i>	P	
<i>zinc chloride granules</i>	P	
<i>zinc gluconate powder</i>	P	
<i>zinc monomethionine powder</i>	P	
<i>zinc picolinate powder</i>	P	
<i>zinc sulfate heptahydrate powd</i>	P	
<i>zinc sulfate powder</i>	P	
<i>zinc sulfate powder</i>	P	
<b>SALT AND SUGAR SUBSTITUTES</b>		
<i>acesulfame potassium powder</i>	P	
<i>saccharin sodium powder</i>	P	
<i>sodium saccharin granular</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium saccharin powder</i>	P	
<i>sorbitol powder</i>	P	
<i>trochibase s flakes</i>	P	
<b>URICOSURIC AGENTS</b>		
<i>probenecid 500 mg tablet</i>	P	QPD 4 per day
<i>probenecid-colchicine tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<b>EMOLLIENTS, DEMULGENTS, AND PROTECTANTS</b>		
<b>BASIC LOTIONS AND LINIMENTS</b>		
<i>ammonium lactate 12% lotion</i>	P	
<i>calamine powder</i>	P	
GLYCINE SOYA PROTEIN SOLUTION <i>soy protein</i>	P	
<i>sodium monolaurate powder</i>	P	
<i>sorbitan monooleate liquid</i>	P	
<b>BASIC OILS AND OTHER SOLVENTS</b>		
CERACADE SKIN BARRIER EMULSION <i>emollient combination no. 103</i>	P	
<i>cottonseed oil</i>	P	
<i>muri-lube mineral oil vial</i>	P	
<b>BASIC OINTMENTS AND PROTECTANTS</b>		
<i>ammonium lactate 12% cream</i>	P	
<i>benzoin compound tincture</i>	P	
DEXERYL CREAM <i>emollient combination no. 104</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>emollient cream</i>	P	
<i>lanolin alcohol wax</i>	P	
LUXAMEND WOUND CREAM <i>emollient combination no. 10</i>	P	
PHARMABASE BARRIER 9.38% OINT <i>zinc oxide</i>	P	
TETRIX CREAM <i>protectives combination no. 2</i>	P	
UNSCENTED COLD CREAM <i>cold cream</i>	P	
VASELINE WHITE PETROLEUM JELLY <i>petrolatum, white</i>	P	
<i>zinc oxide 20% ointment</i>	P	
<i>zinc oxide paste</i>	P	
<b>BASIC POWDERS AND DEMULCENTS</b>		
<i>talc powder</i>	P	
<b>ENZYMES</b>		
ALDURAZYME 2.9 MG/5 ML VIAL <i>laronidase</i>	99	ME Medical Drug
CEREZYME 400 UNIT VIAL <i>imiglucerase</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ELAPRASE 6 MG/3 ML VIAL <i>idursulfase</i>	99	ME Medical Drug
ELELYSO 200 UNITS VIAL <i>taliglucerase alfa</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FABRAZYME 35 MG VIAL <i>agalsidase beta</i>	99	ME Medical Drug
FABRAZYME 5 MG VIAL <i>agalsidase beta</i>	99	ME Medical Drug
<i>hyaluronidase powder</i>	P	
LUMIZYME 50 MG VIAL <i>alglucosidase alfa</i>	99	ME Medical Drug
NAGLAZYME 5 MG/5 ML VIAL <i>galsulfase</i>	99	ME Medical Drug
PALYNZIQ 10 MG/0.5 ML SYRINGE <i>pegvaliase-pqpz</i>	P	SPC PA QPD 2 per day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE <i>pegvaliase-pqpz</i>	P	SPC PA QPD 8 per day
PALYNZIQ 20 MG/ML SYRINGE <i>pegvaliase-pqpz</i>	P	SPC PA QPD 2 per day
STRENSIQ 18 MG/0.45 ML VIAL <i>asfotase alfa</i>	P	SPC PA
STRENSIQ 28 MG/0.7 ML VIAL <i>asfotase alfa</i>	P	SPC PA
STRENSIQ 40 MG/ML VIAL <i>asfotase alfa</i>	P	SPC PA
STRENSIQ 80 MG/0.8 ML VIAL <i>asfotase alfa</i>	P	SPC PA
VPRIV 400 UNITS VIAL <i>velaglucerase alfa</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIAFLEX 0.9 MG VIAL <i>collagenase clostridium histolyticum</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ESTROGENS AND ANTIESTROGENS		
ANTIESTROGENS		
<i>anastrozole powder</i>	P	
<i>letrozole powder</i>	P	
ESTROGEN AGONIST-ANTAGONISTS		
<i>clomiphene citrate powder</i>	P	
EVISTA 60 MG TABLET <i>raloxifene hcl</i>	P	QPD 1 per day
FARESTON 60 MG TABLET <i>toremifene citrate</i>	P	SPC SBA Select Brand Alternative
OSPHENA 60 MG TABLET <i>ospemifene</i>	P	QPD 1 per day
<i>raloxifene hcl 60 mg tablet</i>	P	PR HCR HCR: Age edits (35 and older) and Gender edits (Females) apply. F11 Formulary Indicator 1
SOLTAMOX 20 MG/10 ML SOLN <i>tamoxifen citrate</i>	P	PR
<i>tamoxifen 10 mg tablet</i>	P	PR HCR HCR: Age edits (35 and older) and Gender edits (Females) apply. F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tamoxifen 20 mg tablet</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PR</div> <div style="background-color: #0099cc; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">HCR</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> </div> HCR: Age edits (35 and older) and Gender edits (Females) apply. Formulary Indicator 1
<i>tamoxifen citrate powder</i>	P	
<i>toremifene citrate 60 mg tab</i>	P	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">SPC</div>
<b>ESTROGENS</b>		
ALORA 0.025 MG PATCH <i>estradiol</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">ST</div> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">GL</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Female 0.29 per day
ALORA 0.05 MG PATCH <i>estradiol</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">ST</div> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">GL</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Female 0.29 per day
ALORA 0.075 MG PATCH <i>estradiol</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">ST</div> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">GL</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">QPD</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> </div> Female 0.29 per day Formulary Indicator 1
ALORA 0.1 MG PATCH <i>estradiol</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">ST</div> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">GL</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">QPD</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> </div> Female 0.29 per day Formulary Indicator 1
AMABELZ 0.5 MG-0.1 MG TABLET <i>estradiol/norethindrone acetate</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">GL</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Female 1 per day
AMABELZ 1 MG-0.5 MG TABLET <i>estradiol/norethindrone acetate</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #006633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">GL</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> </div> Female 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANGELIQ 0.25 MG-0.5 MG TABLET <i>drospirenone/estradiol</i>	P	GL Female QPD 1 per day
ANGELIQ 0.5 MG-1 MG TABLET <i>drospirenone/estradiol</i>	P	GL Female QPD 1 per day
BIJUVA 1 MG-100 MG CAPSULE <i>estradiol/progesterone</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
CLIMARA PRO PATCH <i>estradiol/levonorgestrel</i>	P	GL Female QPD 0.15 per day
COMBIPATCH 0.05-0.14 MG PTCH <i>estradiol/norethindrone acetate</i>	P	GL Female QPD 0.29 per day
COMBIPATCH 0.05-0.25 MG PTCH <i>estradiol/norethindrone acetate</i>	P	GL Female QPD 0.29 per day
DEPO-ESTRADIOL 5 MG/ML VIAL <i>estradiol cypionate</i>	P	GL Female
<i>diethylstilbestrol powder</i>	P	
DIVIGEL 0.25 MG GEL PACKET <i>estradiol</i>	P	GL Female QPD 1 per day B4G F11 Formulary Indicator 1
DIVIGEL 0.5 MG GEL PACKET <i>estradiol</i>	P	GL Female QPD 1 per day B4G F11 Formulary Indicator 1
DIVIGEL 0.75 MG GEL PACKET <i>estradiol</i>	P	GL Female QPD 1 per day B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIVIGEL 1 MG GEL PACKET <i>estradiol</i>	P	GL Female QPD 1 per day B4G
DIVIGEL 1.25 MG GEL PACKET <i>estradiol</i>	P	GL Female QPD 1.25 per day B4G
DOTTI 0.025 MG PATCH <i>estradiol</i>	P	GL Female QPD 0.29 per day F11 Formulary Indicator 1
DOTTI 0.0375 MG PATCH <i>estradiol</i>	P	GL Female QPD 0.29 per day
DOTTI 0.05 MG PATCH <i>estradiol</i>	P	GL Female QPD 0.29 per day
DOTTI 0.075 MG PATCH <i>estradiol</i>	P	GL Female QPD 0.29 per day
DOTTI 0.1 MG PATCH <i>estradiol</i>	P	GL Female QPD 0.29 per day F11 Formulary Indicator 1
DUAVEE 0.45-20 MG TABLET <i>estrogens, conjugated/bazedoxifene acetate</i>	P	
ELESTRIN 0.06% GEL <i>estradiol</i>	P	GL Female QPD 1.73 per day
<i>estradiol 0.01% cream</i>	P	GL Female QPD 4 per day
<i>estradiol 0.025 mg patch(1/wk)</i>	P	GL Female QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol 0.025 mg patch(2/wk)</i>	P	GL Female QPD 0.29 per day F11 Formulary Indicator 1
<i>estradiol 0.0375mg patch(1/wk)</i>	P	GL Female QPD 0.15 per day
<i>estradiol 0.0375mg patch(2/wk)</i>	P	GL Female QPD 0.29 per day
<i>estradiol 0.05 mg patch (1/wk)</i>	P	GL Female QPD 0.15 per day
<i>estradiol 0.05 mg patch (2/wk)</i>	P	GL Female QPD 0.29 per day
<i>estradiol 0.06 mg patch (1/wk)</i>	P	GL Female QPD 0.15 per day F11 Formulary Indicator 1
<i>estradiol 0.075 mg patch(1/wk)</i>	P	GL Female QPD 0.15 per day
<i>estradiol 0.075 mg patch(2/wk)</i>	P	GL Female QPD 0.29 per day
<i>estradiol 0.1 mg patch (1/wk)</i>	P	GL Female QPD 0.15 per day F11 Formulary Indicator 1
<i>estradiol 0.1 mg patch (2/wk)</i>	P	GL Female QPD 0.29 per day
<i>estradiol 0.1% (0.25mg) gel pk</i>	P	GL Female QPD 1 per day
<i>estradiol 0.1% (0.5mg) gel pkt</i>	P	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol 0.1% (0.75mg) gel pk</i>	P	GL Female QPD 1 per day
<i>estradiol 0.1% (1 mg) gel pkt</i>	P	GL Female QPD 1 per day
<i>estradiol 0.1% (1.25mg) gel pk</i>	P	GL Female QPD 1.25 per day
<i>estradiol 0.5 mg tablet</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
<i>estradiol 1 mg tablet</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
<i>estradiol 10 mcg vaginal insrt</i>	P	GL Female QPD 0.643 per day
<i>estradiol 2 mg tablet</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
<i>estradiol benzoate powder</i>	P	
<i>estradiol cypionate powder</i>	P	
<i>estradiol hemihydrate micr pwd</i>	P	
<i>estradiol hemihydrate powder</i>	P	
<i>estradiol micronized powder</i>	P	
<i>estradiol powder</i>	P	
<i>estradiol valerate 100 mg/5 ml</i>	P	GL Female
<i>estradiol valerate 200 mg/5 ml</i>	P	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol valerate powder</i>	P	
<i>estradiol-noreth 0.5-0.1 mg tb</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
<i>estradiol-noreth 1-0.5 mg tab</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
ESTRING 2 MG VAGINAL RING <i>estradiol</i>	P	QL 90 days GL Female
<i>estriol micronized powder</i>	P	
<i>estriol powder</i>	P	
ESTROGEL 0.06% GEL <i>estradiol</i>	P	GL Female QPD 1.667 per day F11 Formulary Indicator 1
<i>estrone crystal</i>	P	
<i>estrone powder</i>	P	
<i>ethinyl estradiol powder</i>	P	
EVAMIST 1.53 MG/SPRAY <i>estradiol</i>	P	GL Female QPD 0.54 per day
FEMHRT 0.5 MG-2.5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	P	GL Female QPD 1 per day
FEMRING 0.05 MG/DAY VAG RING <i>estradiol acetate</i>	P	ST GL Female QPD 0.02 per day
FEMRING 0.10 MG/DAY VAG RING <i>estradiol acetate</i>	P	ST GL Female QPD 0.02 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FYAVOLV 0.5 MG-2.5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	P	GL Female QPD 1 per day
FYAVOLV 1 MG-5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	P	GL Female QPD 1 per day
IMVEXXY 10 MCG MAINTENANCE PAK <i>estradiol</i>	P	QPD 1 per day
IMVEXXY 10 MCG STARTER PACK <i>estradiol</i>	P	QPD 1 per day
IMVEXXY 4 MCG MAINTENANCE PAK <i>estradiol</i>	P	QPD 1 per day
IMVEXXY 4 MCG STARTER PACK <i>estradiol</i>	P	QPD 1 per day
JINTELI 1 MG-5 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
MENEST 0.3 MG TABLET <i>estrogens, esterified</i>	P	GL Female QPD 1 per day
MENEST 0.625 MG TABLET <i>estrogens, esterified</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
MENEST 1.25 MG TABLET <i>estrogens, esterified</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
MENEST 2.5 MG TABLET <i>estrogens, esterified</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENOSTAR 14 MCG/DAY PATCH <i>estradiol</i>	P	ST GL Female QPD 0.15 per day F11 Formulary Indicator 1
MINIVELLE 0.025 MG PATCH <i>estradiol</i>	P	ST GL Female QPD 0.29 per day
MINIVELLE 0.0375 MG PATCH <i>estradiol</i>	P	ST GL Female QPD 0.29 per day
MINIVELLE 0.05 MG PATCH <i>estradiol</i>	P	ST GL Female QPD 0.29 per day
MINIVELLE 0.075 MG PATCH <i>estradiol</i>	P	ST GL Female QPD 0.29 per day
MINIVELLE 0.1 MG PATCH <i>estradiol</i>	P	ST GL Female QPD 0.29 per day
<i>norethin-eth estrad 1 mg-5 mcg</i>	P	QPD 1 per day
<i>norethind-eth estrad 0.5-2.5</i>	P	QPD 1 per day F11 Formulary Indicator 1
PREFEST TABLET <i>estradiol/norgestimate</i>	P	GL Female QPD 1 per day
PREMARIN 0.3 MG TABLET <i>estrogens, conjugated</i>	P	GL Female QPD 1 per day
PREMARIN 0.45 MG TABLET <i>estrogens, conjugated</i>	P	GL Female QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMARIN 0.625 MG TABLET <i>estrogens, conjugated</i>	P	GL Female QPD 1 per day
PREMARIN 0.9 MG TABLET <i>estrogens, conjugated</i>	P	GL Female QPD 1 per day
PREMARIN 1.25 MG TABLET <i>estrogens, conjugated</i>	P	GL Female QPD 1 per day
PREMARIN 25 MG VIAL <i>estrogens, conjugated</i>	P	
PREMARIN VAGINAL CREAM-APPL <i>estrogens, conjugated</i>	P	GL Female QPD 2 per day
PREMPHASE 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	P	GL Female QPD 1 per day
PREMPRO 0.3 MG-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	P	GL Female QPD 1 per day
PREMPRO 0.45-1.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	P	GL Female QPD 1 per day
PREMPRO 0.625-2.5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
PREMPRO 0.625-5 MG TABLET <i>estrogens, conjugated/medroxyprogesterone acetate</i>	P	GL Female QPD 1 per day F11 Formulary Indicator 1
YUVAFEM 10 MCG VAGINAL INSERT <i>estradiol</i>	P	GL Female QPD 0.643 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ANTIALLERGIC AGENTS</b>		
<i>azelastin-flutic 137-50mcg spr</i>	P	ST QPD 0.8 per day
<i>azelastine 0.1% (137 mcg) spry</i>	P	QPD 2 per day
<i>azelastine 0.15% nasal spray</i>	P	QPD 2 per day
<i>azelastine hcl 0.05% drops</i>	P	QPD 0.267 per day
<i>azelastine hcl powder</i>	P	
<i>bepotastine 1.5% eye drop</i>	P	QPD 0.334 per day
DYMISTA NASAL SPRAY <i>azelastine hcl/fluticasone propionate</i>	P	QPD 0.8 per day B4G
<i>epinastine hcl 0.05% eye drops</i>	P	QPD 0.286 per day
<i>ketotifen fum 0.025% eye drops</i>	P	QPD 0.167 per day
<i>ketotifen fum 0.035% eye drops</i>	P	QPD 0.167 per day
<i>olopatadine 665 mcg nasal spry</i>	P	QL 31 / 30 days
<i>olopatadine hcl 0.1% eye drops</i>	P	QPD 0.286 per day
<i>olopatadine hcl 0.2% eye drop</i>	P	QPD 0.286 per day
PATANASE 665 MCG NASAL SPRAY <i>olopatadine hcl</i>	P	QL 31 / 30 days
RYALTRIS 665-25 MCG SPRAY <i>olopatadine hcl/mometasone furoate</i>	P	QPD 1 per day
<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>apraclonidine hcl 0.5% drops</i>	P	QPD 0.8 per day
CYSTADROPS 0.37% EYE DROPS <i>cysteamine hcl</i>	P	SPC PA QPD 0.72 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTARAN 0.44% EYE DROPS <i>cysteamine hcl</i>	P	SPC PA QPD 1 per day
DEBACTEROL SWABSTICK <i>sulfuric acid/sulfonated phenol</i>	P	
GELFILM OPHTHALMIC 25X50MM <i>gelatin</i>	P	
IOPIDINE 1% EYE DROPS <i>apraclonidine hcl</i>	P	QPD 0.8 per day
<i>ipratropium 0.03% spray</i>	P	QPD 2 per day
<i>ipratropium 0.06% spray</i>	P	QPD 2 per day
LACRISERT 5 MG EYE INSERT <i>hydroxypropyl cellulose</i>	P	
<i>methocel k 100 m powder</i>	P	
OXERVATE 0.002% EYE DROP <i>cenegermin-bkbj</i>	P	SPC PA QPD 1 per day
<b>LOCAL ANESTHETICS (EENT)</b>		
AKTEN 3.5% GEL DROPS <i>lidocaine hcl/pf</i>	P	
ALCAINE 0.5% EYE DROPS <i>proparacaine hcl</i>	P	
<i>cocaine hcl crystals</i>	P	
<i>cocaine hcl powder</i>	P	
<i>cocaine hydrochloride pwd</i>	P	
<i>dyclonine hcl powder</i>	P	
<i>lidocaine 2% viscous soln</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl 2% jelly</i>	P	
<i>proparacaine 0.5% eye drops</i>	P	
<i>proparacaine hcl powder</i>	P	
<i>tetracaine 0.5% eye drop</i>	P	
<i>tetracaine 0.5% steri-unit sol</i>	P	
<b>MYDRIATICS</b>		
<i>atropine 1% eye drops</i>	P	
<i>atropine 1% eye ointment</i>	P	
CYCLOGYL 0.5% EYE DROPS <i>cyclopentolate hcl</i>	P	SBA Select Brand Alternative
CYCLOGYL 1% EYE DROPS <i>cyclopentolate hcl</i>	P	SBA Select Brand Alternative
CYCLOGYL 2% EYE DROPS <i>cyclopentolate hcl</i>	P	SBA Select Brand Alternative
CYCLOMYDRIL EYE DROPS <i>cyclopentolate hcl/phenylephrine hcl</i>	P	
<i>cyclopentolate 0.5% eye drops</i>	P	
<i>cyclopentolate 1% eye drop</i>	P	
<i>cyclopentolate 1% eye drops</i>	P	
<i>cyclopentolate hcl 2% drops</i>	P	
<i>cyclopentolate hcl powder</i>	P	
<i>homatropine methylbromide powd</i>	P	
<i>hydroxyamphetamine hbr powder</i>	P	
MYDRIACYL 1% EYE DROPS <i>tropicamide</i>	P	
PAREMYD EYE DROPS <i>hydroxyamphetamine hbr/tropicamide</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tropicamide 0.5% eye drop</i>	P	
<i>tropicamide 0.5% eye drops</i>	P	
<i>tropicamide 1% eye drop</i>	P	
<i>tropicamide 1% eye drops</i>	P	
<i>tropicamide powder</i>	P	
<b>VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG</b>		
EYLEA 2 MG/0.05 ML SYRINGE <i>aflibercept</i>	99	ME Medical Drug
EYLEA 2 MG/0.05 ML VIAL <i>aflibercept</i>	99	ME Medical Drug
LUCENTIS 0.3 MG/0.05 ML SYRING <i>ranibizumab</i>	99	ME Medical Drug
LUCENTIS 0.3 MG/0.05 ML VIAL <i>ranibizumab</i>	99	ME Medical Drug
LUCENTIS 0.5 MG/0.05 ML SYRING <i>ranibizumab</i>	99	ME Medical Drug
LUCENTIS 0.5 MG/0.05 ML VIAL <i>ranibizumab</i>	99	ME Medical Drug
<b>VASOCONSTRICTORS</b>		
ADRENALIN 1 MG/ML NASAL SOLN <i>epinephrine hcl</i>	P	PA
<i>oxymetazoline hcl powder</i>	P	
<i>phenylephrine 10% eye drops</i>	P	
<i>phenylephrine 2.5% eye drop</i>	P	
<i>tetrahydrozoline hcl powder</i>	P	
UPNEEQ 0.1% EYE DROP <i>oxymetazoline hcl/pf</i>	P	AL At least 18 yrs old PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<b>ETHANOLAMINE DERIVATIVES</b>		
<i>carbinoxamine 4 mg/5 ml liquid</i>	P	AL At least 2 yrs old
<i>carbinoxamine maleate 4 mg tab</i>	P	AL At least 6 yrs old
<i>clemastine 0.5 mg/5 ml syrup</i>	P	AL At least 6 yrs old
<i>clemastine fum 2.68 mg tab</i>	P	AL At least 6 yrs old
<i>clemastine fumarate powder</i>	P	
<i>dimenhydrinate 100% powder</i>	P	
<i>diphenhydramine 12.5 mg/5 ml</i>	P	
<i>diphenhydramine 25 mg/10 ml</i>	P	
<i>diphenhydramine 25 mg/50 ml-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>diphenhydramine 50 mg/50 ml-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>diphenhydramine 50 mg/ml syrng</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>diphenhydramine 50 mg/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>diphenhydramine hcl powder</i>	P	
<i>doxylamine succinate powder</i>	P	
KARBINAL ER 4 MG/5 ML SUSP <i>carbinoxamine maleate</i>	P	AL At least 2 yrs old
<b>ETHYLENEDIAMINE DERIVATIVES</b>		
<i>pyrilamine maleate powder</i>	P	
<i>tripelennamine hcl powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.</b>		
<i>cyproheptadine 2 mg/5 ml soln</i>	P	AL At least 2 yrs old
<i>cyproheptadine 2 mg/5 ml syrup</i>	P	AL At least 2 yrs old
<i>cyproheptadine 4 mg tablet</i>	P	AL At least 2 yrs old
<i>cyproheptadine 4 mg/10 ml syrup</i>	P	AL At least 2 yrs old
<i>cyproheptadine hcl powder</i>	P	AL At least 2 yrs old
<b>PHENOTHIAZINE DERIVATIVES</b>		
<i>promethazine 12.5 mg suppos</i>	P	AL At least 2 yrs old
<i>promethazine 12.5 mg tablet</i>	P	AL At least 2 yrs old
<i>promethazine 25 mg suppository</i>	P	AL At least 2 yrs old
<i>promethazine 25 mg tablet</i>	P	AL At least 2 yrs old
<i>promethazine 25 mg/50 ml-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>promethazine 25 mg/ml ampul</i>	P	AL At least 2 yrs old BSP BENEFIT SHIFT PROGRAM
<i>promethazine 25 mg/ml vial</i>	P	AL At least 2 yrs old BSP BENEFIT SHIFT PROGRAM
<i>promethazine 50 mg suppository</i>	P	AL At least 2 yrs old
<i>promethazine 50 mg tablet</i>	P	AL At least 2 yrs old
<i>promethazine 50 mg/ml ampul</i>	P	AL At least 2 yrs old BSP BENEFIT SHIFT PROGRAM
<i>promethazine 50 mg/ml vial</i>	P	AL At least 2 yrs old BSP BENEFIT SHIFT PROGRAM



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>promethazine 6.25 mg/5 ml soln</i>	P	AL At least 2 yrs old
<i>promethazine 6.25 mg/5 ml syrup</i>	P	AL At least 2 yrs old
<i>promethazine hcl powder</i>	P	AL At least 2 yrs old
<i>promethazine vc solution</i>	P	
<i>promethazine-phenylephrine syr</i>	P	
PROMETHEGAN 12.5 MG SUPPOS <i>promethazine hcl</i>	P	AL At least 2 yrs old
PROMETHEGAN 25 MG SUPPOSITORY <i>promethazine hcl</i>	P	AL At least 2 yrs old
<b>PROPYLAMINE DERIVATIVES</b>		
ABATUSS DMX LIQUID <i>dexchlorpheniramine maleate/pseudoephed/dextromethorphan hbr</i>	P	AL At least 2 yrs old
ALLER-CHLOR 4 MG TABLET <i>chlorpheniramine maleate</i>	P	
<i>brompheniramine maleate powder</i>	P	
<i>chlorpheniramine powder</i>	P	
CONEX SOLUTION <i>dexbrompheniramine maleate/pseudoephedrine hcl</i>	P	
<i>pheniramine maleate powder</i>	P	
RESPA A.R. TABLET SA <i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>	P	
<i>triprolidine hcl powder</i>	P	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTACIDS AND ADSORBENTS</b>		
<i>activated charcoal powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aluminum hydroxide gel granule</i>	P	
<i>aluminum hydroxide gel powder</i>	P	
<i>aluminum hydroxide powder</i>	P	
<i>calcium carbonate powder</i>	P	
<i>magnesium carbonate powder</i>	P	
<i>magnesium oxide powder</i>	P	
<i>magnesium phosphate powder</i>	P	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>		
5-aminosalicylic acid powd	P	
<i>alose tron hcl 0.5 mg tablet</i>	P	GL Female AL At least 18 yrs old
<i>alose tron hcl 1 mg tablet</i>	P	GL Female AL At least 18 yrs old
APRISO ER 0.375 GRAM CAPSULE <i>mesalamine</i>	P	B4G
<i>balsalazide disodium 750 mg cp</i>	P	
COLAZAL 750 MG CAPSULE <i>balsalazide disodium</i>	P	SBA Select Brand Alternative
LOTRONEX 0.5 MG TABLET <i>alose tron hcl</i>	P	GL Female AL At least 18 yrs old PA
LOTRONEX 1 MG TABLET <i>alose tron hcl</i>	P	GL Female AL At least 18 yrs old PA
<i>mesalamine 1,000 mg supp</i>	P	
<i>mesalamine 4 gm/60 ml enema</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mesalamine 4 gm/60 ml kit</i>	P	
<i>mesalamine dr 1.2 gm tablet</i>	P	F11 Formulary Indicator 1
<i>mesalamine dr 400 mg capsule</i>	P	F11 Formulary Indicator 1
<i>mesalamine er 0.375 gram cap</i>	P	F11 Formulary Indicator 1
<i>mesalamine er 500 mg capsule</i>	P	
<i>mesalamine powder</i>	P	
PENTASA 250 MG CAPSULE <i>mesalamine</i>	P	F11 Formulary Indicator 1
ROWASA 4 GM/60 ML ENEMA <i>mesalamine</i>	P	
ROWASA 4 GM/60 ML ENEMA KIT <i>mesalamine with cleansing wipes</i>	P	
SFROWASA 4 GM/60 ML ENEMA <i>mesalamine</i>	P	
<b>ANTIDIARRHEA AGENTS</b>		
<i>acidophilus lactobacillus powd</i>	P	
<i>acidophilus lactobacillus powd</i>	P	
<i>acidophilus lactobacillus powd</i>	P	
<i>attapulgate powder</i>	P	
<i>bismuth subsalicylate powder</i>	P	
<i>diphenoxylat-atrop 2.5-0.025/5</i>	P	
<i>diphenoxylate-atrop 2.5-0.025</i>	P	
<i>kaolin colloidal powder</i>	P	
<i>kaolin powder</i>	P	
LOMOTIL 2.5-0.025 MG TABLET <i>diphenoxylate hcl/atropine sulfate</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loperamide 2 mg capsule</i>	P	
<i>loperamide hcl powder</i>	P	
MYTESI 125 MG DR TABLET <i>crofelemer</i>	P	SPC
<i>opium tincture 10 mg/ml</i>	P	QPD 5 per day
XERMELO 250 MG TABLET <i>telotristat etiprate</i>	P	AL At least 18 yrs old SPC PA
<b>ANTIFLATULENTS</b>		
<i>simethicone liquid</i>	P	
<b>CATHARTICS AND LAXATIVES</b>		
<i>bisacodyl powder</i>	P	
<i>casacara sagrada fluid extract</i>	P	
CLENPIQ SOLUTION <i>sodium picosulfate/magnesium oxide/citric acid</i>	P	QPD 11 per day
<i>docusate sodium 85% powder</i>	P	
<i>docusate sodium powder</i>	P	
GAVILYTE-C SOLUTION <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	P	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>	P	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
GAVILYTE-N SOLUTION <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	P	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
HYDROCIL INSTANT POWDER <i>psyllium seed</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>karaya gum powder</i>	P	
<i>magnesium cit powd tribasic</i>	P	
<i>magnesium hydroxide powder</i>	P	
<i>mineral oil heavy</i>	P	
<i>mineral oil light</i>	P	
<i>mineral oil light viscosity</i>	P	
<i>mineral oil med viscosity</i>	P	
<i>peg 3350-electrolyte solution</i>	P	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
<i>peg-3350 and electrolytes soln</i>	P	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>	P	
<i>peg3350 100-7.5-2.691-1.01-5.9</i>	P	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
<i>potassium acid tartrate powder</i>	P	
<i>psyllium husk powder</i>	P	
<i>sod sul-potass sul-mag sul sol</i>	P	ST
<i>sodium phosphate 100% granules</i>	P	
<i>sodium phosphate dibasic powdr</i>	P	
<i>sodium phosphate powder</i>	P	
<i>sodium phosphate powder</i>	P	
<i>sodium phosphate powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium sulfate powder</i>	P	
<i>sodium tartrate dihydrate crys</i>	P	
SUPREP BOWEL PREP KIT <i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	P	QL 354 / fill B4G
SUTAB 1.479-0.225-0.188 GM TAB <i>sodium sulfate/potassium chloride/magnesium sulfate</i>	P	QPD 0.8 per day
TRILYTE WITH FLAVOR PACKETS <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	P	HCR HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
<b>CHOLELITHOLYTIC AGENTS</b>		
CHENODAL 250 MG TABLET <i>chenodiol</i>	P	SPC
URSO FORTE 500 MG TABLET <i>ursodiol</i>	P	
<i>ursodiol 250 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ursodiol 300 mg capsule</i>	P	F11 Formulary Indicator 1
<i>ursodiol 500 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ursodiol powder</i>	P	
<b>DIGESTANTS</b>		
<i>cellulase powder</i>	P	
CREON DR 12,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	
CREON DR 24,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	F11 Formulary Indicator 1
CREON DR 3,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CREON DR 36,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	F11 Formulary Indicator 1
CREON DR 6,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	
<i>hydrochloric acid 37% liquid</i>	P	
<i>hydrochloric acid 37% soln</i>	P	
<i>hydrochloric acid liquid</i>	P	
<i>lactase 5000 powder</i>	P	
<i>pancreatin 8x powder</i>	P	
<i>pancreatin powder</i>	P	
ZENPEP DR 10,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	F11 Formulary Indicator 1
ZENPEP DR 15,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	F11 Formulary Indicator 1
ZENPEP DR 20,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	F11 Formulary Indicator 1
ZENPEP DR 25,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	
ZENPEP DR 3,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	F11 Formulary Indicator 1
ZENPEP DR 40,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	
ZENPEP DR 5,000 UNIT CAPSULE <i>lipase/protease/amylase</i>	P	
<b>GI DRUGS, MISCELLANEOUS</b>		
<i>alvimopan 12 mg capsule</i>	99	ME Medical Drug
BYLVAY 1,200 MCG CAPSULE <i>odevixibat</i>	P	SPC PA QPD 5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BYLVAY 200 MCG PELLE <i>odevixibat</i>	P	SPC PA QPD 2 per day
BYLVAY 400 MCG CAPSULE <i>odevixibat</i>	P	SPC PA QPD 2 per day
BYLVAY 600 MCG PELLE <i>odevixibat</i>	P	SPC PA QPD 10 per day
ENDARI 5 GRAM POWDER PACKET <i>glutamine</i>	P	SPC PA QPD 6 per day
ENTYVIO 300 MG VIAL <i>vedolizumab</i>	P	QL 2/ 30 days SPC PA BSP BENEFIT SHIFT PROGRAM
GATTEX 5 MG 30-VIAL KIT <i>teduglutide</i>	P	SPC PA QPD 0.034 per day
GATTEX 5 MG ONE-VIAL KIT <i>teduglutide</i>	P	SPC PA QPD 1 per day
GATTEX 5 MG VIAL <i>teduglutide</i>	P	SPC PA QPD 1 per day
<i>glutamine powder</i>	P	
HUMIRA(CF) PEDI CROHN 80-40 MG <i>adalimumab</i>	P	SPC PA QPD 0.22 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
I-glutamine powder	P	
LINZESS 145 MCG CAPSULE <i>linaclotide</i>	P	ST AL At least 18 yrs old QPD 1 per day
LINZESS 290 MCG CAPSULE <i>linaclotide</i>	P	ST AL At least 18 yrs old QPD 1 per day
LINZESS 72 MCG CAPSULE <i>linaclotide</i>	P	ST AL At least 18 yrs old QPD 1 per day
LIVMARLI 9.5 MG/ML ORAL SOLN <i>maralixibat chloride</i>	P	SPC PA QPD 3 per day
OCALIVA 10 MG TABLET <i>obeticholic acid</i>	P	SPC PA QPD 1 per day
OCALIVA 5 MG TABLET <i>obeticholic acid</i>	P	SPC PA QPD 1 per day
SYMPROIC 0.2 MG TABLET <i>naldemedine tosylate</i>	P	AL At least 18 yrs old PA QPD 1 per day
VIBERZI 100 MG TABLET <i>eluxadoline</i>	P	PA QPD 2 per day
VIBERZI 75 MG TABLET <i>eluxadoline</i>	P	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>LIPOTROPIC AGENTS</b>		
<i>choline bitartrate crystals</i>	P	
<i>choline bitartrate powder</i>	P	
<i>choline chloride crystals</i>	P	
<i>choline chloride powder</i>	P	
<i>phosphatidylcholine powder</i>	P	
<b>PROKINETIC AGENTS</b>		
GIMOTI 15 MG NASAL SPRAY <i>metoclopramide hcl</i>	P	AL At least 18 yrs old SPC PA QPD 0.334 per day
<i>metoclopramide 10 mg tablet</i>	P	
<i>metoclopramide 10 mg/10 ml sol</i>	P	
<i>metoclopramide 5 mg tablet</i>	P	
<i>metoclopramide 5 mg/5 ml soln</i>	P	
<i>metoclopramide hcl 10 mg odt</i>	P	
<i>metoclopramide hcl 5 mg odt</i>	P	
<i>metoclopramide hcl powder</i>	P	
MOTTEGRITY 1 MG TABLET <i>prucalopride succinate</i>	P	AL At least 18 yrs old PA QPD 1 per day
MOTTEGRITY 2 MG TABLET <i>prucalopride succinate</i>	P	AL At least 18 yrs old PA QPD 1 per day
REGLAN 10 MG TABLET <i>metoclopramide hcl</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REGLAN 5 MG TABLET <i>metoclopramide hcl</i>	P	
ZELNORM 6 MG TABLET <i>tegaserod hydrogen maleate</i>	P	AL Up to 65 yrs old PA QPD 2 per day
GENERAL ANESTHETICS		
GENERAL ANESTHETICS, MISCELLANEOUS		
<i>etomidate powder</i>	P	
<i>ketamine hcl powder</i>	P	
INHALATION ANESTHETICS		
FORANE LIQUID <i>isoflurane</i>	P	
<i>isoflurane liquid</i>	P	
<i>sevoflurane inhalation liquid</i>	P	
TERRELL LIQUID <i>isoflurane</i>	P	
ULTANE 250 ML PEN BOTTLE <i>sevoflurane</i>	P	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin er 15 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>darifenacin er 7.5 mg tablet</i>	P	QPD 1 per day
DETROL 1 MG TABLET <i>tolterodine tartrate</i>	P	QPD 2 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DETROL 2 MG TABLET <i>tolterodine tartrate</i>	P	QPD 2 per day SBA Select Brand Alternative
DETROL LA 2 MG CAPSULE <i>tolterodine tartrate</i>	P	QPD 1 per day SBA Select Brand Alternative
DETROL LA 4 MG CAPSULE <i>tolterodine tartrate</i>	P	QPD 1 per day SBA Select Brand Alternative
DITROPAN XL 10 MG TABLET <i>oxybutynin chloride</i>	P	QPD 2 per day SBA Select Brand Alternative
DITROPAN XL 5 MG TABLET <i>oxybutynin chloride</i>	P	QPD 1 per day SBA Select Brand Alternative
<i>fesoterodine er 4 mg tablet</i>	P	QPD 1 per day
<i>fesoterodine er 8 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>flavoxate hcl 100 mg tablet</i>	P	F11 Formulary Indicator 1
GELNIQUE 10% GEL SACHET <i>oxybutynin chloride</i>	P	ST QPD 1 per day
<i>oxybutynin 5 mg tablet</i>	P	QPD 4 per day F11 Formulary Indicator 1
<i>oxybutynin 5 mg/5 ml solution</i>	P	QPD 20 per day
<i>oxybutynin 5 mg/5 ml syrup</i>	P	QPD 20 per day
<i>oxybutynin chloride powder</i>	P	
<i>oxybutynin cl er 10 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxybutynin cl er 15 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>oxybutynin cl er 5 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
OXYTROL 3.9 MG/24HR PATCH <i>oxybutynin</i>	P	ST QPD 0.357 per day
<i>solifenacin 10 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>solifenacin 5 mg tablet</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>tolterodine tart er 2 mg cap</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>tolterodine tart er 4 mg cap</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>tolterodine tartrate 1 mg tab</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>tolterodine tartrate 2 mg tab</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>tropium chloride 20 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>tropium chloride er 60 mg cap</i>	P	QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>GOLD COMPOUNDS</b>		
<i>gold sodium thiomalate powder</i>	P	
RIDAURA 3 MG CAPSULE <i>auranofin</i>	P	SPC
<b>GONADOTROPINS AND ANTIGONADOTROPINS</b>		
<b>ANTIGONADTROPINS</b>		
FIRMAGON 120 MG VIAL <i>degarelix acetate</i>	99	ME Medical Drug
FIRMAGON 2 X 120 MG KIT <i>degarelix acetate</i>	99	ME Medical Drug
FIRMAGON 80 MG KIT <i>degarelix acetate</i>	99	ME Medical Drug
MYFEMBREE 40 MG-1 MG-0.5 MG TB <i>relugolix/estradiol/norethindrone acetate</i>	P	AL At least 18 yrs old PA QPD 1 per day F11 Formulary Indicator 1
ORGOVYX 120 MG TABLET <i>relugolix</i>	P	SPC PA
ORIAHNN 300-1-0.5MG/300MG CAPS <i>elagolix sodium/estradiol/norethindrone acetate</i>	P	AL At least 18 yrs old PA QPD 2 per day F11 Formulary Indicator 1
ORLISSA 150 MG TABLET <i>elagolix sodium</i>	P	AL At least 18 yrs old PA QPD 1 per day
ORLISSA 200 MG TABLET <i>elagolix sodium</i>	P	AL At least 18 yrs old PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>GONADOTROPINS</b>		
<i>chorionic gonad 1 million unit</i>	P	
<i>chorionic gonad 2 million unit</i>	P	
<i>chorionic gonad 5 million unit</i>	P	
<i>chorionic gonadotropin powder</i>	P	
ELIGARD 22.5 MG SYRINGE B <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ELIGARD 22.5 MG SYRINGE KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ELIGARD 30 MG SYRINGE B <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ELIGARD 30 MG SYRINGE KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ELIGARD 45 MG SYRINGE B <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ELIGARD 45 MG SYRINGE KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ELIGARD 7.5 MG SYRINGE B <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELIGARD 7.5 MG SYRINGE KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>leuprolide 2wk 14 mg/2.8 ml kt</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>leuprolide 2wk 14 mg/2.8 ml vl</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>leuprolide acetate powder</i>	P	
<i>leuprolide depot 22.5 mg vial</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPO 11.25MG (LUPANETA) <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 11.25 MG 3MO KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 22.5 MG 3MO KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 3.75 MG KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT 3.75MG (LUPANETA) <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 45 MG 6MO KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT 7.5 MG KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-4 MONTH KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED 11.25 MG 3MO <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED 11.25 MG KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED 15 MG KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
LUPRON DEPOT-PED 30 MG 3MO KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT-PED 7.5 MG KIT <i>leuprolide acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
SYNAREL 2 MG/ML NASAL SPRAY <i>nafarelin acetate</i>	P	SPC PA
TRELSTAR 11.25 MG VIAL <i>triptorelin pamoate</i>	99	ME Medical Drug
TRELSTAR 22.5 MG VIAL <i>triptorelin pamoate</i>	99	ME Medical Drug
TRELSTAR 3.75 MG VIAL <i>triptorelin pamoate</i>	99	ME Medical Drug
VANTAS 50 MG KIT <i>histrelin acetate</i>	99	ME Medical Drug
ZOLADEX 10.8 MG IMPLANT SYRN <i>goserelin acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ZOLADEX 3.6 MG IMPLANT SYRN <i>goserelin acetate</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<b>HCV ANTIVIRALS</b>		
<b>HCV POLYMERASE INHIBITOR ANTIVIRALS</b>		
EPCLUSA 150-37.5 MG PELLET PKT <i>sofosbuvir/velpatasvir</i>	P	SPC PA QPD 1 per day
EPCLUSA 200 MG-50 MG TABLET <i>sofosbuvir/velpatasvir</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPCLUSA 200-50 MG PELLET PACK <i>sofosbuvir/velpatasvir</i>	P	SPC PA QPD 2 per day
EPCLUSA 400 MG-100 MG TABLET <i>sofosbuvir/velpatasvir</i>	P	SPC PA QPD 1 per day
HARVONI 33.75-150 MG PELLET PK <i>ledipasvir/sofosbuvir</i>	P	SPC PA QPD 1 per day
HARVONI 45-200 MG PELLET PACKET <i>ledipasvir/sofosbuvir</i>	P	SPC PA QPD 2 per day
HARVONI 45-200 MG TABLET <i>ledipasvir/sofosbuvir</i>	P	SPC PA QPD 1 per day
HARVONI 90-400 MG TABLET <i>ledipasvir/sofosbuvir</i>	P	SPC PA QPD 1 per day
<i>ledipasvir-sofosbuvir 90-400mg</i>	P	SPC PA QPD 1 per day
<i>sofosbuvir-velpatasvir 400-100</i>	P	SPC PA QPD 1 per day
SOVALDI 150 MG PELLET PACKET <i>sofosbuvir</i>	P	SPC PA QPD 1 per day
SOVALDI 200 MG PELLET PACKET <i>sofosbuvir</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOVALDI 200 MG TABLET <i>sofosbuvir</i>	P	SPC PA QPD 1 per day
SOVALDI 400 MG TABLET <i>sofosbuvir</i>	P	SPC PA QPD 1 per day
VOSEVI 400-100-100 MG TABLET <i>sofosbuvir/velpatasvir/voxilaprevir</i>	P	SPC PA QPD 1 per day
<b>HCV PROTEASE INHIBITOR ANTIVIRALS</b>		
MAVYRET 100-40 MG TABLET <i>glecaprevir/pibrentasvir</i>	P	SPC PA QPD 3 per day
MAVYRET 50-20 MG PELLET PACKET <i>glecaprevir/pibrentasvir</i>	P	SPC PA QPD 5 per day
<b>HCV REPLICATION COMPLEX INHIBITORS</b>		
VIEKIRA PAK <i>ombitasvir/paritaprevir/ritonavir/dasabuvir sodium</i>	P	SPC PA QPD 4 per day
ZEPATIER 50-100 MG TABLET <i>elbasvir/grazoprevir</i>	P	SPC PA QPD 1 per day
<b>HEAVY METAL ANTAGONISTS</b>		
CHEMET 100 MG CAPSULE <i>succimer</i>	P	SPC
CUPRIMINE 250 MG CAPSULE <i>penicillamine</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
D-PENAMINE 125 MG TABLET <i>penicillamine</i>	P	SPC PA
<i>deferasirox 125 mg tb for susp</i>	P	SPC PA
<i>deferasirox 180 mg granule pkt</i>	P	SPC PA
<i>deferasirox 180 mg tablet</i>	P	SPC PA
<i>deferasirox 250 mg tb for susp</i>	P	SPC PA
<i>deferasirox 360 mg granule pkt</i>	P	SPC PA
<i>deferasirox 360 mg tablet</i>	P	SPC PA
<i>deferasirox 500 mg tb for susp</i>	P	SPC PA
<i>deferasirox 90 mg granule pkt</i>	P	SPC PA
<i>deferasirox 90 mg tablet</i>	P	SPC PA
<i>deferiprone 1,000 mg tb(3x/dy)</i>	P	SPC PA
<i>deferiprone 500 mg tablet</i>	P	SPC PA
DEPEN 250 MG TITRATAB <i>penicillamine</i>	P	SPC PA B4G SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dmsa powder</i>	P	
<i>edetate calcium disodium powd</i>	P	
EXJADE 125 MG TABLET <i>deferasirox</i>	P	SPC PA
EXJADE 250 MG TABLET <i>deferasirox</i>	P	SPC PA
EXJADE 500 MG TABLET <i>deferasirox</i>	P	SPC PA
FERRIPROX 1,000 MG TAB(2X/DAY) <i>deferiprone</i>	P	SPC PA
FERRIPROX 1,000 MG TAB(3X/DAY) <i>deferiprone</i>	P	SPC PA
FERRIPROX 1,000 MG TABLET <i>deferiprone</i>	P	SPC PA
FERRIPROX 100 MG/ML SOLUTION <i>deferiprone</i>	P	SPC PA
FERRIPROX 500 MG TABLET <i>deferiprone</i>	P	SPC PA
GALZIN 25 MG CAPSULE <i>zinc acetate</i>	P	
GALZIN 50 MG CAPSULE <i>zinc acetate</i>	P	
JADENU 180 MG TABLET <i>deferasirox</i>	P	SPC PA
JADENU 360 MG TABLET <i>deferasirox</i>	P	SPC PA
JADENU 90 MG TABLET <i>deferasirox</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JADENU SPRINKLE 180 MG GRANULE <i>deferiasirox</i>	P	SPC PA
JADENU SPRINKLE 360 MG GRANULE <i>deferiasirox</i>	P	SPC PA
JADENU SPRINKLE 90 MG GRANULE <i>deferiasirox</i>	P	SPC PA
<i>penicillamine 250 mg capsule</i>	P	SPC PA
<i>penicillamine 250 mg tablet</i>	P	SPC PA
<i>penicillamine powder</i>	P	
<i>penicillamine(d-) powder</i>	P	
<i>succimer dmsa powder</i>	P	
<i>trientine hcl 250 mg capsule</i>	P	SPC PA
WILZIN 25 MG CAPSULE <i>zinc acetate</i>	P	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
<i>aldosterone powder</i>	P	
<i>aldosterone powder</i>	P	
<i>beclomethasone dipro powder</i>	P	
<i>betamethasone acet micro powd</i>	P	
<i>betamethasone sod phos powder</i>	P	
<i>budesonide dr 3 mg capsule</i>	P	
<i>budesonide ec 3 mg capsule</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide er 9 mg tablet</i>	P	PA
<i>budesonide micronized powder</i>	P	
<i>cortisone acetate powder</i>	P	
DEPO-MEDROL 20 MG/ML VIAL <i>methylprednisolone acetate</i>	P	BSP BENEFIT SHIFT PROGRAM
DEPO-MEDROL 40 MG/ML VIAL <i>methylprednisolone acetate</i>	P	BSP BENEFIT SHIFT PROGRAM
DEPO-MEDROL 80 MG/ML VIAL <i>methylprednisolone acetate</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>desoxycorticosterone acet powd</i>	P	
<i>dexamethasone 0.5 mg tablet</i>	P	
<i>dexamethasone 0.5 mg/5 ml elx</i>	P	
<i>dexamethasone 0.5 mg/5 ml liq</i>	P	
<i>dexamethasone 0.75 mg tablet</i>	P	
<i>dexamethasone 1 mg tablet</i>	P	
<i>dexamethasone 1.5 mg tablet</i>	P	
<i>dexamethasone 10 mg/50 ml-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 10 mg/ml syring</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 10 mg/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 10 mg/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 100 mg/10 ml vl</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 120 mg/30 ml vl</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 2 mg tablet</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone 20 mg/5 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 20 mg/50 ml-ns</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 4 mg tablet</i>	P	
<i>dexamethasone 4 mg/ml syringe</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 4 mg/ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>dexamethasone 6 mg tablet</i>	P	
<i>dexamethasone acet micro powd</i>	P	
<i>dexamethasone acetate powder</i>	P	
DEXAMETHASONE INTENSOL 1 MG/ML <i>dexamethasone</i>	P	
<i>dexamethasone isonic powder</i>	P	
<i>dexamethasone micronized powd</i>	P	
<i>dexamethasone micronized powd</i>	P	
<i>dexamethasone sod ph powder</i>	P	
ENTOCORT EC 3 MG CAPSULE <i>budesonide</i>	P	
<i>fludrocortisone 0.1 mg tablet</i>	P	
<i>fludrocortisone acetate powder</i>	P	
<i>flunisolide powder</i>	P	
<i>fluticasone prop micro powder</i>	P	
<i>fluticasone propionate powder</i>	P	
<i>hydrocortisone 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>hydrocortisone 20 mg tablet</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone 5 mg tablet</i>	P	F11 Formulary Indicator 1
INTRAROSA 6.5 MG VAG INSERT <i>prasterone (dhea)</i>	P	AL At least 18 yrs old QPD 1 per day
KENALOG-10 50 MG/5 ML VIAL <i>triamcinolone acetonide</i>	P	BSP BENEFIT SHIFT PROGRAM
MEDROL 16 MG TABLET <i>methylprednisolone</i>	P	
MEDROL 2 MG TABLET <i>methylprednisolone</i>	P	
MEDROL 32 MG TABLET <i>methylprednisolone</i>	P	
MEDROL 4 MG DOSEPAK <i>methylprednisolone</i>	P	
MEDROL 4 MG TABLET <i>methylprednisolone</i>	P	
MEDROL 8 MG TABLET <i>methylprednisolone</i>	P	
<i>methylprednisolone 16 mg tab</i>	P	
<i>methylprednisolone 32 mg tab</i>	P	
<i>methylprednisolone 4 mg dosepak</i>	P	
<i>methylprednisolone 4 mg tablet</i>	P	
<i>methylprednisolone 8 mg tablet</i>	P	
<i>methylprednisolone ac micro</i>	P	
<i>methylprednisolone powder</i>	P	
<i>mometasone furoate powder</i>	P	
ORAPRED ODT 10 MG TABLET <i>prednisolone sodium phosphate</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORAPRED ODT 15 MG TABLET <i>prednisolone sodium phosphate</i>	P	
ORAPRED ODT 30 MG TABLET <i>prednisolone sodium phosphate</i>	P	
PEDIAPRED 5 MG/5 ML SOLN <i>prednisolone sodium phosphate</i>	P	
<i>prednisolone 10 mg/5 ml soln</i>	P	
<i>prednisolone 15 mg/5 ml soln</i>	P	
<i>prednisolone 15 mg/5 ml soln</i>	P	
<i>prednisolone 20 mg/5 ml soln</i>	P	
<i>prednisolone 5 mg/5 ml soln</i>	P	
<i>prednisolone ac micronized pwd</i>	P	
<i>prednisolone anhydrous powder</i>	P	
<i>prednisolone micronized powder</i>	P	
<i>prednisolone odt 10 mg tablet</i>	P	
<i>prednisolone odt 15 mg tablet</i>	P	
<i>prednisolone odt 30 mg tablet</i>	P	
<i>prednisolone powder</i>	P	
<i>prednisolone sod ph 25 mg/5 ml</i>	P	
<i>prednisolone sod ph powder</i>	P	
<i>prednisone 1 mg tablet</i>	P	
<i>prednisone 10 mg tab dose pack</i>	P	
<i>prednisone 10 mg tablet</i>	P	
<i>prednisone 2.5 mg tablet</i>	P	
<i>prednisone 20 mg tablet</i>	P	
<i>prednisone 5 mg tab dose pack</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisone 5 mg tablet</i>	P	
<i>prednisone 5 mg/5 ml solution</i>	P	
<i>prednisone 50 mg tablet</i>	P	
PREDNISONE INTENSOL 5 MG/ML <i>prednisone</i>	P	
<i>prednisone micronized powder</i>	P	
<i>prednisone powder</i>	P	
SOLU-CORTEF 1,000 MG ACT-O-VL <i>hydrocortisone sodium succinate/pf</i>	P	BSP BENEFIT SHIFT PROGRAM
SOLU-CORTEF 100 MG ACT-O-VIAL <i>hydrocortisone sodium succinate/pf</i>	P	BSP BENEFIT SHIFT PROGRAM
SOLU-CORTEF 100 MG VIAL <i>hydrocortisone sod succinate</i>	P	BSP BENEFIT SHIFT PROGRAM
SOLU-CORTEF 250 MG ACT-O-VIAL <i>hydrocortisone sodium succinate/pf</i>	P	BSP BENEFIT SHIFT PROGRAM
SOLU-CORTEF 500 MG ACT-O-VIAL <i>hydrocortisone sodium succinate/pf</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>triamcinolone acet 200 mg/5 ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>triamcinolone acet 40 mg/ml vl</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>triamcinolone acet 400 mg/10ml</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>triamcinolone acet 40mg/ml vl</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>triamcinolone acet 50mg/5ml vl</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>triamcinolone acetonide powder</i>	P	
<i>triamcinolone diacet micro pwd</i>	P	
<i>triamcinolone diacetate powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone hexacetonide pwd</i>	P	
<i>triamcinolone powder</i>	P	
UCERIS 2 MG RECTAL FOAM <i>budesonide</i>	P	
VERIPRED 20 20 MG/5 ML SOLN <i>prednisolone sodium phosphate</i>	P	
<b>ANDROGENS</b>		
ANDRODERM 2 MG/24HR PATCH <i>testosterone</i>	P	GL Male PA OPD 1 per day
ANDRODERM 4 MG/24HR PATCH <i>testosterone</i>	P	GL Male PA OPD 1 per day
<i>androstenedione powder</i>	P	
<i>danazol 100 mg capsule</i>	P	
<i>danazol 200 mg capsule</i>	P	
<i>danazol 50 mg capsule</i>	P	
<i>danazol powder</i>	P	
<i>dehydroepiandrosterone powder</i>	P	
<i>dehydroepiandrosterone powder</i>	P	
<i>dhea micronized powder</i>	P	
<i>estrogen-methyltestos f.s. tab</i>	P	GL Female
<i>estrogen-methyltestos h.s. tab</i>	P	GL Female
<i>methyltestosterone micro powd</i>	P	
<i>methyltestosterone powder</i>	P	
<i>nandrolone decanoate powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxandrolone powder</i>	P	
<i>oxymetholone powder</i>	P	
<i>stanozolol micronized powder</i>	P	
<i>stanozolol powder</i>	P	
<i>testosteron cyp 1,000 mg/10 ml</i>	P	GL Male
<i>testosteron cyp 2,000 mg/10 ml</i>	P	GL Male
<i>testosteron enan 1,000 mg/5 ml</i>	P	GL Male
<i>testosterone 1% (25mg/2.5g) pk</i>	P	GL Male QPD 2.5 per day
<i>testosterone 1% (50 mg/5 g) pk</i>	P	GL Male QPD 5 per day
<i>testosterone 1.62% (2.5 g) pkt</i>	P	GL Male QPD 5 per day
<i>testosterone 1.62% gel pump</i>	P	GL Male QPD 5 per day
<i>testosterone 1.62%(1.25 g) pkt</i>	P	GL Male QPD 5 per day
<i>testosterone 12.5 mg/1.25 gram</i>	P	GL Male QPD 10 per day
<i>testosterone 50 mg/5 gram gel</i>	P	QL 300 / 30 days GL Male
<i>testosterone 50 mg/5 gram pkt</i>	P	GL Male QPD 5 per day
<i>testosterone cyp 1,000 mg/5 ml</i>	P	GL Male
<i>testosterone cyp 100 mg/ml</i>	P	GL Male
<i>testosterone cyp 200 mg/ml</i>	P	GL Male

