Blue Shield Medicare (PPO)

2026 Formulary

(List of Covered Drugs or "Drug List")

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Formulary ID# 26274

This formulary was updated on . For more recent information or other questions, please contact Blue Shield Medicare Customer Service, at (800) 370-8852 (TTY users should call 711), 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit blueshieldca.com/sfhss.

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Note to existing members: This formulary has changed since last year. Please review this

document to make sure that it still contains the drugs you take

When this Drug List (formulary) refers to "we," "us", or "our," it means Blue Shield of California. When it refers to "plan" or "our plan," it means Blue Shield Medicare.

This document includes Drug List (formulary) for our plan which is current as of . An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Blue Shield Medicare formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: blueshieldca.com/sfhss.

Changes that can affect you this year In the below cases, you will be affected by coverage changes during the year.

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions .

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original

biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Blue Shield Medicare's formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Blue Shield Medicare's formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of . To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at blueshieldca.com/sfhss.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 118 . The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter *5,* Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tables per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an

exception to the plan's formulary?" on page vi for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue Shield Medicare's formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue Shield Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception***. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the plan formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the plan formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,
- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by our plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new plan year. The transition policy will be extended across plan years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact our plan Customer Service for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website, and are also provided upon request to members and prescribers, via mail, email or fax.

Per our transition policy, in conjunction with network pharmacies, a temporary supply of non-formulary Part D drugs or formulary drugs with coverage restrictions will be provided in order to prevent interruptions in continuing therapy. This temporary supply also provides sufficient time for members to work with their prescribers to switch to a therapeutically equivalent formulary medication, or to complete a formulary exception request based on medical necessity. Requests for prior authorization of formulary drugs are reviewed against the CMS approved coverage criteria and formulary exception requests are reviewed for medical necessity by Blue Shield pharmacy technicians, pharmacists and/or physicians. If a formulary exception request is denied, we will provide the prescriber a list of appropriate therapeutic alternatives. A letter will also be sent to you providing instructions on how to appeal the decision.

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in our plan. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case

we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will send written notice within 3 business days of the transitional fill after we cover the temporary supply. This notice will contain an explanation of the temporary nature of the transition supply received, instructions for working with us and the prescriber to identify appropriate therapeutic alternatives that are on our formulary, an explanation of your right to request a formulary exception, and a description of the procedures for requesting a formulary exception. If a transition supply has been provided once and you are currently in the process of receiving a coverage determination, the transition supply may be extended by one additional 30-day prescription fill beyond the initial 30-day supply, unless you present with a prescription written for less than 30 days. The extension of the transition period is on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum day transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

If you are a resident of a long-term-care facility (like a nursing home), we will cover supplies of Part D drugs in increments of 14 days or less for a temporary 31-day transition supply unless the prescription is written for fewer days during the first 90 days you are enrolled in our Plan, beginning on your effective date of coverage.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out–of-network access.

For more information

For more detailed information about your our plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

Plan formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 118 .

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ELIQUIS) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

LEGEND

TIER	NAME
gen	Generic Drugs
brd	Preferred Brand Drugs
npd	Non-Preferred Drugs
spec	Specialty Tier Drugs

SYMBOL	NAME	DESCRIPTION
EDC	Enhanced Drug Coverage	This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Service.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
INS	Covered Insulin	You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
VAC	$0 Vaccine	Our plan covers most Part D vaccines at no cost to you,. Call Customer Service for more information.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
butalbital-aspirin-caffeine 50-325-40 mg cap	gen	PA, QL (48 PER 30 OVER TIME), NDS
cataflam 50 mg tab	gen	
celecoxib (50 mg cap, 100 mg cap, 200 mg cap)	gen	QL (2 PER 1 DAYS)
celecoxib 400 mg cap	gen	QL (1 PER 1 DAYS)
diclofenac potassium 50 mg tab	gen	
diclofenac sodium (1.5 % solution, 25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	gen	
diclofenac sodium 3 % gel	gen	PA, QL (100 PER 30 DAYS)
diclofenac sodium er 100 mg tab er 24h	gen	
diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)	gen	
diflunisal 500 mg tab	gen	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	gen	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	gen	
etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)	gen	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	gen	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	gen	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	gen	
indomethacin (25 mg cap, 50 mg cap)	gen	
indomethacin er 75 mg cap er	gen	
meloxicam (7.5 mg tab, 15 mg tab)	gen	
nabumetone (500 mg tab, 750 mg tab)	gen	
naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	gen	
naproxen dr 500 mg tab dr	gen	
naproxen sodium (275 mg tab, 550 mg tab)	gen	
oxaprozin 600 mg tab	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
piroxicam (10 mg cap, 20 mg cap)	gen	
relafen (500 mg tab, 750 mg tab)	gen	
salsalate (500 mg tab, 750 mg tab)	gen	
sulindac (150 mg tab, 200 mg tab)	gen	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	gen	PA, QL (4 PER 28 OVER TIME), NDS
DISKETS 40 MG TAB SOL	gen	QL (1 PER 1 DAYS), NDS
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	gen	PA, QL (10 PER 30 OVER TIME), NDS
hydromorphone hcl er (er 8 mg tab er 24h, er 16 mg tab er 24h, er 32 mg tab er 24h)	gen	PA, QL (30 PER 30 OVER TIME), NDS
hydromorphone hcl er 12 mg tab er 24h	gen	PA, QL (60 PER 30 OVER TIME), NDS
methadone hcl (10 mg tab, 10 mg/ml conc)	gen	PA, QL (90 PER 30 OVER TIME), NDS
methadone hcl 10 mg/5ml solution	gen	PA, QL (450 PER 30 OVER TIME), NDS
methadone hcl 10 mg/ml solution	npd	PA, NDS
methadone hcl 40 mg tab sol	gen	QL (1 PER 1 DAYS), NDS
methadone hcl 5 mg tab	gen	PA, QL (180 PER 30 OVER TIME), NDS
methadone hcl 5 mg/5ml solution	gen	PA, QL (900 PER 30 OVER TIME), NDS
methadone hcl intensol 10 mg/ml conc	gen	PA, QL (90 PER 30 OVER TIME), NDS
methadose 40 mg tab sol	gen	QL (1 PER 1 DAYS), NDS
morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)	gen	QL (60 PER 30 OVER TIME), NDS
morphine sulfate er 15 mg tab er	gen	QL (180 PER 30 OVER TIME), NDS
morphine sulfate er 30 mg tab er	gen	QL (90 PER 30 OVER TIME), NDS
OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H)	gen	PA, QL (2 PER 1 DAYS), NDS
tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)	gen	PA, QL (1 PER 1 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)	gen	QL (1800 PER 30 OVER TIME), NDS
acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)	gen	QL (12 PER 1 DAYS), NDS
acetaminophen-codeine 300-60 mg tab	gen	QL (6 PER 1 DAYS), NDS
ascomp-codeine 50-325-40-30 mg cap	gen	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-apap-caff-cod 50-325-40-30 mg cap	gen	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-asa-caff-codeine 50-325-40-30 mg cap	gen	PA, QL (48 PER 30 OVER TIME), NDS
butorphanol tartrate 10 mg/ml solution	gen	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	gen	QL (336 PER 30 OVER TIME), NDS
codeine sulfate 30 mg tab	gen	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	gen	QL (84 PER 30 OVER TIME), NDS
endocet (2.5-325 mg tab, 5-325 mg tab)	gen	QL (168 PER 30 OVER TIME), NDS
endocet 10-325 mg tab	gen	QL (84 PER 30 OVER TIME), NDS
endocet 7.5-325 mg tab	gen	QL (112 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)	gen	QL (2520 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab)	gen	QL (8 PER 1 DAYS), NDS
hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)	gen	QL (6 PER 1 DAYS), NDS
hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)	gen	QL (5 PER 1 DAYS), NDS
hydromorphone hcl 1 mg/ml liquid	gen	QL (675 PER 30 OVER TIME), NDS
hydromorphone hcl 2 mg tab	gen	QL (154 PER 30 OVER TIME), NDS
HYDROMORPHONE HCL 3 MG SUPPOS	gen	QL (240 PER 30 OVER TIME), NDS, EDC
hydromorphone hcl 4 mg tab	gen	QL (84 PER 30 OVER TIME), NDS
hydromorphone hcl 8 mg tab	gen	QL (42 PER 30 OVER TIME), NDS
morphine sulfate (15 mg tab, 30 mg tab)	gen	QL (120 PER 30 OVER TIME), NDS
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS)	gen	QL (84 PER 30 OVER TIME), NDS, EDC