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>testosterone cyp 500 mg/2.5 ml</i>	P	GL Male
<i>testosterone cyp 6,000 mg/30ml</i>	P	GL Male
<i>testosterone cyp micro powder</i>	P	
<i>testosterone cypionate powder</i>	P	
<i>testosterone enan 200 mg/ml</i>	P	GL Male
<i>testosterone enanthate powder</i>	P	
<i>testosterone micronized powder</i>	P	
<i>testosterone powder</i>	P	
<i>testosterone propionate powder</i>	P	
XYOSTED 100 MG/0.5 ML AUTO-INJ <i>testosterone enanthate</i>	P	PA
XYOSTED 50 MG/0.5 ML AUTO-INJ <i>testosterone enanthate</i>	P	PA
XYOSTED 75 MG/0.5 ML AUTO-INJ <i>testosterone enanthate</i>	P	PA
CONTRACEPTIVES		
AFIRMELLE-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1
ALTAVERA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>ALYACEN 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>ALYACEN 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>AMETHIA 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i></p>	<p>P</p>	<p>QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>AMETHIA LO TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i></p>	<p>P</p>	<p>QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANNOVERA VAGINAL RING <i>segesterone acetate/ethinyl estradiol</i>	P	<ul style="list-style-type: none"> <li>QL max 1 per 365 days</li> <li>GL Female</li> <li>HCR HCR Rx Contraceptives</li> </ul>
APRI 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	P	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</li> </ul>
ARANELLE 28 TABLET <i>norethindrone-ethinyl estradiol</i>	P	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</li> </ul>
ASHLYNA 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	P	<ul style="list-style-type: none"> <li>QL 91 days</li> <li>GL Female</li> <li>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</li> </ul>
AUBRA EQ-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	P	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</li> <li>F11 Formulary Indicator 1</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>AUBRA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>AUROVELA 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>AUROVELA 21 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>AUROVELA 24 FE 1 MG-20 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>AUROVELA FE 1.5 MG-30 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>AVIANE-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>AYUNA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>AZURETTE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>BALCOLTRA TABLET <i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i></p>	<p>P</p>	<p>GL Female F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BALZIVA 28 TABLET</b> <i>norethindrone-ethinyl estradiol</i>	<p>P</p>	<p><b>GL</b> Female</p> <p><b>HCR</b> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<b>BLISOVI 24 FE TABLET</b> <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	<p>P</p>	<p><b>GL</b> Female</p> <p><b>HCR</b> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<b>BLISOVI FE 1-20 TABLET</b> <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	<p>P</p>	<p><b>GL</b> Female</p> <p><b>HCR</b> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<b>BLISOVI FE 1.5-30 TABLET</b> <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	<p>P</p>	<p><b>GL</b> Female</p> <p><b>HCR</b> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<b>BRIELLYN TABLET</b> <i>norethindrone-ethinyl estradiol</i>	<p>P</p>	<p><b>GL</b> Female</p> <p><b>HCR</b> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMILA 0.35 MG TABLET <i>norethindrone</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CAMRESE 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	P	QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1
CAMRESE LO TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	P	QL 91 days GL Female 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>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>CHATEAL EQ-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>CHATEAL-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>CRYSSELLE-28 TABLET <i>norgestrel-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>CYCLAFEM 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYRED 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
CYRED EQ 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1
DASETTA 1-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DASETTA 7/7/7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DAYSEE 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	P	QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEBLITANE 0.35 MG TABLET <i>norethindrone</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1
<i>desogestr-eth estrad eth estra</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1
<i>desogestrel-ee 0.15-0.03 mg tb</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
DOLISHALE 90-20 MCG TABLET <i>levonorgestrel/ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drosp-ee-levomef 3-0.03-0.451</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<i>drospirenone-ee 3-0.02 mg tab</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
<i>drospirenone-ee 3-0.03 mg tab</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
ELINEST-28 TABLET <i>norgestrel-ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>ELURYNG VAGINAL RING <i>etonogestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>EMOQUETTE 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>ENPRESSE-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>ENSKYCE 28 TABLET <i>desogestrel-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>ERRIN 0.35 MG TABLET <i>norethindrone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTARYLLA 0.25-0.035 MG TABLET <i>norgestimate-ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>ethynodiol-eth estra 1mg-35mcg</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>ethynodiol-eth estra 1mg-50mcg</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>etonogestrel-ee vaginal ring</i>	P	GL Female 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>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FEMYNOR 28 TABLET <i>norgestimate-ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
FINZALA 1-0.02(24)-75 CHEW TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	P	<p>GL Female</p>
GEMMILY 1 MG-20 MCG CAPSULE <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
GIANVI 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
HAILEY 21 1.5 MG-30 MCG TAB <i>norethindrone acetate-ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
HAILEY 24 FE 1 MG-20 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>HAILEY FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>HAILEY FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>HEATHER 0.35 MG TABLET <i>norethindrone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>ICLEVIA 0.15 MG-0.03 MG TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>ISIBLOOM 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>JAIMIESS 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i></p>	<p>P</p>	<p>QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>JASMIEL 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>JENCYCLA 0.35 MG TABLET <i>norethindrone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>JULEBER 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>JUNEL 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>JUNEL 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>JUNEL FE 1 MG-20 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>JUNEL FE 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>JUNEL FE 24 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>KAITLIB FE 0.8-0.025MG CHEW TB <i>norethindrone-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>KALLIGA 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>KARIVA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>KELNOR 1-35 28 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>KELNOR 1-50 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>KURVELO-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>KYLEENA 19.5 MG SYSTEM <i>levonorgestrel</i></p>	<p>P</p>	<p>GL Female SPC HCR: Gender Edits (Females) may apply. BSP BENEFIT SHIFT PROGRAM</p>
<p>LARIN 1.5 MG-30 MCG TABLET <i>norethindrone acetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LARIN 21 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>LARIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LARIN FE 1.5-30 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LARISSIA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LAYOLIS FE CHEWABLE TABLET <i>norethindrone-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LEENA 28 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>LESSINA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LEVONEST-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p><i>levono-e estrad 0.15-0.03-0.01</i></p>	<p>P</p>	<p>QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p><i>levonor-e estrad 0.1-0.02-0.01</i></p>	<p>P</p>	<p>QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p><i>levonor-eth estra 0.09-0.02 mg</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonor-eth estrad 0.1-0.02 mg</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<i>levonor-eth estrad 0.15-0.03</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<i>levonor-eth estrad 0.15-0.03</i>	P	<p>QL 91 days</p> <p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<i>levonor-eth estrad triphasic</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<i>levonorg 0.15mg-ee 20-25-30mcg</i>	P	<p>QL 91 days</p> <p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>LEVORA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LILLOW-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LO-ZUMANDIMINE 3 MG-0.02 MG TB <i>ethinyl estradiol/drospirenone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LOJAIMIESS 0.1-0.02-0.01 TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i></p>	<p>P</p>	<p>QL 91 days GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LORYNA 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>LOW-OGESTREL-28 TABLET <i>norgestrel-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>LUTERA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>LYLEQ 0.35 MG TABLET <i>norethindrone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>LYZA 0.35 MG TABLET <i>norethindrone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>MELODETTA 24 FE CHEWABLE TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>MERZEE 1 MG-20 MCG CAPSULE <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>MIBELAS 24 FE CHEWABLE TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>MICROGESTIN 21 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>MICROGESTIN 21 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>MICROGESTIN 24 FE 1 MG-20 MCG <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>MICROGESTIN FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>MICROGESTIN FE 1.5-30 TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>MILI 0.25-0.035 MG TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>MIRENA 52 MG SYSTEM <i>levonorgestrel</i></p>	<p>P</p>	<p>GL Female SPC HCR HCR: Gender Edits (Females) may apply. BSP BENEFIT SHIFT PROGRAM</p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATAZIA 28 TABLET <i>estradiol valerate/dienogest</i>	P	<p>GL Female</p> <p>HCR HCR Rx Contraceptives</p>
NECON 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
NEXPLANON 68 MG IMPLANT <i>etonogestrel</i>	P	<p>SPC</p> <p>HCR HCR: Gender Edits (Females) may apply.</p> <p>BSP BENEFIT SHIFT PROGRAM</p>
NIKKI 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
NORA-BE TABLET <i>norethindrone</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<i>noret-estr-fe 0.4-0.035(21)-75</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>noreth-ee-fe 1 mg/20-30-35 mcg</i>	P	GL Female
<i>noreth-ee-fe 1-0.02(21)-75 tab</i>	P	GL Female HCR HCR Rx Contraceptives
<i>noreth-ee-fe 1-0.02(24)-75 cap</i>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>noreth-ee-fe 1.5-0.03mg(21)-75</i>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>norethin-ee 1.5-0.03 mg(21) tb</i>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>norethin-estra-fe 0.8-0.025 mg</i>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
<i>norethind-eth estrad 1-0.02 mg</i>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone 0.35 mg tablet</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<i>norg-ee 0.18-0.215-0.25/0.025</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
<i>norg-ee 0.18-0.215-0.25/0.035</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
<i>norg-ethin estra 0.25-0.035 mg</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<i>norgestimate-ee 0.25-0.035 mg</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>NORLYDA 0.35 MG TABLET <i>norethindrone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>NORTREL 0.5-35-28 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>NORTREL 1-35 21 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>NORTREL 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>NORTREL 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NYLIA 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	P	GL Female HCR HCR Rx Contraceptives
NYLIA 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	P	GL Female HCR 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>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1
OCELLA 3 MG-0.03 MG TABLET <i>ethinyl estradiol/drospirenone</i>	P	GL Female HCR 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>	P	GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PARAGARD T 380-A IUD <i>copper</i>	P	SPC HCR HCR: Gender Edits (Females) may apply. BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHILITH 0.4-0.035 MG TABLET <i>norethindrone-ethinyl estradiol</i>	P	GL Female 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>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
PIRMELLA 1-35 28 TABLET <i>norethindrone-ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1
PIRMELLA 7-7-7-28 TABLET <i>norethindrone-ethinyl estradiol</i>	P	GL Female 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>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVIFEM TABLET <i>norgestimate-ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
RECLIPSEN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
SETLAKIN 0.15 MG-0.03 MG TAB <i>levonorgestrel/ethinyl estradiol</i>	P	<p>QL 91 days</p> <p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
SHAROBEL 0.35 MG TABLET <i>norethindrone</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
SIMLIYA 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>SIMPESSE 0.15-0.03-0.01 MG TAB <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i></p>	<p>P</p>	<p> <span>QL</span> 91 days  <span>GL</span> Female  <span>HCR</span> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.         </p>
<p>SKYLA 13.5 MG SYSTEM <i>levonorgestrel</i></p>	<p>P</p>	<p> <span>GL</span> Female  <span>SPC</span>  <span>HCR</span> HCR: Gender Edits (Females) may apply.  <span>BSP</span> BENEFIT SHIFT PROGRAM         </p>
<p>SPRINTEC 28 DAY TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p> <span>GL</span> Female  <span>HCR</span> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.         </p>
<p>SRONYX 0.10-0.02 MG TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p> <span>GL</span> Female  <span>HCR</span> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.         </p>
<p>SYEDA 28 TABLET <i>ethinyl estradiol/drospirenone</i></p>	<p>P</p>	<p> <span>GL</span> Female  <span>HCR</span> HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.         </p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>TARINA 24 FE 1 MG-20 MCG TAB <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TARINA FE 1-20 EQ TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TARINA FE 1-20 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TAYSOFY 1 MG-20 MCG CAPSULE <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR Rx Contraceptives</p>
<p>TILIA FE 28 TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>TRI-ESTARYLLA TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TRI-LEGEST FE-28 DAY TABLET <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TRI-LINYAH TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TRI-LO-ESTARYLLA TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TRI-LO-MARZIA TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>TRI-LO-MILI TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TRI-LO-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TRI-MILI 28 TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TRI-NYMYO 28 TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TRI-PREVFEM TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>TRI-SPRINTEC TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
<p>TRI-VYLIBRA 28 TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
<p>TRI-VYLIBRA LO TABLET <i>norgestimate-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
<p>TRIVORA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>TULANA 0.35 MG TABLET <i>norethindrone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TYBLUME 0.1-0.02 MG CHEW TAB <i>levonorgestrel/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>TYDEMY 3-0.03-0.451 MG TABLET <i>drospirenone/ethinyl estradiol/levomefolate calcium</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>VELIVET 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>VESTURA 3 MG-0.02 MG TABLET <i>ethinyl estradiol/drospirenone</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIENVA-28 TABLET <i>levonorgestrel/ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VIORELE 28 DAY TABLET <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VOLNEA 0.15-0.02-0.01 MG TAB <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.
VYFEMLA 0.4 MG-0.035 MG TABLET <i>norethindrone-ethinyl estradiol</i>	P	GL Female 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>	P	GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<p>WERA 0.5/0.035 MG 28 TABLET <i>norethindrone-ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. F11 Formulary Indicator 1</p>
<p>WYMZYA FE 0.4-0.035 MG CHEW TB <i>norethindrone-ethinyl estradiol/ferrous fumarate</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
<p>XULANE 150-35 MCG/DAY PATCH <i>norelgestromin/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 0.12 per day F11 Formulary Indicator 1</p>
<p>ZAFEMY 150-35 MCG/DAY PATCH <i>norelgestromin/ethinyl estradiol</i></p>	<p>P</p>	<p>GL Female HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. QPD 0.124 per day</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOVIA 1-35 TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p>
ZOVIA 1-35E TABLET <i>ethynodiol diacetate-ethinyl estradiol</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
ZUMANDIMINE 3 MG-0.03 MG TAB <i>ethinyl estradiol/drospirenone</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>F11 Formulary Indicator 1</p>
<b>LEPTINS</b>		
MYALEPT 11.3 MG (5 MG/ML) VIAL <i>metreleptin</i>	P	<p>SPC</p> <p>PA</p>
<b>PITUITARY</b>		
DDAVP 0.1 MG TABLET <i>desmopressin acetate</i>	P	
DDAVP 0.2 MG TABLET <i>desmopressin acetate</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DDAVP 10 MCG/0.1 ML SOLUTION <i>desmopressin acetate</i>	P	
<i>desmopressin 0.01% solution</i>	P	
<i>desmopressin 10 mcg/0.1 ml spr</i>	P	
<i>desmopressin acetate 0.1 mg tb</i>	P	F11 Formulary Indicator 1
<i>desmopressin acetate 0.2 mg tb</i>	P	F11 Formulary Indicator 1
<i>desmopressin acetate powder</i>	P	
NOCDURNA 27.7 MCG TABLET SL <i>desmopressin acetate</i>	P	PA QPD 1 per day
NOCDURNA 55.3 MCG TABLET SL <i>desmopressin acetate</i>	P	PA QPD 1 per day
NORDITROPIN FLEXPRO 10 MG/1.5 <i>somatropin</i>	P	SPC PA
NORDITROPIN FLEXPRO 15 MG/1.5 <i>somatropin</i>	P	SPC PA
NORDITROPIN FLEXPRO 30 MG/3 ML <i>somatropin</i>	P	SPC PA
NORDITROPIN FLEXPRO 5 MG/1.5 <i>somatropin</i>	P	SPC PA
<i>sermorelin acetate powder</i>	P	
SEROSTIM 4 MG VIAL <i>somatropin</i>	P	SPC PA QPD 1 per day
SEROSTIM 5 MG VIAL <i>somatropin</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROSTIM 6 MG VIAL <i>somatropin</i>	P	SPC PA QPD 1 per day
ZORBTIVE 8.8 MG VIAL <i>somatropin</i>	P	SPC PA QPD 1 per day
<b>PROGESTINS</b>		
AYGESTIN 5 MG TABLET <i>norethindrone acetate</i>	P	GL Female
CRINONE 4% GEL <i>progesterone, micronized</i>	P	GL Female
DEPO-PROVERA 150 MG/ML SYRINGE <i>medroxyprogesterone acetate</i>	P	QL 90 days GL Female
DEPO-PROVERA 150 MG/ML VIAL <i>medroxyprogesterone acetate</i>	P	GL Female
DEPO-SUBQ PROVERA 104 SYRINGE <i>medroxyprogesterone acetate</i>	P	QL 90 days GL Female HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered. PA
<i>hydroxyprogest 1,250 mg/5 ml</i>	P	GL Female SPC PA BSP BENEFIT SHIFT PROGRAM
<i>hydroxyprogest 250 mg/ml vial</i>	P	GL Female SPC PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyprogesterone 1.25 g/5ml</i>	P	<ul style="list-style-type: none"> <li>GL Female</li> <li>SPC</li> <li>PA</li> <li>BSP BENEFIT SHIFT PROGRAM</li> </ul>
<i>hydroxyprogesterone cap powder</i>	P	
MAKENA 1,250 MG/5 ML VIAL <i>hydroxyprogesterone caproate</i>	P	<ul style="list-style-type: none"> <li>GL Female</li> <li>SPC</li> <li>PA</li> <li>BSP BENEFIT SHIFT PROGRAM</li> </ul>
MAKENA 250 MG/ML VIAL <i>hydroxyprogesterone caproate/pf</i>	P	<ul style="list-style-type: none"> <li>GL Female</li> <li>SPC</li> <li>PA</li> <li>BSP BENEFIT SHIFT PROGRAM</li> </ul>
MAKENA 275 MG/1.1 ML AUTOINJECT <i>hydroxyprogesterone caproate/pf</i>	P	<ul style="list-style-type: none"> <li>GL Female</li> <li>SPC</li> <li>PA</li> <li>BSP BENEFIT SHIFT PROGRAM</li> </ul>
<i>medroxyprogesterone 10 mg tab</i>	P	<ul style="list-style-type: none"> <li>GL Female</li> <li>F11 Formulary Indicator 1</li> </ul>
<i>medroxyprogesterone 150 mg/ml</i>	P	<ul style="list-style-type: none"> <li>QL 90 days</li> <li>GL Female</li> <li>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone 150 mg/ml</i>	P	<p>GL Female</p> <p>HCR HCR: Gender Edits (Females) and Quantity Limits apply. Multi-source brands and select single source brands are not covered.</p> <p>QPD 0.04 per day</p>
<i>medroxyprogesterone 2.5 mg tab</i>	P	<p>GL Female</p> <p>F11 Formulary Indicator 1</p>
<i>medroxyprogesterone 5 mg tab</i>	P	<p>GL Female</p> <p>F11 Formulary Indicator 1</p>
<i>medroxyprogesterone ac micro</i>	P	
<i>megestrol 20 mg tablet</i>	P	
<i>megestrol 40 mg tablet</i>	P	
<i>megestrol 625 mg/5 ml susp</i>	P	F11 Formulary Indicator 1
<i>megestrol acet 40 mg/ml susp</i>	P	F11 Formulary Indicator 1
<i>megestrol acet 400 mg/10 ml</i>	P	F11 Formulary Indicator 1
<i>megestrol acetate powder</i>	P	
<i>norethindrn 5 mg tb (lupaneta)</i>	P	<p>GL Female</p> <p>F11 Formulary Indicator 1</p>
<i>norethindrone 5 mg tablet</i>	P	<p>GL Female</p> <p>F11 Formulary Indicator 1</p>
<i>norethindrone acetate powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone powder</i>	P	
<i>progesterone 100 mg capsule</i>	P	GL Female F11 Formulary Indicator 1
<i>progesterone 200 mg capsule</i>	P	GL Female F11 Formulary Indicator 1
<i>progesterone 500 mg/10 ml vial</i>	P	GL Female
<i>progesterone micronized powder</i>	P	
<i>progesterone powder</i>	P	
PROVERA 10 MG TABLET <i>medroxyprogesterone acetate</i>	P	GL Female
PROVERA 2.5 MG TABLET <i>medroxyprogesterone acetate</i>	P	GL Female
PROVERA 5 MG TABLET <i>medroxyprogesterone acetate</i>	P	GL Female
<b>HYPOTENSIVE AGENTS</b>		
<b>CENTRAL ALPHA-AGONISTS</b>		
<i>clonidine 0.1 mg/day patch</i>	P	QPD 0.15 per day
<i>clonidine 0.2 mg/day patch</i>	P	QPD 0.4 per day
<i>clonidine 0.3 mg/day patch</i>	P	QPD 0.4 per day
<i>clonidine hcl 0.1 mg tablet</i>	P	F11 Formulary Indicator 1
<i>clonidine hcl 0.2 mg tablet</i>	P	F11 Formulary Indicator 1
<i>clonidine hcl 0.3 mg tablet</i>	P	F11 Formulary Indicator 1
<i>clonidine hcl er 0.1 mg tablet</i>	P	QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl er 0.17 mg tab</i>	P	QPD 3 per day
<i>clonidine hcl powder</i>	P	
<i>guanabenz acetate powder</i>	P	
<i>guanfacine 1 mg tablet</i>	P	
<i>guanfacine 2 mg tablet</i>	P	
KAPVAY ER 0.1 MG TABLET <i>clonidine hcl</i>	P	ST QPD 4 per day SBA Select Brand Alternative
<i>methyldopa 250 mg tablet</i>	P	
<i>methyldopa 500 mg tablet</i>	P	
<i>methyldopa-hctz 250-15 mg tab</i>	P	F11 Formulary Indicator 1
<i>methyldopa-hctz 250-25 mg tab</i>	P	F11 Formulary Indicator 1
<b>DIRECT VASODILATORS</b>		
BIDIL 20 MG-37.5 MG TABLET <i>isosorbide dinitrate/hydralazine hcl</i>	P	PR QPD 6 per day
<i>diazoxide powder</i>	P	
<i>hydralazine 10 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>hydralazine 100 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>hydralazine 25 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>hydralazine 50 mg tablet</i>	P	PR F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydralazine hcl powder</i>	P	
<i>isosorbide-hydralazine 20-37.5</i>	P	PR QPD 6 per day
<i>minoxidil 10 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>minoxidil 2.5 mg tablet</i>	P	PR
<i>minoxidil powder</i>	P	
HYPOTENSIVE AGENTS, MISCELLANEOUS		
<i>guanethidine hemisulfate powd</i>	P	
<i>mecamylamine hcl powder</i>	P	
VECAMYL 2.5 MG TABLET <i>mecamylamine hcl</i>	P	SPC PA
PERIPHERAL ADRENERGIC INHIBITORS		
<i>rauwolfia serpentina powder</i>	P	
<i>reserpine powder</i>	P	
INSULINS		
INTERMEDIATE-ACTING INSULINS		
HUMULIN 70-30 VIAL <i>insulin nph human isophane/insulin regular, human</i>	P	QL 90 days PR
HUMULIN 70/30 KWIKPEN <i>insulin nph human isophane/insulin regular, human</i>	P	QL 90 days PR
HUMULIN N 100 UNIT/ML KWIKPEN <i>insulin nph human isophane</i>	P	QL 90 days PR
HUMULIN N 100 UNIT/ML VIAL <i>insulin nph human isophane</i>	P	QL 90 days PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>LONG-ACTING INSULINS</b>		
LANTUS 100 UNIT/ML VIAL <i>insulin glargine, human recombinant analog</i>	P	<span>QL</span> 90 days <span>PR</span> <span>B4G</span>
LANTUS SOLOSTAR 100 UNIT/ML <i>insulin glargine, human recombinant analog</i>	P	<span>QL</span> 90 days <span>PR</span> <span>B4G</span>
SOLIQUA 100 UNIT-33 MCG/ML PEN <i>insulin glargine, human recombinant analog/lixisenatide</i>	P	<span>PR</span> <span>PA</span> <span>QPD</span> 0.6 per day
TOUJEO MAX SOLOSTR 300 UNIT/ML <i>insulin glargine, human recombinant analog</i>	P	<span>QL</span> 90 days <span>PR</span>
TOUJEO SOLOSTAR 300 UNIT/ML <i>insulin glargine, human recombinant analog</i>	P	<span>QL</span> 90 days <span>PR</span>
XULTOPHY 100 UNIT-3.6MG/ML PEN <i>insulin degludec/liraglutide</i>	P	<span>PR</span> <span>PA</span> <span>QPD</span> 0.5 per day
<b>RAPID-ACTING INSULINS</b>		
AFREZZA 12 UNIT CARTRIDGE <i>insulin regular, human</i>	P	<span>QL</span> 90 days <span>PR</span> <span>PA</span>
AFREZZA 4 UNIT CARTRIDGE <i>insulin regular, human</i>	P	<span>QL</span> 90 days <span>PR</span> <span>PA</span>
AFREZZA 4 UNIT/8 UNIT/12 UNIT <i>insulin regular, human</i>	P	<span>QL</span> 90 days <span>PR</span> <span>PA</span>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFREZZA 8 UNIT CARTRIDGE <i>insulin regular, human</i>	P	QL 90 days PR PA
AFREZZA 90-4 UNIT / 90-8 UNIT <i>insulin regular, human</i>	P	QL 90 days PR PA
AFREZZA 90-8 UNIT / 90-12 UNIT <i>insulin regular, human</i>	P	QL 90 days PR PA
HUMALOG 100 UNIT/ML CARTRIDGE <i>insulin lispro</i>	P	QL 90 days PR
HUMALOG 100 UNIT/ML KWIKPEN <i>insulin lispro</i>	P	QL 90 days PR B4G
HUMALOG 100 UNIT/ML VIAL <i>insulin lispro</i>	P	QL 90 days PR B4G
HUMALOG 200 UNIT/ML KWIKPEN <i>insulin lispro</i>	P	QL 90 days PR
HUMALOG JR 100 UNIT/ML KWIKPEN <i>insulin lispro</i>	P	QL 90 days PR B4G
HUMALOG MIX 50-50 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	P	QL 90 days PR
HUMALOG MIX 50-50 VIAL <i>insulin lispro protamine and insulin lispro</i>	P	QL 90 days PR
HUMALOG MIX 75-25 KWIKPEN <i>insulin lispro protamine and insulin lispro</i>	P	QL 90 days PR B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 75-25 VIAL <i>insulin lispro protamine and insulin lispro</i>	P	QL 90 days PR
LYUMJEV 100 UNIT/ML KWIKPEN <i>insulin lispro-aabc</i>	P	QL 90 days PR
LYUMJEV 100 UNIT/ML VIAL <i>insulin lispro-aabc</i>	P	QL 90 days PR
LYUMJEV 200 UNIT/ML KWIKPEN <i>insulin lispro-aabc</i>	P	QL 90 days PR
<b>SHORT-ACTING INSULINS</b>		
HUMULIN R 100 UNIT/ML VIAL <i>insulin regular, human</i>	P	QL 90 days PR
HUMULIN R 500 UNIT/ML KWIKPEN <i>insulin regular, human</i>	P	QL 90 days PR
HUMULIN R 500 UNIT/ML VIAL <i>insulin regular, human</i>	P	QL 90 days PR
<b>ION-REMOVING AGENTS</b>		
<b>OTHER ION-REMOVING AGENTS</b>		
RADIOGARDASE 0.5 GM CAPSULE <i>prussian blue (insoluble)</i>	P	
<b>PHOSPHATE-REMOVING AGENTS</b>		
<i>calcium acetate 667 mg capsule</i>	P	F11 Formulary Indicator 1
<i>calcium acetate 667 mg gelcap</i>	P	F11 Formulary Indicator 1
<i>calcium acetate 667 mg tablet</i>	P	F11 Formulary Indicator 1
FOSRENOL 1,000 MG POWDER PACK <i>lanthanum carbonate</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOSRENOL 500 MG TABLET CHEW <i>lanthanum carbonate</i>	P	SBA Select Brand Alternative
FOSRENOL 750 MG POWDER PACKET <i>lanthanum carbonate</i>	P	
FOSRENOL 750 MG TABLET CHEW <i>lanthanum carbonate</i>	P	SBA Select Brand Alternative
<i>lanthanum carb 500 mg tab chew</i>	P	F11 Formulary Indicator 1
<i>lanthanum carb 750 mg tab chew</i>	P	F11 Formulary Indicator 1
PHOSLYRA 667 MG/5 ML SOLUTION <i>calcium acetate</i>	P	F11 Formulary Indicator 1
REVELA 0.8 GM POWDER PACKET <i>sevelamer carbonate</i>	P	SBA Select Brand Alternative
REVELA 2.4 GM POWDER PACKET <i>sevelamer carbonate</i>	P	SBA Select Brand Alternative
REVELA 800 MG TABLET <i>sevelamer carbonate</i>	P	SBA Select Brand Alternative
<i>sevelamer 0.8 gm powder packet</i>	P	
<i>sevelamer 2.4 gm powder packet</i>	P	
<i>sevelamer carbonate 800 mg tab</i>	P	F11 Formulary Indicator 1
<i>sevelamer hcl 400 mg tablet</i>	P	
<i>sevelamer hcl 800 mg tablet</i>	P	
VELPHORO 500 MG CHEWABLE TAB <i>sucroferric oxyhydroxide</i>	P	F11 Formulary Indicator 1
<b>POTASSIUM-REMOVING AGENTS</b>		
KIONEX 15 GM/60 ML SUSPENSION <i>sodium polystyrene sulfonate/sorbitol solution</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOKELMA 10 GRAM POWDER PACKET <i>sodium zirconium cyclosilicate</i>	P	QPD 1 per day
LOKELMA 5 GRAM POWDER PACKET <i>sodium zirconium cyclosilicate</i>	P	QPD 1 per day
<i>sod polystyren sulf 15 g/60 ml</i>	P	
<i>sodium polystyrene sulf powder</i>	P	
SPS 15 GM/60 ML SUSPENSION <i>sodium polystyrene sulfonate/sorbitol solution</i>	P	
SPS 30 GM/120 ML ENEMA SUSP <i>sodium polystyrene sulfonate/sorbitol solution</i>	P	
VELTASSA 16.8 GM POWDER PACKET <i>patiomer calcium sorbitex</i>	P	QPD 1 per day
VELTASSA 25.2 GM POWDER PACKET <i>patiomer calcium sorbitex</i>	P	QPD 1 per day F11 Formulary Indicator 1
VELTASSA 8.4 GM POWDER PACKET <i>patiomer calcium sorbitex</i>	P	QPD 1 per day F11 Formulary Indicator 1
<b>KALLIKREIN-KININ SYSTEM INHIBITORS BRADYKININ RECEPTOR ANTAGONISTS</b>		
FIRAZYR 30 MG/3 ML SYRINGE <i>icatibant acetate</i>	P	SPC PA QPD 1.29 per day
<i>icatibant 30 mg/3 ml syringe</i>	P	SPC PA QPD 1.29 per day
SAJAZIR 30 MG/3 ML SYRINGE <i>icatibant acetate</i>	P	SPC PA QPD 1.29 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>COMPLEMENT INHIBITORS</b>		
BERINERT 500 UNIT KIT c1 esterase inhibitor	P	SPC PA
BERINERT 500 UNIT VIAL c1 esterase inhibitor	P	SPC PA
CINRYZE 500 UNIT VIAL c1 esterase inhibitor	P	SPC PA
CINRYZE 500 UNIT VIAL-DILUENT c1 esterase inhibitor	P	SPC PA
HAEGARDA 2,000 UNIT VIAL c1 esterase inhibitor	P	SPC PA QPD 1.25 per day
HAEGARDA 3,000 UNIT VIAL c1 esterase inhibitor	P	SPC PA QPD 1.25 per day
RUCONEST 2,100 UNIT VIAL c1 esterase inhibitor, recombinant	P	SPC PA QPD 0.87 per day
SOLIRIS 300 MG/30 ML VIAL <i>eculizumab</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<b>KALLIKREIN INHIBITORS</b>		
KALBITOR 10 MG/ML VIAL <i>ecallantide</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ORLADEYO 110 MG CAPSULE <i>berotralstat hydrochloride</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORLADEYO 150 MG CAPSULE <i>berotralstat hydrochloride</i>	P	SPC PA QPD 1 per day
TAKHZYRO 300 MG/2 ML VIAL <i>lanadelumab-flyo</i>	P	SPC PA QPD 0.144 per day
LOCAL ANESTHETICS (PARENTERAL)		
<i>benzocaine powder</i>	P	
<i>benzocaine powder</i>	P	
<i>lidocaine hcl powder</i>	P	
<i>lidocaine powder</i>	P	
<i>prilocaine hcl powder</i>	P	
<i>prilocaine powder (base)</i>	P	
<i>procaine hcl crystals</i>	P	
<i>procaine hcl powder</i>	P	
<i>ropivacaine hcl powder</i>	P	
<i>tetracaine hcl powder</i>	P	
<i>tetracaine powder</i>	P	
<i>tetracaine wax</i>	P	
MACROLIDE ANTIBIOTICS		
ERYTHROMYCIN ANTIBIOTICS		
E.E.S. 200 MG/5 ML SUSPENSION <i>erythromycin ethylsuccinate</i>	P	SBA Select Brand Alternative
E.E.S. 400 MG TABLET <i>erythromycin ethylsuccinate</i>	P	
ERY-TAB DR 250 MG TABLET <i>erythromycin base</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERY-TAB DR 333 MG TABLET <i>erythromycin base</i>	P	
ERY-TAB DR 500 MG TABLET <i>erythromycin base</i>	P	
ERYPED 200 MG/5 ML SUSPENSION <i>erythromycin ethylsuccinate</i>	P	
ERYPED 400 MG/5 ML SUSPENSION <i>erythromycin ethylsuccinate</i>	P	SBA Select Brand Alternative
ERYTHROCIN 250 MG TABLET <i>erythromycin stearate</i>	P	
<i>erythromycin 200 mg/5 ml susp</i>	P	
<i>erythromycin 250 mg tablet</i>	P	
<i>erythromycin 400 mg/5 ml susp</i>	P	
<i>erythromycin 500 mg tablet</i>	P	
<i>erythromycin dr 250 mg cap</i>	P	
<i>erythromycin dr 250 mg tablet</i>	P	
<i>erythromycin dr 333 mg tablet</i>	P	
<i>erythromycin dr 500 mg tablet</i>	P	
<i>erythromycin e.s. powder</i>	P	
<i>erythromycin es 400 mg tab</i>	P	
<i>erythromycin estolate powder</i>	P	
<i>erythromycin powder</i>	P	
<b>OTHER MACROLIDE ANTIBIOTICS</b>		
<i>azithromycin 1 gm pwd packet</i>	P	
<i>azithromycin 100 mg/5 ml susp</i>	P	
<i>azithromycin 200 mg/5 ml susp</i>	P	
<i>azithromycin 250 mg tablet</i>	P	QL 6 / 5 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azithromycin 500 mg tablet</i>	P	
<i>azithromycin 600 mg tablet</i>	P	
<i>azithromycin powder</i>	P	
<i>clarithromycin 125 mg/5 ml sus</i>	P	
<i>clarithromycin 250 mg tablet</i>	P	
<i>clarithromycin 250 mg/5 ml sus</i>	P	
<i>clarithromycin 500 mg tablet</i>	P	
<i>clarithromycin er 500 mg tab</i>	P	
<i>clarithromycin powder</i>	P	
DIFICID 200 MG TABLET <i>fidaxomicin</i>	P	PA
DIFICID 40 MG/ML SUSPENSION <i>fidaxomicin</i>	P	PA
ZITHROMAX 1 GM POWDER PACKET <i>azithromycin</i>	P	
ZITHROMAX 100 MG/5 ML SUSP <i>azithromycin</i>	P	QL 30 / fill
ZITHROMAX 200 MG/5 ML SUSP <i>azithromycin</i>	P	QL 60 / fill
ZITHROMAX 250 MG TABLET <i>azithromycin</i>	P	QL 6 / 5 days
ZITHROMAX 250 MG Z-PAK TABLET <i>azithromycin</i>	P	
ZITHROMAX 500 MG TABLET <i>azithromycin</i>	P	QL 5 / fill
ZITHROMAX TRI-PAK 500 MG TAB <i>azithromycin</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MISC. BETA-LACTAM ANTIBIOTICS		
CARBAPENEM ANTIBIOTICS		
INVANZ 1 GM VIAL <i>ertapenem sodium</i>	P	BSP BENEFIT SHIFT PROGRAM SBA Select Brand Alternative
MONOBACTAM ANTIBIOTICS		
CAYSTON 75 MG INHAL SOLUTION <i>aztreonam lysine</i>	P	SPC PA
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride 0.5 mg capsule</i>	P	GL Male QPD 1 per day F11 Formulary Indicator 1
<i>dutasteride powder</i>	P	
<i>dutasteride-tamsulosin 0.5-0.4</i>	P	GL Male QPD 1 per day F11 Formulary Indicator 1
<i>finasteride 5 mg tablet</i>	P	GL Male QPD 1 per day F11 Formulary Indicator 1
<i>finasteride powder</i>	P	
JALYN 0.5-0.4 MG CAPSULE <i>dutasteride/tamsulosin hcl</i>	P	GL Male QPD 1 per day SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROSCAR 5 MG TABLET <i>finasteride</i>	P	GL Male QPD 1 per day
ALCOHOL DETERRENTS		
<i>disulfiram powder</i>	P	
ANTIDOTES		
DUODOTE 2.1 MG-600 MG SYRINGE <i>pralidoxime chloride/atropine sulfate</i>	P	
<i>leucovorin calcium 10 mg tab</i>	P	
<i>leucovorin calcium 15 mg tab</i>	P	
<i>leucovorin calcium 25 mg tab</i>	P	
<i>leucovorin calcium 5 mg tab</i>	P	
<i>methylpyrazole reagent liquid</i>	P	
<i>pralidoxime chloride 300 mg/ml</i>	P	
<i>sodium thiosulfate powder</i>	P	
<i>toluidine blue o powder</i>	P	
VISTOGARD 10 GRAM PACKET <i>uridine triacetate</i>	P	SPC
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	P	QPD 3 per day F11 Formulary Indicator 1
<i>allopurinol 300 mg tablet</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>allopurinol powder</i>	P	
<i>colchicine 0.6 mg tablet</i>	P	QPD 4 per day
<i>colchicine powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>febuxostat 40 mg tablet</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
<i>febuxostat 80 mg tablet</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
ULORIC 40 MG TABLET <i>febuxostat</i>	P	ST QPD 1 per day
ULORIC 80 MG TABLET <i>febuxostat</i>	P	ST QPD 1 per day
ZYLOPRIM 300 MG TABLET <i>allopurinol</i>	P	QPD 2 per day SBA Select Brand Alternative
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI 284 MG/1.5 ML SYRINGE <i>inotersen sodium</i>	P	SPC PA
BONE RESORPTION INHIBITORS		
ACTONEL 150 MG TABLET <i>risedronate sodium</i>	P	QPD 0.04 per day SBA Select Brand Alternative
ACTONEL 35 MG TABLET <i>risedronate sodium</i>	P	QPD 0.15 per day SBA Select Brand Alternative
<i>alendronate sod 70 mg/75 ml</i>	P	PR QPD 12.5 per day
<i>alendronate sodium 10 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alendronate sodium 35 mg tab</i>	P	PR QPD 0.15 per day F11 Formulary Indicator 1
<i>alendronate sodium 5 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>alendronate sodium 70 mg tab</i>	P	PR QPD 0.15 per day F11 Formulary Indicator 1
ATELVIA DR 35 MG TABLET <i>risedronate sodium</i>	P	ST QPD 0.15 per day
BINOSTO 70 MG EFFERVESCENT TAB <i>alendronate sodium</i>	P	QPD 0.15 per day F11 Formulary Indicator 1
BONIVA 150 MG TABLET <i>ibandronate sodium</i>	P	QPD 0.04 per day SBA Select Brand Alternative
FOSAMAX 70 MG TABLET <i>alendronate sodium</i>	P	QPD 0.15 per day
FOSAMAX PLUS D 70 MG-2800 UNIT <i>alendronate sodium/cholecalciferol (vitamin d3)</i>	P	QPD 0.15 per day F11 Formulary Indicator 1
FOSAMAX PLUS D 70 MG-5600 UNIT <i>alendronate sodium/cholecalciferol (vitamin d3)</i>	P	QPD 0.15 per day
<i>ibandronate sodium 150 mg tab</i>	P	PR QPD 0.04 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROLIA 60 MG/ML SYRINGE <i>denosumab</i>	P	SPC PA QPD 0.13 per day BSP BENEFIT SHIFT PROGRAM
<i>risedronate sod dr 35 mg tab</i>	P	PR
<i>risedronate sodium 150 mg tab</i>	P	PR QPD 0.04 per day
<i>risedronate sodium 30 mg tab</i>	P	PR
<i>risedronate sodium 35 mg tab</i>	P	PR QPD 0.15 per day F11 Formulary Indicator 1
<i>risedronate sodium 5 mg tablet</i>	P	PR QPD 1 per day
XGEVA 120 MG/1.7 ML VIAL <i>denosumab</i>	P	SPC PA QPD 0.07 per day BSP BENEFIT SHIFT PROGRAM
<i>zoledronic acid 4 mg vial</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>zoledronic acid 4 mg/100 ml</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>zoledronic acid 4 mg/100 ml</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>zoledronic acid 4 mg/5 ml vial</i>	P	SPC BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zoledronic acid 5 mg/100 ml</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>zoledronic acid 5 mg/100 ml</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<b>CARBONIC ANHYDRASE INHIBITORS (MISC.)</b>		
<i>dichlorphenamide 50 mg tablet</i>	P	SPC PA QPD 4 per day
KEVEYIS 50 MG TABLET <i>dichlorphenamide</i>	P	SPC PA QPD 4 per day
<b>CARIOSTATIC AGENTS</b>		
CLINPRO 5000 1.1% TOOTHPASTE <i>fluoride (sodium)</i>	P	
DENTA 5000 PLUS CREAM <i>fluoride (sodium)</i>	P	
DENTAGEL 1.1% GEL <i>fluoride (sodium)</i>	P	
<i>fluoride 0.25 mg tablet chew</i>	P	HCR HCR Standard Rx & OTC
<i>fluoride 0.5 mg tablet chew</i>	P	HCR HCR Standard Rx & OTC
<i>fluoride 1 mg tablet chewable</i>	P	HCR HCR Standard Rx & OTC
FLUORIDEX DAILY DEFENSE 1.1% <i>fluoride (sodium)</i>	P	
JUSTRIGHT 5000 1.1% TOOTHPASTE <i>fluoride (sodium)</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUDENT FLUORIDE 0.25 MG TB CHW <i>fluoride (sodium)</i>	P	HCR HCR Standard Rx & OTC
LUDENT FLUORIDE 0.5 MG TB CHEW <i>fluoride (sodium)</i>	P	HCR HCR Standard Rx & OTC
LUDENT FLUORIDE 1 MG TAB CHEW <i>fluoride (sodium)</i>	P	HCR HCR Standard Rx & OTC
PREVIDENT 0.2% RINSE <i>fluoride (sodium)</i>	P	
PREVIDENT 1.1% GEL <i>fluoride (sodium)</i>	P	SBA Select Brand Alternative
PREVIDENT 5000 1.1% DRY MOUTH <i>fluoride (sodium)</i>	P	
PREVIDENT 5000 BOOSTER PLUS <i>fluoride (sodium)</i>	P	
PREVIDENT 5000 ENAMEL PROTECT <i>sodium fluoride/potassium nitrate</i>	P	
PREVIDENT 5000 ORTHO DEFENSE <i>fluoride (sodium)</i>	P	
PREVIDENT 5000 PLUS CREAM <i>fluoride (sodium)</i>	P	SBA Select Brand Alternative
PREVIDENT 5000 SENSITIVE PASTE <i>sodium fluoride/potassium nitrate</i>	P	
PREVIDENT DENTAL RINSE <i>fluoride (sodium)</i>	P	
SF 1.1% GEL <i>fluoride (sodium)</i>	P	
SF 5000 PLUS CREAM <i>fluoride (sodium)</i>	P	
<i>sod fluoride enam prot 5000ppm</i>	P	
<i>sodium fluoride 0.2% rinse</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium fluoride 0.25 (0.55) mg</i>	P	HCR HCR Standard Rx & OTC F11 Formulary Indicator 1
<i>sodium fluoride 0.5 mg(1.1 mg)</i>	P	HCR HCR Standard Rx & OTC F11 Formulary Indicator 1
<i>sodium fluoride 0.5 mg/ml drop</i>	P	HCR HCR Standard Rx & OTC
<i>sodium fluoride 1 mg (2.2 mg)</i>	P	HCR HCR Standard Rx & OTC F11 Formulary Indicator 1
<i>sodium fluoride 1.1% cream</i>	P	
SODIUM FLUORIDE 5000 DRY MOUTH <i>fluoride (sodium)</i>	P	
<i>sodium fluoride 5000 ppm cream</i>	P	
<i>sodium fluoride 5000 ppm paste</i>	P	
<i>sodium fluoride powder</i>	P	
<i>sodium fluoride sensiv 5000ppm</i>	P	
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>		
AVSOLA 100 MG VIAL <i>infliximab-axxq</i>	P	QL 10 / 30 days SPC PA BSP BENEFIT SHIFT PROGRAM
AZULFIDINE 500 MG TABLET <i>sulfasalazine</i>	P	
AZULFIDINE ENTAB 500 MG <i>sulfasalazine</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIBINQO 100 MG TABLET <i>abrocitinib</i>	P	SPC PA QPD 1 per day
CIBINQO 200 MG TABLET <i>abrocitinib</i>	P	SPC PA QPD 1 per day
CIBINQO 50 MG TABLET <i>abrocitinib</i>	P	SPC PA QPD 1 per day
CIMZIA 200 MG VIAL KIT <i>certolizumab pegol</i>	P	SPC PA QPD 0.08 per day
CIMZIA 2X200 MG/ML SYRINGE KIT <i>certolizumab pegol</i>	P	SPC PA QPD 0.08 per day
CIMZIA 2X200 MG/ML(X3)START KT <i>certolizumab pegol</i>	P	QL 3/ fill SPC PA
ENBREL 25 MG KIT <i>etanercept</i>	P	SPC PA QPD 0.29 per day
ENBREL 25 MG/0.5 ML SYRINGE <i>etanercept</i>	P	SPC PA QPD 0.29 per day
ENBREL 25 MG/0.5 ML VIAL <i>etanercept</i>	P	SPC PA QPD 0.29 per day
ENBREL 50 MG/ML MINI CARTRIDGE <i>etanercept</i>	P	SPC PA QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL 50 MG/ML SURECLICK <i>etanercept</i>	P	SPC PA QPD 0.15 per day
ENBREL 50 MG/ML SYRINGE <i>etanercept</i>	P	SPC PA QPD 0.29 per day
HUMIRA 40 MG/0.8 ML SYRINGE <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA PEN 40 MG/0.8 ML <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA PEN CROHN-UC-HS 40 MG <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA PEN PS-UV-ADOL HS 40 MG <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA(CF) 10 MG/0.1 ML SYRING <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA(CF) 20 MG/0.2 ML SYRING <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA(CF) 40 MG/0.4 ML SYRING <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA(CF) PEDI CROHN 80MG/0.8 <i>adalimumab</i>	P	SPC PA QPD 0.22 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA(CF) PEN 40 MG/0.4 ML <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA(CF) PEN 80 MG/0.8 ML <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA(CF) PEN CRHN-UC-HS 80MG <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA(CF) PEN PEDI UC 80 MG <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
HUMIRA(CF) PEN PS-UV-AHS 80-40 <i>adalimumab</i>	P	SPC PA QPD 0.22 per day
INFLECTRA 100 MG VIAL <i>infliximab-dyyb</i>	P	SPC PA QPD 0.5 per day BSP BENEFIT SHIFT PROGRAM
KEVZARA 150 MG/1.14 ML PEN INJ <i>sarilumab</i>	P	SPC PA QPD 0.1 per day
KEVZARA 150 MG/1.14 ML SYRINGE <i>sarilumab</i>	P	SPC PA QPD 0.1 per day
KEVZARA 200 MG/1.14 ML PEN INJ <i>sarilumab</i>	P	SPC PA QPD 0.1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KEVZARA 200 MG/1.14 ML SYRINGE <i>sarilumab</i>	P	SPC PA QPD 0.1 per day
KINERET 100 MG/0.67 ML SYRINGE <i>anakinra</i>	P	SPC PA QPD 10 per day
<i>leflunomide 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>leflunomide 20 mg tablet</i>	P	F11 Formulary Indicator 1
<i>leflunomide powder</i>	P	
ORENCIA 125 MG/ML SYRINGE <i>abatacept</i>	P	SPC PA QPD 0.15 per day
ORENCIA 250 MG VIAL <i>abatacept/maltose</i>	P	SPC PA QPD 0.15 per day BSP BENEFIT SHIFT PROGRAM
ORENCIA 50 MG/0.4 ML SYRINGE <i>abatacept</i>	P	SPC PA QPD 0.15 per day
ORENCIA 87.5 MG/0.7 ML SYRINGE <i>abatacept</i>	P	SPC PA QPD 0.15 per day
ORENCIA CLICKJECT 125 MG/ML <i>abatacept</i>	P	SPC PA QPD 0.15 per day
OTEZLA 28 DAY STARTER PACK <i>apremilast</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA 30 MG TABLET <i>apremilast</i>	P	SPC PA QPD 2 per day
OTEZLA STARTER PACK <i>apremilast</i>	P	SPC PA QPD 2 per day
RINVOQ ER 15 MG TABLET <i>upadacitinib</i>	P	SPC PA QPD 1 per day
RINVOQ ER 30 MG TABLET <i>upadacitinib</i>	P	SPC PA QPD 1 per day
RINVOQ ER 45 MG TABLET <i>upadacitinib</i>	P	SPC PA QPD 1 per day
SIMPONI 100 MG/ML PEN INJECTOR <i>golimumab</i>	P	SPC PA QPD 0.04 per day
SIMPONI 100 MG/ML SYRINGE <i>golimumab</i>	P	SPC PA QPD 0.04 per day
SIMPONI 50 MG/0.5 ML PEN INJEC <i>golimumab</i>	P	SPC PA QPD 0.04 per day
SIMPONI 50 MG/0.5 ML SYRINGE <i>golimumab</i>	P	SPC PA QPD 0.04 per day
SIMPONI ARIA 50 MG/4 ML VIAL <i>golimumab</i>	P	SPC PA QPD 1.5 per day BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfasalazine 500 mg tablet</i>	P	F11 Formulary Indicator 1
<i>sulfasalazine dr 500 mg tab</i>	P	
<i>tofacitinib citrate powder</i>	P	
XELJANZ 1 MG/ML SOLUTION <i>tofacitinib citrate</i>	P	SPC PA QPD 10 per day
XELJANZ 10 MG TABLET <i>tofacitinib citrate</i>	P	SPC PA QPD 2 per day
XELJANZ 5 MG TABLET <i>tofacitinib citrate</i>	P	SPC PA QPD 2 per day
XELJANZ XR 11 MG TABLET <i>tofacitinib citrate</i>	P	SPC PA QPD 1 per day
XELJANZ XR 22 MG TABLET <i>tofacitinib citrate</i>	P	SPC PA QPD 1 per day
<b>IMMUNOMODULATORY AGENTS</b>		
ACTIMMUNE 100 MCG/0.5 ML VIAL <i>interferon gamma-1b, recomb.</i>	P	SPC PA
AUBAGIO 14 MG TABLET <i>teriflunomide</i>	P	SPC PA QPD 1 per day
AUBAGIO 7 MG TABLET <i>teriflunomide</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVONEX PEN 30 MCG/0.5 ML KIT <i>interferon beta-1a</i>	P	SPC PA QPD 0.15 per day
AVONEX PREFILLED SYR 30 MCG KT <i>interferon beta-1a</i>	P	SPC PA QPD 0.15 per day
BETASERON 0.3 MG KIT <i>interferon beta-1b</i>	P	SPC PA QPD 0.5 per day
BETASERON 0.3 MG VIAL <i>interferon beta-1b</i>	P	SPC PA QPD 0.5 per day
COPAXONE 20 MG/ML SYRINGE <i>glatiramer acetate</i>	P	SPC PA QPD 1 per day B4G
COPAXONE 40 MG/ML SYRINGE <i>glatiramer acetate</i>	P	SPC PA QPD 0.434 per day B4G
<i>dimethyl fumarate 30d start pk</i>	P	SPC PA QPD 2 per day
<i>dimethyl fumarate dr 120 mg cp</i>	P	SPC PA QPD 2 per day
<i>dimethyl fumarate dr 240 mg cp</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSPRYNG 120 MG/ML SYRINGE <i>satralizumab-mwge</i>	P	SPC PA QPD 0.11 per day
EXTAVIA 0.3 MG KIT <i>interferon beta-1b</i>	P	SPC PA QPD 0.5 per day
EXTAVIA 0.3 MG VIAL <i>interferon beta-1b</i>	P	SPC PA QPD 0.5 per day
<i>fingolimod 0.5 mg capsule</i>	P	SPC PA QPD 1.0 per day
GILENYA 0.25 MG CAPSULE <i>fingolimod hcl</i>	P	SPC PA QPD 2 per day
<i>glatiramer 20 mg/ml syringe</i>	P	SPC PA QPD 1 per day
<i>glatiramer 40 mg/ml syringe</i>	P	SPC PA QPD 0.434 per day
GLATOPA 20 MG/ML SYRINGE <i>glatiramer acetate</i>	P	SPC PA QPD 1 per day
GLATOPA 40 MG/ML SYRINGE <i>glatiramer acetate</i>	P	SPC PA QPD 0.434 per day
KESIMPTA 20 MG/0.4 ML PEN <i>ofatumumab</i>	P	SPC PA QPD 0.057 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT 0.25 MG TABLET <i>siponimod</i>	P	SPC PA QPD 4 per day
MAYZENT 0.25MG START-1MG MAINT <i>siponimod</i>	P	SPC PA QPD 1.75 per day
MAYZENT 0.25MG START-2MG MAINT <i>siponimod</i>	P	SPC PA QPD 2.5 per day
MAYZENT 1 MG TABLET <i>siponimod</i>	P	SPC PA QPD 1 per day
MAYZENT 2 MG TABLET <i>siponimod</i>	P	SPC PA QPD 1 per day
PLEGRIDY 125 MCG/0.5 ML PEN <i>peginterferon beta-1a</i>	P	SPC PA QPD 0.04 per day
PLEGRIDY 125 MCG/0.5 ML SYRINGE <i>peginterferon beta-1a</i>	P	SPC PA QPD 0.04 per day
PLEGRIDY PEN INJ STARTER PACK <i>peginterferon beta-1a</i>	P	QL 1 / lifetime SPC PA
PLEGRIDY SYRINGE STARTER PACK <i>peginterferon beta-1a</i>	P	QL 1 / lifetime SPC PA
PONVORY 14-DAY STARTER PACK <i>ponesimod</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PONVORY 20 MG TABLET <i>ponesimod</i>	P	SPC PA QPD 1 per day
REBIF 22 MCG/0.5 ML SYRINGE <i>interferon beta-1a/albumin human</i>	P	SPC PA QPD 0.22 per day
REBIF 44 MCG/0.5 ML SYRINGE <i>interferon beta-1a/albumin human</i>	P	SPC PA QPD 0.22 per day
REBIF REBIDOSE 22 MCG/0.5 ML <i>interferon beta-1a/albumin human</i>	P	SPC PA QPD 0.22 per day
REBIF REBIDOSE 44 MCG/0.5 ML <i>interferon beta-1a/albumin human</i>	P	SPC PA QPD 0.22 per day
REBIF REBIDOSE TITRATION PACK <i>interferon beta-1a/albumin human</i>	P	QL 4.2 / 365 days SPC PA
REBIF TITRATION PACK <i>interferon beta-1a/albumin human</i>	P	QL 4.2 / 365 days SPC PA
TASCENSO ODT 0.25 MG TABLET <i>fingolimod lauryl sulfate</i>	P	SPC PA QPD 1 per day
THALOMID 100 MG CAPSULE <i>thalidomide</i>	P	SPC PA QPD 1 per day
THALOMID 150 MG CAPSULE <i>thalidomide</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THALOMID 200 MG CAPSULE <i>thalidomide</i>	P	SPC PA QPD 2 per day
THALOMID 50 MG CAPSULE <i>thalidomide</i>	P	SPC PA QPD 1 per day
TYSABRI 300 MG/15 ML VIAL <i>natalizumab</i>	P	SPC PA QPD 0.6 per day BSP BENEFIT SHIFT PROGRAM
VUMERITY DR 231 MG CAPSULE <i>diroximel fumarate</i>	P	SPC PA QPD 4 per day
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL 0.5 MG CAPSULE <i>tacrolimus</i>	P	SPC NTI PA QPD 15 per day
ASTAGRAF XL 1 MG CAPSULE <i>tacrolimus</i>	P	SPC NTI PA QPD 30 per day
ASTAGRAF XL 5 MG CAPSULE <i>tacrolimus</i>	P	SPC NTI PA QPD 6 per day
AZASAN 100 MG TABLET <i>azathioprine</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azathioprine 100 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>azathioprine 50 mg tablet</i>	P	PR F11 Formulary Indicator 1
<i>azathioprine 75 mg tablet</i>	P	PR
<i>azathioprine powder</i>	P	
BENLYSTA 120 MG VIAL <i>belimumab</i>	P	SPC PA QPD 0.25 per day BSP BENEFIT SHIFT PROGRAM
BENLYSTA 200 MG/ML AUTOINJECT <i>belimumab</i>	P	SPC PA
BENLYSTA 200 MG/ML SYRINGE <i>belimumab</i>	P	SPC PA
BENLYSTA 400 MG VIAL <i>belimumab</i>	P	SPC PA QPD 0.334 per day BSP BENEFIT SHIFT PROGRAM
CELLCEPT 200 MG/ML ORAL SUSP <i>mycophenolate mofetil</i>	P	SPC
CELLCEPT 250 MG CAPSULE <i>mycophenolate mofetil</i>	P	SPC
CELLCEPT 500 MG TABLET <i>mycophenolate mofetil</i>	P	SPC
<i>cyclosporine 100 mg capsule</i>	P	SPC PR NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine 25 mg capsule</i>	P	SPC PR NTI
<i>cyclosporine a powder</i>	P	
<i>cyclosporine modified 100 mg</i>	P	SPC PR NTI
<i>cyclosporine modified 100mg/ml</i>	P	SPC PR NTI
<i>cyclosporine modified 25 mg</i>	P	SPC PR NTI
<i>cyclosporine modified 50 mg</i>	P	SPC PR NTI
<i>cyclosporine powder</i>	P	
ENVARUSUS XR 0.75 MG TABLET <i>tacrolimus</i>	P	SPC NTI PA QPD 1 per day
ENVARUSUS XR 1 MG TABLET <i>tacrolimus</i>	P	SPC NTI PA QPD 1 per day
ENVARUSUS XR 4 MG TABLET <i>tacrolimus</i>	P	SPC NTI PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus 0.25 mg tablet</i>	P	SPC PR PA
<i>everolimus 0.5 mg tablet</i>	P	SPC PR PA
<i>everolimus 0.75 mg tablet</i>	P	SPC PR PA
<i>everolimus 1 mg tablet</i>	P	SPC PR PA
GENGRAF 100 MG CAPSULE <i>cyclosporine, modified</i>	P	SPC PR NTI
GENGRAF 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	P	SPC PR NTI
GENGRAF 25 MG CAPSULE <i>cyclosporine, modified</i>	P	SPC PR NTI
IMURAN 50 MG TABLET <i>azathioprine</i>	P	
LUPKYNIS 7.9 MG CAPSULE <i>voclosporin</i>	P	SPC PA QPD 6 per day
MAVENCLAD 10 MG X 10 TABLET PK <i>cladribine</i>	P	QL 20 / 30 days SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVENCLAD 10 MG X 4 TABLET PK <i>cladribine</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span style="margin-left: 5px;">20 / 30 days</span> </div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MAVENCLAD 10 MG X 5 TABLET PK <i>cladribine</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span style="margin-left: 5px;">20 / 30 days</span> </div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MAVENCLAD 10 MG X 6 TABLET PK <i>cladribine</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span style="margin-left: 5px;">20 / 30 days</span> </div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MAVENCLAD 10 MG X 7 TABLET PK <i>cladribine</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span style="margin-left: 5px;">20 / 30 days</span> </div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MAVENCLAD 10 MG X 8 TABLET PK <i>cladribine</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span style="margin-left: 5px;">20 / 30 days</span> </div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
MAVENCLAD 10 MG X 9 TABLET PK <i>cladribine</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span style="margin-left: 5px;">20 / 30 days</span> </div> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>mycophenolate 200 mg/ml susp</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> </div>
<i>mycophenolate 250 mg capsule</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> </div>
<i>mycophenolate 500 mg tablet</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> </div>
<i>mycophenolic acid dr 180 mg tb</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> </div>
<i>mycophenolic acid dr 360 mg tb</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #4a7ebb; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SPC</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYFORTIC 180 MG TABLET <i>mycophenolate sodium</i>	P	SPC
MYFORTIC 360 MG TABLET <i>mycophenolate sodium</i>	P	SPC
NEORAL 100 MG GELATIN CAPSULE <i>cyclosporine, modified</i>	P	SPC NTI
NEORAL 100 MG/ML SOLUTION <i>cyclosporine, modified</i>	P	SPC NTI
NEORAL 25 MG GELATIN CAPSULE <i>cyclosporine, modified</i>	P	SPC NTI
PROGRAF 0.2 MG GRANULE PACKET <i>tacrolimus</i>	P	SPC NTI
PROGRAF 0.5 MG CAPSULE <i>tacrolimus</i>	P	SPC NTI
PROGRAF 1 MG CAPSULE <i>tacrolimus</i>	P	SPC NTI
PROGRAF 1 MG GRANULE PACKET <i>tacrolimus</i>	P	SPC NTI
PROGRAF 5 MG CAPSULE <i>tacrolimus</i>	P	SPC NTI
RAPAMUNE 0.5 MG TABLET <i>sirolimus</i>	P	SPC
RAPAMUNE 1 MG TABLET <i>sirolimus</i>	P	SPC
RAPAMUNE 1 MG/ML ORAL SOLN <i>sirolimus</i>	P	SPC
RAPAMUNE 2 MG TABLET <i>sirolimus</i>	P	SPC