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
morphine sulfate (concentrate) ((concentrate) 20 mg/ml solution, (concentrate) 100 mg/5ml solution)	gen	QL (70 PER 30 OVER TIME), NDS
morphine sulfate 10 mg/5ml solution	gen	QL (630 PER 30 OVER TIME), NDS
morphine sulfate 20 mg/5ml solution	gen	QL (315 PER 30 OVER TIME), NDS
oxycodone hcl (15 mg tab, 30 mg tab)	gen	QL (56 PER 30 OVER TIME), NDS
oxycodone hcl (20 mg tab, 100 mg/5ml conc)	gen	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl (5 mg cap, 5 mg tab)	gen	QL (168 PER 30 OVER TIME), NDS
oxycodone hcl 10 mg tab	gen	QL (84 PER 30 OVER TIME), NDS
oxycodone hcl 5 mg/5ml solution	gen	QL (840 PER 30 OVER TIME), NDS
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)	gen	QL (168 PER 30 OVER TIME), NDS
oxycodone-acetaminophen 10-325 mg tab	gen	QL (84 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	gen	QL (60 PER 1 DAYS), NDS
oxycodone-acetaminophen 7.5-325 mg tab	gen	QL (112 PER 30 OVER TIME), NDS
oxymorphone hcl 10 mg tab	gen	PA, QL (120 PER 30 OVER TIME), NDS
oxymorphone hcl 5 mg tab	gen	PA, QL (180 PER 30 OVER TIME), NDS
pentazocine-naloxone hcl 50-0.5 mg tab	gen	QL (12 PER 1 DAYS), NDS
tramadol hcl 100 mg tab	gen	QL (4 PER 1 DAYS), NDS
tramadol hcl 50 mg tab	gen	QL (8 PER 1 DAYS), NDS
tramadol-acetaminophen 37.5-325 mg tab	gen	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

lidocaine 5 % ointment	gen	QL (50 PER 30 DAYS)
lidocaine 5 % patch	gen	PA, QL (3 PER 1 DAYS)
lidocaine hcl 4 % solution	gen	
LIDOCAINE HCL 4 % SOLUTION	brd	
lidocaine viscous hcl 2 % solution	gen	
lidocaine-prilocaine 2.5-2.5 % cream	gen	QL (30 PER 30 DAYS)
lidocan 5 % patch	gen	PA, QL (3 PER 1 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	npd	QL (10 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMIUM LIDOCAINE 5 % OINTMENT	gen	QL (50 PER 30 DAYS)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

acamprosate calcium 333 mg tab dr	gen	
disulfiram (250 mg tab, 500 mg tab)	gen	

OPIOID DEPENDENCE

buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	gen	
buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)	gen	

OPIOID REVERSAL AGENTS

KLOXXADO 8 MG/0.1ML LIQUID	npd	QL (2 PER 30 OVER TIME)
naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)	gen	
naltrexone hcl 50 mg tab	gen	

SMOKING CESSATION AGENTS

bupropion hcl er (smoking det) 150 mg tab er 12h	gen	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	brd	
NICOTROL NS 10 MG/ML SOLUTION	brd	
varenicline tartrate (0.5 mg tab, 1 mg tab)	gen	QL (2 PER 1 DAYS)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	gen	QL (53 PER 30 OVER TIME)
varenicline tartrate(continue) 1 mg tab	gen	QL (2 PER 1 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

amikacin sulfate 500 mg/2ml solution	npd	
ARIKAYCE 590 MG/8.4ML SUSPENSION	inj	PA, LA, QL (235.2 PER 28 DAYS)
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	gen	
gentamicin sulfate 40 mg/ml solution	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
neomycin sulfate 500 mg tab	gen	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	npd	
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)	npd	

ANTIBACTERIALS, OTHER

aztreonam (1 gm recon soln, 2 gm recon soln)	npd	
CAYSTON 75 MG RECON SOLN	inj	PA, LA, QL (84 PER 28 DAYS)
CLEOCIN 100 MG SUPPOS	brd	
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	gen	
clindamycin palmitate hcl 75 mg/5ml recon soln	gen	
clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)	npd	
clindamycin phosphate 2 % cream	gen	
clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)	npd	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	npd	
CLINDESSE 2 % CREAM	brd	
colistimethate sodium (cba) 150 mg recon soln	npd	
daptomycin (350 mg recon soln, 500 mg recon soln)	inj	
fosfomycin tromethamine 3 gm packet	gen	QL (1 PER 30 OVER TIME)
lincomycin hcl 300 mg/ml solution	npd	
linezolid (100 mg/5ml recon susp, 600 mg tab)	gen	PA
linezolid 600 mg/300ml solution	npd	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	inj	
methenamine hippurate 1 gm tab	gen	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metronidazole 500 mg/100ml solution	npd	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	gen	
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	gen	
nitrofurantoin monohyd macro 100 mg cap	gen	
polymyxin b sulfate 500000 unit recon soln	npd	
rosadan (0.75 % cream, 0.75 % gel)	gen	
tigecycline 50 mg recon soln	npd	
tinidazole (250 mg tab, 500 mg tab)	gen	
trimethoprim 100 mg tab	gen	
vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln)	npd	
vancomycin hcl (125 mg cap, 250 mg cap)	gen	
vancomycin hcl (50 mg/ml recon soln, 250 mg/5ml recon soln)	gen	PA, QL (450 PER 30 OVER TIME)
vancomycin hcl 25 mg/ml recon soln	gen	PA, QL (900 PER 30 OVER TIME)
vancomycin hcl 5 gm recon soln	npd	PA - PART B VS D DETERMINATION
VANDAZOLE 0.75 % GEL	brd	
XIFAXAN 200 MG TAB	npd	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	npd	PA, QL (3 PER 1 DAYS)