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANDIMMUNE 100 MG CAPSULE <i>cyclosporine</i>	P	SPC NTI
SANDIMMUNE 100 MG/ML SOLN <i>cyclosporine</i>	P	SPC NTI
SANDIMMUNE 25 MG CAPSULE <i>cyclosporine</i>	P	SPC NTI
<i>sirolimus 0.5 mg tablet</i>	P	SPC PR
<i>sirolimus 1 mg tablet</i>	P	SPC PR
<i>sirolimus 1 mg/ml solution</i>	P	SPC PR
<i>sirolimus 2 mg tablet</i>	P	SPC PR
<i>sirolimus powder</i>	P	
<i>tacrolimus 0.5 mg capsule (ir)</i>	P	SPC PR NTI
<i>tacrolimus 1 mg capsule (ir)</i>	P	SPC PR NTI
<i>tacrolimus 5 mg capsule (ir)</i>	P	SPC PR NTI
<i>tacrolimus monohydrate powder</i>	P	
<i>tacrolimus powder</i>	P	
ZORTRESS 0.25 MG TABLET <i>everolimus</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZORTRESS 0.5 MG TABLET <i>everolimus</i>	P	SPC PA
ZORTRESS 0.75 MG TABLET <i>everolimus</i>	P	SPC PA
ZORTRESS 1 MG TABLET <i>everolimus</i>	P	SPC PA
<b>KALLIKREIN-KININ SYSTEM INHIBITORS</b>		
EMPAVELI 1,080 MG/20 ML VIAL <i>pegcetacoplan</i>	P	SPC PA QPD 6 per day
TAVNEOS 10 MG CAPSULE <i>avacopan</i>	P	SPC PA QPD 6 per day
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
4-aminopyridine powder	P	
<i>acetic acid 3% solution</i>	P	
<i>acetic acid 5% solution</i>	P	
<i>acetic acid glacial liquid</i>	P	
<i>acetyl-L-carnitine hcl powder</i>	P	
<i>acetyl-L-carnitine hcl powder</i>	P	
<i>alpha lipoic acid 100 mg cap</i>	P	
<i>aminobutyric acid powder</i>	P	
AMPYRA ER 10 MG TABLET <i>dalfampridine</i>	P	SPC PA QPD 2 per day
ARCALYST 220 MG VIAL <i>rilonacept</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>base, pcca rheospray gel</i>	P	
<i>beta glucan (1-3) nq powder</i>	P	
<i>betaine 1 gram/scoop powder</i>	P	SPC
<i>betaine hcl powder</i>	P	
<i>betaine powder</i>	P	
<i>bht powder</i>	P	
BOTOX 100 UNIT VIAL <i>onabotulinumtoxin</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
BOTOX 200 UNIT VIAL <i>onabotulinumtoxin</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<i>calcium folinate powder</i>	P	
<i>calcium pyruvate powder</i>	P	
CERDELGA 84 MG CAPSULE <i>eliglustat tartrate</i>	P	SPC PA
<i>chondroitin sulfate powder</i>	P	
<i>chondroitin sulfate powder</i>	P	
<i>chondroitin sulfate sodium pwd</i>	P	
<i>cinnamon oil</i>	P	
<i>citrus bioflavonoids powder</i>	P	
<i>coenzyme q-10 powder</i>	P	
<i>coenzyme q-10 powder</i>	P	
<i>coumarin powder</i>	P	
<i>cryoserv solution</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>curcumin powder</i>	P	
CYSTADANE 1 GRAM/SCOOP POWDER <i>betaine</i>	P	SPC
CYSTAGON 150 MG CAPSULE <i>cysteamine bitartrate</i>	P	SPC PA QPD 13 per day
CYSTAGON 50 MG CAPSULE <i>cysteamine bitartrate</i>	P	SPC PA QPD 40 per day
<i>cysteamine hcl powder</i>	P	
d-glucosamine hcl powder	P	
d-mannose powder	P	
<i>dalfampridine er 10 mg tablet</i>	P	SPC PA QPD 2 per day
<i>dalfampridine powder</i>	P	
DEMSEK 250 MG CAPSULE <i>metyrosine</i>	P	
<i>diaminopyridine powder</i>	P	
<i>dibutyl squarate liquid</i>	P	
DYSPORT 300 UNIT VIAL <i>abobotulinumtoxinA</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
DYSPORT 500 UNITS VIAL <i>abobotulinumtoxinA</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>edetate disodium powder</i>	P	
EPIFIX 2CM X 3CM MEMBRANE <i>human regenerative tissue matrix</i>	P	
EPIFIX 4CM X 4CM MEMBRANE <i>human regenerative tissue matrix</i>	P	
EPIFIX 5CM X 6CM MEMBRANE <i>human regenerative tissue matrix</i>	P	
EPIFIX 7CM X 7CM MEMBRANE <i>human regenerative tissue matrix</i>	P	
EPIFIX AMNIOTIC 14MM MEMBRANE <i>human regenerative tissue matrix</i>	P	
EVRYSDI 60 MG/80 ML(0.75MG/ML) <i>risdiplam</i>	P	SPC PA QPD 6.67 per day
FIRDAPSE 10 MG TABLET <i>amifampridine phosphate</i>	P	SPC PA
GALAFOLD 123 MG CAPSULE <i>migalastat hcl</i>	P	SPC PA
<i>gamma-aminobutyric acid powder</i>	P	
<i>genistein powder</i>	P	
<i>ginger root powder</i>	P	
<i>glacial acetic acid liquid</i>	P	
<i>glucosamine hcl powder</i>	P	
<i>glucosamine sulfate kcl powder</i>	P	
<i>glucosamine sulfate sodium</i>	P	
GRAFIX CORE 5CM X 5CM MATRIX <i>human regenerative tissue matrix</i>	P	
GRAFIX PRIME 5CM X 5CM MATRIX <i>human regenerative tissue matrix</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>grapeseed oil</i>	P	
<i>indole-3-carbinol powder</i>	P	
ISTURISA 1 MG TABLET <i>osilodrostat phosphate</i>	P	SPC PA QPD 8 per day
ISTURISA 10 MG TABLET <i>osilodrostat phosphate</i>	P	SPC PA QPD 6 per day
ISTURISA 5 MG TABLET <i>osilodrostat phosphate</i>	P	SPC PA QPD 2 per day
JAVYGTOR 100 MG POWDER PACKET <i>sapropterin dihydrochloride</i>	P	SPC PA
JAVYGTOR 100 MG TABLET <i>sapropterin dihydrochloride</i>	P	SPC PA
KUVAN 100 MG POWDER PACKET <i>sapropterin dihydrochloride</i>	P	SPC PA
KUVAN 100 MG TABLET <i>sapropterin dihydrochloride</i>	P	SPC PA
KUVAN 500 MG POWDER PACKET <i>sapropterin dihydrochloride</i>	P	SPC PA
I-carnitine powder	P	
I-carnitine powder	P	
I-theanine powder	P	
<i>leucovorin calcium powder</i>	P	
<i>levocarnitine 1 g/10 ml soln</i>	P	
<i>levocarnitine 330 mg tablet</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levocarnitine powder</i>	P	
<i>levocarnitine sf 1 g/10 ml sol</i>	P	
<i>linseed oil raw</i>	P	
<i>melatonin powder</i>	P	
<i>melatonin-vit b6 3-10 mg tab</i>	P	
<i>methylene blue powder</i>	P	
<i>metyrosine 250 mg capsule</i>	P	
MIDNITE FOR MENOPAUSE CHEW TAB <i>melatonin/genistein/herbal complex no.233</i>	P	
MIDNITE MENOPAUSE CHEWABLE TAB <i>melatonin/genistein/herbal complex no.233</i>	P	
MIDNITE PM CHEWABLE TABLET <i>bromelains/melatonin/herbal complex no.233</i>	P	
<i>miglustat 100 mg capsule</i>	P	SPC PA
<i>nicotinamide adenine powder</i>	P	
<i>nitisinone 10 mg capsule</i>	P	SPC PA
<i>nitisinone 2 mg capsule</i>	P	SPC PA
<i>nitisinone 5 mg capsule</i>	P	SPC PA
NITYR 10 MG TABLET <i>nitisinone</i>	P	SPC PA
NITYR 2 MG TABLET <i>nitisinone</i>	P	SPC PA
NITYR 5 MG TABLET <i>nitisinone</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORFADIN 10 MG CAPSULE <i>nitisinone</i>	P	SPC PA
ORFADIN 2 MG CAPSULE <i>nitisinone</i>	P	SPC PA
ORFADIN 20 MG CAPSULE <i>nitisinone</i>	P	SPC PA
ORFADIN 4 MG/ML SUSPENSION <i>nitisinone</i>	P	SPC PA
ORFADIN 5 MG CAPSULE <i>nitisinone</i>	P	SPC PA
<i>phytic acid solution</i>	P	
POTABA 500 MG CAPSULE <i>potassium aminobenzoate</i>	P	F11 Formulary Indicator 1
<i>potassium perchlorate crystal</i>	P	
PROCYSBI DR 25 MG CAPSULE <i>cysteamine bitartrate</i>	P	SPC PA QPD 4 per day
PROCYSBI DR 300 MG GRANULE PKT <i>cysteamine bitartrate</i>	P	SPC PA
PROCYSBI DR 75 MG CAPSULE <i>cysteamine bitartrate</i>	P	SPC PA QPD 72 per day
PROCYSBI DR 75 MG GRANULE PKT <i>cysteamine bitartrate</i>	P	SPC PA
<i>pyruvic acid liquid</i>	P	
<i>pyruvic acid liquid</i>	P	
<i>resveratrol powder</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REZUROCK 200 MG TABLET <i>belumosudil mesylate</i>	P	SPC PA QPD 1 per day
<i>rosemary oil</i>	P	
RUZURGI 10 MG TABLET <i>amifampridine</i>	P	SPC PA QPD 1 per day
<i>sage leaf powder</i>	P	
<i>sapropterin 100 mg powder pkt</i>	P	SPC PA
<i>sapropterin 100 mg tablet</i>	P	SPC PA
<i>sapropterin 500 mg powder pkt</i>	P	SPC PA
<i>squaric ac dibutylester powder</i>	P	
<i>squaric acid powder</i>	P	
<i>st. john's wort powder</i>	P	
STRAVIX 3CM X 6CM MATRIX <i>human regenerative tissue matrix</i>	P	
<i>taurine powder</i>	P	
<i>theanine powder</i>	P	
<i>theracran hp for kids tab chew</i>	P	
THIOLA 100 MG TABLET <i>tiopronin</i>	P	SPC PA
THIOLA EC 100 MG TABLET <i>tiopronin</i>	P	SPC PA
THIOLA EC 300 MG TABLET <i>tiopronin</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tiopronin 100 mg tablet</i>	P	SPC PA
<i>tiopronin powder</i>	P	
<i>turmeric powder</i>	P	
<i>turmeric root powder</i>	P	
TYBOST 150 MG TABLET <i>cobicistat</i>	P	SPC
<i>ubidecarenone powder</i>	P	
<i>ubiquinol powder</i>	P	
<i>ubiquinol powder</i>	P	
<i>ubiquinol powder</i>	P	
<i>valerian root powder</i>	P	
VOXZOGO 0.4 MG VIAL <i>vosoritide</i>	P	SPC PA QPD 1 per day
VYNDAMAX 61 MG CAPSULE <i>tafamidis</i>	P	SPC PA QPD 1 per day
VYNDAQEL 20 MG CAPSULE <i>tafamidis meglumine</i>	P	SPC PA QPD 4 per day
<i>witch hazel extract liquid</i>	P	
XURIDEN GRANULE PACKET <i>uridine triacetate</i>	P	SPC
ZAVESCA 100 MG CAPSULE <i>miglustat</i>	P	SPC PA
ZOKINVY 50 MG CAPSULE <i>lonafarnib</i>	P	SPC PA QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOKINVY 75 MG CAPSULE <i>lonafarnib</i>	P	SPC PA QPD 4 per day
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane 250 mg vial</i>	99	ME Medical Drug
<i>dexrazoxane 500 mg vial</i>	99	ME Medical Drug
MESNEX 400 MG TABLET <i>mesna</i>	P	SPC
<i>pentosan polysulfate sod powd</i>	P	
<b>NONHORMONAL CONTRACEPTIVES</b>		
<i>femcap 22 mm cervical cap</i>	P	HCR HCR: Gender Edits (Females) may apply.
<i>femcap 26 mm cervical cap</i>	P	HCR HCR Rx Contraceptives
<i>femcap 30 mm cervical cap</i>	P	HCR HCR Rx Contraceptives
<i>wide seal diaphragm 60mm</i>	P	HCR HCR: Gender Edits (Females) and Quantity Limits may apply.
<i>wide seal diaphragm 65mm</i>	P	HCR HCR: Gender Edits (Females) and Quantity Limits may apply.
<i>wide seal diaphragm 70mm</i>	P	HCR HCR: Gender Edits (Females) and Quantity Limits may apply.
<i>wide seal diaphragm 75mm</i>	P	HCR HCR: Gender Edits (Females) and Quantity Limits may apply.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>wide seal diaphragm 80mm</i>	P	HCR HCR: Gender Edits (Females) and Quantity Limits may apply.
<i>wide seal diaphragm 85mm</i>	P	HCR HCR: Gender Edits (Females) and Quantity Limits may apply.
<i>wide seal diaphragm 90mm</i>	P	HCR HCR: Gender Edits (Females) and Quantity Limits may apply.
<i>wide seal diaphragm 95mm</i>	P	HCR HCR: Gender Edits (Females) and Quantity Limits may apply.
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS</b>		
<i>celecoxib 100 mg capsule</i>	P	QPD 3 per day F11 Formulary Indicator 1
<i>celecoxib 200 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>celecoxib 400 mg capsule</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>celecoxib 50 mg capsule</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>celecoxib powder</i>	P	
<b>OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS</b>		
DAYPRO 600 MG CAPLET <i>oxaprozin</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diclofenac epolamine 1.3% ptch</i>	P	OPD 2 per day
<i>diclofenac pot 50 mg tablet</i>	P	
<i>diclofenac sod dr 25 mg tab</i>	P	
<i>diclofenac sod dr 50 mg tab</i>	P	
<i>diclofenac sod dr 75 mg tab</i>	P	
<i>diclofenac sod ec 25 mg tab</i>	P	
<i>diclofenac sod ec 50 mg tab</i>	P	
<i>diclofenac sod ec 75 mg tab</i>	P	
<i>diclofenac sod er 100 mg tab</i>	P	
<i>diclofenac sod micronized powd</i>	P	
<i>diclofenac sodium 1% gel</i>	P	QL 1000/ 30 days ST
<i>diclofenac sodium powder</i>	P	
<i>diclofenac-misoprost 50-0.2 mg</i>	P	
<i>diclofenac-misoprost 75-0.2 mg</i>	P	
<i>diflunisal 500 mg tablet</i>	P	
<i>diflunisal powder</i>	P	
<i>etodolac 200 mg capsule</i>	P	F11 Formulary Indicator 1
<i>etodolac 300 mg capsule</i>	P	
<i>etodolac 400 mg tablet</i>	P	F11 Formulary Indicator 1
<i>etodolac 500 mg tablet</i>	P	F11 Formulary Indicator 1
<i>etodolac er 400 mg tablet</i>	P	F11 Formulary Indicator 1
<i>etodolac er 600 mg tablet</i>	P	






PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FELDENE 10 MG CAPSULE <i>piroxicam</i>	P	
FELDENE 20 MG CAPSULE <i>piroxicam</i>	P	
<i>fenoprofen 600 mg tablet</i>	P	
<i>fenoprofen calcium powder</i>	P	
<i>flurbiprofen 100 mg tablet</i>	P	
<i>flurbiprofen powder</i>	P	
IBU 400 MG TABLET <i>ibuprofen</i>	P	
IBU 600 MG TABLET <i>ibuprofen</i>	P	
IBU 800 MG TABLET <i>ibuprofen</i>	P	
<i>ibuprofen 100 mg/5 ml susp</i>	P	F11 Formulary Indicator 1
<i>ibuprofen 400 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ibuprofen 600 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ibuprofen 800 mg tablet</i>	P	F11 Formulary Indicator 1
<i>ibuprofen powder</i>	P	
INDOCIN 25 MG/5 ML SUSPENSION <i>indomethacin</i>	P	PA QPD 40 per day
INDOCIN 50 MG SUPPOSITORY <i>indomethacin</i>	P	PA QPD 4 per day
<i>indomethacin 100 mg supp</i>	P	QPD 2 per day
<i>indomethacin 25 mg capsule</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>indomethacin 50 mg capsule</i>	P	
<i>indomethacin er 75 mg capsule</i>	P	
<i>indomethacin powder</i>	P	
<i>ketoprofen 25 mg capsule</i>	P	
<i>ketoprofen 50 mg capsule</i>	P	
<i>ketoprofen 75 mg capsule</i>	P	
<i>ketoprofen er 200 mg capsule</i>	P	
<i>ketoprofen micronized powder</i>	P	
<i>ketoprofen powder</i>	P	
<i>ketorolac 10 mg tablet</i>	P	QL 21 / fill
<i>ketorolac 15 mg/ml carpuject</i>	P	QL 40 / 23 days QPD 8 per day BSP BENEFIT SHIFT PROGRAM
<i>ketorolac 15 mg/ml isecure syr</i>	P	QL 40 / 23 days QPD 8 per day BSP BENEFIT SHIFT PROGRAM
<i>ketorolac 15 mg/ml syringe</i>	P	QL 40 / 23 days QPD 8 per day BSP BENEFIT SHIFT PROGRAM
<i>ketorolac 15 mg/ml vial</i>	P	QL 40 / 23 days QPD 8 per day BSP BENEFIT SHIFT PROGRAM
<i>ketorolac 30 mg/ml carpuject</i>	P	QL 20 / 30 days QPD 4 per day BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketorolac 30 mg/ml syringe</i>	P	<p>QL 20 / 23 days</p> <p>QPD 4 per day</p> <p>BSP BENEFIT SHIFT PROGRAM</p>
<i>ketorolac 30 mg/ml vial</i>	P	<p>QL 20 / 23 days</p> <p>QPD 4 per day</p> <p>BSP BENEFIT SHIFT PROGRAM</p>
<i>ketorolac 300 mg/10 ml vial</i>	P	<p>QL 20 / 30 days</p> <p>BSP BENEFIT SHIFT PROGRAM</p>
<i>ketorolac 60 mg/2 ml carpject</i>	P	<p>QL 20 / 30 days</p> <p>QPD 2 per day</p>
<i>ketorolac 60 mg/2 ml syringe</i>	P	<p>QL 20 / 30 days</p> <p>QPD 2 per day</p>
<i>ketorolac 60 mg/2 ml vial</i>	P	<p>QL 20 / 30 days</p> <p>QPD 2 per day</p>
<i>ketorolac tromethamine powder</i>	P	
LODINE 400 MG TABLET <i>etodolac</i>	P	
<i>meclofenamate 100 mg capsule</i>	P	
<i>meclofenamate 50 mg capsule</i>	P	
<i>meclofenamate sodium powder</i>	P	
<i>mefenamic acid powder</i>	P	
<i>meloxicam 15 mg tablet</i>	P	<p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>
<i>meloxicam 7.5 mg tablet</i>	P	<p>QPD 1 per day</p> <p>F11 Formulary Indicator 1</p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meloxicam powder</i>	P	
<i>nabumetone 500 mg tablet</i>	P	
<i>nabumetone 750 mg tablet</i>	P	
<i>nabumetone micronized powder</i>	P	
<i>nabumetone powder</i>	P	
NAPRELAN CR 375 MG TABLET <i>naproxen sodium</i>	P	
NAPRELAN CR 500 MG TABLET <i>naproxen sodium</i>	P	
<i>naproxen 250 mg tablet</i>	P	F11 Formulary Indicator 1
<i>naproxen 375 mg tablet</i>	P	F11 Formulary Indicator 1
<i>naproxen 500 mg kit</i>	P	F11 Formulary Indicator 1
<i>naproxen 500 mg tablet</i>	P	F11 Formulary Indicator 1
<i>naproxen dr 375 mg tablet</i>	P	
<i>naproxen dr 500 mg tablet</i>	P	
<i>naproxen powder</i>	P	
<i>naproxen sod er 375 mg tablet</i>	P	
<i>naproxen sodium powder</i>	P	
<i>oxaprozin 600 mg caplet</i>	P	
<i>oxaprozin 600 mg tablet</i>	P	
<i>phenylbutazone powder</i>	P	
<i>piroxicam 10 mg capsule</i>	P	
<i>piroxicam 20 mg capsule</i>	P	
<i>piroxicam powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulindac 150 mg tablet</i>	P	
<i>sulindac 200 mg tablet</i>	P	
<i>sulindac powder</i>	P	
<i>tolmetin sodium 200 mg tab</i>	P	
<i>tolmetin sodium 600 mg tab</i>	P	
VOLTAREN-XR 100 MG TABLET <i>diclofenac sodium</i>	P	 Select Brand Alternative
<b>SALICYLATES</b>		
<i>acetyl salicylic acid powder</i>	P	
<i>aspirin powder</i>	P	
<i>butalbital-aspirin-caffeine cp</i>	P	 6 per day
<i>butalbital-aspirin-caffeine tb</i>	P	 6 per day
<i>choline magnesium trisal powd</i>	P	
GOODY'S EX-STR 325-500-65MG PK <i>aspirin/acetaminophen/caffeine</i>	P	
GOODY'S EX-STR POWDER PACKET <i>aspirin/acetaminophen/caffeine</i>	P	
<i>phenyl salicylate powder</i>	P	
<i>salsalate 500 mg tablet</i>	P	
<i>salsalate 750 mg tablet</i>	P	
<i>salsalate powder</i>	P	
<i>sodium salicylate powder</i>	P	
<b>OXYTOCICS</b>		
CERVIDIL 10 MG VAGINAL INSRT <i>dinoprostone</i>	P	 Female
METHERGINE 0.2 MG TABLET <i>methylergonovine maleate</i>	P	 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylergonovine 0.2 mg tablet</i>	P	QPD 6 per day
MIFEPREX 200 MG TABLET <i>mifepristone</i>	P	
<i>mifepristone 200 mg tablet</i>	P	
<i>oxytocin acetate powder</i>	P	
<i>oxytocin powder</i>	P	
PREPIDIL 0.5 MG/3 GM GEL <i>dinoprostone</i>	P	GL Female
PROSTIN E2 VAGINAL 20 MG SUP <i>dinoprostone</i>	P	GL Female
<b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>		
<b>ANTIPARATHYROID AGENTS</b>		
<i>calcitonin-salmon 200 units sp</i>	P	QPD 0.13 per day
<i>calcitonin-salmon 400 unit/2ml</i>	P	SPC
<i>cinacalcet hcl 30 mg tablet</i>	P	SPC PA QPD 2 per day
<i>cinacalcet hcl 60 mg tablet</i>	P	SPC PA QPD 2 per day
<i>cinacalcet hcl 90 mg tablet</i>	P	SPC PA QPD 2 per day
MIACALCIN 400 UNIT/2 ML VIAL <i>calcitonin,salmon,synthetic</i>	P	SPC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PARATHYROID AGENTS</b>		
FORTEO 600 MCG/2.4 ML PEN INJ <i>teriparatide</i>	P	SPC PA
NATPARA 100 MCG DOSE CARTRIDGE <i>parathyroid hormone</i>	P	SPC PA
NATPARA 25 MCG DOSE CARTRIDGE <i>parathyroid hormone</i>	P	SPC PA
NATPARA 50 MCG DOSE CARTRIDGE <i>parathyroid hormone</i>	P	SPC PA
NATPARA 75 MCG DOSE CARTRIDGE <i>parathyroid hormone</i>	P	SPC PA
<i>teriparatide 620 mcg/2.48 ml</i>	P	SPC PA
TYMLOS 80 MCG DOSE PEN INJECTR <i>abaloparatide</i>	P	AL At least 18 yrs old SPC PA QPD 1.6 per day
<b>PENICILLIN ANTIBIOTICS</b>		
<b>AMINOPENICILLIN ANTIBIOTICS</b>		
<i>amox-clav 200-28.5 mg tab chew</i>	P	
<i>amox-clav 200-28.5 mg/5 ml sus</i>	P	
<i>amox-clav 250-125 mg tablet</i>	P	
<i>amox-clav 250-62.5 mg/5 ml sus</i>	P	
<i>amox-clav 400-57 mg tab chew</i>	P	
<i>amox-clav 400-57 mg/5 ml susp</i>	P	
<i>amox-clav 500-125 mg tablet</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amox-clav 600-42.9 mg/5 ml sus</i>	P	
<i>amox-clav 875-125 mg tablet</i>	P	
<i>amox-clav er 1,000-62.5 mg tab</i>	P	
<i>amoxicillin 125 mg tab chew</i>	P	
<i>amoxicillin 125 mg/5 ml susp</i>	P	
<i>amoxicillin 200 mg/5 ml susp</i>	P	
<i>amoxicillin 250 mg capsule</i>	P	
<i>amoxicillin 250 mg tab chew</i>	P	
<i>amoxicillin 250 mg/5 ml susp</i>	P	
<i>amoxicillin 400 mg/5 ml susp</i>	P	
<i>amoxicillin 500 mg capsule</i>	P	
<i>amoxicillin 500 mg tablet</i>	P	
<i>amoxicillin 875 mg tablet</i>	P	
<i>amoxicillin trihydrate powder</i>	P	
<i>ampicillin 250 mg capsule</i>	P	
<i>ampicillin 500 mg capsule</i>	P	
AUGMENTIN 125-31.25 MG/5 ML <i>amoxicillin/potassium clavulanate</i>	P	
AUGMENTIN 250-62.5 MG/5 ML <i>amoxicillin/potassium clavulanate</i>	P	
AUGMENTIN 500-125 TABLET <i>amoxicillin/potassium clavulanate</i>	P	
AUGMENTIN ES-600 SUSPENSION <i>amoxicillin/potassium clavulanate</i>	P	
AUGMENTIN XR 1,000-62.5 TAB <i>amoxicillin/potassium clavulanate</i>	P	
MOXATAG ER 775 MG TABLET <i>amoxicillin</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NATURAL PENICILLIN ANTIBIOTICS</b>		
BICILLIN C-R 1.2 MILLION UNIT <i>penicillin g benzathine/penicillin g procaine</i>	P	
BICILLIN C-R 900-300 SYRINGE <i>penicillin g benzathine/penicillin g procaine</i>	P	
BICILLIN L-A 1,200,000 UNITS <i>penicillin g benzathine</i>	P	
BICILLIN L-A 2,400,000 UNITS <i>penicillin g benzathine</i>	P	
BICILLIN L-A 600,000 UNIT/ML <i>penicillin g benzathine</i>	P	
<i>pen g 1.2 million unit/2 ml</i>	P	
<i>penicillin g 600,000 unit/1 ml</i>	P	
<i>penicillin vk 125 mg/5 ml soln</i>	P	
<i>penicillin vk 250 mg tablet</i>	P	
<i>penicillin vk 250 mg/5 ml soln</i>	P	
<i>penicillin vk 500 mg tablet</i>	P	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin 250 mg capsule</i>	P	
<i>dicloxacillin 500 mg capsule</i>	P	
<b>PHARMACEUTICAL AIDS</b>		
<i>1st base cream</i>	P	
2-methoxyestradiol powder	P	
4-aminobenzoic acid potas powd	P	
7-keto dhea powder	P	
7-keto dhea powder	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acacia powder</i>	P	
<i>acetarsone powder</i>	P	
<i>acetyl hexapeptide-8 powder</i>	P	
<i>acetyl hexapeptide-8 solution</i>	P	
<i>acetyl-d-glucosamine powder</i>	P	
<i>ademetionine disulfate tosylat</i>	P	
<i>adenosine-5-triphosphate powd</i>	P	
<i>alba-derm cream</i>	P	
<i>alcohol, denatured</i>	P	
<i>alfalfa flavor powder</i>	P	
<i>alginic acid powder</i>	P	
<i>alkyl acrylate crosspolymer</i>	P	
<i>alkyl benzoate liquid</i>	P	
<i>allantoin powder</i>	P	
<i>almond oil</i>	P	
<i>almond oil sweet</i>	P	
<i>aloe vera oil</i>	P	
<i>aloe vera powder</i>	P	
<i>aloe vera powder</i>	P	
<i>alpawash ointment</i>	P	
<i>alpha lipoic acid powder</i>	P	
<i>alpha lipoic acid powder</i>	P	
<i>alpha pinene liquid</i>	P	
<i>alpha-ketoglutaric acid cryst</i>	P	
<i>altaderm cream base</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alum ammonium powder</i>	P	
<i>aluminum acetate powder</i>	P	
<i>aluminum chloride crystals</i>	P	
<i>aluminum chloride powder</i>	P	
<i>aluminum chlorohydrate powd</i>	P	
<i>aluminum potassium sulf crys</i>	P	
<i>aluminum potassium sulf gran</i>	P	
<i>aluminum sulfate powder</i>	P	
<i>american ginseng powder</i>	P	
<i>aminobenzoic acid powder</i>	P	
<i>aminolevulinic acid hcl powd</i>	P	
<i>ammonium alum powder</i>	P	
<i>ammonium bromide crystal</i>	P	
<i>ammonium lactate solution</i>	P	
<i>ammonium lauryl sulfate liquid</i>	P	
<i>ammonium sulfate granules</i>	P	
<i>ammonium tetrathiomolybdate</i>	P	
<i>anhydrous base cream</i>	P	
<i>anhydrous gel base</i>	P	
<i>anhydrous ointment base</i>	P	
<i>anise extract flavor</i>	P	
<i>anisindione powder</i>	P	
<i>apothederm transdermal base</i>	P	
<i>apothesar 2 cream</i>	P	
<i>apothesar plus cream</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>apothecil base cream</i>	P	
<i>apple flavor</i>	P	
<i>apple flavor liquid</i>	P	
<i>apple flavor powder</i>	P	
<i>apple-ade flavor liquid</i>	P	
<i>apricot flavor liquid</i>	P	
<i>apricot flavor powder</i>	P	
<i>arbem h-cosmetic cream</i>	P	
<i>arbem lipopen base</i>	P	
<i>arlacel 165 flakes</i>	P	
<i>arnica flower tincture</i>	P	
<i>arnica lg liquid</i>	P	
<i>arrowroot starch powder</i>	P	
<i>aspartame powder</i>	P	
<i>aspartic acid magnesium salt</i>	P	
<i>aspartic acid powder</i>	P	
<i>astragalus root powder</i>	P	
<i>atrevis hydrogel</i>	P	
<i>auxipro vanishing cream</i>	P	
<i>avocado oil</i>	P	
<i>az cream</i>	P	
<i>banana cream flavor liquid</i>	P	
<i>banana creme flavor liquid</i>	P	
<i>banana flavor artificial liq</i>	P	
<i>banana flavor concentrate liq</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>banana flavor liquid</i>	P	
<i>base 7542 cream</i>	P	
<i>base b,polyethylene glycol3350</i>	P	
<i>base c polyeth glycol 300 liq</i>	P	
<i>base e-polyethylene glycol pd</i>	P	
<i>base g almond oil</i>	P	
<i>base gelatin gummy troche</i>	P	
<i>base h-carboxymethylcellulose</i>	P	
<i>base hormone cream</i>	P	
<i>base lecithin isopr palmitate</i>	P	
<i>base w301 cream</i>	P	
<i>base x flakes</i>	P	
<i>base, custom polyglycol troche</i>	P	
<i>base, natatroche</i>	P	
<i>base, pcca acacia syrup</i>	P	
<i>base, pcca bitter drug powd</i>	P	
<i>base, pcca cobase #1 wax</i>	P	
<i>base, pcca dmae complex 38%</i>	P	
<i>base, pcca emulsifix-205</i>	P	
<i>base, pcca fixed oil susp</i>	P	
<i>base, pcca loxasperse powd</i>	P	
<i>base, pcca loxoral powder</i>	P	
<i>base, pcca mucolox liquid</i>	P	
<i>base, pcca occlusaderm</i>	P	
<i>base, pcca plasticized gel</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>base, pcca poloxamer 407 gel</i>	P	
<i>base, pcca polypeg wax</i>	P	
<i>base, pcca pracamac oil</i>	P	
<i>base, pcca rapid dissolve powd</i>	P	 HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
<i>base, pcca rdt-plus powder</i>	P	
<i>base, pcca sorbitol lollipop</i>	P	
<i>base, pcca spira-wash gel</i>	P	
<i>base, pcca suspendit gel</i>	P	
<i>base, pcca syrup vehicle</i>	P	
<i>base, pcca vanishing crm-lot</i>	P	
<i>base, pcca vanpen cream</i>	P	
<i>base, pcca versabase foam</i>	P	
<i>base, pcca xematop cream</i>	P	
<i>base, pcca xylifos powder</i>	P	
<i>base-i sorbitan monopalmitate</i>	P	
<i>basic fuchsin hcl powder</i>	P	
<i>bentonite powder</i>	P	
<i>benzethonium cl powder</i>	P	
<i>benzoic acid crystal</i>	P	
<i>benzoic acid powder</i>	P	
<i>benzoin compound tincture</i>	P	
<i>benzoquinone crystals</i>	P	
<i>benzoyl peroxide powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benzyl alcohol liquid</i>	P	
<i>beta glucan powder</i>	P	
<i>bhrt base cream</i>	P	
<i>bimatoprost powder</i>	P	
<i>bioflavonoid citrus powder</i>	P	
<i>bioflavonoid lemon powder</i>	P	
<i>bioflavonoids citrus powder</i>	P	
<i>biopeptide biocosmetic base</i>	P	
<i>biotin powder</i>	P	
<i>biotin-d powder</i>	P	
<i>bisabolol liquid</i>	P	
<i>bismuth citrate powder</i>	P	
<i>bismuth subcarbonate powder</i>	P	
<i>bismuth subgallate powder</i>	P	
<i>bismuth subnitrate powder</i>	P	
<i>bitter almond oil flavor</i>	P	
<i>bitter stop flavor liquid</i>	P	
<i>bitter-bloc pure powder</i>	P	
<i>bitter-bloc ws powder conc</i>	P	
<i>bitter-bloc ws-os liquid conc</i>	P	
<i>bitterness mask flavor liquid</i>	P	
<i>bitterness reducing agent pwd</i>	P	
<i>bitterness suppressor liquid</i>	P	
<i>blackberry flavor liquid</i>	P	
<i>blood orange flavor conc liq</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>blue agave liquid</i>	P	
<i>blueberry flavor liquid</i>	P	
<i>boswellia serrata extract powd</i>	P	
<i>boswellia serrata extract powd</i>	P	
<i>brij 35 wax</i>	P	
<i>brij 700 wax</i>	P	
<i>brij 93 liquid</i>	P	
<i>brij 14 liquid</i>	P	
<i>brilliant blue g powder</i>	P	
<i>brilliant green crystals</i>	P	
<i>brilliant green powder</i>	P	
<i>bromelain 1,200 gdu/gm powder</i>	P	
<i>bromelain powder</i>	P	
<i>bromfenac sodium powder</i>	P	
<i>bubble gum flavor conc liquid</i>	P	
<i>bubble gum flavor liquid</i>	P	
<i>buflomedil hcl powder</i>	P	
<i>butter flavor liquid</i>	P	
<i>butter rum flavor</i>	P	
<i>butter rum flavor liquid</i>	P	
<i>butterscotch flavor liquid</i>	P	
<i>butterscotch flavor liquid</i>	P	
<i>butyl alcohol liquid</i>	P	
<i>butylated hydroxyanisole wax</i>	P	
<i>butylparaben powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>calcipotriene powder</i>	P	
<i>calcipotriol powder</i>	P	
<i>calcitriol-almond oil 1 mcg/ml</i>	P	
<i>calcium alginate powder</i>	P	
<i>calcium hydroxide powder</i>	P	
<i>calcium hydroxyapatite powder</i>	P	
<i>canada balsam liquid</i>	P	
<i>cantharidin powder</i>	P	
<i>caprylic acid liquid</i>	P	
<i>caprylic-capric triglyceride</i>	P	
<i>capsoral powder</i>	P	
<i>capsublend-h excipients powder</i>	P	
<i>capsublend-p excipients powder</i>	P	
<i>capsublend-s excipients powder</i>	P	
<i>caramel flavor conc liquid</i>	P	
<i>caramel flavor liquid</i>	P	
<i>carbogel</i>	P	
<i>carbohol gel</i>	P	
<i>carbomer 934p powder</i>	P	
<i>carbomer 934p resin powder</i>	P	
<i>carbomer 940 powder</i>	P	
<i>carbomer gel-aqueous</i>	P	
<i>carbomer gel-hydroalcoholic</i>	P	
<i>carbomer homopolymer typ c pwd</i>	P	
<i>carboxymethyl sod granule</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carnauba wax flakes</i>	P	
<i>carrageenan powder</i>	P	
<i>cedar leaf oil</i>	P	
<i>cela cream base</i>	P	
<i>ceresin wax</i>	P	
<i>cesium chloride crystals</i>	P	
<i>cetearyl alcohol-ceteareth-20</i>	P	
<i>cetyl alcohol flakes</i>	P	
<i>cetyl alcohol granules</i>	P	
<i>cetyl esters wax</i>	P	
<i>cetyl myristoleate 40% oil</i>	P	
<i>cetyl myristoleate 40% wax</i>	P	
<i>cetyl myristoleate powder</i>	P	
<i>cetylpyridinium cl crystals</i>	P	
<i>chamomile flowers powder</i>	P	
<i>cheesecake flavor liquid</i>	P	
<i>cherry artificial flavor liq</i>	P	
<i>cherry concentrate flavor liq</i>	P	
<i>cherry flavor conc liquid</i>	P	
<i>cherry flavor liquid</i>	P	
<i>cherry syrup</i>	P	
<i>cherry-ade flavor powder</i>	P	
<i>chloroacetic acid powder</i>	P	
<i>chlorobutanol crystals</i>	P	
<i>chlorophyllin sod copper powd</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlorothiazide powder</i>	P	
<i>chloroxine powder</i>	P	
<i>chloroxyleneol powder</i>	P	
<i>chocolate concentrate flavor</i>	P	
<i>chocolate flavor liquid</i>	P	
<i>chocolate flavor powder</i>	P	
<i>chocolate hazelnut flavor liq</i>	P	
<i>cholesterol powder</i>	P	
<i>cholesterol powder</i>	P	
<i>chromium picolinate powder</i>	P	
<i>chromium polynicotinate powder</i>	P	
<i>chromium pot sulf dodecah powd</i>	P	
<i>chrysaderm day cream</i>	P	
<i>chrysaderm night cream</i>	P	
<i>chrysin powder</i>	P	
<i>chymotrypsin powder</i>	P	
<i>cinnamon bark powder</i>	P	
<i>cinnamon flavor</i>	P	
<i>citric acid granules</i>	P	
<i>citric acid granules</i>	P	
<i>citric acid powder</i>	P	
<i>clemizole hcl powder</i>	P	
<i>clove flavor</i>	P	
<i>clove oil</i>	P	
<i>cocamide dea liquid</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>coconut flavor liquid</i>	P	
<i>coconut oil</i>	P	
<i>coconut oil</i>	P	
<i>coffee flavor liquid</i>	P	
<i>cola flavor liquid</i>	P	
<i>collagen hydrolysate powder</i>	P	
<i>collodion liquid</i>	P	
<i>colloidal silicon dioxide pwdr</i>	P	
<i>compoundmax base cream</i>	P	
<i>copasil gel base</i>	P	
<i>corn oil</i>	P	
<i>corn starch powder</i>	P	
<i>cotton candy flavor liquid</i>	P	
<i>cran-raspberry flavor liquid</i>	P	
<i>cranberry extract 12:1 powder</i>	P	
<i>cream concentrate</i>	P	
<i>creatine monohydrate powder</i>	P	
<i>creatine powder</i>	P	
<i>creatinine powder</i>	P	
<i>creme de menthe flavor liquid</i>	P	
<i>creme de menthe flavor liquid</i>	P	
<i>creme flavor concentrate liq</i>	P	
<i>cresol (m) acetate liquid</i>	P	
<i>cresol (m) liquid</i>	P	
<i>croton oil</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>curcumin powder</i>	P	
<i>custom base pcca lipoderm crm</i>	P	
<i>cutis plus cream base</i>	P	
<i>cvs distilled water</i>	P	
<i>cyclodextrin reagent powder</i>	P	
<i>cyclodextrin-beta powder</i>	P	
<i>cyclomethicone liquid</i>	P	
d & c green #6 powder	P	
d-biotin powder	P	
d-galactose powder	P	
<i>dapiprazole hcl powder</i>	P	
<i>deglycyrrhizinated licorice</i>	P	
<i>demecarium bromide powder</i>	P	
<i>deoxycholic acid powder</i>	P	
<i>devil's claw powder</i>	P	
<i>dexpanthenol liquid</i>	P	
<i>dexpanthenol powder</i>	P	
<i>dextran 40,000 avg m.w. powder</i>	P	
<i>dichloroacetic acid liquid</i>	P	
<i>diethanolamine liquid</i>	P	
<i>diethyl-m-toluamide liquid</i>	P	
<i>diethylen glycol m-ethyl ether</i>	P	
<i>dihydroxyacetone powder</i>	P	
<i>diindolylmethane powder</i>	P	
<i>diiodo-l-thyronine powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DILUENT FOR ELIGARD 30 MG SYRG <i>diluent for leuprolide (polyglactin)</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
DILUENT FOR ELIGARD 45 MG SYRG <i>diluent for leuprolide (polyglactin)</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>diluent for epoprostenol vial</i>	P	SPC
DILUENT FOR NOVOSEVEN 1 ML <i>diluent for coagulation factor vlla (histidine)</i>	P	SPC
DILUENT FOR NOVOSEVEN 2 ML <i>diluent for coagulation factor vlla (histidine)</i>	P	SPC
DILUENT FOR NOVOSEVEN 5 ML <i>diluent for coagulation factor vlla (histidine)</i>	P	SPC
DILUENT FOR NOVOSEVEN 8 ML <i>diluent for coagulation factor vlla (histidine)</i>	P	SPC
DILUENT FOR VIVITROL <i>diluent for naltrexone microspheres (carboxymethylcellulose)</i>	P	SPC BSP BENEFIT SHIFT PROGRAM
<i>dimethipac gel</i>	P	
<i>dimethyl fumarate crystals</i>	P	
<i>dimethyl sulfone powder</i>	P	
<i>dimethyl sulfoxide liquid</i>	P	
<i>dimethyl sulfoxide liquid</i>	P	
<i>dimethylacetamide liquid</i>	P	
<i>dimethylaminoethanol bitart</i>	P	
<i>dimethylglycine hcl crystals</i>	P	
<i>dinitrochlorobenzene crystals</i>	P	
<i>diosgenin powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diosmin powder</i>	P	
<i>diphenylcyclopropanone powder</i>	P	
<i>disperserx ultra fine powder</i>	P	
<i>divalproex sodium powder</i>	P	
<i>dl-3-hydroxybutyric acid sod</i>	P	
<i>dl-leucine powder</i>	P	
<i>dl-malic acid powder</i>	P	
<i>dmae liquid</i>	P	
<i>dmps crystal</i>	P	
<i>dmps powder</i>	P	
<i>durabase advanced cream base</i>	P	
<i>durabase cream base</i>	P	
<i>edetate acid powder</i>	P	
<i>edetate tetrasodium powder</i>	P	
<i>effervescent powder</i>	P	
<i>egcg powder</i>	P	
<i>egme liquid</i>	P	
<i>eleutherococcus senticosus pow</i>	P	
<i>emolivan cold cream base</i>	P	
<i>emu oil</i>	P	
<i>emu oil</i>	P	
<i>emulsifying wax</i>	P	
<i>emulsion concentrate</i>	P	
<i>english toffee flavor liquid</i>	P	
<i>espumil foam base</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ether liquid</i>	P	
<i>ethoxy diglycol liquid</i>	P	
<i>ethoxy diglycol reagent</i>	P	
<i>ethyl alcohol 190 proof</i>	P	
<i>ethyl alcohol 200 proof</i>	P	
<i>ethyl alcohol 95% liquid</i>	P	
<i>ethyl alcohol liquid</i>	P	
<i>ethyl oleate liquid</i>	P	
<i>ethylenediamine liquid</i>	P	
<i>eucalyptol liquid</i>	P	
<i>eugenol flavor liquid</i>	P	
<i>eugenol liquid</i>	P	
<i>evans blue powder</i>	P	
<i>excell-rdt sf base powder</i>	P	
<i>fagron capfill pro powder</i>	P	
<i>fagron dispersapro powder</i>	P	
<i>fagron ls plus cream</i>	P	
<i>fagron ls ultra cream</i>	P	
<i>fagron natural cream</i>	P	
<i>fagron supreme cream</i>	P	
<i>fagron versifix liquid</i>	P	
<i>famciclovir powder</i>	P	
<i>fattibase wax</i>	P	
<i>fattyblend suppository base</i>	P	
<i>fd and c red no. 40 powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fd&amp;c blue #1 powder</i>	P	
<i>fd&amp;c blue #2 powder</i>	P	
<i>fd&amp;c green #3 powder</i>	P	
<i>fd&amp;c red #3 powder</i>	P	
<i>fd&amp;c yellow #5 powder</i>	P	
<i>fd&amp;c yellow #6 powder</i>	P	
<i>ferric ammonium citrate powder</i>	P	
<i>ferric chloride powder</i>	P	
<i>ferric subsulfate powder</i>	P	
<i>ferric subsulfate solution</i>	P	
<i>ferulic acid powder</i>	P	
<i>feverfew extract powder</i>	P	
<i>fitalite cream base</i>	P	
<i>fixed oil suspension</i>	P	
<i>flavorx flavoring liquid</i>	P	
<i>flavorx grape flavor liquid</i>	P	
<i>flavorx lemon flavor liquid</i>	P	
<i>flexible collodion liquid</i>	P	
<i>flexible collodion solution</i>	P	
<i>food color black powder</i>	P	
<i>food color blue liquid</i>	P	
<i>food color blue powder</i>	P	
<i>food color blue royal powder</i>	P	
<i>food color brown powder</i>	P	
<i>food color green liquid</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>food color green powder</i>	P	
<i>food color lime green powder</i>	P	
<i>food color orange powder</i>	P	
<i>food color pink liquid</i>	P	
<i>food color red liquid</i>	P	
<i>food color red powder</i>	P	
<i>food color violet powder</i>	P	
<i>food color white liquid</i>	P	
<i>food color yellow liquid</i>	P	
<i>food color yellow powder</i>	P	
<i>formaldehyde 10% solution</i>	P	
<i>formaldehyde 37% solution</i>	P	
<i>formaldehyde solution</i>	P	
<i>fos-a fixed oil susp vehicle</i>	P	
<i>free &amp; clear shampoo</i>	P	
<i>freedom adaptaderm gel</i>	P	
<i>freedom peg troche base powder</i>	P	
<i>fuller's earth powder</i>	P	
<i>galactose powder</i>	P	
<i>gardenia fragrance oil</i>	P	
<i>gelatin base</i>	P	
<i>gelatin powder</i>	P	
<i>gelfilm</i>	P	
<i>geranium oil</i>	P	
<i>germall plus liquid</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ginseng root powder</i>	P	
<i>gluconolactone powder</i>	P	
<i>glutathione-l powder</i>	P	
<i>glutathione-l powder</i>	P	
<i>glycerin liquid</i>	P	
<i>glycerol monooleate paste</i>	P	
<i>glycine powder</i>	P	
<i>glycofurool liquid</i>	P	
<i>glycolic acid 70% solution</i>	P	
<i>glycolic acid crystals</i>	P	
<i>glycosaminoglycans liquid</i>	P	
<i>glycyrrhizic acid powder</i>	P	
<i>gowey tincture</i>	P	
<i>gramicidin d powder</i>	P	
<i>grape artificial flavor liquid</i>	P	
<i>grape artificial flavor liquid</i>	P	
<i>grape concentrate flavor liq</i>	P	
<i>grape concentrate flavor liq</i>	P	
<i>grape flavor</i>	P	
<i>grape flavor concentrate liq</i>	P	
<i>grape flavor liquid</i>	P	
<i>grape flavor syrup</i>	P	
<i>grapefruit oil</i>	P	
<i>great value distilled water</i>	P	
<i>green apple flavor conc liquid</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>green apple flavor liquid</i>	P	
<i>green tea extract 95% powder</i>	P	
<i>green tea extract powder</i>	P	
<i>green tea fragrance oil</i>	P	
<i>guanidineacetic acid powder</i>	P	
<i>guar gum powder</i>	P	
<i>guarana seed extract powder</i>	P	
<i>guava flavor liquid</i>	P	
<i>gum base gelatin</i>	P	
<i>gymnema sylvestris leaf powder</i>	P	
h2o gel base	P	
<i>hawthorne berry powder</i>	P	
<i>hematoxylin, c.i. 75290 powder</i>	P	
<i>hepes powder</i>	P	
<i>heptaminol liquid</i>	P	
<i>histidine hcl powder</i>	P	
<i>honey almond fragrance liquid</i>	P	
<i>honey flavor liquid</i>	P	
<i>hrt base botanical cream</i>	P	
<i>hrt base cream</i>	P	
<i>hrt base heavy ointment</i>	P	
<i>hrt botanical base cream</i>	P	
<i>hrt cream</i>	P	
<i>hrt cream base</i>	P	
<i>hrt cream base (women)</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hrt essential cream base</i>	P	
<i>hrt gel base (men)</i>	P	
<i>hrt heavy cream base</i>	P	
<i>humco base, pain mgmt cream</i>	P	
<i>huperzine serrate a powder</i>	P	
<i>hyaluronic acid sod salt powd</i>	P	
<i>hyaluronic acid sod salt powd</i>	P	
<i>hydrazine sulfate crystals</i>	P	
<i>hydrofluoric acid liquid</i>	P	
<i>hydrogel</i>	P	
<i>hydrogen peroxide acs 30% soln</i>	P	
<i>hydrolyzed hyaluronic acid pwd</i>	P	
<i>hydrophilic ointment base</i>	P	
<i>hydrous emulsified base cream</i>	P	
<i>hydroxyethyl methacrylate liq</i>	P	
<i>hydroxyethylcellulose powder</i>	P	
<i>hydroxypropyl-beta-cyclod powd</i>	P	
<i>hydroxypropylcellulose powder</i>	P	
<i>hydroxyquinoline sulfate powd</i>	P	
<i>hydroxytryptophan l-5 powder</i>	P	
<i>hydroxytryptophan powder</i>	P	
<i>hypromellose (methocel e 4 m)</i>	P	
<i>hypromellose powder</i>	P	
<i>ichthammol liquid</i>	P	
<i>ichthammol powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>idealbase cream</i>	P	
<i>imidurea powder</i>	P	
<i>indocyanine green powder</i>	P	
<i>inositol hexanicotinate powder</i>	P	
<i>inositol powder</i>	P	
<i>iodoform powder</i>	P	
<i>iopanoic acid powder</i>	P	
<i>isopropamide iodide powder</i>	P	
<i>isopropyl myristate liquid</i>	P	
<i>isopropyl palmitate liquid</i>	P	
<i>isopropyl palmitate liquid</i>	P	
<i>jasmine fragrance liquid</i>	P	
<i>jelene gel</i>	P	
<i>jojoba oil</i>	P	
<i>juniper tar oil</i>	P	
<i>kahlua flavor liquid</i>	P	
<i>ketoglutaric acid crystals</i>	P	
<i>kidney bean extract powder</i>	P	
<i>kinetin powder</i>	P	
<i>kiwi fragrance liquid</i>	P	
<i>kojic acid powder</i>	P	
<i>krisgel 100 liquid</i>	P	
<i>krystal sf candy base powder</i>	P	
<i>kudzu root powder</i>	P	
<i>l-aspartic acid powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
I-glutamic acid powder	P	
I-glutathione powder	P	
I-glutathione powder	P	
I-glutathione reduced powder	P	
I-histidine mhcl powder	P	
I-histidine monohydrochlor pwd	P	
I-histidine powder	P	
I-isoleucine crystal	P	
I-isoleucine powder	P	
I-isoleucine powder	P	
I-menthol crystals	P	
I-methionine powder	P	
I-ornithine hcl powder	P	
I-proline crystal	P	
I-serine crystals	P	
I-threonine crystal	P	
I-valine powder	P	
<i>lactic acid liquid</i>	P	
<i>lactose anhydrous powder</i>	P	
<i>lactose monohydrate powder</i>	P	
<i>lanolin anhydrous ointment</i>	P	
<i>lanolin oil</i>	P	
<i>lanolin wax</i>	P	
<i>laureth-9 liquid</i>	P	
<i>lauric acid powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lavare wound wash gel base</i>	P	
<i>lead (ii) acetate trihydrate</i>	P	
<i>lead tetroxide powder</i>	P	
<i>lecithin granules</i>	P	
<i>lecithin organogel liquid</i>	P	
<i>lecithin soya granular</i>	P	
<i>lecithin soya powder</i>	P	
<i>lemon flavor</i>	P	
<i>lemon flavor oil</i>	P	
<i>lemon-lime flavor conc powder</i>	P	
<i>lemonade flavor oil</i>	P	
<i>licorice flavor liquid</i>	P	
<i>licorice root powder</i>	P	
<i>lime flavor oil</i>	P	
<i>lime oil</i>	P	
<i>limonene flavor liquid</i>	P	
<i>linoleic acid liquid</i>	P	
<i>lip balm base</i>	P	
<i>lip balm base natural</i>	P	
<i>lipmax liquid</i>	P	
<i>lipo cream base</i>	P	
<i>lipobase cream base</i>	P	
<i>lipobase heavy cream</i>	P	
<i>lipobase regular cream</i>	P	
<i>lipocream base</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lipoic acid powder</i>	P	
<i>lipoil liquid</i>	P	
<i>lipopen absorp<sup>tn</sup> enhance base</i>	P	
<i>lipopen anhydrous base cream</i>	P	
<i>lipopen ultra base cream</i>	P	
<i>liposomal heavy cream</i>	P	
<i>lipovan base cream</i>	P	
<i>liquigel complex liquid</i>	P	
<i>lissamine green b powder</i>	P	
<i>locust bean gum powder</i>	P	
<i>lollibase powder</i>	P	
<i>lozibase lozenge base</i>	P	
<i>lozibase s flakes</i>	P	
<i>lumoxiti iv soln stabilizer</i>	99	ME Medical Drug
<i>lutein 5% beadlets</i>	P	
<i>lutein powder</i>	P	
<i>maca root powder</i>	P	
<i>magnasweet 110 liquid</i>	P	
<i>magnasweet 135 powder</i>	P	
<i>magnesium alum silicate powder</i>	P	
<i>magnesium ascorbate powder</i>	P	
<i>magnesium chloride crystals</i>	P	
<i>magnesium malate powder</i>	P	
<i>maleic acid crystals</i>	P	
<i>malic acid powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mandelic acid powder</i>	P	
<i>mango flavor liquid</i>	P	
<i>mango flavor powder</i>	P	
<i>mango passion fruit flavor liq</i>	P	
<i>maple flavor liquid</i>	P	
<i>marshmallow flavor conc liquid</i>	P	
<i>marshmallow flavor liquid</i>	P	
<i>marshmallow oil flavor</i>	P	
<i>medi-rdt base powder</i>	P	
<i>medibase c peg 300 mw liquid</i>	P	
<i>mediderm cream base</i>	P	
<i>medihol gel base (alcohol)</i>	P	
<i>medium chain triglycerides liq</i>	P	
<i>medium chain triglycerides oil</i>	P	
<i>medium cream</i>	P	
<i>menadione powder</i>	P	
<i>menadione sod bisulfite cryst</i>	P	
<i>menthol crystals</i>	P	
<i>menthol levo crystals</i>	P	
<i>methacholine chloride powder</i>	P	
<i>methacrylic acid copolymer pow</i>	P	
<i>methanesulfonic acid liquid</i>	P	
<i>methanol liquid</i>	P	
<i>methionine crystals</i>	P	
<i>methionine dl powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methionine powder</i>	P	
<i>methionine-l powder</i>	P	
<i>methocel e 4 m granules</i>	P	
<i>methocel e 4 m premium powder</i>	P	
<i>methyl sulfone crystals</i>	P	
<i>methylcellulose 1% gel</i>	P	
<i>methylcellulose 1,500 cps pwd</i>	P	
<i>methylcellulose 2% gel</i>	P	
<i>methylcellulose 3% gel</i>	P	
<i>methylcellulose 4,000 cps pwd</i>	P	
<i>methylparaben powder</i>	P	
<i>microcrys-cellulose-cmc na pwd</i>	P	
<i>microcrystalline cellulose</i>	P	
<i>microcrystalline cellulose pwd</i>	P	
<i>microderm base cream</i>	P	
<i>microsome base cream</i>	P	
<i>milk thistle powder</i>	P	
<i>mint chocolate chip flavor liq</i>	P	
<i>monosodium glutamate powder</i>	P	
<i>moxisylyte hcl powder</i>	P	
<i>multi-phasic penetrating base</i>	P	
<i>multibase cream</i>	P	
<i>multiuse base cream</i>	P	
<i>mycophenolate mofetil powder</i>	P	
<i>naphthol powder</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>natural bitterness masking pow</i>	P	
<i>nettle leaf powder extract 4:1</i>	P	
<i>nextol sf candy base powder</i>	P	
<i>niaouli oil</i>	P	
<i>nice distilled water</i>	P	
<i>nicotinamide adenine powder</i>	P	
<i>nicotinamide riboside chloride</i>	P	
<i>nitazoxanide powder</i>	P	
<i>nourilite emulsion base</i>	P	
<i>nourisil silicone base gel</i>	P	
<i>nourivan antiox cream base</i>	P	
<i>noxi-k cream</i>	P	
<i>occluvan ointment base</i>	P	
<i>ointment base</i>	P	
<i>oleabase plasticized ointment</i>	P	
<i>oleic acid liquid</i>	P	
<i>omnibase cream base</i>	P	
<i>ora-blend sf suspension</i>	P	
<i>ora-blend suspension</i>	P	
<i>ora-hesive base ointment</i>	P	
<i>oral mix sf vehicle</i>	P	
<i>oral mix vehicle</i>	P	
<i>oral suspend vehicle</i>	P	
<i>oral syrup sf vehicle</i>	P	
<i>oral syrup vehicle</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>orange concentrate flavor liq</i>	P	
<i>orange concentrate flavor liq</i>	P	
<i>orange cream flavor liquid</i>	P	
<i>orange flavor liquid</i>	P	
<i>orange flavor powder</i>	P	
<i>orapenn sd sweetened liquid</i>	P	
<i>orapenn sd unsweetened liquid</i>	P	
<i>origanum oil</i>	P	
<i>ornithine (l) hcl powder</i>	P	
<i>oxalic acid crystals</i>	P	
<i>palmarosa oil</i>	P	
<i>palmitoyl pentapeptide-4 gel</i>	P	
<i>papain powder</i>	P	
<i>parachlorophenol powder</i>	P	
<i>paraffin wax</i>	P	
<i>passion fruit flavor powder</i>	P	
<i>pcca aladerm base ointment</i>	P	
<i>pcca anhydrous lipoderma cream</i>	P	
<i>pcca base anhydrous oint</i>	P	
<i>pcca cosmetic hrt base cream</i>	P	
<i>pcca custom lipo-max cream</i>	P	
<i>pcca custom natatroche hmp crm</i>	P	
<i>pcca custom rdt powder</i>	P	
<i>pcca custom troche base</i>	P	
<i>pcca effervescent powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pcca ellage anhydrous vag crm</i>	P	
<i>pcca lipoderm base</i>	P	
<i>pcca lipoderm hmw gel</i>	P	
<i>pcca mbk base wax</i>	P	
<i>pcca mvc cream</i>	P	
<i>pcca natacream</i>	P	
<i>pcca poloxamer 407 nf 30% gel</i>	P	
<i>pcca polyglycol troche base</i>	P	
<i>pcca stevioside 15% liquid</i>	P	
<i>pcca vanishing base cream</i>	P	
<i>pcca wo6 anhydrous gel</i>	P	
<i>peach flavor liquid</i>	P	
<i>peanut butter flavor conc liq</i>	P	
<i>peanut butter flavor liquid</i>	P	
<i>peanut butter flavor liquid</i>	P	
<i>pectin citrus powder</i>	P	
<i>pectin powder</i>	P	
<i>peg 400 monostearate wax</i>	P	
<i>peg ointment base</i>	P	
<i>peg troche base powder</i>	P	
<i>peg-40 castor oil</i>	P	
<i>pegblend wax</i>	P	
<i>penciclovir powder</i>	P	
<i>pencream compounding agent</i>	P	
<i>penderm cream base</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pennyroyal oil</i>	P	
<i>pensomal cream</i>	P	
<i>pentravan cream base</i>	P	
<i>pentravan plus cream base</i>	P	
<i>pentylene glycol liquid</i>	P	
<i>pentylenetetrazole crystals</i>	P	
<i>peppermint burst flavor conc</i>	P	
<i>peppermint flavor</i>	P	
<i>pepsin 3,000 digestion powder</i>	P	
<i>perfluorodecalin liquid</i>	P	
<i>perme8 anhydrous gel base</i>	P	
<i>petrolatum jelly white</i>	P	
<i>petrolatum jelly white</i>	P	
<i>peucedanum ostruthium ext soln</i>	P	
<i>pfcb cream base</i>	P	
PH 12 DILUENT FOR FLOLAN <i>diluent for epoprostenol sodium (glycine)</i>	P	SPC
<i>pharmabase antioxidant cream</i>	P	
<i>pharmabase cosmetic cr natural</i>	P	
<i>pharmabase cosmetic cream</i>	P	
<i>pharmabase cosmetic crm heavy</i>	P	
<i>pharmabase cosmetic crm light</i>	P	
<i>pharmabase vaginal cream</i>	P	
<i>phenindione powder</i>	P	
<i>phenolsulfonic acid 65% liq</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenoxyethanol liquid</i>	P	
<i>phenylethylamine hcl crystals</i>	P	
<i>phenylmercuric acetate powder</i>	P	
<i>phenylmercuric nitrate crystal</i>	P	
<i>phenyltoloxamine dihyd cit pwd</i>	P	
<i>phosphatidyl serine powder</i>	P	
<i>phosphatidylserine 40% powder</i>	P	
<i>phosphoric acid liquid</i>	P	
<i>phosphoric acid liquid</i>	P	
<i>phytobase cream</i>	P	
<i>picoderm cream</i>	P	
<i>pina colada flavor liquid</i>	P	
<i>pine needle oil</i>	P	
<i>pine oil</i>	P	
<i>pineapple extract liquid</i>	P	
<i>pineapple flavor liquid</i>	P	
<i>piperine powder</i>	P	
<i>placebo #00 capsule</i>	P	
<i>plo gel mediflo compound b kit</i>	P	
<i>plo gel mediflo kit</i>	P	
<i>plo gel mediflo pre-mixed</i>	P	
<i>plo gel premium lecithin base</i>	P	
<i>plo transdermal cream</i>	P	
<i>plo20 base gel</i>	P	
<i>plo20 flowable base gel</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pluronic 20% gel</i>	P	
<i>pluronic 30% gel</i>	P	
<i>pluronic f-127 powder</i>	P	
<i>pluronic l64 liquid</i>	P	
<i>pna-hrt base cream</i>	P	
<i>podofilox powder</i>	P	
<i>polox gel 20%</i>	P	
<i>polox gel 30%</i>	P	
<i>poloxamer 188 powder</i>	P	
<i>poloxamer 188 prill</i>	P	
<i>poloxamer 407 powder</i>	P	
<i>polyblend rx suppository base</i>	P	
<i>polyethylene glycol 1000 pd</i>	P	
<i>polyethylene glycol 1450 powd</i>	P	
<i>polyethylene glycol 300 liquid</i>	P	
<i>polyethylene glycol 3350 gran</i>	P	
<i>polyethylene glycol 3350 powd</i>	P	 HCR: Age edits (50 to 75) apply. Multi-source brands are not covered.
<i>polyethylene glycol 400 liq</i>	P	
<i>polyethylene glycol 4500 powdr</i>	P	
<i>polyethylene glycol 600 liquid</i>	P	
<i>polyethylene glycol 600 liquid</i>	P	
<i>polyethylene glycol 8000 pd</i>	P	
<i>polyethylene glycol 8000 powd</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>polyethylene glycol 8000 wax</i>	P	
<i>polyhexamethylene 20% solution</i>	P	
<i>polyox wsr-301 powder</i>	P	
<i>polyoxyl 40 hydrog castor oil</i>	P	
<i>polyoxyl 40 stearate wax</i>	P	
<i>polyoxyl lauryl ether 9 liquid</i>	P	
<i>polypeg suppository base</i>	P	
<i>polysorbate 20 liquid</i>	P	
<i>polysorbate 20 solution</i>	P	
<i>polyvinyl alcohol powder</i>	P	
<i>potash sulfurated lump</i>	P	
<i>potassium alum powder</i>	P	
<i>potassium azelaoyl diglycinate</i>	P	
<i>potassium bromide crystals</i>	P	
<i>potassium bromide pellets</i>	P	
<i>potassium bromide powder</i>	P	
<i>potassium metabisulfite powder</i>	P	
<i>potassium nitrate granules</i>	P	
<i>potassium nitrate powder</i>	P	
<i>potassium permanganate crys</i>	P	
<i>potassium permanganate gran</i>	P	
<i>potassium sorbate crystals</i>	P	
<i>potassium sorbate powder</i>	P	
<i>povidone k-30 powder</i>	P	
<i>povidone powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>powder scent fragrance liquid</i>	P	
<i>pracasil tm-plus gel</i>	P	
<i>pralines and cream flavor liq</i>	P	
<i>pregnenolone micronized powder</i>	P	
<i>pregnenolone powder</i>	P	
<i>procap 90 capsule excipient</i>	P	
<i>propanediol liquid</i>	P	
<i>propyl gallate powder</i>	P	
<i>propylene glycol liquid</i>	P	
<i>propylene glycol m-stearate wx</i>	P	
<i>propylparaben crystals</i>	P	
<i>propylparaben powder</i>	P	
<i>pumice powder</i>	P	
<i>pumpkin flavor liquid</i>	P	
<i>purified water</i>	P	
<i>pyridoxal-5-phosphate powder</i>	P	
<i>pyrogallol crystals</i>	P	
<i>pyruvic acid sodium salt powd</i>	P	
q-derm base cream	P	
<i>quaternium-15 powder</i>	P	
<i>quercetin dihydrate powder</i>	P	
<i>rapeseed oil</i>	P	
<i>rapid dissolve tablet powder</i>	P	
<i>raspberry conc flavor liquid</i>	P	
<i>raspberry concentrate flavor</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>raspberry flavor</i>	P	
<i>raspberry flavor liquid</i>	P	
<i>raspberry flavor powder</i>	P	
<i>raspberry syrup</i>	P	
<i>recura cream</i>	P	
<i>red algae powder</i>	P	
<i>red yeast rice extract powder</i>	P	
<i>rejuvacare plus cream</i>	P	
<i>resorcinol crystals</i>	P	
<i>resorcinol powder</i>	P	
<i>retinaldehyde powder</i>	P	
<i>rice starch powder</i>	P	
<i>root beer flavor liquid</i>	P	
<i>rose bengal powder</i>	P	
<i>rose oil</i>	P	
<i>rosin lump</i>	P	
<i>rubidium chloride powder</i>	P	
<i>rutin powder</i>	P	
s-adenosylmethionine sul tosyl	P	
<i>sa3derm base cream</i>	P	
<i>safflower oil</i>	P	
<i>salt durable cream base</i>	P	
<i>saltstable lo cream base</i>	P	
<i>saltstable ls advanced cream</i>	P	
<i>sanare adv scar therapy base</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sassafras oil</i>	P	
<i>saw palmetto berry powder</i>	P	
<i>scarlet red powder</i>	P	
<i>sedanare cream</i>	P	
<i>selenium yeast 1,000 powder</i>	P	
<i>sepineo p 600 liquid</i>	P	
<i>serotonin hcl powder</i>	P	
<i>shark cartilage powder</i>	P	
<i>shea butter wax</i>	P	
SHINGRIX ADJUVANT COMPONENT <i>vaccine adjuvant system, as01b/pf, component vial 1 of 2</i>	P	AL At least 18 yrs old HCR HCR Vaccines
<i>shower fresh fragrance liquid</i>	P	
<i>silica gel micronized powder</i>	P	
<i>silica gel powder</i>	P	
<i>silica gel powder</i>	P	
<i>silicon dioxide powder</i>	P	
<i>silosome cream base</i>	P	
<i>simplgel 30</i>	P	
<i>skyyderm cream base</i>	P	
<i>sod metabisulfite anhydrous</i>	P	
<i>sod metabisulfite granules</i>	P	
<i>sodium alginate powder</i>	P	
<i>sodium benzoate powder</i>	P	
<i>sodium borate powder</i>	P	
<i>sodium bromide granules</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium butyrate powder</i>	P	
<i>sodium caprate powder</i>	P	
<i>sodium carbonate powder</i>	P	
<i>sodium chlorite 80% flakes</i>	P	
<i>sodium deoxycholate powder</i>	P	
<i>sodium dichloroacetate powder</i>	P	
<i>sodium fluorophosphate powder</i>	P	
<i>sodium gluconate powder</i>	P	
<i>sodium hyaluronate powder</i>	P	
<i>sodium hyaluronate topical pwd</i>	P	
<i>sodium hyaluronic acid powder</i>	P	
<i>sodium iodide crystals</i>	P	
<i>sodium metabisulfite granules</i>	P	
<i>sodium metabisulfite powder</i>	P	
<i>sodium nitrate powder</i>	P	
<i>sodium oleate powder</i>	P	
<i>sodium perborate crystals</i>	P	
<i>sodium perborate powder</i>	P	
<i>sodium phenylbutyrate powder</i>	P	SPC
<i>sodium phosphate tribasic crys</i>	P	
<i>sodium pyrrolidone carboxy liq</i>	P	
<i>sodium stearate powder</i>	P	
<i>sodium stearyl fumarate powder</i>	P	
<i>sodium succinate powder</i>	P	
<i>sodium sulfite powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium-l-ascorbyl-2-phosphate</i>	P	
<i>solu-k gel</i>	P	
<i>solydra oil base</i>	P	
<i>sorbic acid powder</i>	P	
<i>sorbitan monooleate liquid</i>	P	
<i>sorbitol candy base pellet</i>	P	
<i>soybean casein digest med powd</i>	P	
<i>soybean oil</i>	P	
<i>spearmint flavor conc liquid</i>	P	
<i>spearmint oil</i>	P	
<i>spermaceti flakes</i>	P	
<i>spg supposi-base</i>	P	
<i>spirulina powder</i>	P	
<i>squalane liquid</i>	P	
<i>squalane oil</i>	P	
<i>squaric acid in butanol liquid</i>	P	
<i>stannous chlor-dihydrate cryst</i>	P	
<i>stearic acid flakes</i>	P	
<i>stearyl alcohol flakes</i>	P	
<i>stera base cream</i>	P	
<i>sterile water (for coagadex)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water (grifols factor)</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water (shire)</i>	P	BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sterile water for activase</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water for aralast np</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water for berinert</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water for gammagard</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water for humate-p</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water for prolastin-c</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water for tnkase vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>sterile water for zemaira vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>stevia 90% powder</i>	P	
<i>stevia extract powder</i>	P	
<i>stevia powder</i>	P	
<i>steviol glycosides powder</i>	P	
<i>strawberry concentrate flavor</i>	P	
<i>strawberry cream flavor liquid</i>	P	
<i>strawberry flavor</i>	P	
<i>strawberry flavor conc liquid</i>	P	
<i>strawberry flavor concentrate</i>	P	
<i>strawberry flavor liquid</i>	P	
<i>strawberry flavor oil</i>	P	
<i>strong ammonia 27-31% solution</i>	P	
<i>strong iodine 7% tincture</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>strontium chloride crystals</i>	P	
<i>strontium nitrate crystals</i>	P	
<i>subsolv rdt powder</i>	P	
<i>succinic acid crystals</i>	P	
<i>sucrose octaacetate powder</i>	P	
<i>sucrose powder</i>	P	
<i>sulfosalicylic acid dihyd crm</i>	P	
<i>sulfuric acid liquid</i>	P	
<i>sulphan blue powder</i>	P	
<i>super synersweet flavor powder</i>	P	
<i>superoxide dismutase powder</i>	P	
<i>supposi-plex r36 pellet</i>	P	
<i>supposi-plex v33 pellet</i>	P	
<i>supposi-pure pellet</i>	P	
<i>supposibase f powder</i>	P	
<i>supposiblend wax</i>	P	
<i>sweet-sf syrup</i>	P	
<i>sweetness enhancer flavor liq</i>	P	
<i>synapsin powder</i>	P	
<i>tangerine flavor powder</i>	P	
<i>tangerine sweetened flavor pwd</i>	P	
<i>tannic acid powder</i>	P	
<i>tartaric acid crystals</i>	P	
<i>tartaric acid granules</i>	P	
<i>tea tree oil</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>teaberry oil flavor liquid</i>	P	
<i>techna 10 sf troche base powdr</i>	P	
<i>techna 20 sf troche base powdr</i>	P	
<i>techna 20 unsweet troche base</i>	P	
<i>techna nat sf troche base g2</i>	P	
<i>tetrahydrobiopterin di-hcl pwd</i>	P	
<i>tetrahydrobiopterin di-hcl pwd</i>	P	
<i>tetrahydrobiopterin hcl powder</i>	P	
<i>tetrahydrocurcuminoids powder</i>	P	
<i>theobromine powder</i>	P	
<i>thimerosal powder</i>	P	
<i>threonine powder</i>	P	
<i>threonine-l powder</i>	P	
<i>thymus powder</i>	P	
<i>titanium dioxide 30% liquid</i>	P	
<i>titanium dioxide powder</i>	P	
<i>tommy gel</i>	P	
<i>tragacanth powder</i>	P	
<i>transdermal pain base cream</i>	P	
<i>trichloroacetic acid crystal</i>	P	
<i>trichloroacetic acid powder</i>	P	
<i>triethanolamine lauryl sulfate</i>	P	
<i>triethanolamine salicylate liq</i>	P	
<i>trioxsalen crystals</i>	P	
<i>troche base</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>troche base powder</i>	P	
<i>trochibase powder</i>	P	
<i>trochibase s classic flake</i>	P	
<i>trolamine liquid</i>	P	
<i>tropical fusion flavor conc liq</i>	P	
<i>tropical punch flavor liquid</i>	P	
<i>truclear stevia plus powder</i>	P	
<i>trypsin powder</i>	P	
<i>turpentine liquid</i>	P	
<i>tutti frutti flavor liquid</i>	P	
u-base cream base	P	
<i>ultraderm base cream</i>	P	
<i>unibase cream base</i>	P	
<i>universal water gel</i>	P	
<i>uridine reagent powder</i>	P	
v-max base cream	P	
<i>valine crystal</i>	P	
<i>valine powder</i>	P	
<i>vanibase moisturizing cream</i>	P	
<i>vanibase traditional formula</i>	P	
<i>vanilla butternut flavor liq</i>	P	
<i>vanilla butternut flavor liq</i>	P	
<i>vanilla extract flavor liquid</i>	P	
<i>vanilla flavor conc liquid</i>	P	
<i>vanilla flavor liquid</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vanillin flavor powder</i>	P	
<i>vanillin powder</i>	P	
<i>vanish-pen cream base</i>	P	
<i>vanishing cream</i>	P	
<i>vanishing cream base</i>	P	
<i>veegum granules</i>	P	
<i>versa free sf syrup vehicle</i>	P	
<i>versa plus suspension vehicle</i>	P	
<i>versabase anhydrous hrt</i>	P	
<i>versabase cream</i>	P	
<i>versabase gel</i>	P	
<i>versabase lotion</i>	P	
<i>versabase shampoo</i>	P	
<i>versapenn anhydrous lipid base</i>	P	
<i>versapro cream base</i>	P	
<i>versapro gel base</i>	P	
<i>versapro lotion base</i>	P	
<i>versaskin cream</i>	P	
<i>versatile cream base</i>	P	
<i>versatile rich cream base</i>	P	
<i>versigel cream base</i>	P	
<i>very berry flavor conc liquid</i>	P	
<i>water for injection vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>watermelon flavor</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>watermelon flavor liquid</i>	P	
<i>wax paraffin beads</i>	P	
<i>whey protein isolate powder</i>	P	
<i>white willow bark powder</i>	P	
<i>wild cherry flavor conc liquid</i>	P	
<i>wild cherry flavor conc powder</i>	P	
<i>wiley basic elements bhrt base</i>	P	
<i>witepsol h-15 pellets</i>	P	
<i>witepsol h15 pellets</i>	P	
<i>xanthan gum powder</i>	P	
<i>xcel 100 cream</i>	P	
<i>xylitol powder</i>	P	
<i>xylometazoline hcl powder</i>	P	
<i>yeast extract liquid</i>	P	
<i>ylang-ylang fragrance oil</i>	P	
<i>zeaxanthin powder</i>	P	
<i>zinc acetate crystals</i>	P	
<i>zinc pyrithione 48% liq</i>	P	
<i>zinc pyrithione 48% liquid</i>	P	
<b>RADIOACTIVE AGENTS</b>		
<i>sodium iodide i-123 3.7 mbq cp</i>	P	
<i>sodium iodide i-123 7.4 mbq cp</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND HCT 16-12.5 MG TAB <i>candesartan cilexetil/hydrochlorothiazide</i>	P	PR QPD 2 per day SBA Select Brand Alternative
ATACAND HCT 32-12.5 MG TAB <i>candesartan cilexetil/hydrochlorothiazide</i>	P	PR QPD 1 per day SBA Select Brand Alternative
ATACAND HCT 32-25 MG TABLET <i>candesartan cilexetil/hydrochlorothiazide</i>	P	PR QPD 1 per day SBA Select Brand Alternative
AVALIDE 150-12.5 MG TABLET <i>irbesartan/hydrochlorothiazide</i>	P	PR QPD 2 per day SBA Select Brand Alternative
AVALIDE 300-12.5 MG TABLET <i>irbesartan/hydrochlorothiazide</i>	P	PR QPD 1 per day SBA Select Brand Alternative
<i>candesartan cilexetil 16 mg tb</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>candesartan cilexetil 32 mg tb</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>candesartan cilexetil 4 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>candesartan cilexetil 8 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>candesartan-hctz 16-12.5 mg tb</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>candesartan-hctz 32-12.5 mg tb</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>candesartan-hctz 32-25 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
EDARBI 40 MG TABLET <i>azilsartan medoxomil</i>	P	ST PR QPD 1 per day
EDARBI 80 MG TABLET <i>azilsartan medoxomil</i>	P	ST PR QPD 1 per day
EDARBYCLOR 40-12.5 MG TABLET <i>azilsartan medoxomil/chlorthalidone</i>	P	ST PR QPD 1 per day
EDARBYCLOR 40-25 MG TABLET <i>azilsartan medoxomil/chlorthalidone</i>	P	ST PR QPD 1 per day
ENTRESTO 24 MG-26 MG TABLET <i>sacubitril/valsartan</i>	P	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENTRESTO 49 MG-51 MG TABLET <i>sacubitril/valsartan</i>	P	QPD 2 per day
ENTRESTO 97 MG-103 MG TABLET <i>sacubitril/valsartan</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>eprosartan mesylate 600 mg tab</i>	P	PR QPD 1 per day
<i>irbesartan 150 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>irbesartan 300 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>irbesartan 75 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>irbesartan-hctz 150-12.5 mg tb</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>irbesartan-hctz 300-12.5 mg tb</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>losartan potassium 100 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium 25 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>losartan potassium 50 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>losartan potassium powder</i>	P	
<i>losartan-hctz 100-12.5 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>losartan-hctz 100-25 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>losartan-hctz 50-12.5 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>olmesartan medoxomil 20 mg tab</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>olmesartan medoxomil 40 mg tab</i>	P	PR QPD 3 per day F11 Formulary Indicator 1
<i>olmesartan medoxomil 5 mg tab</i>	P	PR QPD 3 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olmesartan-hctz 20-12.5 mg tab</i>	P	PR QPD 1 per day
<i>olmesartan-hctz 40-12.5 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>olmesartan-hctz 40-25 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>olmsrtn-amldpn-hctz 20-5-12.5</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>olmsrtn-amldpn-hctz 40-10-12.5</i>	P	PR QPD 1 per day
<i>olmsrtn-amldpn-hctz 40-10-25mg</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>olmsrtn-amldpn-hctz 40-5-12.5</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>olmsrtn-amldpn-hctz 40-5-25 mg</i>	P	PR QPD 1 per day
<i>telmisartan 20 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>telmisartan 40 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>telmisartan 80 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>telmisartan-amlodipine 40-10</i>	P	PR QPD 1 per day
<i>telmisartan-amlodipine 40-5 mg</i>	P	PR QPD 1 per day
<i>telmisartan-amlodipine 80-10</i>	P	PR QPD 1 per day
<i>telmisartan-amlodipine 80-5 mg</i>	P	PR QPD 1 per day
<i>telmisartan-hctz 40-12.5 mg tb</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>telmisartan-hctz 80-12.5 mg tb</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>telmisartan-hctz 80-25 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>valsartan 160 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>valsartan 320 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan 4 mg/ml solution</i>	P	AL Up to 16 yrs old PR
<i>valsartan 40 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>valsartan 80 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>valsartan-hctz 160-12.5 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>valsartan-hctz 160-25 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>valsartan-hctz 320-12.5 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>valsartan-hctz 320-25 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>valsartan-hctz 80-12.5 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>		
<i>benazepril hcl 10 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>benazepril hcl 20 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>benazepril hcl 40 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>benazepril hcl 5 mg tablet</i>	P	PR QPD 3 per day
<i>benazepril hcl powder</i>	P	
<i>benazepril-hctz 10-12.5 mg tab</i>	P	PR QPD 1 per day
<i>benazepril-hctz 20-12.5 mg tab</i>	P	PR QPD 1 per day
<i>benazepril-hctz 20-25 mg tab</i>	P	PR QPD 1 per day
<i>benazepril-hctz 5-6.25 mg tab</i>	P	PR QPD 1 per day
<i>captopril 100 mg tablet</i>	P	PR QPD 4 per day
<i>captopril 12.5 mg tablet</i>	P	PR QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>captopril 25 mg tablet</i>	P	PR QPD 4 per day
<i>captopril 50 mg tablet</i>	P	PR QPD 4 per day
<i>captopril powder</i>	P	
<i>captopril-hctz 25-15 mg tablet</i>	P	PR QPD 2 per day
<i>captopril-hctz 25-25 mg tablet</i>	P	PR QPD 2 per day
<i>captopril-hctz 50-15 mg tablet</i>	P	PR QPD 2 per day
<i>captopril-hctz 50-25 mg tablet</i>	P	PR QPD 2 per day
<i>enalapril 1 mg/ml oral soln</i>	P	PR QPD 5 per day F11 Formulary Indicator 1
<i>enalapril maleate 10 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>enalapril maleate 2.5 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>enalapril maleate 20 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate 5 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>enalapril maleate powder</i>	P	
<i>enalapril-hctz 10-25 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>enalapril-hctz 5-12.5 mg tab</i>	P	PR
EPANED 1 MG/ML ORAL SOLUTION <i>enalapril maleate</i>	P	QPD 5 per day
<i>fosinopril sodium 10 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>fosinopril sodium 20 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>fosinopril sodium 40 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>fosinopril-hctz 10-12.5 mg tab</i>	P	PR QPD 2 per day
<i>fosinopril-hctz 20-12.5 mg tab</i>	P	PR QPD 2 per day
<i>lisinopril 10 mg tablet</i>	P	PR QPD 2.0 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril 100% powder</i>	P	
<i>lisinopril 2.5 mg tablet</i>	P	PR QPD 2.0 per day F11 Formulary Indicator 1
<i>lisinopril 20 mg tablet</i>	P	PR QPD 2.0 per day F11 Formulary Indicator 1
<i>lisinopril 30 mg tablet</i>	P	PR QPD 2.0 per day F11 Formulary Indicator 1
<i>lisinopril 40 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>lisinopril 5 mg tablet</i>	P	PR QPD 2.0 per day F11 Formulary Indicator 1
<i>lisinopril-hctz 10-12.5 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>lisinopril-hctz 20-12.5 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>lisinopril-hctz 20-25 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>moexipril hcl 15 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>moexipril hcl 7.5 mg tablet</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>perindopril erbumine 2 mg tab</i>	P	PR QPD 1 per day
<i>perindopril erbumine 4 mg tab</i>	P	PR QPD 1 per day
<i>perindopril erbumine 8 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
PRESTALIA 14 MG-10 MG TABLET <i>perindopril arginine/amlodipine besylate</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
PRESTALIA 3.5 MG-2.5 MG TABLET <i>perindopril arginine/amlodipine besylate</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
PRESTALIA 7 MG-5 MG TABLET <i>perindopril arginine/amlodipine besylate</i>	P	ST QPD 1 per day F11 Formulary Indicator 1
QBRELIS 1MG/ML SOLUTION <i>lisinopril</i>	P	QPD 40 per day
<i>quinapril 10 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinapril 20 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>quinapril 40 mg tablet</i>	P	PR QPD 2 per day
<i>quinapril 5 mg tablet</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>quinapril-hctz 10-12.5 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>quinapril-hctz 20-12.5 mg tab</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>quinapril-hctz 20-25 mg tab</i>	P	PR QPD 1 per day F11 Formulary Indicator 1
<i>ramipril 1.25 mg capsule</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>ramipril 10 mg capsule</i>	P	PR QPD 2 per day F11 Formulary Indicator 1
<i>ramipril 2.5 mg capsule</i>	P	PR QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ramipril 5 mg capsule</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">2 per day</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> <div style="display: flex; align-items: center;">Formulary Indicator 1</div> </div>
TARKA ER 2-180 MG TABLET <i>trandolapril/verapamil hcl</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">1 per day</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">SBA</div> <div style="display: flex; align-items: center;">Select Brand Alternative</div> </div>
TARKA ER 2-240 MG TABLET <i>trandolapril/verapamil hcl</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">1 per day</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">SBA</div> <div style="display: flex; align-items: center;">Select Brand Alternative</div> </div>
TARKA ER 4-240 MG TABLET <i>trandolapril/verapamil hcl</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">1 per day</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">SBA</div> <div style="display: flex; align-items: center;">Select Brand Alternative</div> </div>
<i>trandolapr-verapam er 1-240 mg</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">1 per day</div> </div>
<i>trandolapr-verapam er 2-180 mg</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">1 per day</div> </div>
<i>trandolapr-verapam er 2-240 mg</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">1 per day</div> </div>
<i>trandolapr-verapam er 4-240 mg</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">1 per day</div> </div>
<i>trandolapril 1 mg tablet</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">2 per day</div> </div>
<i>trandolapril 2 mg tablet</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">2 per day</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> <div style="display: flex; align-items: center;">Formulary Indicator 1</div> </div>
<i>trandolapril 4 mg tablet</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">PR</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">QPD</div> <div style="display: flex; align-items: center;">2 per day</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">F11</div> <div style="display: flex; align-items: center;">Formulary Indicator 1</div> </div>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOTEC 10 MG TABLET <i>enalapril maleate</i>	P	QPD 2 per day SBA Select Brand Alternative
VASOTEC 2.5 MG TABLET <i>enalapril maleate</i>	P	QPD 2 per day SBA Select Brand Alternative
VASOTEC 20 MG TABLET <i>enalapril maleate</i>	P	QPD 2 per day SBA Select Brand Alternative
VASOTEC 5 MG TABLET <i>enalapril maleate</i>	P	QPD 2 per day SBA Select Brand Alternative
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS</b>		
ALDACTONE 100 MG TABLET <i>spironolactone</i>	P	SBA Select Brand Alternative
ALDACTONE 25 MG TABLET <i>spironolactone</i>	P	SBA Select Brand Alternative
ALDACTONE 50 MG TABLET <i>spironolactone</i>	P	SBA Select Brand Alternative
<i>eplerenone 25 mg tablet</i>	P	
<i>eplerenone 50 mg tablet</i>	P	
INSPIRA 25 MG TABLET <i>eplerenone</i>	P	SBA Select Brand Alternative
KERENDIA 10 MG TABLET <i>finerenone</i>	P	AL At least 18 yrs old PA QPD 1 per day
KERENDIA 20 MG TABLET <i>finerenone</i>	P	AL At least 18 yrs old PA QPD 1 per day
<i>spironolactone 100 mg tablet</i>	P	F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>spironolactone 25 mg tablet</i>	P	F11 Formulary Indicator 1
<i>spironolactone 50 mg tablet</i>	P	F11 Formulary Indicator 1
<i>spironolactone powder</i>	P	
<i>spironolactone powder</i>	P	
<i>spironolactone-hctz 25-25 tab</i>	P	F11 Formulary Indicator 1
<b>RENIN INHIBITORS</b>		
<i>aliskiren 150 mg tablet</i>	P	QPD 1 per day
<i>aliskiren 300 mg tablet</i>	P	QPD 1 per day
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTIFIBROTIC AGENTS</b>		
ESBRIET 267 MG CAPSULE <i>pirfenidone</i>	P	SPC PA QPD 9 per day
ESBRIET 267 MG TABLET <i>pirfenidone</i>	P	SPC PA QPD 9 per day
ESBRIET 801 MG TABLET <i>pirfenidone</i>	P	SPC PA QPD 3 per day
OFEV 100 MG CAPSULE <i>nintedanib esylate</i>	P	SPC PA QPD 2 per day
OFEV 150 MG CAPSULE <i>nintedanib esylate</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pirfenidone 267 mg tablet</i>	P	SPC PA QPD 9.0 per day
<i>pirfenidone 534 mg tablet</i>	P	SPC PA QPD 3 per day
<i>pirfenidone 801 mg tablet</i>	P	SPC PA QPD 3 per day
<b>ANTITUSSIVES</b>		
<i>benzonatate 100 mg capsule</i>	P	AL At least 10 yrs old
<i>benzonatate 150 mg capsule</i>	P	AL At least 10 yrs old
<i>benzonatate 200 mg capsule</i>	P	AL At least 10 yrs old
<i>benzonatate perle 100 mg cap</i>	P	AL At least 10 yrs old
BROMFED DM 2-30-10 MG/5 ML SYR <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	P	AL At least 2 yrs old
<i>bromphen-pse-dm 2-30-10 mg/5ml</i>	P	AL At least 2 yrs old
<i>codeine-guaifen 10-100 mg/5 ml</i>	P	AL At least 6 yrs old QPD 60 per day
CORICIDIN HBP COUGH-COLD TAB <i>chlorpheniramine maleate/dextromethorphan hbr</i>	P	
<i>dextromethorphan hbr powder</i>	P	
<i>guaifen-codeine 100-10 mg/5 ml</i>	P	AL At least 6 yrs old QPD 60 per day
<i>guaifen-codeine 200-20 mg/10ml</i>	P	AL At least 6 yrs old QPD 60 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYCODAN 5 MG-1.5 MG TABLET <i>hydrocodone bitartrate/homatropine methylbromide</i>	P	AL At least 18 yrs old QPD 6 per day SBA Select Brand Alternative
HYCODAN 5 MG-1.5 MG/5 ML SOLN <i>hydrocodone bitartrate/homatropine methylbromide</i>	P	AL At least 18 yrs old QPD 30 per day SBA Select Brand Alternative
<i>hydrocodone-chlorphen er susp</i>	P	AL At least 6 yrs old QPD 10 per day
<i>hydrocodone-homatropine 5-1.5</i>	P	AL At least 6 yrs old QPD 6 per day
<i>hydrocodone-homatropine soln</i>	P	AL At least 2 yrs old QPD 30 per day
HYDROMET 5 MG-1.5 MG/5 ML SOLN <i>hydrocodone bitartrate/homatropine methylbromide</i>	P	AL At least 18 yrs old QPD 30 per day
NEOTUSS PLUS LIQUID <i>chlorpheniramine maleate/phenylephrine hcl/dextromethorphan</i>	P	
<i>promethazine vc-codeine soln</i>	P	AL At least 6 yrs old QPD 30 per day
<i>promethazine-codeine solution</i>	P	
<i>promethazine-codeine syrup</i>	P	
<i>promethazine-dm 6.25-15 mg/5ml</i>	P	AL At least 2 yrs old
<i>promethazine-pe-codeine syrup</i>	P	AL At least 6 yrs old QPD 30 per day
TESSALON PERLE 100 MG CAP <i>benzonatate</i>	P	AL At least 11 yrs old SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUSNEL CAPLET <i>guaifenesin/dextromethorphan hbr/pseudoephedrine hcl</i>	P	
TUXARIN ER 8-54.3 MG TABLET <i>chlorpheniramine maleate/codeine phosphate</i>	P	AL At least 18 yrs old QPD 2 per day
<b>EXPECTORANTS</b>		
<i>bromhexine hcl powder</i>	P	
GILPHEX TR TABLET <i>guaifenesin/phenylephrine hcl</i>	P	
GILTUSS TR TABLET <i>guaifenesin/dextromethorphan hbr/phenylephrine</i>	P	
<i>guaifenesin powder</i>	P	
<i>terpin hydrate crystals</i>	P	
<i>terpin hydrate powder</i>	P	
TUSSI-PRES PEDIATRIC LIQUID <i>guaifenesin/dextromethorphan hbr/phenylephrine</i>	P	
TUSSLIN PEDIATRIC DROPS <i>guaifenesin/dextromethorphan hbr/phenylephrine</i>	P	
<b>MUCOLYTIC AGENTS</b>		
<i>acetylcysteine 10% vial</i>	P	
<i>acetylcysteine 20% vial</i>	P	
<i>acetylcysteine powder</i>	P	
PULMOZYME 1 MG/ML AMPUL <i>dornase alfa</i>	P	SPC PA QPD 5 per day
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>		
DALIRESP 250 MCG TABLET <i>roflumilast</i>	P	PA QPD 1 per day B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DALIRESP 500 MCG TABLET <i>roflumilast</i>	P	PA QPD 1 per day B4G
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP 1,000 MG VIAL <i>alpha-1-proteinase inhibitor</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
ARALAST NP 500 MG VIAL <i>alpha-1-proteinase inhibitor</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
BRONCHITOL 40 MG INHALE CAP <i>mannitol</i>	P	SPC PA QPD 20 per day
GLASSIA 1 GM/50 ML VIAL <i>alpha-1-proteinase inhibitor</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
PROLASTIN C 1,000 MG VIAL <i>alpha-1-proteinase inhibitor</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
PROLASTIN C 1,000 MG/20 ML VL <i>alpha-1-proteinase inhibitor</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
XOLAIR 150 MG/1.2 ML POWDER VL <i>omalizumab</i>	P	SPC PA QPD 0.22 per day BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 150 MG/ML SYRINGE <i>omalizumab</i>	P	SPC PA QPD 0.15 per day
XOLAIR 75 MG/0.5 ML SYRINGE <i>omalizumab</i>	P	SPC PA QPD 0.04 per day
ZEMAIRA 1,000 MG VIAL <i>alpha-1-proteinase inhibitor</i>	P	SPC PA BSP BENEFIT SHIFT PROGRAM
<b>VASODILATING AGENTS (RESPIRATORY TRACT)</b>		
ADEMPAS 0.5 MG TABLET <i>riociguat</i>	P	SPC PA QPD 3 per day
ADEMPAS 1 MG TABLET <i>riociguat</i>	P	SPC PA QPD 3 per day
ADEMPAS 1.5 MG TABLET <i>riociguat</i>	P	SPC PA QPD 3 per day
ADEMPAS 2 MG TABLET <i>riociguat</i>	P	SPC PA QPD 3 per day
ADEMPAS 2.5 MG TABLET <i>riociguat</i>	P	SPC PA QPD 3 per day
<i>ambrisentan 10 mg tablet</i>	P	SPC PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ambrisentan 5 mg tablet</i>	P	SPC PA QPD 1 per day
<i>bosentan 125 mg tablet</i>	P	SPC PA QPD 2 per day
<i>bosentan 62.5 mg tablet</i>	P	SPC PA QPD 2 per day
<i>epoprostenol sodium 0.5 mg vl</i>	P	SPC PA
<i>epoprostenol sodium 0.5 mg vl</i>	P	SPC PA
<i>epoprostenol sodium 1.5 mg vl</i>	P	SPC PA
<i>epoprostenol sodium 1.5 mg vl</i>	P	SPC PA
FLOLAN 0.5 MG VIAL <i>epoprostenol sodium (glycine)</i>	P	SPC PA
FLOLAN 1.5 MG VIAL <i>epoprostenol sodium (glycine)</i>	P	SPC PA
LETAIRIS 10 MG TABLET <i>ambrisentan</i>	P	SPC PA QPD 1 per day
LETAIRIS 5 MG TABLET <i>ambrisentan</i>	P	SPC PA QPD 1 per day