BETA-LACTAM, CEPHALOSPORINS

CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	gen	
CEFACLOR ER 500 MG TAB ER 12H	gen	
cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	gen	
cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)	npd	
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	gen	
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)	gen	
cefotetan disodium (1 gm recon soln, 2 gm recon soln)	npd	
cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	npd	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	gen	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	gen	
ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)	inj	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	npd	
ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)	npd	
cefuroxime axetil (250 mg tab, 500 mg tab)	gen	
cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)	npd	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)	gen	
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	npd	
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)	gen	
amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)	gen	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h	gen	
ampicillin 500 mg cap	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)	npd	
ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)	npd	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	brd	
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	npd	
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	npd	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	npd	
dicloxacillin sodium (250 mg cap, 500 mg cap)	gen	
nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	npd	
penicillin g potassium (5000000 recon soln, 20000000 recon soln)	npd	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	npd	
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	gen	
pfizerpen (5000000 recon soln, 20000000 recon soln)	npd	
piperacillin sod-tazobactam so (2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 13.5 (12-1.5) gm recon ln, 40.5 (36-4.5) gm recon ln)	npd	
CARBAPENEMS		
ertapenem sodium 1 gm recon soln	gen	
imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)	npd	
meropenem (1 gm recon soln, 500 mg recon soln)	npd	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MACROLIDES		
azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	gen	
azithromycin 500 mg recon soln	npd	
clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	gen	
clarithromycin er 500 mg tab er 24h	gen	
DIFICID 40 MG/ML RECON SUSP	inj	PA, QL (136 PER 10 OVER TIME)
e.e.s. 400 400 mg tab	gen	
ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	gen	
erythrocin lactobionate 500 mg recon soln	npd	
ERYTHROCIN STEARATE 250 MG TAB	brd	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	gen	
erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	gen	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)	gen	
erythromycin lactobionate 500 mg recon soln	npd	
fidaxomicin 200 mg tab	inj	PA, QL (20 PER 10 OVER TIME)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	brd	
CILOXAN 0.3 % OINTMENT	brd	
ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)	gen	
ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)	gen	
ciprofloxacin in d5w 200 mg/100ml solution	npd	
levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)	gen	
LEVOFLOXACIN 25 MG/ML SOLUTION	npd	
levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
moxifloxacin hcl 400 mg tab	gen	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	npd	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	npd	PA - PART B VS D DETERMINATION
ofloxacin (300 mg tab, 400 mg tab)	gen	
SULFONAMIDES		
sulfadiazine 500 mg tab	gen	
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	gen	
sulfamethoxazole-trimethoprim 400-80 mg/5ml solution	npd	
sulfatrim pediatric 200-40 mg/5ml suspension	gen	
TETRACYCLINES		
avidoxy 100 mg tab	gen	
demeclocycline hcl (150 mg tab, 300 mg tab)	gen	
doxy 100 100 mg recon soln	npd	
doxycycline 40 mg cap dr	gen	PA, QL (1 PER 1 DAYS)
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	gen	
doxycycline hyclate (50 mg tab dr, 75 mg tab, 75 mg tab dr, 100 mg tab dr, 150 mg tab, 150 mg tab dr, 200 mg tab dr)	gen	PA
doxycycline hyclate 100 mg recon soln	npd	
doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)	gen	
minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)	gen	
mondoxyne nl 100 mg cap	gen	
tetracycline hcl (250 mg cap, 500 mg cap)	gen	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	gen	ST, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
brivaracetam 10 mg/ml solution	gen	ST, QL (20 ML PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	gen	
divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)	gen	
EPIDIOLEX 100 MG/ML SOLUTION	inj	LA, PA - FOR NEW STARTS ONLY
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	gen	
FINTEPLA 2.2 MG/ML SOLUTION	inj	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg & 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)	gen	
lamotrigine er (er 100 mg tab er 24h, er 200 mg tab er 24h)	gen	ST, QL (3 PER 1 DAYS)
lamotrigine er (er 25 mg tab er 24h, er 50 mg tab er 24h)	gen	ST, QL (1 PER 1 DAYS)
lamotrigine er (er 250 mg tab er 24h, er 300 mg tab er 24h)	gen	ST
lamotrigine starter kit-blue 35 x 25 mg kit	gen	
lamotrigine starter kit-green 84 x 25 mg & 14x100 mg kit	gen	
lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit	gen	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	gen	
levetiracetam er 500 mg tab er 24h	gen	QL (6 PER 1 DAYS)
levetiracetam er 750 mg tab er 24h	gen	QL (4 PER 1 DAYS)
perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	gen	QL (1 PER 1 DAYS)
perampanel 0.5 mg/ml suspension	gen	QL (24 ML PER 1 DAYS)
perampanel 2 mg tab	gen	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
roweepra 500 mg tab	gen	
SPRITAM (250 MG TAB, 500 MG TAB)	npd	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	npd	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	gen	
SUBVENITE 10 MG/ML SUSPENSION	inj	QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
subvenite starter kit-blue 35 x 25 mg kit	gen	
subvenite starter kit-green 84 x 25 mg & 14x100 mg kit	gen	
subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit	gen	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)	gen	
topiramate 25 mg/ml solution	gen	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cp24 sprnk)	gen	PA - FOR NEW STARTS ONLY
valproate sodium (100 mg/ml solution, 500 mg/5ml solution)	npd	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	gen	
XCOPRI (150 MG TAB, 200 MG TAB)	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide (250 mg cap, 250 mg/5ml solution)	gen	
methsuximide 300 mg cap	gen	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam 10 mg tab	gen	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clobazam 2.5 mg/ml suspension	gen	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
clobazam 20 mg tab	gen	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
diazepam 10 mg gel	gen	QL (20 PER 30 DAYS)
diazepam 2.5 mg gel	gen	QL (5 PER 30 DAYS)
diazepam 20 mg gel	gen	QL (40 PER 30 DAYS)
gabapentin (250 mg/5ml solution, 300 mg/6ml solution)	gen	QL (72 PER 1 DAYS)
gabapentin (600 mg tab, 800 mg tab)	gen	QL (4 PER 1 DAYS)
gabapentin 100 mg cap	gen	QL (12 PER 1 DAYS)
gabapentin 300 mg cap	gen	QL (8 PER 1 DAYS)
gabapentin 400 mg cap	gen	QL (6 PER 1 DAYS)
phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	gen	PA - FOR NEW STARTS ONLY
primidone (50 mg tab, 125 mg tab, 250 mg tab)	gen	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)	gen	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	inj	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	inj	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	inj	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	inj	QL (10 PER 30 DAYS)
vigabatrin (500 mg packet, 500 mg tab)	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
vigadrone 500 mg packet	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
vigadrone 500 mg tab	inj	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	inj	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
vigpoder 500 mg packet	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZTALMY 50 MG/ML SUSPENSION	inj	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SODIUM CHANNEL AGENTS		
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)	gen	
carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)	gen	
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	brd	
DILANTIN INFATABS 50 MG CHEW TAB	brd	
DILANTIN-125 125 MG/5ML SUSPENSION	brd	
epitol 200 mg tab	gen	
eslicarbazepine acetate (200 mg tab, 400 mg tab)	gen	QL (1 PER 1 DAYS)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	gen	QL (2 PER 1 DAYS)
lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)	gen	QL (40 PER 1 DAYS)
lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	gen	QL (2 PER 1 DAYS)
lacosamide 200 mg/20ml solution	npd	PA - PART B VS D DETERMINATION
oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)	gen	
phenytek (200 mg cap, 300 mg cap)	gen	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	gen	
phenytoin infatabs 50 mg chew tab	gen	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	gen	
rufinamide 200 mg tab	gen	ST, QL (16 PER 1 DAYS)
rufinamide 40 mg/ml suspension	gen	ST, QL (80 PER 1 DAYS)
rufinamide 400 mg tab	gen	ST, QL (8 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	inj	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	npd	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5ML SUSPENSION	npd	
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	gen	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	gen	
memantine hcl-donepezil hcl (14-10 mg cap er 24h, 21-10 mg cap er 24h, 28-10 mg cap er 24h)	gen	QL (1 PER 1 DAYS)
memantine hcl-donepezil hcl er (er 14-10 mg cap er 24h, er 28-10 mg cap er 24h)	gen	QL (1 PER 1 DAYS)
NAMZARIC 7 & 14 & 21 &28 -10 MG CP24 THPK	brd	QL (28 PER 28 OVER TIME)
NAMZARIC 7-10 MG CAP ER 24H	brd	QL (1 PER 1 DAYS)
CHOLINESTERASE INHIBITORS		
donepezil hcl (5 mg tab, 10 mg tab)	gen	
donepezil hcl 23 mg tab	gen	ST
donepezil hydrochloride orally disintegrating tab 10 mg	gen	
donepezil hydrochloride orally disintegrating tab 5 mg	gen	
galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)	gen	
galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)	gen	QL (1 PER 1 DAYS)
rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)	gen	QL (30 PER 30 DAYS)
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	gen	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)	gen	

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bupropion hcl 100 mg tab	gen	QL (4 PER 1 DAYS)
bupropion hcl 75 mg tab	gen	QL (6 PER 1 DAYS)
bupropion hcl er (sr) 100 mg tab er 12h	gen	QL (4 PER 1 DAYS)
bupropion hcl er (sr) 150 mg tab er 12h	gen	QL (3 PER 1 DAYS)
bupropion hcl er (sr) 200 mg tab er 12h	gen	QL (2 PER 1 DAYS)
bupropion hcl er (xl) 150 mg tab er 24h	gen	QL (3 PER 1 DAYS)
bupropion hcl er (xl) 300 mg tab er 24h	gen	QL (1 PER 1 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	inj	QL (64 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	gen	
olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)	gen	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	gen	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	inj	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	inj	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	npd	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MARPLAN 10 MG TAB	npd	
PHENELZINE SULFATE 15 MG TAB	gen	
tranylcypromine sulfate 10 mg tab	gen	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)	gen	
desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h)	gen	QL (1 PER 1 DAYS)
desvenlafaxine succinate er 100 mg tab er 24h	gen	QL (4 PER 1 DAYS)
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)	gen	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	npd	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	npd	QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)	gen	
FLUOXETINE HCL (PMDD) ((PMDD) 10 MG TAB, (PMDD) 20 MG TAB)	gen	
FLUOXETINE HCL 90 MG CAP DR	gen	QL (4 PER 28 DAYS)
fluvoxamine maleate 100 mg tab	gen	QL (3 PER 1 DAYS)
fluvoxamine maleate 25 mg tab	gen	QL (12 PER 1 DAYS)
fluvoxamine maleate 50 mg tab	gen	QL (6 PER 1 DAYS)
fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)	gen	ST, QL (2 PER 1 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	gen	
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	gen	
PAROXETINE HCL 10 MG/5ML SUSPENSION	gen	QL (30 PER 1 DAYS)
paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
paroxetine mesylate 7.5 mg cap	gen	QL (1 PER 1 DAYS)
RALDESY 10 MG/ML SOLUTION	inj	QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)	gen	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)	gen	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	npd	ST, QL (1 PER 1 DAYS)
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	gen	
venlafaxine hcl er (er 37.5 mg cap er 24h, er 150 mg cap er 24h)	gen	QL (2 PER 1 DAYS)
venlafaxine hcl er (er 75 mg cap er 24h, er 75 mg tab er 24h)	gen	QL (3 PER 1 DAYS)
venlafaxine hcl er 150 mg tab er 24h	gen	QL (1 PER 1 DAYS)
venlafaxine hcl er 37.5 mg tab er 24h	gen	QL (6 PER 1 DAYS)
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	gen	QL (1 PER 1 DAYS)
TRICYCLICS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	gen	PA - FOR NEW STARTS ONLY
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	gen	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	gen	PA - FOR NEW STARTS ONLY
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	gen	
doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	gen	PA - FOR NEW STARTS ONLY
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	gen	PA - FOR NEW STARTS ONLY
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	gen	
protriptyline hcl (5 mg tab, 10 mg tab)	gen	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	gen	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIEMETICS		
ANTIEMETICS, OTHER		
compro 25 mg suppos	gen	
doxylamine-pyridoxine 10-10 mg tab dr	gen	QL (4 PER 1 DAYS)
meclizine hcl (12.5 mg tab, 25 mg tab)	gen	
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	gen	
METOCLOPRAMIDE HCL 5 MG TAB DISP	gen	PA, QL (12 PER 1 DAYS)
metoclopramide hcl 5 mg/ml solution	npd	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	gen	
prochlorperazine 25 mg suppos	gen	
prochlorperazine maleate (5 mg tab, 10 mg tab)	gen	
promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)	gen	PA
promethegan (12.5 mg suppos, 25 mg suppos)	gen	PA
scopolamine 1 mg/3days patch 72hr	gen	
trimethobenzamide hcl 300 mg cap	gen	
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	gen	PA - PART B VS D DETERMINATION
aprepitant 40 mg cap	gen	PA, QL (1 PER 30 DAYS)
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	gen	PA, QL (6 PER 1 DAYS)
granisetron hcl 1 mg tab	gen	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 4 mg tab disp	gen	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 8 mg tab disp	gen	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ONDANSETRON HCL 24 MG TAB	gen	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
ondansetron hcl 4 mg tab	gen	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 4 mg/5ml solution	gen	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ondansetron hcl 8 mg tab	gen	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	npd	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	npd	PA - PART B VS D DETERMINATION
amphotericin b liposome 50 mg recon susp	npd	PA - PART B VS D DETERMINATION
clotrimazole (1 % cream, 1 % solution, 10 mg troche)	gen	
CRESEMBA 186 MG CAP	inj	PA, QL (2 PER 1 DAYS)
CRESEMBA 74.5 MG CAP	inj	PA, QL (5 PER 1 DAYS)
econazole nitrate 1 % cream	gen	
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	gen	
fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)	npd	
flucytosine (250 mg cap, 500 mg cap)	gen	
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	gen	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	gen	
GYNAZOLE-1 2 % CREAM	gen	
itraconazole 10 mg/ml solution	gen	PA
itraconazole 100 mg cap	gen	
ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)	gen	
klayesta 100000 unit/gm powder	gen	
LULICONAZOLE 1 % CREAM	gen	ST
micafungin sodium (50 mg recon soln, 100 mg recon soln)	npd	
MICONAZOLE 3 200 MG SUPPOS	gen	
naftifine hcl (1 % cream, 2 % cream)	gen	ST
nyamyc 100000 unit/gm powder	gen	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nystop 100000 unit/gm powder	gen	
oxiconazole nitrate 1 % cream	gen	ST
posaconazole 100 mg tab dr	gen	PA, QL (3 PER 1 DAYS)
posaconazole 40 mg/ml suspension	gen	PA
terbinafine hcl 250 mg tab	gen	QL (1 PER 1 DAYS)
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	gen	
voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)	gen	PA
voriconazole 200 mg recon soln	npd	PA - PART B VS D DETERMINATION

ANTIGOUT AGENTS

allopurinol (100 mg tab, 300 mg tab)	gen	
colchicine (0.6 mg cap, 0.6 mg tab)	gen	QL (4 PER 1 DAYS)
colchicine-probenecid 0.5-500 mg tab	gen	
febuxostat (40 mg tab, 80 mg tab)	gen	ST, QL (1 PER 1 DAYS)
probenecid 500 mg tab	gen	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	brd	PA, QL (1 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	brd	PA, QL (2 PER 30 DAYS)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	brd	PA, QL (3 PER 30 DAYS)
NURTEC 75 MG TAB DISP	inj	PA, QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

dihydroergotamine mesylate 4 mg/ml solution	gen	PA, QL (8 PER 30 DAYS)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	gen	QL (40 PER 28 DAYS)
MIGERGOT 2-100 MG SUPPOS	npd	QL (20 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan hcl (1 mg tab, 2.5 mg tab)	gen	QL (18 PER 30 OVER TIME)
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	gen	QL (24 PER 30 OVER TIME)
sumatriptan (5 mg/act solution, 20 mg/act solution)	gen	QL (18 PER 30 OVER TIME)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	gen	QL (18 PER 30 OVER TIME)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	gen	QL (8 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	gen	QL (8 PER 30 OVER TIME)
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	gen	QL (18 PER 30 OVER TIME)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)	gen	
pyridostigmine bromide er 180 mg tab er	gen	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone (25 mg tab, 100 mg tab)	gen	
rifabutin 150 mg cap	gen	
ANTITUBERCULARS		
ethambutol hcl (100 mg tab, 400 mg tab)	gen	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	gen	
PRIFTIN 150 MG TAB	brd	
pyrazinamide 500 mg tab	gen	
rifampin (150 mg cap, 300 mg cap)	gen	
rifampin 600 mg recon soln	npd	
SIRTURO (20 MG TAB, 100 MG TAB)	inj	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRECATOR 250 MG TAB	npd	