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPSUMIT 10 MG TABLET <i>macitentan</i>	P	SPC PA QPD 1 per day
ORENITRAM ER 0.125 MG TABLET <i>treprostinil diolamine</i>	P	SPC PA QPD 3 per day
ORENITRAM ER 0.25 MG TABLET <i>treprostinil diolamine</i>	P	SPC PA QPD 3 per day
ORENITRAM ER 1 MG TABLET <i>treprostinil diolamine</i>	P	SPC PA QPD 3 per day
ORENITRAM ER 2.5 MG TABLET <i>treprostinil diolamine</i>	P	SPC PA QPD 3 per day
ORENITRAM ER 5 MG TABLET <i>treprostinil diolamine</i>	P	SPC PA QPD 3 per day
REMODULIN 1 MG/ML VIAL <i>treprostinil sodium</i>	P	SPC PA
REMODULIN 10 MG/ML VIAL <i>treprostinil sodium</i>	P	SPC PA
REMODULIN 2.5 MG/ML VIAL <i>treprostinil sodium</i>	P	SPC PA
REMODULIN 5 MG/ML VIAL <i>treprostinil sodium</i>	P	SPC PA
TRACLEER 125 MG TABLET <i>bosentan</i>	P	SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRACLEER 32 MG TABLET FOR SUSP <i>bosentan</i>	P	SPC PA QPD 2 per day
TRACLEER 62.5 MG TABLET <i>bosentan</i>	P	SPC PA QPD 2 per day
<i>treprostinil 100 mg/20 ml vial</i>	P	SPC PA
<i>treprostinil 20 mg/20 ml vial</i>	P	SPC PA
<i>treprostinil 200 mg/20 ml vial</i>	P	SPC PA
<i>treprostinil 50 mg/20 ml vial</i>	P	SPC PA
TYVASO 1.74 MG/2.9 ML SOLUTION <i>treprostinil</i>	P	SPC PA QPD 1 per day
TYVASO DPI 16 MCG CARTRIDGE <i>treprostinil</i>	P	SPC PA QPD 4 per day
TYVASO DPI 16-32 MCG TITR KIT <i>treprostinil</i>	P	SPC PA QPD 7 per day
TYVASO DPI 16-32-48 MCG TITRAT <i>treprostinil</i>	P	SPC PA QPD 9 per day
TYVASO DPI 32 MCG CARTRIDGE <i>treprostinil</i>	P	SPC PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO DPI 32-48 MCG MAINT KIT <i>treprostinil</i>	P	SPC PA QPD 8 per day
TYVASO DPI 48 MCG CARTRIDGE <i>treprostinil</i>	P	SPC PA QPD 4 per day
TYVASO DPI 64 MCG CARTRIDGE <i>treprostinil</i>	P	SPC PA QPD 4 per day
TYVASO INHALATION REFILL KIT <i>treprostinil/nebulizer accessories</i>	P	SPC PA QPD 3 per day
TYVASO INHALATION STARTER KIT <i>treprostinil/nebulizer and accessories</i>	P	SPC PA QPD 3 per day
TYVASO INSTITUTIONAL START KIT <i>treprostinil/nebulizer and accessories</i>	P	SPC PA QPD 1 per day
UPTRAVI 1,000 MCG TABLET <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
UPTRAVI 1,200 MCG TABLET <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
UPTRAVI 1,400 MCG TABLET <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 1,600 MCG TABLET <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
UPTRAVI 1,800 MCG VIAL <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
UPTRAVI 200 MCG TABLET <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
UPTRAVI 200-800 TITRATION PACK <i>selexipag</i>	P	AL At least 18 yrs old SPC PA
UPTRAVI 400 MCG TABLET <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
UPTRAVI 600 MCG TABLET <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
UPTRAVI 800 MCG TABLET <i>selexipag</i>	P	AL At least 18 yrs old SPC PA QPD 2 per day
VELETRI 0.5 MG VIAL <i>epoprostenol sodium</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VELETRI 1.5 MG VIAL <i>epoprostenol sodium</i>	P	SPC PA
VENTAVIS 10 MCG/1 ML SOLUTION <i>iloprost tromethamine</i>	P	SPC PA QPD 9 per day
VENTAVIS 20 MCG/1 ML SOLUTION <i>iloprost tromethamine</i>	P	SPC PA QPD 9 per day
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXANT</b>		
<i>carisoprodol-aspirin 200-325 mg</i>	P	
<i>carisoprodol 250 mg tablet</i>	P	
<i>carisoprodol 350 mg tablet</i>	P	
<i>carisoprodol powder</i>	P	
<i>carisoprodol-aspirin-codein tb</i>	P	QPD 21 per day
<i>chlorzoxazone 375 mg tablet</i>	P	
<i>chlorzoxazone 500 mg tablet</i>	P	
<i>chlorzoxazone 750 mg tablet</i>	P	
<i>cyclobenzaprine 10 mg tablet</i>	P	
<i>cyclobenzaprine 5 mg tablet</i>	P	
<i>cyclobenzaprine 7.5 mg tablet</i>	P	
<i>cyclobenzaprine er 15 mg cap</i>	P	
<i>cyclobenzaprine er 30 mg cap</i>	P	
<i>cyclobenzaprine hcl powder</i>	P	
LORZONE 375 MG TABLET <i>chlorzoxazone</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LORZONE 750 MG TABLET <i>chlorzoxazone</i>	P	
<i>metaxalone 400 mg tablet</i>	P	
<i>metaxalone 800 mg tablet</i>	P	
<i>methocarbamol 1,000 mg tablet</i>	P	
<i>methocarbamol 500 mg tablet</i>	P	
<i>methocarbamol 750 mg tablet</i>	P	
<i>methocarbamol powder</i>	P	
ROBAXIN-750 TABLET <i>methocarbamol</i>	P	SBA Select Brand Alternative
<i>tizanidine hcl 2 mg capsule</i>	P	
<i>tizanidine hcl 2 mg tablet</i>	P	F11 Formulary Indicator 1
<i>tizanidine hcl 4 mg capsule</i>	P	
<i>tizanidine hcl 4 mg tablet</i>	P	F11 Formulary Indicator 1
<i>tizanidine hcl 6 mg capsule</i>	P	
<i>tizanidine hcl powder</i>	P	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
DANTRIUM 25 MG CAPSULE <i>dantrolene sodium</i>	P	
DANTRIUM 50 MG CAPSULE <i>dantrolene sodium</i>	P	
<i>dantrolene sodium 100 mg cap</i>	P	
<i>dantrolene sodium 25 mg cap</i>	P	
<i>dantrolene sodium 50 mg cap</i>	P	
<i>dantrolene sodium powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>		
<i>baclofen 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>baclofen 20 mg tablet</i>	P	F11 Formulary Indicator 1
<i>baclofen 5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>baclofen powder</i>	P	
LYVISPAH 10 MG GRANULE PACKET <i>baclofen</i>	P	PA
LYVISPAH 20 MG GRANULE PACKET <i>baclofen</i>	P	PA
LYVISPAH 5 MG GRANULE PACKET <i>baclofen</i>	P	PA F11 Formulary Indicator 1
<b>NEUROMUSCULAR BLOCKING AGENTS</b>		
<i>rocuronium bromide powder</i>	P	
<i>succinylcholine chloride powd</i>	P	
<i>vecuronium bromide powder</i>	P	
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS</b>		
<i>orphenad-asa-caff 50-770-60 mg</i>	P	
<i>orphenadrine citrate powder</i>	P	
<i>orphenadrine er 100 mg tablet</i>	P	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
ANACAINE OINTMENT <i>benzocaine</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANASTIA 2.75% LOTION <i>lidocaine hcl</i>	P	
<i>dibucaine hcl powder</i>	P	
<i>ethyl chloride spray</i>	P	
<i>lidocaine 5% ointment</i>	P	
<i>lidocaine 5% patch</i>	P	QPD 3 per day
<i>lidocaine-hc 2.8-0.55% gel</i>	P	
<i>lidocaine-prilocaine cream</i>	P	
<i>lidocaine-prilocaine cream</i>	P	
LIDOPIN 3% CREAM <i>lidocaine hcl</i>	P	
LIDOPRIL 2.5%-2.5% CREAM-DRESS <i>lidocaine/prilocaine</i>	P	
LIDTOPIC MAX 10% CREAM <i>lidocaine hcl</i>	P	
NUMBONEX 2.75% LOTION <i>lidocaine hcl</i>	P	
<i>phenazopyridine 100 mg tab</i>	P	
<i>phenazopyridine 200 mg tab</i>	P	
<i>phenazopyridine hcl powder</i>	P	
PONTOCAINE 2% SOLUTION <i>tetracaine hcl</i>	P	
<i>pramoxine hcl 1% foam</i>	P	
<i>pramoxine hcl powder</i>	P	
PRE-ATTACHED LTA KIT <i>lidocaine hcl</i>	P	
PRIKAAN LITE 2.5-2.5% CRM DRSS <i>lidocaine/prilocaine</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PYRIDIUM 200 MG TABLET <i>phenazopyridine hcl</i>	P	SBA Select Brand Alternative
RADIAGUARD 1% LOTION <i>lidocaine hcl</i>	P	
WAL-DRYL 2%-0.1% CREAM <i>diphenhydramine hcl/zinc acetate</i>	P	
ZONALON 5% CREAM <i>doxepin hcl</i>	P	QL 49 / fill PA
<b>ASTRINGENTS</b>		
DRYSOL DAB-O-MATIC SOLUTION <i>aluminum chloride</i>	P	
DRYSOL SOLUTION <i>aluminum chloride</i>	P	
<i>peruvian balsam liquid</i>	P	
XERAC AC 6.25% SOLUTION <i>aluminum chloride</i>	P	
<i>zinc citrate powder</i>	P	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
ALTRENO 0.05% LOTION <i>tretinoin</i>	P	PA QPD 1.5 per day
ATRALIN 0.05% GEL <i>tretinoin</i>	P	PA QPD 1.5 per day
REGANEX 0.01% GEL <i>becaplermin</i>	P	QPD 1 per day
RETIN-A MICRO PUMP 0.06% GEL <i>tretinoin microspheres</i>	P	QL 50 / 30 days AL Up to 25 yrs old
RETIN-A MICRO PUMP 0.08% GEL <i>tretinoin microspheres</i>	P	QL 50 / 30 days AL Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>retinoic acid powder</i>	P	
TRETIN-X 0.075% CREAM <i>tretinoin</i>	P	PA
<i>tretinoin 0.01% gel</i>	P	
<i>tretinoin 0.025% cream</i>	P	
<i>tretinoin 0.025% gel</i>	P	
<i>tretinoin 0.05% cream</i>	P	
<i>tretinoin 0.05% gel</i>	P	QPD 1.5 per day
<i>tretinoin 0.1% cream</i>	P	
<i>tretinoin acid powder</i>	P	
<i>tretinoin powder</i>	P	
TWYNEO 0.1%-3% CREAM <i>tretinoin/benzoyl peroxide</i>	P	QPD 2.0 per day
<b>DETERGENTS</b>		
<i>green soap powder</i>	P	
<i>polysorbate 40 liquid</i>	P	
<i>polysorbate 60 solution</i>	P	
<i>polysorbate 80 liquid</i>	P	
<i>polysorbate 80 solution</i>	P	
<i>sodium laureth sulfate liquid</i>	P	
<i>sodium lauryl sulfate powder</i>	P	
<i>triton x-100 liquid</i>	P	
<b>KERATOLYTIC AGENTS</b>		
AVAR CLEANSER <i>sulfacetamide sodium/sulfur</i>	P	
AVAR LS CLEANSER <i>sulfacetamide sodium/sulfur</i>	P	SBA Select Brand Alternative

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVAR-E EMOLLIENT CREAM <i>sulfacetamide sodium/sulfur</i>	P	
AVAR-E GREEN EMOLLIENT CREAM <i>sulfacetamide sodium/sulfur</i>	P	
AVAR-E LS CREAM <i>sulfacetamide sodium/sulfur</i>	P	
BENZEPRO 5.2% EMOLLIENT FOAM <i>benzoyl peroxide</i>	P	
<i>benzoyl peroxide 9.8% foam</i>	P	
<i>jessner's solution</i>	P	
<i>nitric acid liquid</i>	P	
PACNEX 7% WASH <i>benzoyl peroxide</i>	P	
<i>podophyllum resin powder</i>	P	
<i>potassium hyd 10% solution</i>	P	
<i>potassium hyd 20% solution</i>	P	
<i>potassium hydroxide 45% soln</i>	P	
<i>potassium hydroxide pellets</i>	P	
<i>pr benzoyl peroxide 7% wash</i>	P	
<i>pr benzoyl peroxide 7% wash</i>	P	
ROSULA 10%-4.5% WASH <i>sulfacetamide sodium/sulfur</i>	P	
ROSULA 10%-5% CLOTHS <i>sulfacetamide sodium/sulfur</i>	P	
<i>salicylic acid 6% cream</i>	P	
<i>salicylic acid 6% cream</i>	P	
<i>salicylic acid 6% lotion</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>salicylic acid 6% lotion</i>	P	
<i>salicylic acid crystals</i>	P	
<i>salicylic acid powder</i>	P	
SALIMEZ FORTE 10% CREAM <i>salicylic acid</i>	P	
<i>sod sulfacet-sulfur 9-4.5% wash</i>	P	
<i>sod sulfacet-sulfur 10-4% pad</i>	P	
<i>sod sulfacet-sulfur 10-5% clsr</i>	P	
<i>sodium hydroxide flakes</i>	P	
<i>sodium hydroxide granules</i>	P	
<i>sodium hydroxide pellets</i>	P	
<i>sodium hydroxide powder</i>	P	
SSS 10-5 CREAM <i>sulfacetamide sodium/sulfur</i>	P	
SSS 10-5 FOAM <i>sulfacetamide sodium/sulfur</i>	P	
<i>sulfacetamide-sulfur 8-4% susp</i>	P	
SULFACLEANSE 8-4 SUSPENSION <i>sulfacetamide sodium/sulfur</i>	P	
<i>sulfur powder</i>	P	
<i>sulfur sublimed powder</i>	P	
SUMADAN 9%-4.5% WASH <i>sulfacetamide sodium/sulfur</i>	P	
SUMAXIN 9%-4% WASH <i>sulfacetamide sodium/sulfur</i>	P	
SUMAXIN CLEANSING PADS <i>sulfacetamide sodium/sulfur</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUMAXIN TS TOPICAL SUSPENSION <i>sulfacetamide sodium/sulfur</i>	P	
<i>urea 45% cream</i>	P	
<i>urea 45% nail gel</i>	P	
<i>urea beads</i>	P	
<i>urea powder</i>	P	
KERATOPLASTIC AGENTS		
<i>anthralin powder</i>	P	
<i>coal tar</i>	P	
<i>coal tar</i>	P	
<i>coal tar solution</i>	P	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
ACCUTANE 10 MG CAPSULE <i>isotretinoin</i>	P	PA
ACCUTANE 20 MG CAPSULE <i>isotretinoin</i>	P	PA
ACCUTANE 30 MG CAPSULE <i>isotretinoin</i>	P	PA
ACCUTANE 40 MG CAPSULE <i>isotretinoin</i>	P	PA
<i>acitretin 10 mg capsule</i>	P	QPD 4 per day
<i>acitretin 17.5 mg capsule</i>	P	QPD 2 per day
<i>acitretin 25 mg capsule</i>	P	QPD 2 per day
<i>adapalene 0.1% cream</i>	P	QPD 1.5 per day
<i>adapalene 0.1% gel</i>	P	QPD 1.5 per day
<i>adapalene 0.1% solution</i>	P	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adapalene 0.3% gel</i>	P	QPD 1.5 per day
<i>adapalene 0.3% gel pump</i>	P	QPD 1.5 per day
<i>adapalene-bnzyl perox 0.1-2.5%</i>	P	QPD 1.5 per day
<i>adapalene-bnzyl perox 0.3-2.5%</i>	P	QPD 1.667 per day
ADBRY 150 MG/ML SYRINGE <i>tralokinumab-ldrm</i>	P	SPC PA QPD 0.22 per day
ALDARA 5% CREAM <i>imiquimod</i>	P	AL At least 12 yrs old QPD 0.434 per day
AMNESTEEM 10 MG CAPSULE <i>isotretinoin</i>	P	PA
AMNESTEEM 20 MG CAPSULE <i>isotretinoin</i>	P	PA
AMNESTEEM 40 MG CAPSULE <i>isotretinoin</i>	P	PA
ARTISS FROZEN 10 ML SYRINGE <i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>	P	
ARTISS FROZEN 2 ML SYRINGE <i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>	P	
ARTISS FROZEN 4 ML SYRINGE <i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>	P	
<i>azelaic acid 15% gel</i>	P	QL 50 / 30 days PA
<i>azelaic acid flakes</i>	P	
<i>azelaic acid flakes</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azelaic acid flakes</i>	P	
<i>azelaic acid powder</i>	P	
<i>benzoin compound tincture</i>	P	
<i>benzoin gum powder</i>	P	
<i>benzoin tincture</i>	P	
<i>calcipotriene 0.005% cream</i>	P	QPD 2 per day
<i>calcipotriene 0.005% ointment</i>	P	QPD 2 per day
<i>calcipotriene 0.005% solution</i>	P	QPD 2 per day
<i>calcipotriene-betameth dp oint</i>	P	PA QPD 3 per day
<i>calcium thioglycolate powder</i>	P	
<i>camphor crystals</i>	P	
<i>capsaicin palmitate powder</i>	P	
<i>capsaicin powder</i>	P	
<i>capsicum oleoresin liquid</i>	P	
CLARAVIS 10 MG CAPSULE <i>isotretinoin</i>	P	PA
CLARAVIS 20 MG CAPSULE <i>isotretinoin</i>	P	PA
CLARAVIS 30 MG CAPSULE <i>isotretinoin</i>	P	PA
CLARAVIS 40 MG CAPSULE <i>isotretinoin</i>	P	PA
<i>cocoa butter ointment</i>	P	
<i>collagenase powder</i>	P	
<i>dapsone 5% gel</i>	P	QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dapsone 7.5% gel pump</i>	P	QPD 3 per day
DUPIXENT 200 MG/1.14 ML PEN <i>dupilumab</i>	P	SPC PA QPD 0.15 per day
DUPIXENT 200 MG/1.14 ML SYRINGE <i>dupilumab</i>	P	SPC PA QPD 0.15 per day
DUPIXENT 300 MG/2 ML PEN <i>dupilumab</i>	P	SPC PA QPD 0.15 per day
DUPIXENT 300 MG/2 ML SYRINGE <i>dupilumab</i>	P	SPC PA QPD 0.15 per day
EPIDUO FORTE 0.3-2.5% GEL PUMP <i>adapalene/benzoyl peroxide</i>	P	QPD 1.667 per day B4G
FINACEA 15% FOAM <i>azelaic acid</i>	P	QL 50 / 30 days
FINACEA 15% GEL <i>azelaic acid</i>	P	QL 50 / 30 days PA
HYFTOR 0.2% GEL <i>sirolimus</i>	P	SPC PA QPD 0.8 per day
<i>imiquimod 5% cream packet</i>	P	AL At least 12 yrs old QPD 0.434 per day
<i>imiquimod powder</i>	P	
<i>isotretinoin 10 mg capsule</i>	P	PA
<i>isotretinoin 20 mg capsule</i>	P	PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isotretinoin 25 mg capsule</i>	P	PA
<i>isotretinoin 30 mg capsule</i>	P	PA
<i>isotretinoin 35 mg capsule</i>	P	PA
<i>isotretinoin 40 mg capsule</i>	P	PA
<i>isotretinoin powder</i>	P	
<i>ivermectin 1% cream</i>	P	QPD 1.5 per day
KLISYRI 1% OINTMENT PACKET <i>tirbanibulin</i>	P	QL 5 / fill PA
LEVULAN KERASTICK 20% <i>aminolevulinic acid hcl</i>	P	
<i>methyl aminolevulinate hcl pwd</i>	P	
MIRVASO 0.33% GEL PUMP <i>brimonidine tartrate</i>	P	QPD 1 per day B4G
MYORISAN 10 MG CAPSULE <i>isotretinoin</i>	P	PA
MYORISAN 20 MG CAPSULE <i>isotretinoin</i>	P	PA
MYORISAN 30 MG CAPSULE <i>isotretinoin</i>	P	PA
MYORISAN 40 MG CAPSULE <i>isotretinoin</i>	P	PA
<i>pimecrolimus 1% cream</i>	P	ST AL At least 2 yrs old QPD 2.5 per day
PODOCON-25 LIQUID <i>podophyllum resin</i>	P	
<i>podofilox 0.5% topical soln</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTOPIC 0.03% OINTMENT <i>tacrolimus</i>	P	<ul style="list-style-type: none"> <li>QL 100 / 30 days</li> <li>ST</li> <li>AL At least 2 yrs old</li> <li>QPD 2.5 per day</li> </ul>
PROTOPIC 0.1% OINTMENT <i>tacrolimus</i>	P	<ul style="list-style-type: none"> <li>QL 100 / 30 days</li> <li>ST</li> <li>AL At least 16 yrs old</li> <li>QPD 2.5 per day</li> </ul>
RECTIV 0.4% OINTMENT <i>nitroglycerin</i>	P	
RHOFADE 1% CREAM <i>oxymetazoline hcl</i>	P	<ul style="list-style-type: none"> <li>QPD 1.25 per day</li> </ul>
SANTYL OINTMENT <i>collagenase clostridium histolyticum</i>	P	<ul style="list-style-type: none"> <li>PA</li> <li>QPD 3.0 per day</li> </ul>
SILIQ 210 MG/1.5 ML SYRINGE <i>brodalumab</i>	P	<ul style="list-style-type: none"> <li>SPC</li> <li>PA</li> <li>QPD 0.22 per day</li> </ul>
SKYRIZI 150 MG DOSE KIT-2 SYRN <i>risankizumab-rzaa</i>	P	<ul style="list-style-type: none"> <li>SPC</li> <li>PA</li> <li>QPD 0.012 per day</li> </ul>
SKYRIZI 150 MG/ML PEN <i>risankizumab-rzaa</i>	P	<ul style="list-style-type: none"> <li>SPC</li> <li>PA</li> <li>QPD 0.012 per day</li> </ul>
SKYRIZI 150 MG/ML SYRINGE <i>risankizumab-rzaa</i>	P	<ul style="list-style-type: none"> <li>SPC</li> <li>PA</li> <li>QPD 0.012 per day</li> </ul>
SKYRIZI 75 MG/0.83 ML SYRINGE <i>risankizumab-rzaa</i>	P	<ul style="list-style-type: none"> <li>SPC</li> <li>PA</li> <li>QPD 0.02 per day</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOOLANTRA 1% CREAM <i>ivermectin</i>	P	QPD 1.5 per day B4G
SORIATANE 10 MG CAPSULE <i>acitretin</i>	P	QPD 4 per day
SORIATANE 25 MG CAPSULE <i>acitretin</i>	P	QPD 2 per day
SOTYKTU 6 MG TABLET <i>deucravacitinib</i>	P	SPC PA QPD 1 per day
STELARA 130 MG/26 ML VIAL <i>ustekinumab</i>	P	SPC PA QPD 1.86 per day BSP BENEFIT SHIFT PROGRAM
STELARA 45 MG/0.5 ML SYRINGE <i>ustekinumab</i>	P	SPC PA QPD 0.006 per day
STELARA 45 MG/0.5 ML VIAL <i>ustekinumab</i>	P	SPC PA QPD 0.006 per day
STELARA 90 MG/ML SYRINGE <i>ustekinumab</i>	P	SPC PA QPD 0.018 per day
TACLONEX 0.005%-0.064% SUSPENS <i>calcipotriene/betamethasone dipropionate</i>	P	QPD 4 per day B4G
<i>tacrolimus 0.03% ointment</i>	P	QL 100 / 30 days ST
<i>tacrolimus 0.1% ointment</i>	P	QL 100 / 30 days ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALTZ 80 MG/ML AUTOINJ (2-PK) <i>ixekizumab</i>	P	SPC PA QPD 0.04 per day
TALTZ 80 MG/ML AUTOINJ (3-PK) <i>ixekizumab</i>	P	SPC PA QPD 0.04 per day
TALTZ 80 MG/ML AUTOINJECTOR <i>ixekizumab</i>	P	SPC PA QPD 0.04 per day
TALTZ 80 MG/ML SYRINGE <i>ixekizumab</i>	P	SPC PA QPD 0.04 per day
<i>tazarotene 0.05% gel</i>	P	QPD 1 per day
<i>tazarotene 0.1% cream</i>	P	QPD 1.47 per day
<i>tazarotene 0.1% gel</i>	P	QPD 1 per day
<i>tazarotene powder</i>	P	
TREMFYA 100 MG/ML INJECTOR <i>guselkumab</i>	P	SPC PA QPD 0.02 per day
TREMFYA 100 MG/ML SYRINGE <i>guselkumab</i>	P	SPC PA QPD 0.04 per day
<i>trichloroacetic acid 100%</i>	P	
<i>trichloroacetic acid 20%</i>	P	
<i>trichloroacetic acid 25%</i>	P	
<i>trichloroacetic acid 30%</i>	P	
<i>trichloroacetic acid 35%</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trichloroacetic acid 40%</i>	P	
<i>trichloroacetic acid 50%</i>	P	
<i>trichloroacetic acid 75%</i>	P	
<i>trichloroacetic acid 80%</i>	P	
<i>trichloroacetic acid 85%</i>	P	
<i>trichloroacetic acid 90%</i>	P	
VENELEX OINTMENT <i>balsam peru/castor oil</i>	P	
WYNZORA 0.005%-0.064% CREAM <i>calcipotriene/betamethasone dipropionate</i>	P	QPD 15 per day
ZENATANE 10 MG CAPSULE <i>isotretinoin</i>	P	PA
ZENATANE 20 MG CAPSULE <i>isotretinoin</i>	P	PA
ZENATANE 30 MG CAPSULE <i>isotretinoin</i>	P	PA
ZENATANE 40 MG CAPSULE <i>isotretinoin</i>	P	PA
<b>SUNSCREEN AGENTS</b>		
<i>dioxybenzone powder</i>	P	
<i>octinoxate liquid</i>	P	
<i>oxybenzone powder</i>	P	
<i>zinc oxide powder</i>	P	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline anhydrous pwd</i>	P	
<i>aminophylline powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dyphylline powder</i>	P	
ELIXOPHYLLIN 80 MG/15 ML ELIX <i>theophylline anhydrous</i>	P	NTI F11 Formulary Indicator 1
THEO-24 ER 100 MG CAPSULE <i>theophylline anhydrous</i>	P	NTI F11 Formulary Indicator 1
THEO-24 ER 200 MG CAPSULE <i>theophylline anhydrous</i>	P	NTI
THEO-24 ER 300 MG CAPSULE <i>theophylline anhydrous</i>	P	NTI
THEO-24 ER 400 MG CAPSULE <i>theophylline anhydrous</i>	P	NTI
<i>theophylline 80 mg/15 ml soln</i>	P	NTI
<i>theophylline 80 mg/15 ml soln</i>	P	NTI F11 Formulary Indicator 1
<i>theophylline anhydrous powder</i>	P	
<i>theophylline er 300 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>theophylline er 400 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>theophylline er 450 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>theophylline er 600 mg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>theophylline ethylenediamn pwd</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>		
<b>SOMATOSTATIN AGONISTS</b>		
BYNFEZIA 2,500 MCG/ML PEN <i>octreotide acetate</i>	P	SPC PA QPD 0.6 per day
<i>lanreotide 120 mg/0.5 ml syrng</i>	P	SPC PA QPD 0.02 per day BSP BENEFIT SHIFT PROGRAM
MYCAPSSA DR 20 MG CAPSULE <i>octreotide acetate</i>	P	SPC PA QPD 4 per day
<i>octreotide 1,000 mcg/5 ml vial</i>	P	SPC PA
<i>octreotide 1,000 mcg/ml vial</i>	P	SPC PA
<i>octreotide 5,000 mcg/5 ml vial</i>	P	SPC PA
<i>octreotide acet 0.05 mg/ml vl</i>	P	SPC PA
<i>octreotide acet 100 mcg/ml amp</i>	P	SPC PA
<i>octreotide acet 100 mcg/ml syr</i>	P	SPC PA
<i>octreotide acet 100 mcg/ml vl</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acet 200 mcg/ml vl</i>	P	SPC PA
<i>octreotide acet 50 mcg/ml amp</i>	P	SPC PA
<i>octreotide acet 50 mcg/ml syr</i>	P	SPC PA
<i>octreotide acet 50 mcg/ml vial</i>	P	SPC PA
<i>octreotide acet 500 mcg/ml amp</i>	P	SPC PA
<i>octreotide acet 500 mcg/ml syr</i>	P	SPC PA
<i>octreotide acet 500 mcg/ml vl</i>	P	SPC PA
SANDOSTATIN 0.05 MG/ML AMPUL <i>octreotide acetate</i>	P	SPC PA QPD 30 per day SBA Select Brand Alternative
SANDOSTATIN 0.1 MG/ML AMPUL <i>octreotide acetate</i>	P	SPC PA QPD 15 per day SBA Select Brand Alternative
SANDOSTATIN 0.5 MG/ML AMPUL <i>octreotide acetate</i>	P	SPC PA QPD 3 per day SBA Select Brand Alternative



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANDOSTATIN LAR DEPOT 10 MG KT <i>octreotide acetate, microspheres</i>	P	SPC PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT 10 MG VL <i>octreotide acetate, microspheres</i>	P	SPC PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT 20 MG KT <i>octreotide acetate, microspheres</i>	P	SPC PA QPD 0.07 per day BSP BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT 20 MG VL <i>octreotide acetate, microspheres</i>	P	SPC PA QPD 0.07 per day BSP BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT 30 MG KT <i>octreotide acetate, microspheres</i>	P	SPC PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM
SANDOSTATIN LAR DEPOT 30 MG VL <i>octreotide acetate, microspheres</i>	P	SPC PA QPD 0.04 per day BSP BENEFIT SHIFT PROGRAM
SIGNIFOR 0.3 MG/ML AMPULE <i>pasireotide diaspertate</i>	P	SPC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR 0.6 MG/ML AMPULE <i>pasireotide diaspertate</i>	P	SPC PA
SIGNIFOR 0.9 MG/ML AMPULE <i>pasireotide diaspertate</i>	P	SPC PA
SIGNIFOR LAR 10 MG KIT <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 10 MG VIAL <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 20 MG KIT <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 20 MG VIAL <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 30 MG KIT <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 30 MG VIAL <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 40 MG KIT <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 40 MG VIAL <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 60 MG KIT <i>pasireotide pamoate</i>	P	SPC PA
SIGNIFOR LAR 60 MG VIAL <i>pasireotide pamoate</i>	P	SPC PA
SOMATULINE DEPOT 120 MG/0.5 ML <i>lanreotide acetate</i>	P	SPC PA QPD 0.02 per day BSP BENEFIT SHIFT PROGRAM

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMATULINE DEPOT 60 MG/0.2 ML <i>lanreotide acetate</i>	P	<span>SPC</span> <span>PA</span> <span>QPD</span> 0.02 per day <span>BSP</span> BENEFIT SHIFT PROGRAM
SOMATULINE DEPOT 90 MG/0.3 ML <i>lanreotide acetate</i>	P	<span>SPC</span> <span>PA</span> <span>QPD</span> 0.02 per day <span>BSP</span> BENEFIT SHIFT PROGRAM
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
<b>SOMATOTROPIN AGONISTS</b>		
EGRIFTA SV 2 MG VIAL <i>tesamorelin acetate</i>	P	<span>SPC</span> <span>PA</span> <span>QPD</span> 2 per day
INCRELEX 40 MG/4 ML VIAL <i>mecasermin</i>	P	<span>SPC</span> <span>PA</span>
<b>SOMATOTROPIN ANTAGONISTS</b>		
SOMAVERT 10 MG VIAL <i>pegvisomant</i>	P	<span>SPC</span>
SOMAVERT 15 MG VIAL <i>pegvisomant</i>	P	<span>SPC</span>
SOMAVERT 20 MG VIAL <i>pegvisomant</i>	P	<span>SPC</span>
SOMAVERT 25 MG VIAL <i>pegvisomant</i>	P	<span>SPC</span>
SOMAVERT 30 MG VIAL <i>pegvisomant</i>	P	<span>SPC</span>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
<i>yohimbine hcl powder</i>	P	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
<i>droxidopa 100 mg capsule</i>	P	SPC PA QPD 6 per day
<i>droxidopa 200 mg capsule</i>	P	SPC PA QPD 6 per day
<i>droxidopa 300 mg capsule</i>	P	SPC PA QPD 6 per day
<i>ephedrine hcl powder</i>	P	
<i>ephedrine sulfate powder</i>	P	
<i>epinephrine 0.15 mg auto-injct</i>	P	QL 4 / fill
<i>epinephrine 0.15 mg auto-injct</i>	P	QL 4 / fill
<i>epinephrine 0.3 mg auto-inject</i>	P	QL 4 / fill
<i>epinephrine base powder</i>	P	
<i>epinephrine bitartrate powder</i>	P	
<i>epinephrine powder</i>	P	
EPINEPHRINESNAP-EMS KIT <i>epinephrine</i>	P	QL 2 / fill
EPINEPHRINESNAP-V KIT <i>epinephrine</i>	P	QL 2 / fill

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPIPEN 0.3 MG AUTO-INJECTOR <i>epinephrine</i>	P	QL 4 / fill PA
EPIPEN 2-PAK 0.3 MG AUTO-INJECT <i>epinephrine</i>	P	QL 4 / fill PA
l-epinephrine bitartrate powd	P	
<i>norepinephrine bitartrate powd</i>	P	
NORTHERA 100 MG CAPSULE <i>droxidopa</i>	P	SPC PA QPD 6 per day
NORTHERA 200 MG CAPSULE <i>droxidopa</i>	P	SPC PA QPD 6 per day
NORTHERA 300 MG CAPSULE <i>droxidopa</i>	P	SPC PA QPD 6 per day
<i>pseudoephedrine hcl powder</i>	P	
<i>racepinephrine hcl powder</i>	P	
SYMJEPI 0.15 MG/0.3 ML SYRINGE <i>epinephrine</i>	P	QL 2 / fill
SYMJEPI 0.3 MG/0.3 ML SYRINGE <i>epinephrine</i>	P	QL 2 / fill
<b>ALPHA-ADRENERGIC AGONISTS</b>		
LUCEMYRA 0.18 MG TABLET <i>lofexidine hcl</i>	P	QL 48 tablets/180 days PA
<i>midodrine hcl 10 mg tablet</i>	P	
<i>midodrine hcl 2.5 mg tablet</i>	P	
<i>midodrine hcl 5 mg tablet</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenylephrine hcl powder</i>	P	
<b>TETRACYCLINE ANTIBIOTICS</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA 150 MG TABLET <i>omadacycline tosylate</i>	P	PA
SEYSARA 100 MG TABLET <i>sarecycline hcl</i>	P	PA QPD 1 per day
SEYSARA 150 MG TABLET <i>sarecycline hcl</i>	P	PA QPD 1 per day
SEYSARA 60 MG TABLET <i>sarecycline hcl</i>	P	PA QPD 1 per day
<b>THYROID AND ANTITHYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>carbimazole powder</i>	P	
LUGOL'S STRONG IODINE SOLUTION <i>potassium iodide/iodine</i>	P	
<i>methimazole 10 mg tablet</i>	P	F11 Formulary Indicator 1
<i>methimazole 5 mg tablet</i>	P	F11 Formulary Indicator 1
<i>methimazole powder</i>	P	
<i>potassium iodide crystals</i>	P	
<i>potassium iodide granules</i>	P	
<i>potassium iodide powder</i>	P	
<i>propylthiouracil 50 mg tablet</i>	P	
<i>propylthiouracil powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SSKI 1 GM/ML SOLUTION <i>potassium iodide</i>	P	
TAPAZOLE 10 MG TABLET <i>methimazole</i>	P	
TAPAZOLE 5 MG TABLET <i>methimazole</i>	P	SBA Select Brand Alternative
<b>THYROID AGENTS</b>		
EUTHYROX 100 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
EUTHYROX 112 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
EUTHYROX 125 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
EUTHYROX 137 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
EUTHYROX 150 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
EUTHYROX 175 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
EUTHYROX 200 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
EUTHYROX 25 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
EUTHYROX 50 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
EUTHYROX 75 MCG TABLET <i>levothyroxine sodium</i>	P	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EUTHYROX 88 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 100 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 112 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 125 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 137 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 150 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 175 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 200 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 25 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 300 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 50 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 75 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVO-T 88 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
<i>levothyroxine 100 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 100 mcg/5 ml v1</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine 100 mcg/ml vial</i>	P	
<i>levothyroxine 112 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 125 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 137 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 150 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 175 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 200 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 200 mcg/5 ml vial</i>	P	
<i>levothyroxine 25 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 300 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 50 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine 500 mcg/5 ml vial</i>	P	
<i>levothyroxine 75 mcg tablet</i>	P	NTI F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine 88 mcg tablet</i>	P	NTI F11 Formulary Indicator 1
<i>levothyroxine sod 1:1000 dilut</i>	P	
<i>levothyroxine sodium powder</i>	P	
LEVOXYL 100 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVOXYL 112 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVOXYL 125 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVOXYL 137 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVOXYL 150 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
LEVOXYL 175 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
LEVOXYL 200 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVOXYL 25 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVOXYL 50 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVOXYL 75 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
LEVOXYL 88 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
<i>liothyronine sod 1:1000 dilutn</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>liothyronine sod 25 mcg tab</i>	P	F11 Formulary Indicator 1
<i>liothyronine sod 5 mcg tab</i>	P	F11 Formulary Indicator 1
<i>liothyronine sod 50 mcg tab</i>	P	F11 Formulary Indicator 1
<i>liothyronine sodium powder</i>	P	
NP THYROID 120 MG TABLET <i>thyroid,pork</i>	P	
NP THYROID 15 MG TABLET <i>thyroid,pork</i>	P	
NP THYROID 30 MG TABLET <i>thyroid,pork</i>	P	
NP THYROID 60 MG TABLET <i>thyroid,pork</i>	P	
NP THYROID 90 MG TABLET <i>thyroid,pork</i>	P	
<i>pcca t3 sodium dilution powd</i>	P	
<i>pcca t4 sodium dilution powd</i>	P	
<i>thyroid powder</i>	P	
UNITHROID 100 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
UNITHROID 112 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
UNITHROID 125 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
UNITHROID 137 MCG TABLET <i>levothyroxine sodium</i>	P	NTI