ANTINEOPLASTICS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	brd	PA - PART B VS D DETERMINATION
LEUKERAN 2 MG TAB	brd	
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	brd	
MATULANE 50 MG CAP	brd	LA
MELPHALAN 2 MG TAB	gen	PA - PART B VS D DETERMINATION

ANTIANDROGENS

abiraterone acetate 250 mg tab	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abiraterone acetate 500 mg tab	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abirtega 250 mg tab	gen	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bicalutamide 50 mg tab	gen	
ERLEADA 240 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	gen	
FLUTAMIDE 125 MG CAP	gen	
nilutamide 150 mg tab	inj	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIANGIOGENIC AGENTS		
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	inj	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
fulvestrant 250 mg/5ml soln prsyr	inj	
INLURIYO 200 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SOLTAMOX 10 MG/5ML SOLUTION	npd	
tamoxifen citrate (10 mg tab, 20 mg tab)	gen	
toremifene citrate 60 mg tab	gen	
ANTIMETABOLITES		
mercaptopurine 2000 mg/100ml suspension	inj	PA - FOR NEW STARTS ONLY
mercaptopurine 50 mg tab	gen	
ONUREG (200 MG TAB, 300 MG TAB)	inj	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	brd	
ANTINEOPLASTICS, OTHER		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	inj	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	inj	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	inj	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
hydroxyurea 500 mg cap	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INQOVI 35-100 MG TAB	inj	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	inj	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LEDERLE LEUCOVORIN 5 MG TAB	gen	
leucovorin calcium (100 mg recon soln, 350 mg recon soln)	npd	
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	gen	
LONSURF 15-6.14 MG TAB	inj	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	inj	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	brd	
MODEYSO 125 MG CAP	inj	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tab	gen	
exemestane 25 mg tab	gen	
letrozole 2.5 mg tab	gen	
ENZYME INHIBITORS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	inj	LA, QL (66 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 25 MG CAP	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	inj	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	inj	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	inj	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	inj	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	inj	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	inj	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (100 mg tab, 140 mg tab)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (20 mg tab, 50 mg tab)	inj	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (70 mg tab, 80 mg tab)	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
erlotinib hcl (100 mg tab, 150 mg tab)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
erlotinib hcl 25 mg tab	inj	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)	inj	PA - FOR NEW STARTS ONLY
everolimus (2.5 mg tab, 5 mg tab)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
everolimus (7.5 mg tab, 10 mg tab)	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	inj	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
gefitinib 250 mg tab	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG CAP	inj	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	inj	LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GOMEKLI 2 MG CAP	inj	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
HYRNUO 10 MG TAB	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	inj	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE 100 MG CAP	inj	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
imatinib mesylate 100 mg tab	npd	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
imatinib mesylate 400 mg tab	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	inj	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	inj	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JAYPIRCA 100 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	inj	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	inj	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	inj	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	inj	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	inj	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	inj	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOMZIFTI 200 MG CAP	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	inj	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 5 MG CAP SPRINK	inj	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 7.5 MG CAP SPRINK	inj	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
lapatinib ditosylate 250 mg tab	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK	inj	LA, QL (18 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK	inj	LA, QL (27 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	inj	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 240 MG TAB	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	inj	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	inj	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	inj	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	inj	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	inj	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	inj	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OGSIVEO 100 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	inj	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	inj	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
pazopanib hcl 200 mg tab	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PAZOPANIB HCL 400 MG TAB	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	inj	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	inj	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	inj	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 160 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 25 MG TAB	inj	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	inj	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	inj	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROZLYTREK 200 MG CAP	inj	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	inj	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	inj	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	inj	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	inj	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sorafenib tosylate 200 mg tab	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate (37.5 mg cap, 50 mg cap)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate 12.5 mg cap	inj	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate 25 mg cap	inj	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	inj	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	inj	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSO (40 MG TAB, 80 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	inj	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIBSOVO 250 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	inj	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	inj	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	brd	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	inj	LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	inj	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	inj	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	inj	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	inj	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	inj	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	inj	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	inj	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	inj	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	inj	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	inj	QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	inj	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	inj	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	inj	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	inj	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETINOIDS		
bexarotene 1 % gel	inj	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
bexarotene 75 mg cap	inj	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	npd	PA - FOR NEW STARTS ONLY
tretinoin 10 mg cap	gen	
TREATMENT ADJUNCTS		
mesna 400 mg tab	gen	
VONJO 100 MG CAP	inj	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole 200 mg tab	npd	
ivermectin 3 mg tab	gen	
praziquantel 600 mg tab	gen	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	npd	PA, QL (180 PER 3 OVER TIME)
atovaquone 750 mg/5ml suspension	gen	PA
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	gen	
BENZNIDAZOLE 100 MG TAB	npd	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	npd	QL (720 PER 365 OVER TIME)
chloroquine phosphate (250 mg tab, 500 mg tab)	gen	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	brd	QL (24 PER 2 OVER TIME)
hydroxychloroquine sulfate 100 mg tab	gen	QL (4 PER 1 DAYS)
hydroxychloroquine sulfate 200 mg tab	gen	QL (3 PER 1 DAYS)
hydroxychloroquine sulfate 300 mg tab	gen	QL (2 PER 1 DAYS)
hydroxychloroquine sulfate 400 mg tab	gen	QL (1 PER 1 DAYS)
IMPAVIDO 50 MG CAP	inj	PA, QL (84 PER 28 DAYS)
mefloquine hcl 250 mg tab	gen	
nitazoxanide 500 mg tab	gen	PA, QL (6 PER 3 OVER TIME)
pentamidine isethionate 300 mg recon soln	npd	PA - PART B VS D DETERMINATION
primaquine phosphate 26.3 (15 base) mg tab	gen	
pyrimethamine 25 mg tab	inj	PA
quinine sulfate 324 mg cap	gen	QL (6 PER 1 DAYS)
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	gen	
benztropine mesylate 1 mg/ml solution	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	gen	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)	gen	
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)	gen	
entacapone 200 mg tab	gen	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
apomorphine hcl 30 mg/3ml soln cart	inj	PA
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	gen	
pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)	gen	
pramipexole dihydrochloride er (er 0.375 mg tab er 24h, er 0.75 mg tab er 24h, er 1.5 mg tab er 24h, er 2.25 mg tab er 24h, er 3 mg tab er 24h, er 3.75 mg tab er 24h, er 4.5 mg tab er 24h)	gen	QL (1 PER 1 DAYS)
ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)	gen	
ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h)	gen	QL (1 PER 1 DAYS)
ropinirole hcl er 12 mg tab er 24h	gen	QL (2 PER 1 DAYS)
ropinirole hcl er 8 mg tab er 24h	gen	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tab	gen	
carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)	gen	
carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)	gen	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	gen	QL (1 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
selegiline hcl (5 mg cap, 5 mg tab)	gen	