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UNITHROID 150 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
UNITHROID 175 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
UNITHROID 200 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
UNITHROID 25 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
UNITHROID 300 MCG TABLET <i>levothyroxine sodium</i>	P	NTI F11 Formulary Indicator 1
UNITHROID 50 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
UNITHROID 75 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
UNITHROID 88 MCG TABLET <i>levothyroxine sodium</i>	P	NTI
Uncategorized		
Unclassified		
<i>yohimbine 5.4 mg tablet</i>	P	
URINE AND FECES CONTENTS		
PH		
<i>chemstrip 2 In</i>	P	
PROTEIN		
<i>albusix reagent strips</i>	P	
<i>chemstrip micral test strip</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>VASODILATING AGENTS</b> <b>NITRATES AND NITRITES</b>		
GONITRO 0.4 MG SUBLINGUAL PWD <i>nitroglycerin</i>	P	AL At least 18 yrs old PA QPD 1.25 per day
ISORDIL 40 MG TABLET <i>isosorbide dinitrate</i>	P	QPD 12 per day SBA Select Brand Alternative
ISORDIL TITRADOSE 5 MG TAB <i>isosorbide dinitrate</i>	P	QPD 12 per day SBA Select Brand Alternative
<i>isosorbide dinitrate 10 mg tab</i>	P	QPD 12 per day F11 Formulary Indicator 1
<i>isosorbide dinitrate 20 mg tab</i>	P	QPD 12 per day F11 Formulary Indicator 1
<i>isosorbide dinitrate 30 mg tab</i>	P	QPD 12 per day F11 Formulary Indicator 1
<i>isosorbide dinitrate 40 mg tab</i>	P	QPD 12 per day F11 Formulary Indicator 1
<i>isosorbide dinitrate 5 mg tab</i>	P	QPD 12 per day F11 Formulary Indicator 1
<i>isosorbide mononit 10 mg tab</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>isosorbide mononit 20 mg tab</i>	P	QPD 2 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isosorbide mononit er 120 mg</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>isosorbide mononit er 30 mg tb</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>isosorbide mononit er 60 mg tb</i>	P	QPD 2 per day F11 Formulary Indicator 1
<i>isosorbide powder</i>	P	
MINITRAN 0.1 MG/HR PATCH <i>nitroglycerin</i>	P	QPD 1 per day
MINITRAN 0.2 MG/HR PATCH <i>nitroglycerin</i>	P	QPD 1 per day
MINITRAN 0.4 MG/HR PATCH <i>nitroglycerin</i>	P	QPD 1 per day
MINITRAN 0.6 MG/HR PATCH <i>nitroglycerin</i>	P	QPD 1 per day
NITRO-BID 2% OINTMENT <i>nitroglycerin</i>	P	QPD 4 per day
NITRO-DUR 0.3 MG/HR PATCH <i>nitroglycerin</i>	P	QPD 1 per day
NITRO-DUR 0.8 MG/HR PATCH <i>nitroglycerin</i>	P	QPD 1 per day
NITRO-TIME ER 2.5 MG CAPSULE <i>nitroglycerin</i>	P	QPD 4 per day
NITRO-TIME ER 6.5 MG CAPSULE <i>nitroglycerin</i>	P	QPD 4 per day
<i>nitroglycerin 0.1 mg/hr patch</i>	P	QPD 1 per day
<i>nitroglycerin 0.2 mg/hr patch</i>	P	QPD 1 per day F11 Formulary Indicator 1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin 0.3 mg tablet sl</i>	P	QPD 6 per day
<i>nitroglycerin 0.4 mg tablet sl</i>	P	QPD 6 per day
<i>nitroglycerin 0.4 mg/hr patch</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>nitroglycerin 0.6 mg tablet sl</i>	P	QPD 6 per day
<i>nitroglycerin 0.6 mg/hr patch</i>	P	QPD 1 per day F11 Formulary Indicator 1
<i>nitroglycerin 400 mcg spray</i>	P	QPD 0.8 per day
NITROLINGUAL 400 MCG SPRAY <i>nitroglycerin</i>	P	QPD 0.8 per day
NITROMIST 400 MCG SPRAY <i>nitroglycerin</i>	P	QPD 0.3 per day
<i>sodium nitrite powder</i>	P	

## PHOSPHODIESTERASE TYPE 5 INHIBITORS

ADCIRCA 20 MG TABLET <i>tadalafil</i>	P	SPC PA QPD 2 per day SBA Select Brand Alternative
ALYQ 20 MG TABLET <i>tadalafil</i>	P	SPC PA QPD 2 per day
REVATIO 10 MG/ML ORAL SUSP <i>sildenafil citrate</i>	P	AL At least 18 yrs old SPC PA QPD 6 per day
REVATIO 20 MG TABLET <i>sildenafil citrate</i>	P	AL At least 18 yrs old SPC PA QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sildenafil 10 mg/12.5 ml vial</i>	99	ME Medical Drug
<i>sildenafil 10 mg/ml oral susp</i>	P	AL At least 18 yrs old SPC PA QPD 6 per day
<i>sildenafil 20 mg tablet</i>	P	SPC PA QPD 3 per day
<i>sildenafil citrate powder</i>	P	
<i>tadalafil 20 mg tablet</i>	P	SPC PA QPD 2 per day
<i>tadalafil powder</i>	P	
TADLIQ 20 MG/5 ML SUSPENSION <i>tadalafil</i>	P	SPC PA QPD 10 per day
<b>VASODILATING AGENTS, MISCELLANEOUS</b>		
<i>alprostadil powder</i>	P	
<i>aspirin-dipyridam er 25-200 mg</i>	P	PR QPD 2 per day
<i>dipyridamole 25 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>dipyridamole 50 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dipyridamole 75 mg tablet</i>	P	PR QPD 4 per day F11 Formulary Indicator 1
<i>dipyridamole powder</i>	P	
<i>isoxsuprine hcl powder</i>	P	
<i>papaverine hcl powder</i>	P	
<i>prostaglandin e1 powder</i>	P	
<i>tolazoline hcl powder</i>	P	
VERQUVO 10 MG TABLET <i>vericiguat</i>	P	PA QPD 1 per day
VERQUVO 2.5 MG TABLET <i>vericiguat</i>	P	PA QPD 1 per day
VERQUVO 5 MG TABLET <i>vericiguat</i>	P	PA QPD 1 per day
<i>vinpocetine powder</i>	P	
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
BIOCEL TABLET <i>multivitamin with minerals/folic acid/lycopene/lutein</i>	P	
CADEAU DHA SOFTGEL <i>prenatal vitamins no.83/iron fumarate/folate combo no.6/dha</i>	P	GL Female PR
CVS DAILY MULTIPLE TABLET <i>multivits with calcium and minerals/iron fumarate/folic acid</i>	P	
ELITE-OB CAPLET <i>multivitamin with minerals no.69/iron,carbonyl/folic acid</i>	P	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>FORTAVIT SOFTGEL</b> <i>multivit with iron, mins/dietary sup 4/dna/ribonucleic acid</i>	P	
<b>M-NATAL PLUS TABLET</b> <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>	P	GL Female PR F11 Formulary Indicator 1
<b>MVW COMPLETE FORMUL D3000 SFGL</b> <i>pediatric multivit no.61/cholecalciferol(d3)/phytonadione(k)</i>	P	
<b>MVW COMPLETE FORMUL PEDIA DRPS</b> <i>pediatric multivit no.77/cholecalciferol(d3)/phytonadione(k)</i>	P	
<b>MYNATAL CAPSULE</b> <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	P	GL Female PR F11 Formulary Indicator 1
<b>MYNATAL PLUS CAPTAB</b> <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	P	GL Female PR
<b>MYNATAL-Z CAPTAB</b> <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>	P	GL Female PR F11 Formulary Indicator 1
<b>NEWGEN TABLET</b> <i>prenatal vitamin no.86/iron bis-glycinate/folic acid</i>	P	GL Female PR F11 Formulary Indicator 1
<b>NUTRIVIT LIQUID</b> <i>iron/lysine/vitamin b complex/folic acid</i>	P	
<b>OBTREX DHA COMBO PACK</b> <i>prenatal vitamins no.12/iron carbonyl/methylfolate/dha</i>	P	GL Female PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PNV 29-1 TABLET <i>prenatal vitamin with calcium no. 76/iron,carbonyl/folic acid</i>	P	GL Female PR
PNV-OMEGA SOFTGEL <i>multivitamin-minerals no. 71/iron fumarat/folic acid no. 1/dha</i>	P	GL Female
PRENA1 CHEW TABLET <i>prenatal vitamins combination no. 42/folic acid</i>	P	GL Female PR
PRENA1 PEARL SOFTGEL <i>prenatal vit no. 71/iron fum-sodium feredetate/folic acid/dha</i>	P	GL Female PR
PRENA1 TRUE COMBO PACK <i>prenatal vits no. 105/iron amino acid chelate/folic acid/dha</i>	P	GL Female PR F11 Formulary Indicator 1
PRENATABS RX TABLET <i>prenatal vitamin with calcium no. 76/iron,carbonyl/folic acid</i>	P	GL Female PR
<i>prenatal low iron tablet</i>	P	GL Female PR
<i>prenatal-u capsule</i>	P	GL Female
PREPLUS CA-FE 27 MG-FA 1 MG TB <i>prenatal vits with calcium no. 72/ferrous fumarate/folic acid</i>	P	GL Female PR
PRETAB 29 MG-1 MG TABLET <i>prenatal vits with calcium no. 78/ferrous fumarate/folic acid</i>	P	GL Female PR
PROTECT IRON TABLET <i>multivitamin with minerals no.24/iron ps complex/folic acid</i>	P	
PROVIDA OB CAPSULE <i>prenatal vits no. 65/iron fumarate, polysac complex/folic acid</i>	P	GL Female PR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
R-NATAL OB SOFTGEL <i>prenatal vitamins no. 66/iron,carbonyl/folic acid/dha</i>	P	GL Female PR
REQ49+ TABLET <i>multivitamin with minerals no. 16/folic acid/lutein/lycopene</i>	P	
THRIVITE RX TABLET <i>prenatal vitamin with calcium no. 76/iron,carbonyl/folic acid</i>	P	GL Female PR
TRINATE TABLET <i>prenatal vits with calcium no. 73/ferrous fumarate/folic acid</i>	P	GL Female PR
VIC-FORTE CAPSULE <i>multivitamin with minerals no. 7/folic acid</i>	P	
VIRT-C DHA SOFTGEL <i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa</i>	P	
VIRT-NATE DHA SOFTGEL <i>prenatal vitamins no. 11/ferrous fumarate/folic acid/omega-3</i>	P	GL Female PR
VIRT-PN PLUS SOFTGEL <i>multivitamin-minerals no. 71/iron fumarat/folic acid no. 1/dha</i>	P	GL Female
VITACEL TABLET <i>multivitamin with minerals/folic acid/lycopene/lutein</i>	P	
VP-PNV-DHA SOFTGEL <i>prenatal vitamins no. 52/ferrous fumarate/folic acid/dha</i>	P	GL Female PR
<b>VITAMIN A</b>		
AQUASOL A 100,000 UNIT/2 ML VL <i>vitamin a palmitate</i>	P	
AQUASOL A 50,000 UNITS/ML VIAL <i>vitamin a palmitate</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>beta carotene beads</i>	P	
<i>cod liver oil</i>	P	
<i>vitamin a 1.7 million unit/gm</i>	P	
<i>vitamin a 18,000 units/ml liq</i>	P	
<i>vitamin a acetate beads</i>	P	
<i>vitamin a palmitate liquid</i>	P	
<b>VITAMIN B COMPLEX</b>		
<i>adenosylcobalamin powder</i>	P	
B-12 COMPLIANCE INJ KIT <i>cyanocobalamin (vitamin b-12)</i>	P	
<i>calcium pantothenate powder</i>	P	
<i>cobamamide powder</i>	P	
<i>cyanocobalamin 1,000 mcg/ml vl</i>	P	
<i>cyanocobalamin 10,000 mcg/10ml</i>	P	
<i>cyanocobalamin 30,000 mcg/30ml</i>	P	
<i>cyanocobalamin powder</i>	P	
<i>folic acid 1 mg tablet</i>	P	F11 Formulary Indicator 1
<i>folic acid powder</i>	P	
<i>hydroxocobalamin 1,000 mcg/ml</i>	P	
<i>hydroxocobalamin hcl powder</i>	P	
<i>hydroxocobalamin powder</i>	P	
I-5 methyltetrahydrofolate cal	P	
I-methylfolate calcium powder	P	
<i>levomefolate calcium powder</i>	P	
<i>methylcobalamin powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylcobalamin powder</i>	P	
<i>methyltetrahydrofolic acid pwd</i>	P	
NASCOBAL 500 MCG NASAL SPRAY <i>cyanocobalamin (vitamin b-12)</i>	P	
NEPHRO-VITE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	P	
NEPHRONEX-SL TABLET <i>vitamin b complex with vitamin c no. 19/folic acid/vitamin d3</i>	P	
<i>niacinamide powder</i>	P	
<i>niacinamide powder</i>	P	
<i>panthenol powder</i>	P	
<i>pyridoxine hcl crystals</i>	P	
<i>pyridoxine hcl powder</i>	P	
RENA-VITE RX TABLET <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>	P	
<i>riboflavin powder</i>	P	
<i>riboflavin-5-phos sod powder</i>	P	
<i>thiamine 200 mg/2 ml vial</i>	P	BSP BENEFIT SHIFT PROGRAM
<i>thiamine hcl powder</i>	P	
<b>VITAMIN C</b>		
<i>ascorbic acid granular powder</i>	P	
<i>ascorbic acid granules</i>	P	
<i>ascorbic acid granules</i>	P	
<i>ascorbic acid powder</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ascorbyl palmitate powder</i>	P	
<i>calcium ascorbate powder</i>	P	
<i>sodium ascorbate powder</i>	P	
<b>VITAMIN D</b>		
<i>calcitriol 0.25 mcg capsule</i>	P	F11 Formulary Indicator 1
<i>calcitriol 0.5 mcg capsule</i>	P	F11 Formulary Indicator 1
<i>calcitriol 1 mcg/ml solution</i>	P	
<i>calcitriol crystals</i>	P	
<i>calcitriol powder</i>	P	
<i>cholecalciferol crystals</i>	P	
<i>doxercalciferol 0.5 mcg cap</i>	P	SPC
<i>doxercalciferol 1 mcg capsule</i>	P	SPC
<i>doxercalciferol 2.5 mcg cap</i>	P	SPC
<i>ergocalciferol powder</i>	P	
<i>paricalcitol 1 mcg capsule</i>	P	SPC
<i>paricalcitol 2 mcg capsule</i>	P	SPC
<i>paricalcitol 4 mcg capsule</i>	P	SPC
RAYALDEE ER 30 MCG CAPSULE <i>calcifediol</i>	P	SPC
ROCALTROL 0.25 MCG CAPSULE <i>calcitriol</i>	P	
ROCALTROL 0.5 MCG CAPSULE <i>calcitriol</i>	P	
ROCALTROL 1 MCG/ML ORAL SOLN <i>calcitriol</i>	P	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vitamin d2 1.25mg(50,000 unit)</i>	P	F11 Formulary Indicator 1
<i>vitamin d3 1 million unit/g liq</i>	P	
<i>vitamin d3 100,000 unit/gm pwd</i>	P	
<i>vitamin d3 2,400 units/ml liq</i>	P	
<i>vitamin d3 liquid</i>	P	
<i>vitamin d3 liquid</i>	P	
ZEMPLAR 1 MCG CAPSULE <i>paricalcitol</i>	P	SPC PA
ZEMPLAR 2 MCG CAPSULE <i>paricalcitol</i>	P	SPC PA
<b>VITAMIN E</b>		
<i>alpha tocopherol liquid</i>	P	
<i>natural mixed tocopherols pwd</i>	P	
<i>tocopheryl acid succinate powd</i>	P	
<i>vit e acetate 125 units/ml liq</i>	P	
<i>vitamin e acetate 50% powder</i>	P	
<i>vitamin e acetate liquid</i>	P	
<i>vitamin e acetate liquid</i>	P	
<i>vitamin e liquid</i>	P	
<i>vitamin e succinate powder</i>	P	
<i>wheat germ oil</i>	P	
<b>VITAMIN K ACTIVITY</b>		
MEPHYTON 5 MG TABLET <i>phytonadione (vit k1)</i>	P	SBA Select Brand Alternative
<i>phytonadione 5 mg tablet</i>	P	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phytonadione liquid</i>	P	
<i>phytonadione liquid</i>	P	
<i>vitamin k-1 powder</i>	P	
<i>vitamin k1 liquid</i>	P	
<i>vitamin k2 0.2% powder</i>	P	

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BROMFENAC SODIUM	47,573	BUTYLATED HYDROXYTOLUENE	547
BROMHEXINE HCL	629	BUTYLPARABEN	573
BROMOCRIPTINE MESYLATE	397	BYDUREON BCISE	113
BROMPHENIRAMINE MALEATE	433	BYDUREON PEN	113
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN	627	BYETTA	113
BRONCHITOL	630	BYLVAY	439,440
BROWN (FOOD COLOR)	582	BYNFEZIA	655

C	
C.I. ACID BLUE 90	573
C1 ESTERASE INHIBITOR	517
C1 ESTERASE INHIBITOR, RECOMBINANT	517
C10-18 TRIGLYCERIDES	606
CABAZITAXEL	180
CABERGOLINE	397
CABLIVI	248
CABOMETYX	170
CABOTEGRAVIR SODIUM	239
CABOZANTINIB S-MALATE	170,171
CADEAU DHA	673
CADEXOMER IODINE	43
CAFERGOT	4
CAFFEINE	28
CAFFEINE CITRATE	28
CALAMINE	414
CALAN SR	287
CALCI-MAX	407
CALCIFEDIOL	679
CALCIPOTRIENE	574,647
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	647,651,653
CALCITONIN,SALMON,SYNTHETIC	563
CALCITRIOL	679
CALCITRIOL/ALMOND OIL	574
CALCIUM ACETATE	407,514,515
CALCIUM ALGINATE	574
CALCIUM AMINO ACID CHELATE	407
CALCIUM CARBONATE	407,408,434
CALCIUM CHLORIDE	408
CALCIUM CITRATE	408
CALCIUM GLUBIONATE	408
CALCIUM GLUCARATE	408
CALCIUM GLUCONATE	408
CALCIUM GLUCONATE MONOHYDRATE	408
CALCIUM GLYCEROPHOSPHATE	408
CALCIUM HYDROXIDE	574
CALCIUM LACTATE	408
CALCIUM LEVULINATE DIHYDRATE	408
CALCIUM PANTOTHENATE	677
CALCIUM PHOSPHATE	408
CALCIUM PHOSPHATE, TRIBASIC	408
CALCIUM PHOSPHATE, TRIBASIC/CHOLECALCIFEROL (VITAMIN D3)	407
CALCIUM PYRUVATE	547
CALCIUM SULFATE	408
CALCIUM THIOGLYCOLATE TRIHYDRATE	647
CALCIUM/FOLIC AC/B COMPLEX/D3/E/CITRUS BIOFLAVONOIDS/SOYBEAN	407
CALQUENCE	170,171
CAMILA	469
CAMPHOR	647
CAMRESE	469
CAMRESE LO	469
CAMZYOS	300
CANANGA OIL	610
CANDESARTAN CILEXETIL	611,612
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	611,612
CANNABIDIOL (CBD)	81
CANTHARIDIN	574
CAPECITABINE	171,200
CAPHOSOL	333
CAPLACIZUMAB-YHDP	248
CAPLYTA	216,217
CAPMATINIB HYDROCHLORIDE	194
CAPRELSA	171
CAPRYLIC/CAPRIC TRIGLYCERIDE	574,591
CAPSAICIN	647
CAPSAICIN PALMITATE	647
CAPSICUM OLEORESIN	647
CAPSULE COMPOUNDING BASE NO.138	581
CAPSULE COMPOUNDING BASE NO.250	574
CAPSULE COMPOUNDING BASE NO.260	600
CAPTOPRIL	618,619
CAPTOPRIL/HYDROCHLOROTHIAZIDE	619
CARAFATE	262
CARAMEL FLAVOR	574
CARBACHOL	133
CARBAGLU	403

CARBAMAZEPINE	79,80,81	CEFDITOREN PIVOXIL	321,322
CARBAMIDE PEROXIDE	43,44	CEFIXIME	321,322
CARBAZOCHROME	138	CEFPODOXIME PROXETIL	321
CARBIDOPA	313,314	CEFPROZIL	320
CARBIDOPA/LEVODOPA	204,205,206	CEFTAZIDIME	321
CARBIDOPA/LEVODOPA/ENTACAPONE	205,206	CEFTRIAXONE SODIUM	321,322
CARBIMAZOLE	662	CEFTRIAXONE SODIUM IN ISO-OSMOTIC	
CARBINOXAMINE MALEATE	431	DEXTROSE	321,322
CARBITOL	578,581	CEFUROXIME AXETIL	320
CARBOMER 934	574	CELECOXIB	556
CARBOMER 940	574	CELLCEPT	540
CARBOMER HOMOPOLYMER TYPE C	574	CELLULASE	438
CARBOXYMETHYLCELLULOSE	592	CELLULOSE	592,597
CARBOXYMETHYLCELLULOSE SODIUM	574	CELLULOSE/CARBOXYMETHYLCELLULOSE	
CARBOXYMETHYLCELLULOSE SODIUM, LOW		SODIUM	592
SUBSTITUTED	570	CELLULOSE/SILICA GEL/MAGNESIUM	
CARDIZEM	288	STEARATE	574
CARDIZEM CD	288	CELLULOSE/SILICA GEL/MANNITOL/MAGNESIUM	
CARDURA	302	STEARATE	574
CARDURA XL	302	CELLULOSE/SILICA/MANNIT/SODIUM LAURYL	
CARGLUMIC ACID	403	SULF/SOD STARCH GLYC	574
CARIPRAZINE HCL	230	CELONTIN	94
CARISOPRODOL	637	CENEGERMIN-BKBJ	428
CARISOPRODOL/ASPIRIN	637	CENOBAMATE	91
CARISOPRODOL/ASPIRIN/CODEINE		CENTANY	40
PHOSPHATE	637	CEPHALEXIN	319,320
CARNAUBA WAX	575	CERACADE	414
CARNOSINE	406	CERDELGA	547
CAROB	590	CERESIN	575
CARRAGEENAN	575	CEREZYME	415
CARTEOLOL HCL	131	CERITINIB	202
CARTIA XT	288	CERTOLIZUMAB PEGOL	529
CARVEDILOL	306	CERVICAL CAP	555
CARVEDILOL PHOSPHATE	306	CERVIDIL	562
CASODEX	171	CESIUM CHLORIDE	575
CAYSTON	521	CETIRIZINE HCL	149
CAZANT	469	CETOSTEARYL ALCOHOL/CETEARETH-20	575
CEDAR LEAF OIL	575	CETYL ALCOHOL	575
CEFACLOR	320	CETYL ESTERS	575,604
CEFADROXIL	319	CETYL MYRISTOLEATE	575
CEFDINIR	320	CETILPYRIDINIUM CHLORIDE	575

CEVIMELINE HCL.....	276	CHOLESTYRAMINE.....	153
CHAMOMILE FLOWER.....	575	CHOLESTYRAMINE (WITH SUGAR).....	153
CHARLOTTE 24 FE.....	469	CHOLESTYRAMINE/ASPARTAME.....	153
CHATEAL.....	470	CHOLINE BITARTRATE.....	442
CHATEAL EQ.....	470	CHOLINE CHLORIDE.....	442
CHEESECAKE FLAVOR.....	575	CHOLINE SALICYLATE/MAGNESIUM	
CHEMET.....	452	SALICYLATE.....	562
CHENODAL.....	438	CHONDROITIN SULFATE A SODIUM.....	547
CHENODIOL.....	438	CHORIONIC GONADOTROPIN, HUMAN.....	447
CHERRY FLAVOR.....	575	CHROMIUM PICOLINATE.....	576
CHERRY-ADE FLAVOR.....	575	CHROMIUM POLYNICOTINATE.....	576
CHLORAL HYDRATE.....	268	CHROMIUM POTASSIUM SULFATE	
CHLORAMBUCIL.....	171,183	DODECAHYDRATE.....	576
CHLORAMPHENICOL.....	60	CHRYSIN.....	576
CHLORAMPHENICOL PALMITATE.....	60	CHYMOTRYPSIN.....	576
CHLORDIAZEPOXIDE HCL.....	272	CIBINQO.....	529
CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE.....	67,68	CICLESONIDE.....	46
CHLORHEXIDINE.....	43	CICLODAN.....	129
CHLORHEXIDINE ACETATE.....	43	CICLOPIROX.....	129,130
CHLORHEXIDINE GLUCONATE.....	39,43	CICLOPIROX OLAMINE.....	129
CHLOROALLYL METHENAMINE CHLORIDE.....	600	CIDOFOVIR.....	267
CHLOROBUTANOL.....	575	CILOSTAZOL.....	249
CHLOROPHYLLIN COPPER COMPLEX.....	575	CILOXAN.....	36
CHLOROQUINE PHOSPHATE.....	208	CIMDUO.....	241
CHLOROTHIAZIDE.....	395,576	CIMETIDINE.....	260,261
CHLOROXINE.....	576	CIMETIDINE HCL.....	260,261
CHLOROXYLENOL.....	576	CIMZIA.....	529
CHLORPHENIRAMINE MALEATE.....	433	CINACALCET HCL.....	563
CHLORPHENIRAMINE MALEATE/CODEINE		CINNAMON.....	547
PHOSPHATE.....	629	CINNAMON BARK.....	576
CHLORPHENIRAMINE		CINRYZE.....	517
MALEATE/DEXTROMETHORPHAN HBR.....	627	CIPRO.....	60
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE		CIPRO HC.....	36
HCL/DEXTROMETHORPHAN.....	628	CIPROFLOXACIN.....	60
CHLORPROMAZINE HCL.....	234,235	CIPROFLOXACIN HCL.....	36,60,61
CHLORTHALIDONE.....	395,396	CIPROFLOXACIN HCL/DEXAMETHASONE.....	36
CHLORZOXAZONE.....	637,638	CIPROFLOXACIN HCL/FLUOCINOLONE	
CHOCOLATE FLAVOR.....	576	ACETONIDE.....	36,37
CHOCOLATE HAZELNUT FLAVOR.....	576	CIPROFLOXACIN HCL/HYDROCORTISONE.....	36
CHOLECALCIFEROL (VITAMIN D3).....	679,680	CISPLATIN.....	171
CHOLESTEROL.....	576	CITALOPRAM HYDROBROMIDE.....	99

CITICOLINE.....	312	CLOTRIMAZOLE/BETAMETHASONE	
CITRIC ACID.....	576	DIPROPIONATE.....	128
CITRIC ACID MONOHYDRATE.....	576	CLOVE OIL.....	576
CITRULLINE.....	406	CLOZAPINE.....	217,218,230
CLADRIBINE.....	542,543	CLOZARIL.....	218
CLARAVIS.....	647	COAGADEX.....	138
CLARITHROMYCIN.....	520	COAGULATION FACTOR VIIA (RECOMBINANT).....	144
CLEMASTINE FUMARATE.....	431	COAGULATION FACTOR VIIA RECOMBINANT-	
CLEMIZOLE HCL.....	576	JNCW.....	146
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CLEOCIN HCL.....	64	COAL TAR.....	645
CLEOCIN PEDIATRIC.....	64	COARTEM.....	208
CLEOCIN T.....	40	COBAMAMIDE.....	677
CLIDINIUM BROMIDE.....	67	COBICISTAT.....	554
CLIMARA PRO.....	419	COBIMETINIB FUMARATE.....	172
CLINDACIN ETZ.....	40	COCAINE HCL.....	428
CLINDACIN P.....	40	COCAMIDE DEA.....	576
CLINDAMYCIN HCL.....	64,65	COCOA BUTTER.....	647
CLINDAMYCIN PALMITATE HCL.....	64	COCONUT FLAVOR.....	577
CLINDAMYCIN PHOSPHATE.....	40,42,65	COCONUT OIL.....	577
CLINDAMYCIN PHOSPHATE/BENZOYL		COCONUT OIL/BEEWAX/SAFFLOWER OIL.....	589
PEROXIDE.....	40,41,42	COD LIVER OIL.....	677
CLINDESSE.....	40	CODEINE PHOSPHATE.....	8
CLINPRO 5000.....	526	CODEINE	
CLIOQUINOL.....	128	PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE.....	8
CLOBAZAM.....	92	CODEINE PHOSPHATE/GUAIFENESIN.....	627
CLOBETASOL PROPIONATE.....	50,51,53	CODEINE SULFATE.....	8
CLOBETASOL PROPIONATE/EMOLLIENT		COFFEE FLAVOR.....	577
BASE.....	50,51,53,55	COLA FLAVOR.....	577
CLOCORTOLONE PIVALATE.....	51	COLAZAL.....	434
CLODAN.....	51	COLCHICINE.....	522
CLOFAZIMINE.....	165	COLD CREAM.....	415
CLOMIPHENE CITRATE.....	417	COLESEVELAM HCL.....	153
CLOMIPRAMINE HCL.....	106	COLESTIPOL HCL.....	153
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CLONIDINE.....	509	COLISTIN SULFATE.....	66
CLONIDINE HCL.....	509,510	COLLAGEN, HYDROLYSATE (BOVINE).....	577
CLOPIDOGREL BISULFATE.....	249	COLLAGENASE CLOSTRIDIUM	
CLORAZEPATE DIPOTASSIUM.....	272,274	HISTOLYTICUM.....	417,647,650
CLOTRIMAZOLE.....	128	COLLODION.....	577
		COLLODION, FLEXIBLE.....	582

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SUBCITRATE/METRONIDAZOLE/TETRACYCLINE		CORN OIL	577
HCL	65	CORN STARCH	577
COMBIPATCH	419	CORTICOTROPIN	391,392
COMBIVENT RESPIMAT	67	CORTISONE ACETATE	456
COMBIVIR	242	CORTISPORIN	41
COMETRIQ	171	CORTISPORIN-TC	36
COMIRNATY	252	CORTROPHIN	392
COMPAZINE	124	COTELLIC	172
COMPLERA	242	COTTON CANDY FLAVOR	577
COMPOUND VEHICLE SOLUTION SUGAR-FREE		COTTONSEED OIL	414
NO.1	609	COUMARIN	547
COMPOUND VEHICLE SUSPENSION NO.7	593	COVID-19 ANTIGEN IMMUNOASSAY	
COMPOUND VEHICLE SUSPENSION SUGAR-FREE		TEST	332,334,335,337,338,345,346,347,351,352,3
NO.1	593	54,363,365,368,373	
COMPOUND VEHICLE SUSPENSION SUGAR-FREE		COVID-19 VAC MRNA,TRIS(PFIZER)/PF	252,257
NO.12	609	COVID-19 VAC, AD26.COVS.S (JANSSEN)/PF	255
COMPOUNDING VEHICLE NO.8	593	COVID-19 VACCINE MRNA,ORIGINAL,OMICRON	
COMPOUNDING VEHICLE SUGAR-FREE		BA.4/5(MODERNA)/PF	256
NO.9	593,606	COVID-19 VACCINE MRNA,ORIGINAL,OMICRON	
COMPOUNDING VEHICLE SUSPENSION NO.17	593	BA.4/5(PFIZER)/PF	257
COMPOUNDING VEHICLE SUSPENSION NO.19	593	COVID-19 VACCINE, MRNA, BNT162B2, LNP-S	
COMPOUNDING VEHICLE SUSPENSION SUGAR-		(PFIZER)/PF	257
FREE NO.18	593	COVID-19 VACCINE, MRNA, CX-024414, LNP-S	
COMPOUNDING VEHICLE SYRUP NO.10	571	(MODERNA)/PF	256,257,259
COMPOUNDING VEHICLE SYRUP NO.13	570	COVID-19 VACCINE, MRNA, LNP-S, PEDIATRIC	
COMPRO	124	(MODERNA)/PF	256
COMTAN	204	COVID-19 VACCINE, RECOMBINANT	
CONCEPTION ASSISTANCE SUPPLIES		(NOVAVAX)/ADJUVANT-MATRIX/PF	257
COMBINATION NO.1	337	CRAN-RASPBERRY FLAVOR	577
CONEX	433	CRANBERRY FRUIT EXTRACT	553,577
CONSTULOSE	403	CREAM BASE NO. 9	585
COPAXONE	535	CREAM BASE NO.101	589
COPIKTRA	171,172	CREAM BASE NO.103	590
COPPER	493	CREAM BASE NO.105	570
COPPER GLUCONATE	408	CREAM BASE NO.106	580,586
COPPER GLYCINATE	408	CREAM BASE NO.108	609
COREMINO	62	CREAM BASE NO.109	597
CORGARD	306	CREAM BASE NO.110	596
CORICIDIN HBP COUGH AND COLD	627	CREAM BASE NO.111	596
CORIFACT	138	CREAM BASE NO.115	581,590

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CREAM BASE NO.127 .....	585,601	CREAM BASE NO.236 .....	585
CREAM BASE NO.128 .....	572	CREAM BASE NO.237 .....	589
CREAM BASE NO.130 .....	596	CREAM BASE NO.257 .....	595
CREAM BASE NO.135 .....	601	CREAM BASE NO.29 .....	595
CREAM BASE NO.141 .....	592,593	CREAM BASE NO.31 .....	607
CREAM BASE NO.142 .....	569	CREAM BASE NO.32 .....	595
CREAM BASE NO.143 .....	572,585	CREAM BASE NO.34 .....	595
CREAM BASE NO.148 .....	569	CREAM BASE NO.36 .....	592
CREAM BASE NO.149 .....	610	CREAM BASE NO.37 .....	568
CREAM BASE NO.150 .....	589,590	CREAM BASE NO.39 .....	609
CREAM BASE NO.157 .....	600,604,608	CREAM BASE NO.40 .....	596
CREAM BASE NO.161 .....	602	CREAM BASE NO.42 .....	609
CREAM BASE NO.165 .....	580,601	CREAM BASE NO.47 .....	571
CREAM BASE NO.170 .....	569	CREAM BASE NO.49 .....	581
CREAM BASE NO.171 .....	577	CREAM BASE NO.52 .....	585
CREAM BASE NO.174 .....	582	CREAM BASE NO.56 .....	570
CREAM BASE NO.175 .....	609	CREAM BASE NO.58 .....	594
CREAM BASE NO.176 .....	593	CREAM BASE NO.64 .....	577
CREAM BASE NO.177 .....	569	CREAM BASE NO.68 .....	595
CREAM BASE NO.181 .....	598	CREAM BASE NO.69 .....	595
CREAM BASE NO.185 .....	568	CREAM BASE NO.70 .....	609
CREAM BASE NO.186 .....	587	CREAM BASE NO.73 .....	591
CREAM BASE NO.189 .....	566	CREAM BASE NO.77 .....	570
CREAM BASE NO.190 .....	602	CREAM BASE NO.78 .....	568,592
CREAM BASE NO.191 .....	578	CREAM BASE NO.81 .....	596
CREAM BASE NO.192 .....	596	CREAM BASE NO.82 .....	589
CREAM BASE NO.193 .....	609	CREAM BASE NO.83 .....	581
CREAM BASE NO.195 .....	569	CREAM BASE NO.84 .....	608
CREAM BASE NO.201 .....	602	CREAM BASE NO.87 .....	581
CREAM BASE NO.206 .....	601	CREAM BASE NO.88 .....	608
CREAM BASE NO.207 .....	567	CREAM BASE NO.91 .....	585
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CREAM BASE NO.210 .....	593,597	CREAM BASE NO.97 .....	576
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CRESEMBA.....	126	CYSTEAMINE BITARTRATE.....	548,552
CRINONE.....	506	CYSTEAMINE HCL.....	427,428,548
CRISABOROLE.....	49	CYSTEINE.....	406
CRIZOTINIB.....	200	CYSTEINE HCL.....	404,406
CROFELEMER.....	436	CYSTINE.....	406
CROMOLYN SODIUM.....	49	CYTOTEC.....	261
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CRYSELLE.....	470	D-XYLOSE.....	392
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BOVINE.....	329,338	DABRAFENIB MESYLATE.....	194
CUPRIC CHLORIDE.....	408	DACOMITINIB.....	199
CUPRIC SULFATE.....	408	DAILY MULTIPLE.....	673
CUPRIC SULFATE PENTAHYDRATE.....	408	DALFAMPRIDINE.....	546,548
CUPRIMINE.....	452	DALIRESP.....	629,630
CURCUMIN.....	578	DALTEPARIN SODIUM,PORCINE.....	74
CUVPOSA.....	67	DANAZOL.....	461
CYANOCOBALAMIN (VITAMIN B-12).....	677,678	DANTRIUM.....	638
CYCLAFEM.....	470	DANTROLENE SODIUM.....	638
CYCLANDELATE.....	312	DAPAGLIFLOZIN PROPANEDIOL.....	116
CYCLINEX-1.....	404	DAPAGLIFLOZIN PROPANEDIOL/METFORMIN	
CYCLOBENZAPRINE HCL.....	637	HCL.....	118
CYCLOGYL.....	429	DAPIPRAZOLE HCL.....	578
CYCLOMYDRIL.....	429	DAPSONE.....	165,647,648
CYCLOPENTOLATE HCL.....	429	DAPTACEL DTAP.....	250
CYCLOPENTOLATE HCL/PHENYLEPHRINE HCL.....	429	DAPTOMYCIN.....	64
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CYCLOSERINE.....	165	DARIFENACIN HYDROBROMIDE.....	443
CYCLOSET.....	397	DAROLUTAMIDE.....	186
CYCLOSPORINE.....	47,540,541,545	DARUNAVIR	
CYCLOSPORINE, MODIFIED.....	541,542,544	ETH/COBICISTAT/EMTRICITABINE/TENOFOVIR	
CYPROHEPTADINE HCL.....	432	ALAFENAMIDE.....	248
CYRED.....	471	DARUNAVIR ETHANOLATE.....	247
CYRED EQ.....	471	DARUNAVIR ETHANOLATE/COBICISTAT.....	247
CYSTADANE.....	548	DASATINIB.....	192
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CYSTAGON.....	548	DASIGLUCAGON HCL.....	151
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DAYPRO	556	DESOGESTREL-ETHINYL	
DAYSEE	471	ESTRADIOL	465,469,471,472,474,478,479,480,495,501
DAYVIGO	274	DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL	
DDAVP	504,505	ESTRADIOL	467,472,480,494,495,502
DEANOL	580	DESONIDE	51
DEANOL BITARTRATE	579	DESONIDE, MICRONIZED	51
DEANOL/GLYCOLIC ACID	570	DESOXIMETASONE	51,54,55
DEBACTEROL	428	DESOXIMETASONE, MICRONIZED	51
DEBLITANE	472	DESOXYCORTICOSTERONE ACETATE	456
DECAMETHYLCYCLOPENTASILOXANE	578	DESRX	51
DECITABINE/CEDAZURIDINE	179	DESVENLAFAXINE SUCCINATE	97
DEFERASIROX	453,454,455	DETROL	443,444
DEFERIPRONE	453,454	DETROL LA	444
DEGARELIX ACETATE	446	DEUCRAVACITINIB	651
DELAFLORACIN MEGLUMINE	60	DEUTETRABENAZINE	318
DELSTRIGO	239	DEVIL'S CLAW EXTRACT	578
DEMECARIUM BROMIDE	578	DEXAMETHASONE	456,457
DEMECLOCYCLINE HCL	63	DEXAMETHASONE ACETATE	457
DEMEROL	8	DEXAMETHASONE ACETATE, MICRONIZED	457
DEMSEER	548	DEXAMETHASONE INTENSOL	457
DENAVIR	42	DEXAMETHASONE ISONICOTINATE	457
DENGUE TETRAVALENT VACCINE, LIVE, VERO CELL/PF	252	DEXAMETHASONE SODIUM PHOSPHATE	45,456,457
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DENOSUMAB	525	DEXAMETHASONE SODIUM PHOSPHATE/PF	456
DENTA 5000 PLUS	526	DEXAMETHASONE, MICRONIZED	457
DENTAGEL	526	DEXBROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL	433
DEOXYCHOLIC ACID	578	DEXCHLORPHENIRAMINE MALEATE/PSEUDOEPHED/DEXTROMETHORPHAN HBR	433
DEPEN	453	DEXEDRINE	24
DEPO-ESTRADIOL	419	DEXERYL	414
DEPO-MEDROL	456	DEXILANT	262
DEPO-PROVERA	506	DEXLANSOPRAZOLE	262
DEPO-SUBQ PROVERA 104	506	DEXMETHYLPHENIDATE HCL	28
DERMA-SMOOTHIE-FS	51	DEXPANTHENOL	578
DERMAGRAFT	338	DEXRAZOXANE HCL	555
DESCOVY	242	DEXTRAN	578
DESIPRAMINE HCL	106,107,108		
DESLORATADINE	149		
DESMOPRESSIN ACETATE	504,505		
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DEXTROMETHORPHAN HBR . . . . .	627	DICUMAROL . . . . .	70
DEXTROMETHORPHAN HBR/BUPROPION HCL . . . . .	94	DICYCLOMINE HCL . . . . .	67
DEXTROMETHORPHAN HBR/QUINIDINE		DIDANOSINE . . . . .	242
SULFATE . . . . .	316	DIETHANOLAMINE . . . . .	578
DEXTROSE . . . . .	406	DIETHYLCARBAMAZINE CITRATE . . . . .	33
DEXTROSE 10 % IN WATER . . . . .	404	DIETHYLPROPION HCL . . . . .	24
DEXTROSE 2.5 % AND 0.45 % SODIUM		DIETHYLSTILBESTROL . . . . .	419
CHLORIDE . . . . .	404	DIETHYLTOLUAMIDE . . . . .	578
DEXTROSE 20 % IN WATER . . . . .	405	DIFICID . . . . .	520
DEXTROSE 25 % IN WATER . . . . .	405	DIFLUCAN . . . . .	126
DEXTROSE 30 % IN WATER . . . . .	405	DIFLUNISAL . . . . .	557
DEXTROSE 40 % IN WATER . . . . .	405	DIFLUPREDNATE . . . . .	45
DEXTROSE 5 % AND 0.2 % SODIUM CHLORIDE . . . . .	405	DIGITEK . . . . .	301
DEXTROSE 5 % AND 0.3 % SODIUM CHLORIDE . . . . .	405	DIGOX . . . . .	301
DEXTROSE 5 % AND 0.45 % SODIUM		DIGOXIN . . . . .	301,302
CHLORIDE . . . . .	405	DIGOXIN, MICRONIZED . . . . .	302
DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE . . . . .	405	DIHYDROCODEINE BITARTRATE . . . . .	8
DEXTROSE 5 % IN LACTATED RINGERS . . . . .	409	DIHYDROERGOTAMINE MESYLATE . . . . .	4
DEXTROSE 5 % IN RINGER'S . . . . .	409	DIHYDROXYACETONE (1,3) DIMER . . . . .	578
DEXTROSE 5 % IN WATER . . . . .	405	DIINDOLYLMETHANE . . . . .	578
DEXTROSE 50 % IN WATER . . . . .	405,406	DILANTIN . . . . .	93
DEXTROSE 70 % IN WATER . . . . .	406	DILT-XR . . . . .	289
DHS ZINC . . . . .	43	DILTIAZEM HCL . . . . .	288,289,290,291,292,293
DIACOMIT . . . . .	80	DILUENT FOR COAGULATION FACTOR VLLA	
DIAPHRAGMS, WIDE SEAL . . . . .	555,556	(HISTIDINE) . . . . .	579
DIASTAT . . . . .	272	DILUENT FOR ELIGARD . . . . .	579
DIASTAT ACUDIAL . . . . .	272	DILUENT FOR EPOPROSTENOL SODIUM	
DIAZEPAM . . . . .	272,274	(GLYCINE) . . . . .	579,596
DIAZOLIDINYL UREA/IODOPROPYNYL		DILUENT FOR LEUPROLIDE (POLYGLACTIN) . . . . .	579
BUTYLCARBAMATE . . . . .	583	DILUENT FOR NALTREXONE MICROSPHERES	
DIAZOXIDE . . . . .	150,510	(CARBOXYMETHYLCELLULOSE) . . . . .	579
DIBUCAINE HCL . . . . .	640	DILUENT FOR NOVOSEVEN RT . . . . .	579
DICHLORALPHENAZONE . . . . .	268	DILUENT FOR VIVITROL . . . . .	579
DICHLOROACETIC ACID . . . . .	578	DIMENHYDRINATE . . . . .	431
DICHLORPHENAMIDE . . . . .	526	DIMETHYL FUMARATE . . . . .	535,579
DICLOFENAC EPOLAMINE . . . . .	557	DIMETHYL SULFOXIDE . . . . .	547,579
DICLOFENAC POTASSIUM . . . . .	557	DIMETHYLACETAMIDE . . . . .	579
DICLOFENAC SODIUM . . . . .	47,557,562	DIMETHYLGLYCINE HCL . . . . .	579

DINITROCHLOROBENZENE (2,4).....	579	DOLISHALE.....	472
DINOPROSTONE.....	562,563	DOLUTEGRAVIR SODIUM.....	239
DIOSGENIN.....	579	DOLUTEGRAVIR SODIUM/LAMIVUDINE.....	238
DIOSMIN.....	580	DOLUTEGRAVIR SODIUM/RILPIVIRINE HCL....	239
DIOXYBENZONE.....	653	DONEPEZIL HCL.....	275,276
DIPHENCYPRONE.....	580	DONNATAL.....	67
DIPHENHYDRAMINE HCL.....	431	DOPAMINE HCL.....	279
DIPHENHYDRAMINE HCL IN 0.9 % SODIUM		DOPTELET.....	283
CHLORIDE.....	431	DORAL.....	273
DIPHENHYDRAMINE HCL/ZINC ACETATE.....	641	DORAVIRINE.....	240
DIPHENIDOL HCL.....	123	DORAVIRINE/LAMIVUDINE/TENOFOVIR	
DIPHENOXYLATE HCL/ATROPINE SULFATE....	435	DISOPROXIL FUMARATE.....	239
DIPHThER,PERTUS(ACEL),TETANUS,POLIO		DORNASE ALFA.....	629
VACC,COMPONENT 1 OF 2/PF.....	257	DORZOLAMIDE HCL.....	132,133
DIPHThERIA, PERTUSSIS (ACELL), TETANUS		DORZOLAMIDE HCL/TIMOLOL MALEATE.....	132
PEDIATRIC VACCINE/PF.....	250,251	DORZOLAMIDE HCL/TIMOLOL MALEATE/PF...	132
DIPHThERIA, PERTUSSIS(ACELL),TETANUS,POLIO		DOTTI.....	420
VACCINE/PF.....	255,256,258	DOVATO.....	238
DIPHThERIA,PERTUS(ACELL),TETANUS/HEPB/POLI		DOXAZOSIN MESYLATE.....	302,303
O/HIB CONJ-MENG/PF.....	251	DOXEPIN HCL.....	107,109,641
DIPHThERIA,PERTUSSIS(ACELL),TETANUS,POLIO/H		DOXERCALCIFEROL.....	679
AEMOPHILUS B/PF.....	257	DOXYCYCLINE HYCLATE.....	63
DIPHThERIA,PERTUSSIS(ACELLULAR),TETANUS		DOXYCYCLINE MONOHYDRATE.....	62,63
VACCINE.....	250	DOXYLAMINE SUCCINATE.....	431
DIPHThERIA,PERTUSSIS(ACELLULAR),TETANUS		DOXYLAMINE SUCCINATE/PYRIDOXINE HCL	
VACCINE/PF.....	250	(VITAMIN B6).....	123,124
DIPYRIDAMOLE.....	672,673	DRIZALMA SPRINKLE.....	97
DIROXIMEL FUMARATE.....	539	DRONABINOL.....	123
DISOPYRAMIDE PHOSPHATE.....	56	DRONEDARONE HCL.....	58
DISULFIRAM.....	522	DROPERIDOL.....	268
DITROPAN XL.....	444	DROSPIRENONE/ESTRADIOL.....	419
DIURIL.....	395	DROSPIRENONE/ETHINYL	
DIVALPROEX SODIUM.....	80,81,580	ESTRADIOL/LEVOMEFOLATE	
DIVIGEL.....	419,420	CALCIUM.....	472,473,501
DL-3-HYDROXYBUTYRIC ACID, SODIUM SALT..	580	DROXIA.....	172,173
DL-LEUCINE.....	580	DROXIDOPA.....	660,661
DOCOSANOL.....	42	DRYSOL.....	641
DOCUSATE SODIUM.....	436	DUAVEE.....	420
DOFETILIDE.....	58	DULAGLUTIDE.....	114,115
DOJOLVI.....	406	DULOXETINE HCL.....	97,98
DOLASETRON MESYLATE.....	122	DUODOTE.....	522