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)	gen	
chlorpromazine hcl (25 mg/ml solution, 50 mg/2ml solution)	npd	
fluphenazine decanoate 25 mg/ml solution	npd	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	gen	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	npd	
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	gen	
haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)	brd	
haloperidol lactate 2 mg/ml conc	gen	
haloperidol lactate 5 mg/ml solution	brd	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	gen	
MOLINDONE HCL 10 MG TAB	gen	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	gen	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	gen	QL (12 PER 1 DAYS)
pimozide (1 mg tab, 2 mg tab)	gen	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	gen	PA - FOR NEW STARTS ONLY
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	gen	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	gen	

2ND GENERATION/ATYPICAL

ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	inj	PA - PART B VS D DETERMINATION
aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	gen	QL (1 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)	gen	QL (2 PER 1 DAYS)
aripiprazole 1 mg/ml solution	gen	QL (25 PER 1 DAYS)
aripiprazole 2 mg tab	gen	QL (4 PER 1 DAYS)
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	gen	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	inj	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	inj	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	inj	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 351 MG/2.25ML SUSP PRSYR	inj	QL (4.5 ML PER 365 OVER TIME), PA - PART B VS D DETERMINATION
ERZOFRI 39 MG/0.25ML SUSP PRSYR	npd	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 78 MG/0.5ML SUSP PRSYR	inj	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	npd	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	npd	QL (12 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	npd	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	inj	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	inj	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	inj	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	inj	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	inj	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	npd	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	inj	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	inj	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	inj	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	inj	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	inj	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)	gen	QL (1 PER 1 DAYS)
lurasidone hcl 80 mg tab	gen	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)	gen	
olanzapine 10 mg recon soln	npd	
OPIPZA (5 MG FILM, 10 MG FILM)	inj	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	inj	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 9 mg tab er 24h)	gen	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
paliperidone er 6 mg tab er 24h	gen	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	inj	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	gen	
quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)	gen	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)	gen	
risperidone microspheres er (er 12.5 mg, er 25 mg)	npd	PA - PART B VS D DETERMINATION
risperidone microspheres er (er 37.5 mg, er 50 mg)	inj	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	inj	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	npd	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	gen	
ziprasidone mesylate 20 mg recon soln	npd	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	npd	PA - PART B VS D DETERMINATION
ANTIPSYCHOTICS, OTHER		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	inj	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	inj	QL (112 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
TREATMENT-RESISTANT		
clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)	gen	
VERSACLOZ 50 MG/ML SUSPENSION	inj	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTISPASTICITY AGENTS		
baclofen (10 mg tab, 20 mg tab)	gen	
baclofen 15 mg tab	gen	QL (6 PER 1 DAYS)
baclofen 5 mg tab	gen	QL (16 PER 1 DAYS)
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)	gen	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY 200 MG TAB	inj	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	inj	QL (4 PER 1 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	inj	QL (200 PER 365 OVER TIME)
valganciclovir hcl 450 mg tab	gen	QL (2 PER 1 DAYS)
valganciclovir hcl 50 mg/ml recon soln	gen	QL (18 PER 1 DAYS)

ANTI-HEPATITIS B (HBV) AGENTS

adefovir dipivoxil 10 mg tab	gen	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	brd	QL (21 PER 1 DAYS)
entecavir (0.5 mg tab, 1 mg tab)	gen	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	brd	
lamivudine 100 mg tab	gen	