DUOPA.....	205	EFUDEX.....	173
DUPILUMAB.....	47,648	EGATEN.....	33
DUPIXENT PEN.....	648	EGRIFTA SV.....	659
DUPIXENT SYRINGE.....	47,648	ELAGOLIX SODIUM.....	446
DUREZOL.....	45	ELAGOLIX SODIUM/ESTRADIOL/NORETHINDRONE	
DUROLANE.....	341	ACETATE.....	446
DUTASTERIDE.....	521	ELAPRASE.....	415
DUTASTERIDE/TAMSULOSIN HCL.....	521	ELAVIL.....	107
DUVELISIB.....	171,172	ELBASVIR/GRAZOPREVIR.....	452
DYANAVEL XR.....	25,26	ELECTROLYTE-48 SOLUTION/DEXTROSE 5 % IN	
DYCLONINE HCL.....	428	WATER.....	409
DYMISTA.....	427	ELELYSO.....	415
DYPHYLLINE.....	654	ELESTRIN.....	420
DYSPORT.....	548	ELETONE.....	344
		ELETRIPTAN HYDROBROMIDE.....	163
E		ELEXACAFTOR/TEZACAFTOR/IVACAFTOR.....	325,326
E.E.S. 200.....	518	ELIGARD.....	447,448
E.E.S. 400.....	518	ELIGLUSTAT TARTRATE.....	547
ECALLANTIDE.....	517	ELIMITE.....	45
ECHOTHIOPHATE IODIDE.....	133	ELINEST.....	473
ECONAZOLE NITRATE.....	128	ELIQUIS.....	72
ECULIZUMAB.....	517	ELITE-OB.....	673
ED-SPAZ.....	67	ELIXOPHYLLIN.....	654
EDARAVONE.....	316	ELLA.....	473
EDARBI.....	612	ELOCTATE.....	138,139
EDARBYCLOR.....	612	ELURYNG.....	474
EDETATE CALCIUM DISODIUM.....	454	ELUXADOLINE.....	441
EDETATE DISODIUM.....	549	ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TEN	
EDETATE TETRASODIUM TETRAHYDRATE.....	580	OFOVIR ALAFENAMIDE.....	243
EDETIC ACID.....	580	ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TEN	
EDOXABAN TOSYLATE.....	72	OFOVIR DISOPROXIL.....	244
EDROPHONIUM CHLORIDE.....	392	EMCYT.....	173
EDURANT.....	239	EMEND.....	125
EFAVIRENZ.....	239,240	EMGALITY SYRINGE.....	162
EFAVIRENZ/EMTRICITABINE/TENOFOVIR		EMICIZUMAB-KXWH.....	140
DISOPROXIL FUMARATE.....	241,242	EMOLLIENT COMBINATION NO. 15.....	595
EFAVIRENZ/LAMIVUDINE/TENOFOVIR		EMOLLIENT COMBINATION NO. 2.....	594
DISOPROXIL FUMARATE.....	239,241	EMOLLIENT COMBINATION NO. 25.....	344
EFFER-K.....	409	EMOLLIENT COMBINATION NO.10.....	415
EFFIENT.....	249	EMOLLIENT COMBINATION NO.103.....	414
EFLAPEGRASTIM-XNST.....	286	EMOLLIENT COMBINATION NO.104.....	414

EMOLLIENT COMBINATION NO.112.....	415	ENCORAFENIB.....	170
EMOLLIENT COMBINATION NO.37.....	608	ENDARI.....	440
EMOLLIENT COMBINATION NO.38.....	362	ENDO-AVITENE.....	139
EMOLLIENT COMBINATION NO.43.....	367	ENDOCET.....	8,9
EMOLLIENT COMBINATION NO.47.....	362	ENFUVIRTIDE.....	237
EMOLLIENT COMBINATION NO.53.....	351	ENGERIX-B ADULT.....	252
EMOLLIENT COMBINATION NO.59.....	578	ENGERIX-B PEDIATRIC-ADOLESCENT.....	252
EMOLLIENT COMBINATION NO.79.....	596	ENOXAPARIN SODIUM.....	73,74,77,78
EMOLLIENT COMBINATION NO.80.....	366	ENPRESSE.....	474
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EMPAGLIFLOZIN.....	116	ENSPRYNG.....	536
EMPAGLIFLOZIN/LINAGLIPTIN.....	116	ENTACAPONE.....	204
EMPAGLIFLOZIN/LINAGLIPTIN/METFORMIN		ENTECAVIR.....	266,267
HCL.....	117,118	ENTOCORT EC.....	457
EMPAGLIFLOZIN/METFORMIN HCL.....	116,117	ENTRECTINIB.....	190,191
EMPAVELI.....	546	ENTRESTO.....	612,613
EMSAM.....	206,207	ENTYVIO.....	440
EMTRICITABINE.....	242,243	ENULOSE.....	403
EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR		ENVARUSUS XR.....	541
ALAFENAMIDE FUMARATE.....	244	ENZALUTAMIDE.....	201
EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR		EPANED.....	620
DISOPROXIL FUMARATE.....	242	EPCLUSA.....	450,451
EMTRICITABINE/TENOFOVIR ALAFENAMIDE		EPHEDRINE HCL.....	660
FUMARATE.....	242	EPHEDRINE SULFATE.....	660
EMTRICITABINE/TENOFOVIR DISOPROXIL		EPIDIOLEX.....	81
FUMARATE.....	242,243,245	EPIDUO FORTE.....	648
EMTRIVA.....	243	EPIFIX AMNIOTIC MEMBRANE.....	549
EMU OIL.....	580	EPIFOAM.....	51
EMULSIFYING WAX.....	580	EPIGALLOCATECHIN GALLATE.....	580,585
EMULSION BASE NO.211.....	593	EPINASTINE HCL.....	427
EMULSION BASE NO.258.....	592	EPINEPHRINE.....	660,661
EMULSION BASE NO.54.....	570	EPINEPHRINE BITARTRATE.....	660,661
EMULSION BASE NO.95.....	580	EPINEPHRINE HCL.....	430
EMVERM.....	33	EPINEPHRINESNAP-EMS.....	660
ENALAPRIL MALEATE.....	619,620,625	EPINEPHRINESNAP-V.....	660
ENALAPRIL		EPIPEN.....	661
MALEATE/HYDROCHLOROTHIAZIDE.....	620	EPIPEN 2-PAK.....	661
ENASIDENIB MESYLATE.....	178	EPISIL.....	345
ENBREL.....	529,530	EPITOL.....	81
ENBREL MINI.....	529	EPIVIR.....	243
ENBREL SURECLICK.....	530	EPIVIR HBV.....	243

EPLERENONE	625	ESTARYLLA	475
EPOETIN ALFA	283,286	ESTAZOLAM	273
EPOETIN ALFA-EPBX	286	ESTRADIOL 418,419,420,421,422,423,424,425,426	
EPOGEN	283	ESTRADIOL ACETATE	423
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EPROSARTAN MESYLATE	613	ESTRADIOL HEMIHYDRATE	422
EPZICOM	243	ESTRADIOL HEMIHYDRATE, MICRONIZED	422
EQUETRO	81	ESTRADIOL MICRONIZED	422
ERDAFITINIB	169	ESTRADIOL VALERATE	422,423
ERENUMAB-AOOE	162	ESTRADIOL VALERATE/DIENOGEST	489
ERGOCALCIFEROL (VITAMIN D2)	679,680	ESTRADIOL/LEVONORGESTREL	419
ERGOLOID MESYLATES	4	ESTRADIOL/NORETHINDRONE	
ERGOMAR	4	ACETATE	418,419,423
ERGOTAMINE TARTRATE	4	ESTRADIOL/NORGESTIMATE	425
ERGOTAMINE TARTRATE/CAFFEINE	4	ESTRADIOL/PROGESTERONE	419
ERIVEDGE	173	ESTRAMUSTINE PHOSPHATE SODIUM	173
ERLEADA	173	ESTRING	423
ERLOTINIB HCL	173,194,195	ESTRIOL	423
ERRIN	474	ESTRIOL MICRONIZED	423
ERTAPENEM SODIUM	521	ESTROGEL	423
ERY	41	ESTROGENS, CONJUGATED	425,426
ERY-TAB	518,519	ESTROGENS, CONJUGATED/BAZEDOXIFENE	
ERYGEL	41	ACETATE	420
ERYPED 200	519	ESTROGENS,	
ERYPED 400	519	CONJUGATED/MEDROXYPROGESTERONE	
ERYTHROCIN STEARATE	519	ACETATE	426
ERYTHROMYCIN BASE	36,518,519	ESTROGENS,ESTERIFIED	424
ERYTHROMYCIN BASE IN ETHANOL	41	ESTROGENS,ESTERIFIED/METHYLTESTOSTERONE	4
ERYTHROMYCIN BASE/BENZOYL PEROXIDE	41	61	
ERYTHROMYCIN ESTOLATE	519	ESTRONE	423
ERYTHROMYCIN ETHYLSUCCINATE	518,519	ESZOPICLONE	268,269
ERYTHROMYCIN STEARATE	519	ETANERCEPT	529,530
ERYTHROSINE SODIUM	582	ETHAMBUTOL HCL	165
ESBRIET	626	ETHANOLAMINE	311
ESCITALOPRAM OXALATE	99,100	ETHER	581
ESGIC	5	ETHINYL ESTRADIOL	423
ESKETAMINE HCL	96	ETHINYL	
ESLICARBAZEPINE ACETATE	78	ESTRADIOL/DROSPIRENONE	473,476,478,485,489,
ESOMEPRAZOLE MAGNESIUM	262,263	493,496,501,503,504	
ESPEROCT	139	ETHIONAMIDE	166

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ETHOXYDIGLYCOL.....	581	F	
ETHYL ALCOHOL.....	581	FABRAZYME.....	416
ETHYL CHLORIDE.....	640	FACIAL MASK.....	329,365
ETHYL OLEATE.....	581	FACTIVE.....	61
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EUCALYPTOL.....	581	PROTEIN.....	136,137
EUCRISA.....	49	FACTOR IX RECOMBINANT,ALBUMIN FUSION	
EUFLEXXA.....	346	PROTEIN.....	141
EUGENOL.....	581	FACTOR XIII.....	138
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EUTHYROX.....	663,664	FALMINA.....	475
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EVANS BLUE.....	581	FAMOTIDINE.....	261
EVARREST.....	139	FANAPT.....	218,219
EVEROLIMUS.....	167,173,174,542,545,546	FARESTON.....	417
EVISTA.....	417	FARXIGA.....	116
EVOLOCUMAB.....	161	FARYDAK.....	174,175
EVOTAZ.....	246	FASENRA.....	47
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EXEMESTANE.....	168,174	FD AND C NO.2 (INDIGOTINE).....	582
EXENATIDE.....	113	FD AND C NO.5 (TARTRAZINE).....	582
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EXKIVITY.....	174	FCF).....	582
EXTAVIA.....	536	FEBUXOSTAT.....	523
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EZETIMIBE.....	154	FEIBA NF.....	139
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		FELBATOL.....	81,82
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FEMARA.....	175	FINERENONE.....	625
FEMHRT.....	423	FINGOLIMOD HCL.....	536
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FEMYNOR.....	476	FINTEPLA.....	82
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FENOFIBRATE,MICRONIZED.....	154,155	FIRMAGON.....	446
FENOFIBRIC ACID.....	155,156	FLAC OTIC OIL.....	45
FENOFIBRIC ACID (CHOLINE).....	155,156	FLAGYL.....	209
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FERRIC CHLORIDE.....	582	FLAVOXATE HCL.....	444
FERRIC SUBSULFATE.....	582	FLAXSEED.....	362
FERRIC SULFATE.....	55	FLAXSEED OIL.....	551
FERRIPROX.....	454	FLECAINIDE ACETATE.....	57
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FERRIPROX (3 TIMES A DAY).....	454	FLOLAN.....	632
FERROUS BIS-GLYCINATE CHELATE.....	55	FLOLIPID.....	157
FERROUS FUMARATE.....	55	FLOVENT DISKUS.....	324
FERROUS FUMARATE/FOLIC ACID.....	56	FLOVENT HFA.....	324
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FESOTERODINE FUMARATE.....	444	OLDER)CELL DERIVED/PF.....	253
FETZIMA.....	98	FLU VACCINE QUADRIV 2020-2021(4 YEARS AND	
FEVERFEW EXTRACT.....	582	OLDER)CELL DERIVED.....	253
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FLUOCINONIDE, MICRONIZED.....	52	FORANE.....	443
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FLUOROMETHOLONE ACETATE.....	45	FORTEO.....	564
FLUOROPLEX.....	175	FOSAMAX.....	524
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FLUOXETINE.....	101	FOSAMPRENAVIR CALCIUM.....	246,247
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FLUPHENAZINE HCL.....	235	FOSINOPRIL	
FLURAZEPAM HCL.....	273	SODIUM/HYDROCHLOROTHIAZIDE.....	620
FLURBIPROFEN.....	558	FOSRENOL.....	514,515
FLURBIPROFEN SODIUM.....	47	FOSTAMATINIB DISODIUM.....	282
FLUTAMIDE.....	175	FOSTEMSAVIR TROMETHAMINE.....	238
FLUTICASONE FUROATE.....	323	FOTIVDA.....	175
FLUTICASONE FUROATE/UMECLIDINIUM		FRAGMIN.....	74
BROMIDE/VILANTEROL TRIFENAT.....	325	FREMANEZUMAB-VFRM.....	162
		FROVATRIPTAN SUCCINATE.....	163

FRUCTOSE.....	406	GEL BASE NO.120.....	568
FUCHSIN,BASIC.....	571	GEL BASE NO.133.....	585
FULLER'S EARTH.....	583	GEL BASE NO.137.....	574
FULPHILA.....	283	GEL BASE NO.145.....	583
FULVESTRANT.....	175	GEL BASE NO.146.....	585
FURADANTIN.....	33	GEL BASE NO.151.....	589
FURAZOLIDONE.....	33	GEL BASE NO.153.....	570
FUROSEMIDE.....	393,394	GEL BASE NO.162.....	595
FUTIBATINIB.....	184	GEL BASE NO.167.....	593
FUZEON.....	237	GEL BASE NO.180.....	571
FYAVOLV.....	424	GEL BASE NO.184.....	601
FYCOMPA.....	82	GEL BASE NO.197.....	577
FYLNETRA.....	284	GEL BASE NO.209.....	579
		GEL BASE NO.218.....	547
G		GEL BASE NO.225.....	604
GABAPENTIN.....	6,82,83	GEL BASE NO.239.....	609
GABAPENTIN ENACARBIL.....	83	GEL BASE NO.243.....	596
GABITRIL.....	83	GEL BASE NO.259.....	609
GALACTOSE.....	578,583	GEL BASE NO.30.....	586
GALAFOLD.....	549	GEL BASE NO.41.....	586
GALANTAMINE HBR.....	276,277,278	GEL BASE NO.46.....	609
GALCANEZUMAB-GNLM.....	162	GEL BASE NO.72.....	609
GALSULFASE.....	416	GEL BASE NO.79.....	600
GALZIN.....	454	GEL BASE NO.80.....	597
GAMMA-AMINOBUTYRIC ACID.....	546,549	GEL BASE NO.86.....	571
GANAXOLONE.....	202	GEL BASE NO.92.....	607
GANCICLOVIR.....	39	GEL BASE NO.94.....	608
GARDASIL 9.....	255	GEL-ONE.....	347
GARDENIA FRAGRANCE.....	583	GELATIN.....	428,583
GASTROCROM.....	49	GELATIN TROCHE BASE NO.53.....	570
GATIFLOXACIN.....	36,38,61	GELFILM.....	428
GATTEX.....	440	GELFOAM JMI.....	347
Gattex.....	440	GELNIQUE.....	444
GAVILYTE-C.....	436	GEMFIBROZIL.....	156
GAVILYTE-G.....	436	GEMIFLOXACIN MESYLATE.....	61
GAVILYTE-N.....	436	GEMMILY.....	476
GAVRETO.....	175	GENERLAC.....	403
GEFITINIB.....	179	GENGRAF.....	542
GEL BASE NO.102.....	574	GENISTEIN.....	549
GEL BASE NO.107.....	602	GENTAK.....	36
GEL BASE NO.117.....	597	GENTAMICIN SULFATE.....	36,41,59

GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC . . . . .	59	GLUTAMINE . . . . .	440,441
GENTAMICIN SULFATE/PF . . . . .	59	GLUTARALDEHYDE . . . . .	393
GENTAMICIN SULFATE/PREDNISOLONE ACETATE . . . . .	38	GLUTATHIONE . . . . .	584,588
GENTIAN VIOLET . . . . .	128	GLYBURIDE . . . . .	119,120
GENVISC 850 . . . . .	347	GLYBURIDE, MICRONIZED . . . . .	120
GENVOYA . . . . .	243	GLYBURIDE/METFORMIN HCL . . . . .	119,120
GEODON . . . . .	219,220	GLYCATÉ . . . . .	67
GERANIUM OIL . . . . .	583	GLYCERIDES C12-18 . . . . .	610
GIANVI . . . . .	476	GLYCERIN . . . . .	584
GILENYA . . . . .	536	GLYCEROL PHENYLBUTYRATE . . . . .	404
GILOTRIF . . . . .	175,176	GLYCERYL OLEATE . . . . .	584
GILPHEX TR . . . . .	629	GLYCINE . . . . .	584
GILTERITINIB FUMARATE . . . . .	200	GLYCINE CARBONATE SODIUM . . . . .	580,594
GILTUSS TR . . . . .	629	GLYCINE SOYA PROTEIN . . . . .	414
GIMOTI . . . . .	442	GLYCOCYAMINE . . . . .	585
GINGER ROOT . . . . .	549	GLYCOFUROL . . . . .	584
GLASDEGIB MALEATE . . . . .	172	GLYCOLIC ACID . . . . .	584
GLASSIA . . . . .	630	GLYCOPYRROLATE . . . . .	67,68
GLATIRAMER ACETATE . . . . .	535,536	GLYCOPYRROLATE/NEBULIZER ACCESSORIES . . . . .	68
GLATOPA . . . . .	536	GLYCOPYRROLATE/NEBULIZER AND ACCESSORIES . . . . .	68
GLECAPREVIR/PIBRENTASVIR . . . . .	452	GLYCOPYRRONIUM TOSYLATE . . . . .	69
GLEEVEC . . . . .	176	GLYCOSAMINOGLYCANS, MIXED . . . . .	584
GLEOSTINE . . . . .	176	GLYCYRRHIZIN . . . . .	584
GLIMEPIRIDE . . . . .	118	GLYXAMBI . . . . .	116
GLIPIZIDE . . . . .	118,119	GOLD SODIUM THIOMALATE . . . . .	446
GLIPIZIDE/METFORMIN HCL . . . . .	119	GOLIMUMAB . . . . .	533
GLOVES, LATEX . . . . .	356	GONITRO . . . . .	669
GLUCAGON . . . . .	150	GOODY'S EXTRA STRENGTH . . . . .	562
GLUCAGON EMERGENCY KIT . . . . .	150	GOSERELIN ACETATE . . . . .	450
GLUCAGON HCL . . . . .	150	GRAFIX CORE . . . . .	549
GLUCONOLACTONE . . . . .	584	GRAFIX PRIME . . . . .	549
GLUCOSAMINE HCL . . . . .	548,549	GRALISE . . . . .	6
GLUCOSAMINE SULFATE (DIPOTASSIUM CHLORIDE) . . . . .	549	GRAMICIDIN D . . . . .	584
GLUCOSAMINE SULFATE SODIUM CL . . . . .	549	GRANISETRON HCL . . . . .	122
GLUCOSE SENSOR, IMPLANTABLE, CONTINUOUS/DEXAMETH ASONE ACETATE . . . . .	346	GRANIX . . . . .	284
GLUTAMIC ACID . . . . .	588	GRAPE FLAVOR . . . . .	582,584
		GRAPE SEED OIL . . . . .	550
		GREEN (FOOD COLOR) . . . . .	582,583
		GREEN SOAP . . . . .	642
		GREEN TEA EXTRACT . . . . .	585

GREEN TEA OIL .....	585	HARVONI .....	451
GRISEOFULVIN .....	125	HAVRIX .....	255
GRISEOFULVIN ULTRAMICROSIZE .....	125	HAWTHORN BERRY .....	585
GRISEOFULVIN, MICROSIZE .....	125	HCY 1 .....	406
GUAIACOL .....	43	HEATHER .....	477
GUAIFENESIN .....	629	HELIDAC .....	65
GUAIFENESIN/DEXTROMETHORPHAN		HEMANGEOL .....	306
HBR/PHENYLEPHRINE .....	629	HEMATINIC PLUS .....	56
GUAIFENESIN/DEXTROMETHORPHAN		HEMATINIC WITH FOLIC ACID .....	56
HBR/PSEUDOEPHEDRINE HCL .....	629	HEMATOXYLIN, C.I. 75290 .....	585
GUAIFENESIN/PHENYLEPHRINE HCL .....	629	HEMLIBRA .....	140
GUANABENZ ACETATE .....	510	HEMOFIL M .....	140
GUANETHIDINE SULFATE .....	511	HEP B	
GUANFACINE HCL .....	314,510	VIRUS,RCMB/DIPHTH,PERTUS(ACELL),TET,POLIO	
GUANIDINE HCL .....	277	VACCINE/PF .....	257
GUAR GUM .....	585	HEPARIN SODIUM,PORCINE .....	74,75,76,77
GUARANA SEED EXTRACT .....	585	HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM	
GUAVA FLAVOR .....	585	CHLORIDE .....	75,77
GUSELKUMAB .....	652	HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM	
GYMNEMA LEAF .....	585	CHLORIDE .....	75,76
GYNAZOLE 1 .....	129	HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN	
		WATER .....	75
		HEPARIN SODIUM,PORCINE/PF .....	74,75,76,77
H		HEPATITIS A VIRUS AND HEPATITIS B VIRUS	
HAEGARDA .....	517	VACCINE/PF .....	259
HAEMOPHILUS B CONJUGATE VACCINE		HEPATITIS A VIRUS VACCINE/PF .....	255,259,260
(MENINGOCOCCAL PROT.CONJ)/PF .....	257	HEPATITIS B VACCINE RECOMBINANT/VACCINE	
HAEMOPHILUS B CONJUGATE VACCINE(TETANUS		ADJUVANT CPG 1018/PF .....	255
TOXOID CONJUGATE)/PF .....	251,255	HEPATITIS B VIRUS VACCINE	
HAEMOPHILUS B POLYSACC CONJ-TETANUS		RECOMBINANT,ISOFORM S,M,L/PF .....	258
TOX,COMPONENT 2 OF 2/PF .....	257	HEPATITIS B VIRUS VACCINE	
HAILEY .....	476	RECOMBINANT/PF .....	252,258,259
HAILEY 24 FE .....	476	HEPES .....	585
HAILEY FE .....	477	HEPLISAV-B .....	255
HALCINONIDE .....	52	HEPSERA .....	267
HALCION .....	273	HEPTAMINOL .....	585
HALDOL DECANOATE 100 .....	233	HERCEPTIN .....	176
HALDOL DECANOATE 50 .....	233	HERCEPTIN HYLECTA .....	176
HALOBETASOL PROPIONATE .....	50,52	HETLIOZ .....	269
HALOPERIDOL .....	233,234	HETLIOZ LQ .....	269
HALOPERIDOL DECANOATE .....	233,234	HIBERIX .....	255
HALOPERIDOL LACTATE .....	234		

HIPREX.....	33	HYALGAN.....	351
HISTAMINE PHOSPHATE.....	392	HYALURONATE SOD, CROSS-LINKED.....	347
HISTIDINE.....	588	HYALURONATE	
HISTIDINE HCL.....	585,588	SODIUM... 332,346,347,351,364,373,379,586,603	
HISTRELIN ACETATE.....	450	HYALURONATE SODIUM, MODIFIED, NON-	
HOMATROPINE METHYLBROMIDE.....	429	CROSSLINKED.....	351
HOMINEX-1.....	406	HYALURONATE SODIUM, STABILIZED.....	341,361
HONEY ALMOND FRAGRANCE.....	585	HYALURONATE SODIUM/VIT E/EMOLLIENT	
HONEY FLAVOR.....	585	NO.12/ALLANTOIN/SHEA TREE.....	391
HORIZANT.....	83	HYALURONIC ACID, HYDROLYZED.....	586
HUMALOG.....	513	HYALURONIDASE, BOVINE.....	416
HUMALOG JUNIOR KWIKPEN.....	513	HYCAMTIN.....	177
HUMALOG KWIKPEN U-100.....	513	HYCODAN.....	628
HUMALOG KWIKPEN U-200.....	513	HYDRALAZINE HCL.....	510,511
HUMALOG MIX 50-50.....	513	HYDRAZINE SULFATE.....	586
HUMALOG MIX 50-50 KWIKPEN.....	513	HYDREA.....	177
HUMALOG MIX 75-25.....	514	HYDROCHLORIC ACID.....	439
HUMALOG MIX 75-25 KWIKPEN.....	513	HYDROCHLOROTHIAZIDE.....	395
HUMAN PAPILLOMAVIRUS VACCINE, 9-		HYDROCIL INSTANT.....	436
VALENT/PF.....	255	HYDROCODONE BITARTRATE.....	10,11
HUMAN REGENERATIVE TISSUE MATRIX... 549,553		HYDROCODONE	
HUMATE-P.....	140	BITARTRATE/ACETAMINOPHEN.....	11,12,13
HUMATIN.....	207	HYDROCODONE BITARTRATE/HOMATROPINE	
HUMIRA.....	530	METHYLBROMIDE.....	628
HUMIRA PEN.....	530	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE	
HUMIRA PEN CROHN'S-UC-HS.....	530	POLISTIREX.....	628
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	530	HYDROCODONE/IBUPROFEN.....	12
HUMIRA(CF).....	530	HYDROCORTISONE.....	52,53,54,457,458
HUMIRA(CF) PEDIATRIC CROHN'S.....	440,530	HYDROCORTISONE ACETATE.....	50,53
HUMIRA(CF) PEN.....	531	HYDROCORTISONE ACETATE/LIDOCAINE	
HUMIRA(CF) PEN CROHN'S-UC-HS.....	531	HCL/ALOE VERA.....	640
HUMIRA(CF) PEN PEDIATRIC UC.....	531	HYDROCORTISONE ACETATE/PRAMOXINE	
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	531	HCL.....	49,51,52,54
HUMULIN 70-30.....	511	HYDROCORTISONE BUTYRATE.....	53
HUMULIN 70/30 KWIKPEN.....	511	HYDROCORTISONE SOD SUCCINATE.....	460
HUMULIN N.....	511	HYDROCORTISONE SODIUM SUCCINATE/PF... 460	
HUMULIN N KWIKPEN.....	511	HYDROCORTISONE VALERATE.....	53
HUMULIN R.....	514	HYDROCORTISONE/ACETIC ACID.....	39
HUMULIN R U-500.....	514	HYDROGEN FLUORIDE.....	586
HUMULIN R U-500 KWIKPEN.....	514	HYDROGEN PEROXIDE.....	586
HUPERZINE SERRATE A.....	586	HYDROGENATED VEGETABLE OIL.....	570

HYDROMET.....	628	ICATIBANT ACETATE.....	516
HYDROMORPHONE HCL.....	12,13	ICHTHAMMOL.....	586
HYDROQUINONE.....	327	ICLEVIA.....	477
HYDROXOCOBALAMIN.....	677	ICLUSIG.....	177,178
HYDROXOCOBALAMIN HCL.....	677	ICOSAPENT ETHYL.....	151,152,153
HYDROXYAMPHETAMINE HBR/TROPICAMIDE.....	429	IDEBENONE.....	314
HYDROXYAMPHETAMINE HYDROBROMIDE.....	429	IDELALISIB.....	202
HYDROXYAPATITE.....	574	IDELVION.....	141
HYDROXYCHLOROQUINE SULFATE.....	208	IDHIFA.....	178
HYDROXYETHYL ACRYLATE/SOD		IDOXURIDINE.....	38
ACRYLOYLDIMETHYL TAURATE COPOLYMER.....	609	IDURSULFASE.....	415
HYDROXYETHYL METHACRYLATE.....	586	ILOPERIDONE.....	218,219
HYDROXYETHYLCELLULOSE.....	586	ILOPROST TROMETHAMINE.....	637
HYDROXYPROGESTERONE CAPROATE.....	506,507	IMATINIB MESYLATE.....	176,178
HYDROXYPROGESTERONE CAPROATE/PF.....	506,507	IMBRUVICA.....	178,179
HYDROXYPROPYL BETADEX.....	586	IMCIVREE.....	24
HYDROXYPROPYL CELLULOSE.....	428,586	IMIDUREA.....	587
HYDROXYUREA.....	172,173,177,192	IMIGLUCERASE.....	415
HYDROXYZINE HCL.....	269	IMIPRAMINE HCL.....	107,108
HYDROXYZINE PAMOATE.....	269	IMIPRAMINE PAMOATE.....	108
HYFTOR.....	648	IMIQUIMOD.....	646,648
HYLAN G-F 20.....	376	IMOVAX RABIES VACCINE.....	255
HYLATOPICPLUS.....	351	IMPAVIDO.....	209
HYMOVIS.....	351	IMURAN.....	542
HYOPHEN.....	33	IMVEXXY.....	424
HYOSCYAMINE SULFATE.....	66,67,68,69,70	INBRIJA.....	205
HYOSYNE.....	68	INCASSIA.....	477
HYPER-SAL.....	409	INCRELEX.....	659
HYPOCHLOROUS ACID/SODIUM		INDAPAMIDE.....	395
HYPOCHLORITE/SOD		INDOCIN.....	558
CHLORID/ELEC.WATER.....	330,359	INDOCYANINE GREEN.....	587
HYPOCHLORUS AC/NA HYPOCH/NA MG FLUO/NA		INDOLE-3-CARBINOL.....	550
PHOS/NACL/ELEC WATER.....	359	INDOMETHACIN.....	558,559
HYPROMELLOSE.....	428,586,592	INFANRIX DTAP.....	250,251
I		INFANT FORMULA, SPECIAL METABOLIC, IRON,	
IBANDRONATE SODIUM.....	524	METHIONINE-FREE.....	406
IBRANCE.....	177	INFANT FORMULA, SPECIAL METABOLIC, UREA	
IBRUTINIB.....	178,179	CYCLE DISORDER.....	404
IBU.....	558	INFIGRATINIB PHOSPHATE.....	197
IBUPROFEN.....	558	INFLECTRA.....	531
		INFLIXIMAB-AXXQ.....	528

INFLIXIMAB-DYYB . . . . .	531	INOSITOL NIACINATE . . . . .	587
INFLUENZA VACCINE QUADRIVALENT 2021-22 (65 YR UP)/MF59C.1/PF . . . . .	252	INOTERSEN SODIUM . . . . .	523
INFLUENZA VACCINE QUADRIVALENT 2022-23 (65 YR UP)/MF59C.1/PF . . . . .	252	INQOVI . . . . .	179
INFLUENZA VACCINE QUADRIVALENT LIVE 2020-2021 (2 YRS-49 YRS) . . . . .	254	INREBIC . . . . .	179
INFLUENZA VACCINE QUADRIVALENT LIVE 2021-2022 (2 YRS-49 YRS) . . . . .	254	INSPRA . . . . .	625
INFLUENZA VACCINE QUADRIVALENT LIVE 2022-2023 (2 YRS-49 YRS) . . . . .	254	INSULIN DEGLUDEC/LIRAGLUTIDE . . . . .	512
INFLUENZA VACCINE TVS 2020-21 (65 YR UP)/ADJUVANT MF59C.1/PF . . . . .	252	INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG . . . . .	512
INFLUENZA VIRUS VACCINE QUADRIVAL 2021-2022(6 MOS AND UP)/PF . . . . .	253,254	INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG/LIXISENATIDE . . . . .	512
INFLUENZA VIRUS VACCINE QUADRIVAL 2021-22 (6 MOS-35 MOS)/PF . . . . .	251	INSULIN LISPRO . . . . .	513
INFLUENZA VIRUS VACCINE QUADRIVAL 2022-2023(6 MOS AND UP)/PF . . . . .	253,254	INSULIN LISPRO PROTAMINE AND INSULIN LISPRO . . . . .	513,514
INFLUENZA VIRUS VACCINE QUADRIVAL SPLIT 2021-22(65 YR UP)/PF . . . . .	254	INSULIN LISPRO-AABC . . . . .	514
INFLUENZA VIRUS VACCINE QUADRIVAL SPLIT 2022-23(65 YR UP)/PF . . . . .	254	INSULIN NPH HUMAN ISOPHANE . . . . .	511
INFLUENZA VIRUS VACCINE QUADRIVALENT 2020-21 (6 MOS AND UP) . . . . .	251	INSULIN NPH HUMAN ISOPHANE/INSULIN REGULAR, HUMAN . . . . .	511
INFLUENZA VIRUS VACCINE QUADRIVALENT 2021-22 (36 MOS UP)/PF . . . . .	251	INSULIN PUMP CARTRIDGE, SUBCUT AUTOMATED DOSING, BLUETOOTH . . . . .	363
INFLUENZA VIRUS VACCINE QUADRIVALENT 2021-22 (6 MOS AND UP) . . . . .	251,254	INSULIN PUMP CARTRIDGE,AUTOMATED DOSING,BT WITH CONTROLLER . . . . .	363
INFLUENZA VIRUS VACCINE QUADRIVALENT 2022-23 (36 MOS UP)/PF . . . . .	252	INSULIN PUMP CARTRIDGE,CONTINUOUS SUBCUT INFUSION,BLUETOOTH . . . . .	363
INFLUENZA VIRUS VACCINE QUADRIVALENT 2022-23 (6 MOS AND UP) . . . . .	252,254	INSULIN REGULAR, HUMAN . . . . .	512,513,514
INFLUENZA VIRUS VACCINE QV 2021-22(18 YRS AND OLDER)RCMB/PF . . . . .	253	INSULIN SYRINGE-NEEDLE,SAFETY,DISPOSAL UNIT,0.5 ML . . . . .	371
INFLUENZA VIRUS VACCINE QV 2022-23(18 YRS AND OLDER)RCMB/PF . . . . .	253	INTELENCE . . . . .	240
INGREZZA . . . . .	318,319	INTERFERON ALFA-2B,RECOMB. . . . .	265
INGREZZA INITIATION PACK . . . . .	319	INTERFERON BETA-1A . . . . .	535
INLYTA . . . . .	179	INTERFERON BETA-1A/ALBUMIN HUMAN . . . . .	538
INOSITOL . . . . .	587	INTERFERON BETA-1B . . . . .	535,536
		INTERFERON GAMMA-1B,RECOMB. . . . .	534
		INTRAROSA . . . . .	458
		INTRON A . . . . .	265
		INVANZ . . . . .	521
		INVEGA . . . . .	220
		INVEGA HAFYERA . . . . .	221
		INVEGA SUSTENNA . . . . .	221
		INVEGA TRINZA . . . . .	221,222
		INVIRASE . . . . .	246
		IODINE . . . . .	43

IODINE/POTASSIUM IODIDE.....	43,605	ISOPTO CARPINE.....	133
IODINE/SODIUM IODIDE.....	43	ISORDIL.....	669
IODOFLEX.....	43	ISORDIL TITRADOSE.....	669
IODOFORM.....	587	ISOSORBIDE.....	670
IDOQUINOL.....	207	ISOSORBIDE DINITRATE.....	669
IODOSORB.....	43	ISOSORBIDE DINITRATE/HYDRALAZINE	
IOPANOIC ACID.....	587	HCL.....	510,511
IOPIDINE.....	428	ISOSORBIDE MONONITRATE.....	669,670
IPOL.....	255	ISOSULFAN BLUE.....	606
IPRATROPIUM BROMIDE.....	66,68,428	ISOTRETINOIN.....	645,646,647,648,649,653
IPRATROPIUM BROMIDE/ALBUTEROL		ISOXSUPRINE HCL.....	673
SULFATE.....	67,68	ISRADIPINE.....	297,298
IRBESARTAN.....	613	ISTALOL.....	131
IRBESARTAN/HYDROCHLOROTHIAZIDE...	611,613	ISTRADEFYLLINE.....	316
IRESSA.....	179	ISTURISA.....	550
IRO-PLEX.....	56	ITRACONAZOLE.....	126
IRON FUMARATE,POLYSAC CPLEX/FOLIC		ITRACONAZOLE, MICRONIZED.....	126
ACID/VITB COMP WITH C NO.9.....	55,56	IVABRADINE HCL.....	301
IRON/C/B12/B6/E ACET/FOLIC ACID/INTRINSIC		IVACAFTOR.....	326
FACTOR/SENNA LEAF.....	56	IVERMECTIN.....	33,45,649,651
IRON/FOLIC ACID/VITAMIN B COMP AND		IVOSIDENIB.....	196
C/MINERALS.....	56	IXAZOMIB CITRATE.....	186
IRON/LIVER EXTRACT/VITAMIN B COMP AND		IXEKIZUMAB.....	652
C/MINERALS.....	56	IXIARO.....	255
IRON/LYSINE/VITAMIN B COMPLEX/FOLIC		IXINITY.....	141
ACID.....	674		
ISAVUCONAZONIUM SULFATE.....	126	J	
ISENTRESS.....	238	JADENU.....	454
ISENTRESS HD.....	239	JADENU SPRINKLE.....	455
ISIBLOOM.....	478	JAIMIESS.....	478
ISOCARBOXAZID.....	96	JAKAFI.....	179,180
ISOFLURANE.....	443	JALYN.....	521
ISOLEUCINE.....	588	JANSSEN COVID-19 VACCINE (EUA).....	255
ISOMALT.....	590	JANTOVEN.....	70,71
ISOMETHEPTENE MUCATE.....	278	JANUMET.....	111
ISONIAZID.....	165	JANUMET XR.....	111
ISOPROPAMIDE IODIDE.....	587	JANUVIA.....	112
ISOPROPYL ALCOHOL.....	43	JAPANESE ENCEPHALITIS VACCINE/PF.....	255
ISOPROPYL MYRISTATE.....	587	JARDIANCE.....	116
ISOPROPYL PALMITATE.....	587	JASMIEL.....	478
ISOPROTERENOL HCL.....	279	JASMINE FRAGRANCE.....	587



JAVYGTOR.....	550	KESIMPTA PEN.....	536
JENCYCLA.....	478	KETAMINE HCL.....	443
JENTADUETO.....	112	KETOCONAZOLE.....	127,129
JENTADUETO XR.....	112	KETOPROFEN.....	559
JEVTANA.....	180	KETOPROFEN, MICRONIZED.....	559
JINTELI.....	424	KETOROLAC TROMETHAMINE.....	47,559,560
JIVI.....	141,142	KETOTIFEN FUMARATE.....	149,427
JOJOBA OIL.....	587	KEVEYIS.....	526
JOLESSA.....	478	KEVZARA.....	531,532
JORNAY PM.....	28	KINERET.....	532
JULEBER.....	479	KINETIN.....	587
JULUCA.....	239	KINRIX.....	255,256
JUNEL.....	479	KIONEX.....	515
JUNEL FE.....	479	KISQALI.....	180,181
JUNEL FE 24.....	480	KISQALI FEMARA CO-PACK.....	181
JUNIPER TAR.....	587	KITABIS PAK.....	59
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JUXTAPID.....	151,152	KLARON.....	43
JYNARQUE.....	396	KLISYRI.....	649
		KLOR-CON.....	409
K		KLOR-CON 10.....	409
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KAHLUA FLAVOR.....	587	KLOR-CON M10.....	409
KAITLIB FE.....	480	KLOR-CON M15.....	409
KALBITOR.....	517	KLOR-CON M20.....	409
KALETRA.....	246	KLOR-CON-EF.....	409
KALLIGA.....	480	KLOXXADO.....	317
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KANAMYCIN SULFATE.....	59	KOGENATE FS.....	142
KANJINTI.....	180	KOJIC ACID.....	587
KAOLIN.....	435	KORLYM.....	110
KAPVAY.....	510	KOSELUGO.....	181
KARAYA GUM.....	437	KOVALTRY.....	142,143
KARBINAL ER.....	431	KRINTAFEL.....	208
KARIVA.....	480	KRISTALOSE.....	403
KEFLEX.....	320	KUDZU ROOT.....	587
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KELNOR 1-50.....	481	KUVAN.....	550
KENALOG-10.....	458	KYLEENA.....	481
KERENDIA.....	625	KYNMOBI.....	398
KERYDIN.....	130		

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LABETALOL HCL	307
LACOSAMIDE	83
LACRISERT	428
LACTASE	439
LACTIC ACID	588
LACTOBACILLUS ACIDOPHILUS	435
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LAGEVRIO (EUA)	267
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LAMOTRIGINE	83,84,85,88
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LANCING DEVICE	328,330,333,334,339,340,343,345,346,347 ,348,349,350,351,354,355,356,357,360,362,363,3 66,367,369,370,371,374,376,380,381,390,391
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LANOLIN	588
LANOLIN ALCOHOLS	415
LANOLIN, ANHYDROUS	588
LANOXIN	302
LANREOTIDE ACETATE	655,658,659
LANSOPRAZOLE	263
LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN	263
LANTHANUM CARBONATE	514,515
LANTUS	512
LANTUS SOLOSTAR	512
LAPATINIB DITOSYLATE	181,198
LARIN	481
LARIN 24 FE	481
LARIN FE	482
LARISSIA	482
LARONIDASE	415
LAROTRECTINIB SULFATE	199
LATANOPROST	133,134
LATUDA	222,223
LAURETH 4	573
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LAURETH-23	573
LAURIC ACID	588
LAYOLIS FE	482
LEAD ACETATE TRIHYDRATE	589
LEAD TETROXIDE	589
LECITHIN	589
LECITHIN, SOY	589
LECITHIN/ISOPROPYL PALMITATE	589,590
LECITHIN/SORBIC ACID/ISOPROPYL PALMITATE	570
LEDIPASVIR/SOFOSBUVIR	451
LEENA	482
LEFAMULIN ACETATE	65
LEFLUNOMIDE	532
LEMBOREXANT	274
LEMONADE FLAVOR OIL	589
LENALIDOMIDE	181,182,189,190
LENAVATINIB MESYLATE	182,183
LENVIMA	182,183
LESCOL	157
LESSINA	483
LETAIRIS	632
LETERMOVIR	264,265
LETROZOLE	175,183,417
LEUCINE	406,407
LEUCOVORIN CALCIUM	522,547,550
LEUKERAN	183
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LEUPROLIDE ACETATE.....	447,448,449,450	LIDOCAINE/PRILOCAINE.....	640
LEVALBUTEROL HCL.....	280,281	LIDOPIN.....	640
LEVAMISOLE HCL.....	33	LIDOPRIL.....	640
LEVETIRACETAM.....	85,86,87,88	LIDOTREX.....	357
LEVO-T.....	664	LIDTOPIC MAX.....	640
LEVOBUNOLOL HCL.....	132	LIFITEGRAST.....	47
LEVOCARNITINE.....	550,551	LILLOW.....	485
LEVOCARNITINE (WITH SUGAR).....	550	LIME GREEN (FOOD COLOR).....	583
LEVOCARNITINE HCL.....	546	LIME OIL.....	589
LEVOCETIRIZINE DIHYDROCHLORIDE.....	150	LINACLOTIDE.....	441
LEVODOPA.....	205	LINAGLIPTIN.....	112
LEVOFLOXACIN.....	36,61	LINAGLIPTIN/METFORMIN HCL.....	112
LEVOMEFOLATE CALCIUM.....	677	LINCOMYCIN HCL.....	65
LEVOMILNACIPRAN HCL.....	98	LINDANE.....	45
LEVONEST.....	483	LINEZOLID.....	65
LEVONORGESTREL.....	481,488,496	LINOLEIC ACID.....	589
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477,478,481,482,483,484,485,486,493,494,495,4		LIPASE/PROTEASE/AMYLASE.....	438,439
96,500,501,502		LIPOFEN.....	156
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LEVOTHYROXINE		LIRAGLUTIDE.....	115
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LEVOXYL.....	666	LISINOPRIL.....	620,621,622
LEVSIN.....	68	LISINOPRIL/HYDROCHLOROTHIAZIDE.....	621
LEVSIN-SL.....	68	LITHIUM CARBONATE.....	312,313
LEVULAN.....	649	LITHIUM CITRATE TETRAHYDRATE.....	312
LEXIVA.....	247	LITHOBID.....	313
LIBRAX.....	68	LITHOSTAT.....	404
LICORICE FLAVOR.....	589	LIVMARLI.....	441
LICORICE ROOT EXTRACT.....	589	LIVTENCITY.....	264
LICORICE,DEGLYCYRRHIZINATED.....	578	LO-ZUMANDIMINE.....	485
LIDOCAINE.....	518,640	LOCOID.....	53
LIDOCAINE HCL.....	428,429,518,640,641	LODINE.....	560
LIDOCAINE HCL/PF.....	428	LODOSYN.....	314

LOFEXIDINE HCL.....	661	LUDENT FLUORIDE.....	527
LOJAIMIESS.....	485	LUGOL'S.....	43,662
LOKELMA.....	516	LULICONAZOLE.....	129
LOLLIPOP BASE NO.232.....	593	LUMACAFTOR/IVACAFTOR.....	326,327
LOLLIPOP BASE NO.233.....	587	LUMAKRAS.....	183
LOMITAPIDE MESYLATE.....	151,152	LUMATEPERONE TOSYLATE.....	216,217
LOMOTIL.....	435	LUMIGAN.....	134
LOMUSTINE.....	176	LUMIZYME.....	416
LONAFARNIB.....	554,555	LUPKYNIS.....	542
LONHALA MAGNAIR REFILL.....	68	LUPRON DEPOT.....	448,449
LONHALA MAGNAIR STARTER.....	68	LUPRON DEPOT (LUPANETA).....	448,449
LONSURF.....	183	LUPRON DEPOT-PED.....	449,450
LOPERAMIDE HCL.....	436	LURASIDONE HCL.....	222,223
LOPINA VIR/RITONAVIR.....	246,247	LUSUTROMBOPAG.....	285
LOPRESSOR.....	307	LUTEIN.....	590
LOPROX.....	130	LUTERA.....	486
LORATADINE.....	150	LUXAMEND.....	415
LORATADINE, MICRONIZED.....	150	LYLEQ.....	486
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LORAZEPAM INTENSOL.....	273	LYSINE HCL.....	407
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LORLATINIB.....	183	LYSTEDA.....	143
LORTAB.....	13	LYTGOBI.....	184
LORYNA.....	485	LYUMJEV.....	514
LORZONE.....	637,638	LYUMJEV KWIKPEN U-100.....	514
LOSARTAN POTASSIUM.....	613,614	LYUMJEV KWIKPEN U-200.....	514
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POTASSIUM/HYDROCHLOROTHIAZIDE.....	614	LYZA.....	486
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LOTION BASE NO.48.....	609	M-NATAL PLUS.....	674
LOTRONEX.....	434	MACA.....	590
LOVASTATIN.....	158	MACIMORELIN ACETATE.....	393
LOVENOX.....	77,78	MACITENTAN.....	633
LOW-OGESTREL.....	486	MACRILEN.....	393
LOXAPINE.....	210	MACROBID.....	34
LOXAPINE SUCCINATE.....	210,211	MACRODANTIN.....	34
LUCEMYRA.....	661	MAFENIDE ACETATE.....	44
LUCENTIS.....	430	MAGNESIUM ALUMINUM SILICATE.....	590,609

MAGNESIUM AMINO ACID CHELATE . . . . .	409	MAXZIDE-25 MG . . . . .	394
MAGNESIUM ASCORBATE . . . . .	590	MAYZENT . . . . .	537
MAGNESIUM ASPARTATE DIHYDRATE . . . . .	569	MEASLES, MUMPS, AND RUBELLA VACCINE LIVE/PF . . . . .	256,258
MAGNESIUM CARBONATE . . . . .	434	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE LIVE/PF . . . . .	258
MAGNESIUM CHLORIDE . . . . .	590	MEBENDAZOLE . . . . .	33
MAGNESIUM CITRATE . . . . .	437	MECAMYLAMINE HCL . . . . .	511
MAGNESIUM GLUCONATE . . . . .	410	MECASERMIN . . . . .	659
MAGNESIUM GLYCINATE . . . . .	409,410	MECHLORETHAMINE HCL . . . . .	184,198
MAGNESIUM HYDROXIDE . . . . .	437	MECLIZINE HCL . . . . .	123,124
MAGNESIUM MALATE . . . . .	590	MECLOFENAMATE SODIUM . . . . .	560
MAGNESIUM OXIDE . . . . .	434	MECLOFENOXATE HCL . . . . .	27
MAGNESIUM PHOSPHATE . . . . .	434	MECOBALAMIN . . . . .	677,678
MAGNESIUM SULFATE . . . . .	80,81,86,87	MEDIUM CHAIN TRIGLYCERIDES . . . . .	591
MAKENA . . . . .	507	MEDROL . . . . .	458
MALARONE . . . . .	208	MEDROXYPROGESTERONE ACETATE . . . . .	506,507,508,509
MALATHION . . . . .	45	MEDROXYPROGESTERONE ACETATE, MICRONIZED . . . . .	508
MALEIC ACID . . . . .	590	MEFENAMIC ACID . . . . .	560
MALIC ACID . . . . .	580,590	MEFLOQUINE HCL . . . . .	208
MALTODEXTRIN . . . . .	407	MEGESTROL ACETATE . . . . .	508
MANDELIC ACID . . . . .	591	MEGESTROL ACETATE, MICRONIZED . . . . .	508
MANGANESE CHLORIDE . . . . .	410	MEKINIST . . . . .	184
MANGANESE GLUCONATE . . . . .	410	MEKTOVI . . . . .	184
MANGANESE SULFATE . . . . .	410	MELATONIN . . . . .	551
MANGO FLAVOR . . . . .	591	MELATONIN/GENISTEIN/HERBAL COMPLEX NO.233 . . . . .	551
MANNITOL . . . . .	394,630	MELATONIN/PYRIDOXINE HCL (VIT B6) . . . . .	551
MAPLE FLAVOR . . . . .	591	MELODETTA 24 FE . . . . .	487
MARALIXIBAT CHLORIDE . . . . .	441	MELOXICAM . . . . .	560,561
MARAVIROC . . . . .	238	MELPHALAN . . . . .	167,184
MARIBAVIR . . . . .	264	MEMANTINE HCL . . . . .	314,315
MARINOL . . . . .	123	MEMANTINE HCL/DONEPEZIL HCL . . . . .	315,316
MARLISSA . . . . .	486	MENACTRA . . . . .	256
MARPLAN . . . . .	96	MENADIONE . . . . .	591
MARSHMALLOW FLAVOR . . . . .	591	MENADIONE SODIUM BISULFITE . . . . .	591
MASTERWORT EXTRACT . . . . .	596	MENEST . . . . .	424
MATULANE . . . . .	184	MENINGOCOCCAL A DIPHTHERIA-CONJ VACCINE COMPONENT 2 OF 2/PF . . . . .	256
MATZIM LA . . . . .	291		
MAVACAMTEN . . . . .	300		
MAVENCLAD . . . . .	542,543		
MAVYRET . . . . .	452		
MAXITROL . . . . .	36,37		
MAXZIDE . . . . .	394		

MENINGOCOCCAL C,Y,W-135,DIP-CONJ VACCINE COMPONENT 1 OF 2/PF .....	256	METHANOL .....	591
MENINGOCOCCAL GROUP B VACCINE, 4-COMPONENT .....	252	METHAZOLAMIDE .....	132
MENINGOCOCCAL VACCINE A,C,Y AND W-135,CONJ TETANUS TOXOID/PF .....	256	METHENAMINE .....	34
MENINGOCOCCAL VACCINE A,C,Y,W-135,DIPHThERIA TOXOID CONJ/PF .....	256	METHENAMINE HIPPURATE .....	33,34
MENINGOCOCCALVACCINE A,C,Y,W-135,DIPHThERIA TOXOID CONJ/PF .....	256	METHENAMINE MANDELATE .....	34
MENOSTAR .....	425	METHENAMINE MANDELATE/SODIUM PHOSPHATE, MONOBASIC .....	35
MENQUADFI .....	256	METHENAMINE/METHYLENE BLUE/BENZOIC ACID/SALICYLAT/HYOSCYAMIN .....	33
MENTHOL .....	588,591	METHENAMINE/METHYLENE BLUE/SALICYLATE/SODIUM PHOS/HYOSCYAMIN .....	35
MENVEO A-C-Y-W-135-DIP .....	256	METHENAMINE/METHYLENE BLUE/SODIUM PHOS/P.SALICYLATE/HYOSCYAMINE .....	35
MENVEO MENA COMPONENT .....	256	METHENAMINE/SODIUM PHOSPH, MONOBASIC/METHYLENE BLUE/HYOSCYAMINE .....	34,35
MENVEO MENCYW-135 COMPONENT .....	256	METHERGINE .....	562
MEPERIDINE HCL .....	13	METHIMAZOLE .....	662,663
MEPERIDINE HCL/PF .....	8	METHIONINE .....	588,591,592
MEPHYTON .....	680	METHOCARBAMOL .....	638
MEPROBAMATE .....	269	METHOTREXATE .....	185,200
MEPRON .....	210	METHOTREXATE SODIUM .....	185,197
MEQUINOL .....	327	METHOTREXATE SODIUM/PF .....	185
MERCAPTOPURINE .....	184,185,188	METHOTREXATE/PF .....	188,189
MERZEE .....	487	METHOXSALEN .....	327
MESALAMINE .....	434,435	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA .....	284
MESALAMINE WITH CLEANSING WIPES .....	435	METHSCOPOLAMINE BROMIDE .....	69
MESNA .....	555	METHSUXIMIDE .....	94
MESNEX .....	555	METHYL AMINOLEVULINATE HCL .....	649
MESTINON .....	277	METHYLCELLULOSE .....	592
META-CRESOL .....	577	METHYLCELLULOSE 1500CPS .....	592
METADATE ER .....	29	METHYLCELLULOSE 4000CPS .....	592
METAPROTERENOL SULFATE .....	280	METHYLDOPA .....	510
METAXALONE .....	638	METHYLDOPA/HYDROCHLOROTHIAZIDE .....	510
METFORMIN HCL .....	110,111	METHYLENE BLUE .....	551
METHACHOLINE CHLORIDE .....	591	METHYLERGONOVINE MALEATE .....	562,563
METHACRYLIC ACID COPOLYMER TYPE A .....	591	METHYLIN .....	29
METHADONE HCL .....	13	METHYLPARABEN .....	592
METHADONE INTENSOL .....	13	METHYLPHENIDATE .....	29
METHADOSE .....	13		
METHAMPHETAMINE HCL .....	26		
METHANESULFONIC ACID .....	591		

METHYLPHENIDATE HCL.....	27,28,29,30,31	MIDAZOLAM HCL.....	273
METHYLPREDNISOLONE.....	458	MIDNITE FOR MENOPAUSE.....	551
METHYLPREDNISOLONE ACETATE.....	456	MIDNITE MENOPAUSE.....	551
METHYLPREDNISOLONE ACETATE, MICRONIZED.....	458	MIDNITE PM.....	551
METHYLPREDNISOLONE, MICRONIZED.....	458	MIDODRINE HCL.....	661
METHYLSCOPOLAMINE NITRATE.....	69	MIDOSTAURIN.....	191
METHYLSULFONYLMETHANE.....	579,592	MIFEPREX.....	563
METHYLTESTOSTERONE.....	461	MIFEPRISTONE.....	110,563
METHYLTESTOSTERONE, MICRONIZED.....	461	MIGALASTAT HCL.....	549
METHYLTETRAHYDROFOLATE GLUCOSAMINE.....	678	MIGLITOL.....	110
METHYSERGIDE MALEATE.....	4	MIGLUSTAT.....	551,554
METIPRANOLOL.....	132	MILI.....	488
METOCLOPRAMIDE HCL.....	442,443	MILK THISTLE.....	592
METOLAZONE.....	395,396	MILNACIPRAN HCL.....	317
METOPIRONE.....	393	MILTEFOSINE.....	209
METOPROLOL SUCCINATE.....	307	MINERAL OIL.....	437
METOPROLOL TARTRATE.....	307,308	MINERAL OIL, LIGHT STERILE.....	414
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE.....	308	MINERAL OIL, LIGHT/PETROLATUM,WHITE/CETYL ALC/STEARYL ALC.....	594
METRELEPTIN.....	504	MINERAL OIL/PETROLATUM/EMULSIFYING WAX.....	593
METROCREAM.....	41	MINERAL OIL/POLYETHYLENE GLYCOL.....	587
METROLOTION.....	41	MINERAL OIL/POLYETHYLENE/BUTYLATED HYDROXYTOLUENE.....	570,593
METRONIDAZOLE.....	41,42,209,210	MINITRAN.....	670
METRONIDAZOLE BENZOATE.....	210	MINIVELLE.....	425
METRONIDAZOLE/SKIN CLEANSER COMBINATION NO.23.....	42	MINOCYCLINE HCL.....	40,42,62,63
METYRAPONE.....	393	MINOXIDIL.....	511
METYROSINE.....	548,551	MINT CHOCOLATE CHIP FLAVOR.....	592
MEXILETINE HCL.....	57	MIRABEGRON.....	279
MIACALCIN.....	563	MIRAPEX.....	398,399
MIBELAS 24 FE.....	487	MIRAPEX ER.....	399
MICONAZOLE.....	129	MIRCERA.....	284
MICONAZOLE NITRATE.....	129	MIRENA.....	488
MICROCYN.....	359	MIRTAZAPINE.....	95,96
MICROCYN HYDROGEL.....	359	MIRVASO.....	649
MICROFIBRILLAR COLLAGEN.....	137,139,147	MISOPROSTOL.....	261,262
MICROGESTIN.....	487	MITOMYCIN.....	185
MICROGESTIN 24 FE.....	488	MITOTANE.....	184,185
MICROGESTIN FE.....	488	MOBOCERTINIB SUCCINATE.....	174
MIDAZOLAM.....	93,273	MODAFINIL.....	32

MODERNA COVID (12Y UP)VAC(EUA).....	256	MULTIVITAMIN WITH MINERALS NO.24/IRON PS	
MODERNA COVID BIVAL (6Y UP)EUA.....	256	COMPLEX/FOLIC ACID.....	675
MODERNA COVID BIVAL(6MO-5Y)EUA.....	256	MULTIVITAMIN WITH MINERALS	
MODERNA COVID(6M-5Y) VACC(EUA).....	256	NO.69/IRON,CARBONYL/FOLIC ACID.....	673
MODERNA COVID-19 BOOSTER (EUA).....	257	MULTIVITAMIN WITH MINERALS NO.7/FOLIC	
MOEXIPRIL HCL.....	622	ACID.....	676
MOLINDONE HCL.....	211	MULTIVITAMIN WITH MINERALS/FOLIC	
MOLNUIPIRAVIR.....	267	ACID/LYCOPENE/LUTEIN.....	673,676
MOLYBDENUM.....	410	MULTIVITAMIN-MINERALS NO.71/IRON	
MOMETASONE FUROATE.....	46,53,458	FUMARAT/FOLIC ACID NO.1/DHA.....	675,676
MONDOXYNE NL.....	63	MULTIVITS WITH CALCIUM AND MINERALS/IRON	
MONO-LINYAH.....	488	FUMARATE/FOLIC ACID.....	673
MONOBENZONE.....	327	MUPIROCIN.....	40,41
MONOCHLOROACETIC ACID.....	575	MUPIROCIN CALCIUM.....	41
MONONINE.....	143	MV-MIN 75/FERROUS FUM/IRON PS CPLX/FOLIC	
MONOSODIUM GLUTAMATE, MONOHYDRATE	592	AC/OMEGA-3/DHA/EPA.....	676
MONOVISC.....	361	MVASI.....	185
MONTELUKAST SODIUM.....	48	MVW COMPLETE FORMLTN PEDIATRIC.....	674
MONUROL.....	34	MVW COMPLETE FORMULATION D3000.....	674
MORGIDOX.....	63	MYALEPT.....	504
MORPHINE SULFATE.....	14,15,16,17	MYAMBUTOL.....	165
MORPHINE SULFATE IN 0.9 % SODIUM		MYCAPSSA.....	655
CHLORIDE.....	14,15	MYCOBUTIN.....	166
MORPHINE SULFATE IN 0.9 % SODIUM		MYCOPHENOLATE MOFETIL.....	540,543,592
CHLORIDE/PF.....	14,15	MYCOPHENOLATE SODIUM.....	543,544
MORPHINE SULFATE/PF.....	13,14	MYDRIACYL.....	429
MOTEGRITY.....	442	MYFEMBREE.....	446
MOUNJARO.....	113,114	MYFORTIC.....	544
MOXATAG.....	565	MYLERAN.....	185
MOXIFLOXACIN HCL.....	37,61	MYNATAL.....	674
MOXISYLYTE HCL.....	592	MYNATAL PLUS.....	674
MOZOBIL.....	285	MYNATAL-Z.....	674
MUCOSITISRX.....	362	MYORISAN.....	649
MULPLETA.....	285	MYRBETRIQ.....	279
MULTAQ.....	58	MYSOLINE.....	92
MULTIVIT WITH IRON, MINS/DIETARY SUP		MYTESI.....	436
4/DNA/RIBONUCLEIC ACID.....	674		
MULTIVITAMIN COMBINATION NO.51/FERROUS		N	
FUMARATE/FOLIC ACID.....	675	NABUMETONE.....	561
MULTIVITAMIN WITH MINERALS NO.16/FOLIC		NABUMETONE, MICRONIZED.....	561
ACID/LUTEIN/LYCOPENE.....	676	NADIDE.....	593



NADOLOL.....	306,308	NEOMYCIN SULF/COLISTIN SUL/HYDROCORTISONE AC/THONZONIUM BROM.....	36
NAFARELIN ACETATE.....	450	NEOMYCIN SULFATE.....	59
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PRENATAL VITAMINS NO.12/IRON		PRIFTIN	166
CARBONYL/METHYLFOLATE/DHA	674	PRIKAAN LITE	640
PRENATAL VITAMINS NO.52/FERROUS		PRILOCAINE	518
FUMARATE/FOLIC ACID/DHA	676	PRILOCAINE HCL	518
PRENATAL VITAMINS		PRILOSEC	264
NO.66/IRON,CARBONYL/FOLIC ACID/DHA	676	PRIMAQUINE PHOSPHATE	208
PRENATAL VITAMINS NO.83/IRON		PRIMIDONE	92
FUMARATE/FOLATE COMBO NO.6/DHA	673	PRIMSOL	34
PRENATAL VITAMINS WITH CALCIUM/FERROUS		PRIORIX	258
FUMARATE/FOLIC ACID	674	PROBENECID	414
PRENATAL VITS NO.105/IRON AMINO ACID		PROBENECID/COLCHICINE	414
CHELATE/FOLIC ACID/DHA	675	PROCAINAMIDE HCL	56
PRENATAL VITS NO.65/IRON FUMARATE,POLYSAC		PROCAINE HCL	518
COMPLEX/FOLIC ACID	675	PROCARBAZINE HCL	184,188
PRENATAL VITS WITH CALCIUM NO.72/FERROUS		PROCARDIA XL	299,300
FUMARATE/FOLIC ACID	674,675	PROCENTRA	26
PRENATAL VITS WITH CALCIUM NO.73/FERROUS		PROCHLORPERAZINE	124
FUMARATE/FOLIC ACID	676	PROCHLORPERAZINE EDISYLATE	124,236
PRENATAL VITS WITH CALCIUM NO.74/FERROUS		PROCHLORPERAZINE MALEATE	124,236
FUMARATE/FOLIC ACID	675	PROCRIT	286
PRENATAL VITS WITH CALCIUM NO.78/FERROUS		PROCTO-MED HC	54
FUMARATE/FOLIC ACID	675	PROCTO-PAK	54
PREPIDIL	563	PROCTOFOAM-HC	54
PREPLUS	675	PROCTOSOL-HC	54
PRESERA	366	PROCTOZONE-HC	54
PRESTALIA	622	PROCYSBI	552
PRETAB	675	PROFILNINE	145
PRETOMANID	166	PROGESTERONE	509
PREVALITE	153	PROGESTERONE, MICRONIZED	506,509
PREVIDENT	527	PROGLYCEM	150
PREVIDENT 5000 DRY MOUTH	527	PROGRAF	544
PREVIDENT 5000 ENAMEL PROTECT	527	PROLASTIN C	630
PREVIDENT 5000 ORTHO DEFENSE	527	PROLATE	18
PREVIDENT 5000 PLUS	527	PROLENSA	47
PREVIDENT 5000 SENSITIVE	527	PROLIA	525
PREVIFEM	495	PROLINE	588
PREVNAR 13	258	PROMETHAZINE HCL	432,433

PROMETHAZINE HCL IN 0.9 % SODIUM CHLORIDE .....	432	PULMICORT FLEXHALER .....	324
PROMETHAZINE HCL/CODEINE .....	628	PULMOSAL .....	411
PROMETHAZINE HCL/DEXTROMETHORPHAN HBR .....	628	PULMOZYME .....	629
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE .....	628	PUMICE .....	600
PROMETHEGAN .....	433	PURIXAN .....	188
PROMISEB .....	367	PYLERA .....	65
PROPAFENONE HCL .....	57,58	PYRANTEL PAMOATE .....	33
PROPANTHELINE BROMIDE .....	69	PYRAZINAMIDE .....	166
PROPARACAINE HCL .....	428,429	PYRIDIDIUM .....	641
PROPRANOLOL HCL .....	306,309,310	PYRIDOSTIGMINE BROMIDE .....	277
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE .....	310	PYRIDOXAL PHOSPHATE .....	600
PROPYL GALLATE .....	600	PYRIDOXINE HCL (VITAMIN B6) .....	678
PROPYLENE GLYCOL .....	600	PYRILAMINE MALEATE .....	431
PROPYLENE GLYCOL MONOSTEARATE .....	600	PYRIMETHAMINE .....	208
PROPYLENE GLYCOL/CARBOMER 940 .....	574	PYRITHIONE ZINC .....	43,610
PROPYLPARABEN .....	600	PYROGALLOL .....	600
PROPYLTHIOURACIL .....	662	PYRUVIC ACID .....	552
PROQUAD .....	258		
PROSCAR .....	522	Q	
PROSTIN E2 VAGINAL SUPPOSITORY .....	563	QBRELIS .....	622
PROTAMINE SULFATE .....	134	QBREXZA .....	69
PROTECT IRON .....	675	QINLOCK .....	188
PROTECTIVES COMBINATION NO.2 .....	415	QNASL .....	46
PROTHROMBIN TIME TEST STRIPS .....	335	QNASL CHILDREN .....	46
PROTHROMBIN TIME/INR TEST METER .....	335	QUADRACEL DTAP-IPV .....	258
PROTIRELIN .....	393	QUALAQUIN .....	209
PROTONIX .....	264	QUAZEPAM .....	273
PROTOPIC .....	650	QUERCETIN DIHYDRATE .....	600
PROTRIPTYLINE HCL .....	109	QUETIAPINE FUMARATE .....	225,226,227,230
PROVERA .....	509	QUINACRINE HCL .....	209
PRUCALOPRIDE SUCCINATE .....	442	QUINAPRIL HCL .....	622,623
PRUSSIAN BLUE (INSOLUBLE) .....	514	QUINAPRIL HCL/HYDROCHLOROTHIAZIDE .....	623
PSEUDOEPHEDRINE HCL .....	661	QUINIDINE GLUCONATE .....	56
PSEUDOEPHEDRINE HCL/CHLORPHENIRAMINE MALEATE/BELLAD ALK .....	433	QUINIDINE SULFATE .....	56,57
PSYLLIUM HUSK .....	437	QUININE HCL DIHYDRATE .....	209
PSYLLIUM SEED .....	436	QUININE SULFATE .....	209
		QULIPTA .....	162,163
		R	
		R-NATAL OB .....	676
		RABAVERT .....	258

RABEPRAZOLE SODIUM . . . . .	262,264	RELUGOLIX/ESTRADIOL/NORETHINDRONE	
RABIES VACCINE, HUMAN DIPLOID CELL/PF . . .	255	ACETATE . . . . .	446
RABIES VACCINE, PURIFIED CHICKEN EMBRYO		REMERON . . . . .	96
CELL (PCEC)/PF . . . . .	258	REMODULIN . . . . .	633
RACEMETHIONINE . . . . .	591	RENA-VITE RX . . . . .	678
RACEPINEPHRINE HCL . . . . .	661	REVELA . . . . .	515
RADIAGUARD . . . . .	641	REPAGLINIDE . . . . .	115
RADICAVA ORS . . . . .	316	REPAGLINIDE/METFORMIN HCL . . . . .	116
RADIOGARDASE . . . . .	514	REPATHA PUSHTRONEX . . . . .	161
RALOXIFENE HCL . . . . .	417	REPATHA SURECLICK . . . . .	161
RALTEGRAVIR POTASSIUM . . . . .	238,239	REPATHA SYRINGE . . . . .	161
RAMELTEON . . . . .	269	REQ49+ . . . . .	676
RAMIPRIL . . . . .	623,624	RESERPINE . . . . .	511
RANIBIZUMAB . . . . .	430	RESORCINOL . . . . .	601
RANOLAZINE . . . . .	300,301	RESPA A.R. . . . .	433
RAPAFLO . . . . .	4	RESTASIS . . . . .	47
RAPAMUNE . . . . .	544	RESTASIS MULTIDOSE . . . . .	47
RAPESEED OIL . . . . .	600	RESVERATROL . . . . .	552
RASAGILINE MESYLATE . . . . .	206,207	RETACRIT . . . . .	286
RASPBERRY FLAVOR . . . . .	600,601	RETAPAMULIN . . . . .	39
RASUVO . . . . .	188,189	RETEVMO . . . . .	189
RAUWOLFIA SERPENTINA . . . . .	511	RETIN-A MICRO PUMP . . . . .	641
RAVICTI . . . . .	404	RETINAL . . . . .	601
RAYALDEE . . . . .	679	RETROVIR . . . . .	244
RAZADYNE ER . . . . .	277,278	REVATIO . . . . .	671
REBIF . . . . .	538	REVLIMID . . . . .	189,190
REBIF REBIDOSE . . . . .	538	REXULTI . . . . .	227
REBINYN . . . . .	145,146	REYATAZ . . . . .	248
RECLIPSEN . . . . .	495	REZUROCK . . . . .	553
RECOMBINATE . . . . .	146	RHOFADE . . . . .	650
RECOMBIVAX HB . . . . .	258,259	RHOPRESSA . . . . .	134
RECTIV . . . . .	650	RIBAVIRIN . . . . .	267
RED (FOOD COLOR) . . . . .	583	RIBOCICLIB SUCCINATE . . . . .	180,181
RED ALGAE . . . . .	601	RIBOCICLIB SUCCINATE/LETROZOLE . . . . .	181
RED YEAST RICE EXTRACT . . . . .	601	RIBOFLAVIN (VITAMIN B2) . . . . .	678
REGLAN . . . . .	442,443	RIBOFLAVIN 5-PHOSPHATE SODIUM (B2) . . . . .	678
REGORAFENIB . . . . .	193	RIBOSE . . . . .	404
REGRANEX . . . . .	641	RICE STARCH . . . . .	601
RELENZA . . . . .	266	RIDAURA . . . . .	446
RELEXXII . . . . .	31	RIFABUTIN . . . . .	166
RELUGOLIX . . . . .	446	RIFAMPIN . . . . .	166

RIFAMYCIN SODIUM	66	ROSE BENGAL	601
RIFAPENTINE	166	ROSE OIL	601
RIFAXIMIN	66	ROSEMARY OIL	553
RILONACEPT	546	ROSIGLITAZONE MALEATE	121
RILPIVIRINE HCL	239	ROSIN	601
RILUZOLE	316	ROSULA	643
RIMANTADINE HCL	264	ROSUVASTATIN CALCIUM	159,160
RIMEGEPANT SULFATE	162	ROTARIX	259
RINVOO	533	ROTATEQ	259
RIOCIGUAT	631	ROTAVIRUS VACCINE, LIVE ORAL ATTENUATED,89-12 STRAIN, G1P(8)	259
RIPRETINIB	188	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT	259
RISANKIZUMAB-RZAA	48,650	ROTIGOTINE	399,400
RISDIPLAM	549	ROWASA	435
RISEDRONATE SODIUM	523,524,525	ROWEEPRA	87
RISPERDAL CONSTA	228	ROWEEPRA XR	87
RISPERIDONE	225,228,229,230	ROZEREM	269
RISPERIDONE MICROSPHERES	228	ROZLYTREK	190,191
RITONAVIR	247,248	RUBIDIUM CHLORIDE	601
RITUXAN	190	RUBRACA	191
RITUXAN HYCELA	190	RUCAPARIB CAMSYLATE	191
RITUXIMAB	190	RUCONEST	517
RITUXIMAB-PVVR	191	RUFINAMIDE	78,87
RITUXIMAB/HYALURONIDASE, HUMAN RECOMBINANT	190	RUKOBIA	238
RIVAROXABAN	72,73	RUTIN	601
RIVASTIGMINE	276,278	RUXIENCE	191
RIVASTIGMINE TARTRATE	278	RUXOLITINIB PHOSPHATE	179,180
RIXUBIS	146	RUZURGI	553
RIZATRIPTAN BENZOATE	164	RYALTRIS	427
ROBAXIN-750	638	RYBELSUS	114
ROCALTROL	679	RYDAPT	191
ROCKLATAN	134	RYPLAZIM	281
ROCURONIUM BROMIDE	639	RYTARY	205,206
ROFLUMILAST	629,630	RYTHMOL SR	57,58
ROLAPITANT HCL	125		
ROLVEDON	286	S	
ROOT BEER FLAVOR	601	S-ADENOSYLMETHIONINE SULFATE TOSYLATE	567,601
ROPEGINTERFERON ALFA-2B-NJFT	169	SABRIL	87
ROPINIROLE HCL	401	SACCHARIN SODIUM	413,414
ROPIVACAINE HCL	518		
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SACUBITRIL/VALSARTAN	612,613	SECNIDAZOLE	210
SAFFLOWER OIL	601	SECOBARBITAL SODIUM	271
SAFINAMIDE MESYLATE	207	SECONAL SODIUM	271
SAGE LEAF	553	SECRETIN ACETATE (HUMAN)	392
SAJAZIR	516	SEGESTERONE ACETATE/ETHINYL ESTRADIOL	465
SALAGEN	278	SELEGILINE	206,207
SALICYLIC ACID	643,644	SELEGILINE HCL	207
SALICYLIC ACID/RESORCINOL/LACTIC ACID/ETHYL ALCOHOL	643	SELENIUM SULFIDE	44
SALIMEZ FORTE	644	SELENIUM YEAST	602
SALIVA COLLECTION DEVICE/IBUPROFEN	392	SELENOMETHIONINE	411
SALIVA SUBSTITUTE COMBINATION NO.11	362,371	SELEXIPAG	635,636
SALIVA SUBSTITUTE COMBO NO.2	333	SELINEXOR	200,201
SALIVA SUBSTITUTE COMBO NO.3	329	SELPERCATINIB	189
SALIVAMAX	371	SELUMETINIB SULFATE/VITAMIN E TPGS	181
SALMETEROL XINAFOATE	280	SELZENTRY	238
SALSALATE	562	SEMAGLUTIDE	114
SAMSCA	397	SERDEXMETHYLPHENIDATE CHLORIDE/DEXMETHYLPHENIDATE HCL	27,28
SANADERMRX	54	SEREVENT DISKUS	280
SANDIMMUNE	545	SERINE	588
SANDOSTATIN	656	SERMORELIN ACETATE	505
SANDOSTATIN LAR DEPOT	657	SERNIVO	54
SANTYL	650	SEROQUEL XR	230
SAPROPTERIN DIHYDROCHLORIDE	550,553,607	SEROSTIM	505,506
SAQUINAVIR MESYLATE	246	SEROTONIN HCL	602
SARECYCLINE HCL	662	SERTRALINE HCL	103,104
SARGRAMOSTIM	284	SETLAKIN	495
SARILUMAB	531,532	SETMELANOTIDE ACETATE	24
SARRACENIA FLAVA	584	SEVELAMER CARBONATE	515
SASSAFRAS	602	SEVELAMER HCL	515
SATRALIZUMAB-MWGE	536	SEVENFACT	146
SATURATED FA GLYCERIDES C12-18	606	SEVOFLURANE	443
SAVAYSA	72	SEYSARA	662
SAVELLA	317	SF	527
SAW PALMETTO	602	SF 5000 PLUS	527
SCALACORT	54	SFROWASA	435
SCARLET RED	602	SHAMPOO BASE NO.50	609
SCSEMBLIX	191,192	SHAMPOO BASE NO.89	583
SCOPOLAMINE	123	SHARK CARTILAGE	602
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SHOWER FRESH FRAGRANCE.....	602	SODIUM ACETATE TRIHYDRATE.....	411
SIBERIAN GINSENG.....	580	SODIUM ALGINATE.....	602
SIDEROL.....	56	SODIUM ASCORBYL PHOSPHATE DIHYDRATE.....	604
SIGNIFOR.....	657,658	SODIUM ASPARTATE MONOHYDRATE.....	413
SIGNIFOR LAR.....	658	SODIUM BENZOATE.....	602
SIKLOS.....	192	SODIUM BICARBONATE.....	402
SILDENAFIL CITRATE.....	671,672	SODIUM BORATE.....	602
SILENOR.....	109	SODIUM BROMIDE.....	602
SILICA GEL, AMORPHOUS SYNTHETIC MICRONIZED.....	602	SODIUM BUTYRATE.....	603
SILICON DIOXIDE.....	602	SODIUM CACODYLATE.....	411
SILICON,COLLOIDAL.....	577,602	SODIUM CARBONATE.....	603
SILIQ.....	650	SODIUM CHLORIDE.....	373,412,413
SILODOSIN.....	4,5	SODIUM CHLORIDE 0.45 %.....	411,412
SILVASORB.....	372	SODIUM CHLORIDE 0.9 % (FLUSH).....	410,412
SILVER.....	372	SODIUM CHLORIDE 3 %.....	412
SILVER PROTEIN,MILD.....	44	SODIUM CHLORIDE 5 %.....	413
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SIMBRINZA.....	132,133	SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG.....	436,437,438
SIMETHICONE.....	436	SODIUM CHLORITE.....	603
SIMLIYA.....	495	SODIUM CITRATE.....	403
SIMPESSE.....	496	SODIUM CITRATE DIHYDRATE.....	402,403
SIMPONI.....	533	SODIUM DECANOATE.....	603
SIMPONI ARIA.....	533	SODIUM DESOXYCHOLATE.....	603
SIMVASTATIN.....	157,160,161	SODIUM DICHLOROACETATE.....	603
SINEMET 10-100.....	206	SODIUM FLUORIDE 5000 DRY MOUTH.....	528
SINEMET 25-100.....	206	SODIUM FLUORIDE/POTASSIUM NITRATE.....	527,528
SIPONIMOD.....	537	SODIUM GLUCONATE.....	603
SIROLIMUS.....	544,545,648	SODIUM HYDROXIDE.....	644
SIRTURO.....	166	SODIUM IODIDE.....	603
SITAGLIPTIN PHOSPHATE.....	112	SODIUM IODIDE-123.....	610
SITAGLIPTIN PHOSPHATE/METFORMIN HCL.....	111	SODIUM LACTATE.....	403
SIVEXTRO.....	65	SODIUM LAURETH SULFATE.....	642
SKLICE.....	45	SODIUM LAURYL SULFATE.....	642
SKYLA.....	496	SODIUM METABISULFITE.....	602,603
SKYRIZI.....	48,650		
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SODIUM MONOFLUOROPHOSPHATE.....	603	SOFOSBUVIR.....	451,452
SODIUM NITRATE.....	603	SOFOSBUVIR/VELPATASVIR.....	450,451
SODIUM NITRITE.....	671	SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR...	452
SODIUM OLEATE.....	603	SOLIFENACIN SUCCINATE.....	445
SODIUM OXYBATE.....	316	SOLIQUA 100-33.....	512
SODIUM OXYBATE/CALCIUM		SOLIRIS.....	517
OXYBATE/MAGNESIUM OXYBATE/POT		SOLOSEC.....	210
OXYBATE.....	317	SOLRIAMFETOL HCL.....	32
SODIUM PERBORATE.....	603	SOLTAMOX.....	417
SODIUM PHENYLBUTYRATE.....	403,404,603	SOLU-CORTEF.....	460
SODIUM PHOSPHATE DIBASIC,		SOMATROPIN.....	505,506
HEPTAHYDRATE.....	437	SOMATULINE DEPOT.....	658,659
SODIUM PHOSPHATE,DIBASIC.....	437	SOMAVERT.....	659
SODIUM PHOSPHATE,DIBASIC/POT		SONIDEGIB PHOSPHATE.....	186
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SODIUM PHOSPHATE,MONOBASIC.....	437	SORAFENIB TOSYLATE.....	186,192
SODIUM PHOSPHATE,TRIBASIC.....	603	SORBIC ACID.....	604
SODIUM PICOSULFATE/MAGNESIUM		SORBITAN MONOLAURATE.....	414
OXIDE/CITRIC ACID.....	436	SORBITAN MONOOLEATE.....	414,604
SODIUM POLYSTYRENE SULFONATE.....	516	SORBITAN MONOPALMITATE.....	571
SODIUM POLYSTYRENE SULFONATE/SORBITOL		SORBITOL.....	414,571,604
SOLUTION.....	515,516	SORBITOL/SALIVA STIMULANT COMB NO.	
SODIUM PROPIONATE.....	128	1/MALIC ACID/CALCIUM PHOS.....	362
SODIUM PYROGLUTAMATE.....	603	SORIATANE.....	651
SODIUM PYRUVATE.....	600	SORINE.....	310
SODIUM SALICYLATE.....	562	SOTALOL AF.....	311
SODIUM SELENITE.....	413	SOTALOL HCL.....	304,305,310,311
SODIUM STEARATE.....	603	SOTORASIB.....	183
SODIUM STEARYL FUMARATE.....	603	SOTYKTU.....	651
SODIUM SUCCINATE.....	603	SOTYLIZE.....	311
SODIUM SULFATE.....	438	SOVALDI.....	451,452
SODIUM SULFATE/POTASSIUM		SOY PROTEIN.....	414
CHLORIDE/MAGNESIUM SULFATE.....	438	SOYBEAN OIL.....	604
SODIUM SULFATE/POTASSIUM		SPEARMINT OIL.....	604
SULFATE/MAGNESIUM SULFATE.....	437,438	SPECTRACEF.....	322
SODIUM SULFITE.....	603	SPIKEVAX COVID (18Y UP) VACC.....	259
SODIUM TARTRATE DIHYDRATE.....	438	SPIRIVA HANDHALER.....	69
SODIUM TETRADECYL SULFATE.....	311	SPIRIVA RESPIMAT.....	69,70
SODIUM THIOSALICYLATE.....	6	SPIRONOLACTONE.....	625,626
SODIUM THIOSULFATE.....	128,522	SPIRONOLACTONE, MICRONIZED.....	626
SODIUM ZIRCONIUM CYCLOSILICATE.....	516	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE ..	626

SPRAVATO.....	96	STREPTOMYCIN SULFATE.....	59
SPRAY AND STRETCH.....	373	STRIBILD.....	244
SPRINTEC.....	496	STRIVERDI RESPIMAT.....	280
SPRITAM.....	87,88	STROMECTOL.....	33
SPRYCEL.....	192	STRONTIUM CHLORIDE HEXAHYDRATE.....	606
SPS.....	516	STRONTIUM NITRATE.....	606
SQUALANE.....	604	SUBVENITE.....	88
SQUARIC ACID.....	553	SUBVENITE (BLUE).....	88
SQUARIC ACID DIBUTYLESTER.....	548,553	SUBVENITE (GREEN).....	88
SQUARIC ACID DIBUTYLESTER IN BUTYL		SUBVENITE (ORANGE).....	88
ALCOHOL.....	604	SUCCIMER.....	452,454,455
SRONYX.....	496	SUCCINIC ACID.....	606
SSD.....	44	SUCCINYLMCHOLINE CHLORIDE.....	639
SSKI.....	663	SUCRALFATE.....	262
SSS 10-5.....	644	SUCROFERRIC OXYHYDROXIDE.....	515
ST. JOHN'S WORT.....	553	SUCROSE.....	606
STABILIZER FOR MOXETUMOMAB PASUDOTOX-		SUCROSE OCTAACETATE.....	606
TDFK.....	590	SUFENTANIL CITRATE.....	19
STALEVO 100.....	206	SULAR.....	300
STALEVO 125.....	206	SULFACETAMIDE.....	61
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STALEVO 200.....	206	SULFACETAMIDE SODIUM, MONOHYDRATE....	61
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STALEVO 75.....	206	ACETATE.....	36
STAMARIL.....	259	SULFACETAMIDE SODIUM/PREDNISOLONE	
STANNOUS CHLORIDE DIHYDRATE.....	604	SODIUM PHOSPHATE.....	38
STANZOLOL.....	462	SULFACETAMIDE	
STANZOLOL MICRONIZED.....	462	SODIUM/SULFUR.....	642,643,644,645
STAVUDINE.....	244	SULFACLEANSE 8-4.....	644
STEARIC ACID.....	604	SULFADIAZINE.....	62
STEARYL ALCOHOL.....	604	SULFADIAZINE SODIUM.....	62
STELARA.....	651	SULFAMERAZINE.....	62
STEVIOL GLYCOSIDES.....	605	SULFAMETHOXAZOLE.....	62
STEVIOSIDE.....	605	SULFAMETHOXAZOLE/TRIMETHOPRIM.....	61,62
STEVIOSIDE/GLYCERIN.....	595	SULFAMYLON.....	44
STIOLTO RESPIMAT.....	70	SULFANILAMIDE.....	62
STIRIPENTOL.....	80	SULFAPYRIDINE.....	62
STIVARGA.....	193	SULFASALAZINE.....	62,528,534
STRAVIX.....	553	SULFATHIAZOLE.....	62
STRAWBERRY FLAVOR.....	605	SULFATRIM.....	62
STRENSIQ.....	416	SULFISOXAZOLE.....	62



SULFOSALICYLIC ACID DIHYDRATE	606	SYMLINPEN 60	110
SULFUR	644	SYMPROIC	441
SULFUR SUBLIMED	644	SYMTUZA	248
SULFURATED POTASH	599	SYNAGIS	266
SULFURIC ACID	606	SYNAREL	450
SULFURIC ACID/SULFONATED PHENOL	428	SYNDROS	123
SULINDAC	562	SYNJARDY	116,117
SUMADAN	644	SYNJARDY XR	117
SUMATRIPTAN	164	SYNRIBO	193
SUMATRIPTAN SUCCINATE	164	SYNVISC	376
SUMAXIN	644	SYNVISC-ONE	376
SUMAXIN TS	645	SYRINGE AVITENE	147
SUNITINIB MALATE	193	SYRINGE W-NEEDLE 0.3 ML,INSULIN,SAFETY W- SELF-CONT.DIS.UNIT	371
SUNOSI	32	SYRINGE WITH NEEDLE 1 ML,INSULIN,SAFETY W- SELF-CON.DISP.UNIT	371
SUPARTZ FX	373	SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.3 ML	331,332,358
SUPER SYNERSWEET FLAVOR	606	SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.5 ML	329,331,332,342,358
SUPEROXIDE DISMUTASE	606	SYRINGE WITH NEEDLE, INSULIN, SAFETY, 1 ML	329,332,342,343,358,390
SUPPOSITORY BASE NO.119	581	SYRINGE WITH NEEDLE, INSULIN,1 ML AND SHARPS CONTAINER	383
SUPPOSITORY BASE NO.216	581	SYRINGE WITH NEEDLE,DISPOSABLE,INSULIN 1 ML	330,331,332,333,335,336,340,341,342,344,34 5,346,347,348,349,350,352,353,354,355,356,357, 358,359,360,361,366,367,368,369,370,372,374,3 75,376,377,378,379,380,381,382,383,384,385,38 6,387,391
SUPPOSITORY BASE NO.231	606	SYRINGE WITH NEEDLE,INSULIN 0.3 ML (HALF UNIT MARK)	330,332,348,352,376,381,382,385
SUPPOSITORY BASE NO.234	606	SYRINGE WITH NEEDLE,INSULIN 0.5 ML (HALF UNIT MARK)	339,340,376
SUPPOSITORY BASE NO.246	598	SYRINGE WITH NEEDLE,INSULIN DISPOSABLE	361
SUPPOSITORY BASE NO.55	604	SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.3 ML/EMPTY CONTAINR	383,384
SUPPOSITORY BASE NO.85	610		
SUPRAX	322		
SUPREP	438		
SUSTIVA	240		
SUTAB	438		
SUTENT	193		
SUVOREXANT	274		
SWEETLEAF (STEVIA REBAUDIANA, EXTRACT)	608		
SWEETLEAF/POLYETHYLENE GLYCOL 1450	414		
SYEDA	496		
SYMAX DUOTAB	70		
SYMBICORT	325		
SYMBYAX	104		
SYMDEKO	325		
SYMFI	241		
SYMFI LO	241		
SYMJEPI	661		
SYMLINPEN 120	110		

SYRINGE WITH NEEDLE,INSULIN,0.3  
 ML . 330,332,333,335,339,340,341,342,345,346,34  
 8,349,350,352,353,354,355,356,357,358,360,361,  
 366,367,369,370,372,373,374,375,377,378,379,3  
 81,382,383,384,385,386,387  
 SYRINGE WITH NEEDLE,INSULIN,0.5  
 ML . 330,331,332,333,335,341,342,344,345,346,34  
 7,348,349,350,352,353,354,355,356,357,358,359,  
 360,361,366,367,368,369,370,372,373,374,375,3  
 77,378,379,380,381,382,383,384,385,386,387,39  
 0  
 SYRINGE WITHOUT NEEDLE,INSULIN DISPOSIBLE,  
 1 ML . . . . . 331,343,344  
 SYRINGE, INSULIN U-500 WITH NEEDLE,  
 DISPOSABLE, 0.5 ML . . . . . 330  
 SYRINGE-NEEDLE,INSULIN,0.5  
 ML/CONTAINER,EMPTY . . . . .383,384

**T**  
 TABLET RAPID DISSOLVE COMPOUNDING BASE  
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 TABLET RAPID DISSOLVE COMPOUNDING BASE  
 NO.123 . . . . . 600  
 TABLET RAPID DISSOLVE COMPOUNDING BASE  
 NO.219 . . . . . 571  
 TABLET RAPID DISSOLVE COMPOUNDING BASE  
 NO.230 . . . . . 606  
 TABLET RAPID DISSOLVE COMPOUNDING BASE  
 NO.242 . . . . . 594  
 TABLET RAPID DISSOLVE COMPOUNDING BASE  
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 TADLIQ . . . . . 672  
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 TANNIC ACID . . . . . 606  
 TAPAZOLE . . . . . 663  
 TARCEVA . . . . . 194,195  
 TARGRETIN . . . . . 195  
 TARINA 24 FE . . . . . 497  
 TARINA FE . . . . . 497  
 TARINA FE 1-20 EQ . . . . . 497  
 TARKA . . . . . 624  
 TARTARIC ACID . . . . . 606  
 TASCENSO ODT . . . . . 538  
 TASIGNA . . . . . 195  
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 TASMAR . . . . . 204  
 TAURINE . . . . . 553  
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TEDUGLUTIDE.....	440	TETRACAINE HCL.....	429,518,640
TEGASEROD HYDROGEN MALEATE.....	443	TETRACAINE HCL/PF.....	429
TEGSEDI.....	523	TETRACYCLINE HCL.....	63
TELMISARTAN.....	615,616	TETRAHYDROCURCUMIN.....	607
TELMISARTAN/AMLODIPINE BESYLATE.....	616	TETRAHYDROZOLINE HCL.....	430
TELMISARTAN/HYDROCHLOROTHIAZIDE.....	616	TETRIX.....	415
TELOTRIPTAT ETIPRATE.....	436	TEZACAFTOR/IVACAFTOR.....	325
TEMAZEPAM.....	273,274	THALIDOMIDE.....	538,539
TEMIXYS.....	244	THALITONE.....	396
TEMODAR.....	195,196	THALOMID.....	538,539
TEMOZOLOMIDE.....	195,196	THEANINE.....	550,553
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TENORETIC 100.....	311	THIAMINE HCL.....	678
TEPMETKO.....	196	THIMEROSAL.....	607
TEPOTINIB HCL.....	196	THIOGUANINE.....	194,196
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TERBINAFINE HCL.....	125	THIOLA EC.....	553
TERBUTALINE SULFATE.....	281	THIORIDAZINE HCL.....	236
TERCONAZOLE.....	129	THIOTEPA.....	196
TERIFLUNOMIDE.....	534	THIOTHIXENE.....	237
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THYMOL IODIDE	125	TOBREX	38
THYMUS GLAND,CALF	607	TOFACITINIB CITRATE	534
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THYROID,PORK	667	TOLAZOLINE HCL	673
THYTROPIN ALFA	393	TOLCAPONE	204
TIADYLT ER	292	TOLMETIN SODIUM	562
TIAGABINE HCL	83,88,89	TOLNAFTATE	131
TIAZAC	292,293	TOLONIUM CHLORIDE	522
TIBSOVO	196	TOLTERODINE TARTRATE	443,444,445
TICAGRELOR	248,249	TOLVAPTAN	396,397
TICK-BORNE ENCEPHALITIS VACCINE	259	TOPICORT	54,55
TICOVAC	259	TOPIRAMATE	89,90
TIGAN	124	TOPOTECAN HCL	177
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TILIA FE	497	TORSEMIDE	394
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TINIDAZOLE	210	TOXICOLOGY SALIVA COLLECTION	392
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TIZANIDINE HCL	638	TRANSDERM-SCOP	123
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TOBRAMYCIN/DEXAMETHASONE	38	TRAVOPROST	134
		TRAZIMERA	196,197

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TRECATOR	166	TRICHLORMETHIAZIDE	395
TRELEGY ELLIPTA	325	TRICHLOROACETIC ACID	607,652,653
TRELSTAR	450	TRICLABENDAZOLE	33
TREMFYA	652	TRICLOSAN	44
TREPROSTINIL	634,635	TRIDERM	55
TREPROSTINIL DIOLAMINE	633	TRIENTINE HCL	455
TREPROSTINIL SODIUM	633,634	TRIETHANOLAMINE	608
TREPROSTINIL/NEBULIZER ACCESSORIES	635	TRIETHANOLAMINE LAURYL SULFATE	607
TREPROSTINIL/NEBULIZER AND ACCESSORIES	635	TRIETHANOLAMINE SALICYLATE	607
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TRI-LO-MILI	499	TRINTELLIX	105
TRI-LO-SPRINTEC	499	TRIOXSALEN	607
TRI-MILI	499	TRIPLENNAMINE HCL	431
TRI-NYMYO	499	TRIPROLIDINE HCL	433
TRI-PREVIFEM	499	TRIPTORELIN PAMOATE	450
TRI-SPRINTEC	500	TRIUMEQ	244
TRI-VYLIBRA	500	TRIUMEQ PD	245
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TRIAMCINOLONE	461	TRIVORA-28	500
TRIAMCINOLONE ACETONIDE	46,53,55,458,460	TRIZIVIR	245
TRIAMCINOLONE ACETONIDE/DIMETHICONE/SILICONE, ADHESIVE	54	TROCHE BASE NO.131	608
TRIAMCINOLONE DIACETATE	460	TROCHE BASE NO.168	570
TRIAMCINOLONE DIACETATE, MICRONIZED	460	TROCHE BASE NO.183	583,595
TRIAMCINOLONE HEXACETONIDE	461	TROCHE BASE NO.235	607
TRIAMTERENE	394,395	TROCHE BASE NO.240	570,594
TRIAMTERENE/HYDROCHLOROTHIAZIDE	394,395	TROCHE BASE NO.245	607
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TRULICITY.....	114,115	UBIDECARENONE.....	547,554
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TUKYSA.....	197	ULTANE.....	443
TULANA.....	501	ULTRAFOAM.....	147
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TUSNEL.....	629	UNDECYLENIC ACID.....	128
TUSSI-PRES PEDIATRIC.....	629	UNITHIOL.....	580
TUSSLIN.....	629	UNITHROID.....	667,668
TUTTI-FRUTTI FLAVOR.....	608	UNSCENTED COLD CREAM.....	415
TUXARIN ER.....	629	UPADACITINIB.....	533
TWINRIX.....	259	UPNEEQ.....	430
TWYNEO.....	642	UPTRAVI.....	635,636
TYBLUME.....	501	UREA.....	645
TYBOST.....	554	URETRON D-S.....	35
TYDEMY.....	501	URIDINE.....	608
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TYMLOS.....	564	URIMAR-T.....	35
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VALINE .....	588,608	VEHICLE BASE NO.17 .....	601
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VAQTA .....	259,260	VELETRI .....	636,637
VARENICLINE TARTRATE .....	275	VELIVET .....	501
VARICELLA VIRUS VACCINE LIVE/PF .....	260	VELPHORO .....	515
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VENTAVIS.....	637	(DL,TOCOPHERYL)/GRAPE/HYALURONIC ACID	330
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VYLIBRA	502	XENAZINE	319
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VYNDAQEL	554	XEPI	42
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		XERMELO	436
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WHEY PROTEIN ISOLATE	610	XTANDI	201
WHITE (FOOD COLOR)	583	XULANE	503
WHITE WILLOW BARK/SALICIN	610	XULTOPHY 100-3.6	512
WILATE	148	XURIDEN	554
WILD CHERRY FLAVOR	610	XYLITOL	610
WILZIN	455	XYLITOL/POLOXALENE	580
WITCH HAZEL EXTRACT	554	XYLOMETAZOLINE HCL	610
WIXELA INHUB	325	XYNTHA	148
WYMZYA FE	503	XYNTHA SOLOFUSE	148,149
WYNZORA	653	XYOSTED	463
		XYREM	316
X		XYWAV	317
XACIATO	42	XYZAL	150
XADAGO	207		
XALKORI	200	Y	
XANTHAN GUM	610	YEAST EXTRACT	610
XARELTO	72,73	YELLOW (FOOD COLOR)	583
XATMEP	200	YELLOW FEVER VACCINE LIVE/PF	259,260

YF-VAX.....	260	ZINC PICOLINATE.....	413
YOHIMBINE HCL.....	660,668	ZINC SULFATE.....	413
YONSA.....	201	ZINC SULFATE HEPTAHYDRATE.....	413
YUVAFEM.....	426	ZINC UNDECYLENATE.....	128
Z		ZIPRASIDONE HCL.....	219,220,231
ZAFEMY.....	503	ZIPRASIDONE MESYLATE.....	220,231
ZAFIRLUKAST.....	48,49	ZIRABEV.....	202
ZALEPLON.....	270	ZIRGAN.....	39
ZANAMIVIR.....	266	ZITHROMAX.....	520
ZANUBRUTINIB.....	170	ZITHROMAX TRI-PAK.....	520
ZARAH.....	503	ZOFRAN.....	123
ZARONTIN.....	94	ZOKINVY.....	554,555
ZARXIO.....	287	ZOLADEX.....	450
ZAVESCA.....	554	ZOLEDRONIC ACID.....	525
ZEAXANTHIN.....	610	ZOLEDRONIC ACID IN MANNITOL AND 0.9 %	
ZEBUTAL.....	6	SODIUM CHLORIDE.....	525
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ZEGALOGUE SYRINGE.....	151	FOR INJECTION.....	525,526
ZEJULA.....	201	ZOLINZA.....	202
ZELAPAR.....	207	ZOLMITRIPTAN.....	164,165
ZELBORAF.....	202	ZOLPIDEM TARTRATE.....	270
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ZEMAIRA.....	631	ZONALON.....	641
ZEMPLAR.....	680	ZONISADE.....	91
ZENATANE.....	653	ZONISAMIDE.....	91,92
ZENPEP.....	439	ZONTIVITY.....	250
ZEPATIER.....	452	ZORBTIVE.....	506
ZETONNA.....	46	ZORTRESS.....	545,546
ZIAGEN.....	245	ZOVIA 1-35.....	504
ZIDOVUDINE.....	244,245,246	ZOVIA 1-35E.....	504
ZIEXTENZO.....	287	ZTALMY.....	202
ZILEUTON.....	49	ZUBSOLV.....	23,24
ZILXI.....	42	ZUMANDIMINE.....	504
ZINC ACETATE.....	454,455	ZYDELIG.....	202
ZINC ACETATE DIHYDRATE.....	610	ZYFLO.....	49
ZINC CHLORIDE.....	413	ZYKADIA.....	202
ZINC CITRATE.....	641	ZYLOPRIM.....	523
ZINC GLUCONATE.....	413	ZYMAXID.....	38
ZINC METHIONINE SULFATE.....	413	ZYPREXA RELPREVV.....	231,232
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