ANTI-HEPATITIS C (HCV) AGENTS

MAVYRET 100-40 MG TAB	inj	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	inj	PA, QL (6 PER 1 DAYS)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	gen	
ribavirin 6 gm recon soln	inj	PA - PART B VS D DETERMINATION
VOSEVI 400-100-100 MG TAB	inj	PA, QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	brd	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	npd	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	npd	QL (1 PER 1 DAYS)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	brd	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	brd	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TAB	brd	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	brd	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JULUCA 50-25 MG TAB	npd	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	brd	QL (1 PER 1 DAYS)
TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB)	brd	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	brd	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	npd	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	brd	QL (2 PER 1 DAYS)
EDURANT PED 2.5 MG TAB SOL	brd	QL (6 PER 1 DAYS)
EFAVIRENZ 200 MG CAP	gen	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	gen	QL (6 PER 1 DAYS)
efavirenz 600 mg tab	gen	QL (1 PER 1 DAYS)
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	gen	QL (1 PER 1 DAYS)
efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)	gen	QL (1 PER 1 DAYS)
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	gen	QL (1 PER 1 DAYS)
etravirine 100 mg tab	gen	QL (4 PER 1 DAYS)
etravirine 200 mg tab	gen	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	brd	QL (12 PER 1 DAYS)
nevirapine 200 mg tab	gen	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	gen	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	gen	QL (3 PER 1 DAYS)
nevirapine er 400 mg tab er 24h	gen	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	brd	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	npd	QL (2 PER 1 DAYS)
rilpivirine hcl 25 mg tab	gen	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	gen	QL (30 PER 1 DAYS)
abacavir sulfate 300 mg tab	gen	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine 600-300 mg tab	gen	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CIMDUO 300-300 MG TAB	brd	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	brd	QL (1 PER 1 DAYS)
emtricitabine 200 mg cap	gen	QL (1 PER 1 DAYS)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)	gen	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	brd	QL (24 PER 1 DAYS)
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	gen	QL (30 PER 1 DAYS)
lamivudine 150 mg tab	gen	QL (2 PER 1 DAYS)
lamivudine 300 mg tab	gen	QL (1 PER 1 DAYS)
lamivudine-zidovudine 150-300 mg tab	gen	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	gen	QL (2 PER 1 DAYS)
tenofovir disoproxil fumarate 300 mg tab	gen	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	npd	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	npd	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	brd	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	brd	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	brd	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	brd	QL (240 PER 30 DAYS)
zidovudine 100 mg cap	gen	QL (6 PER 1 DAYS)
zidovudine 300 mg tab	gen	QL (2 PER 1 DAYS)
zidovudine 50 mg/5ml syrup	gen	QL (60 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	inj	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	inj	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
IDVYNSO 100-0.25 MG TAB	npd	QL (1 PER 1 DAYS)
maraviroc 150 mg tab	gen	QL (2 PER 1 DAYS)
maraviroc 300 mg tab	gen	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	npd	QL (2 PER 1 DAYS)
SELZENTRY (25 MG TAB, 75 MG TAB)	brd	QL (8 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	brd	QL (60 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUNLENCA 300 MG TAB	inj	LA, QL (24 PER 168 OVER TIME)
SUNLENCA 4 X 300 MG TAB THPK	inj	QL (4 PER 180 OVER TIME)
SUNLENCA 463.5 MG/1.5ML SOLUTION	inj	QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	inj	QL (5 PER 180 OVER TIME)
TYBOST 150 MG TAB	brd	QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	brd	QL (4 PER 1 DAYS)
atazanavir sulfate (150 mg cap, 200 mg cap)	gen	QL (2 PER 1 DAYS)
atazanavir sulfate 300 mg cap	gen	QL (1 PER 1 DAYS)
darunavir 600 mg tab	gen	QL (2 PER 1 DAYS)
darunavir 800 mg tab	gen	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	npd	QL (1 PER 1 DAYS)
fosamprenavir calcium 700 mg tab	gen	QL (4 PER 1 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	npd	QL (13 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	brd	QL (56 PER 1 DAYS)
lopinavir-ritonavir 100-25 mg tab	gen	QL (10 PER 1 DAYS)
lopinavir-ritonavir 200-50 mg tab	gen	QL (4 PER 1 DAYS)
lopinavir-ritonavir 400-100 mg/5ml solution	gen	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	brd	
NORVIR 100 MG PACKET	brd	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	brd	QL (15 PER 1 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	brd	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	brd	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	brd	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	brd	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	brd	QL (8 PER 1 DAYS)
ritonavir 100 mg tab	gen	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	npd	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	brd	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	brd	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	gen	QL (120 PER 180 OVER TIME)
oseltamivir phosphate 45 mg cap	gen	QL (42 PER 180 OVER TIME)
oseltamivir phosphate 6 mg/ml recon susp	gen	QL (1080 PER 365 OVER TIME)
oseltamivir phosphate 75 mg cap	gen	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	brd	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	gen	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	npd	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	npd	QL (1 PER 30 OVER TIME)
ANTIHERPETIC AGENTS		
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)	gen	
acyclovir sodium 50 mg/ml solution	npd	PA - PART B VS D DETERMINATION
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	gen	
valacyclovir hcl (1 gm tab, 500 mg tab)	gen	
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO 200 MG CAP	inj	QL (40 PER 30 OVER TIME)
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	gen	QL (20 PER 30 OVER TIME)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	gen	QL (11 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	gen	QL (30 PER 30 OVER TIME)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	gen	
meprobamate (200 mg tab, 400 mg tab)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)	gen	QL (4 PER 1 DAYS)
alprazolam (2 mg tab, 2 mg tab disp)	gen	QL (5 PER 1 DAYS)
alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 3 mg tab er 24h)	gen	QL (1 PER 1 DAYS)
alprazolam er 2 mg tab er 24h	gen	QL (5 PER 1 DAYS)
ALPRAZOLAM INTENSOL 1 MG/ML CONC	gen	QL (10 PER 1 DAYS)
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)	gen	QL (1 PER 1 DAYS)
alprazolam xr 2 mg tab er 24h	gen	QL (5 PER 1 DAYS)
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)	gen	QL (40 PER 1 DAYS)
clonazepam (1 mg tab, 1 mg tab disp)	gen	QL (20 PER 1 DAYS)
clonazepam (2 mg tab, 2 mg tab disp)	gen	QL (10 PER 1 DAYS)
clorazepate dipotassium 15 mg tab	gen	QL (6 PER 1 DAYS)
clorazepate dipotassium 3.75 mg tab	gen	QL (24 PER 1 DAYS)
clorazepate dipotassium 7.5 mg tab	gen	QL (12 PER 1 DAYS)
diazepam (5 mg tab, 5 mg/ml conc)	gen	QL (12 PER 1 DAYS)
diazepam 10 mg tab	gen	QL (6 PER 1 DAYS)
diazepam 2 mg tab	gen	QL (30 PER 1 DAYS)
diazepam 5 mg/5ml solution	gen	QL (60 PER 1 DAYS)
diazepam intensol 5 mg/ml conc	gen	QL (12 PER 1 DAYS)
lorazepam (2 mg tab, 2 mg/ml conc)	gen	QL (5 PER 1 DAYS)
lorazepam 0.5 mg tab	gen	QL (20 PER 1 DAYS)
lorazepam 1 mg tab	gen	QL (10 PER 1 DAYS)
lorazepam intensol 2 mg/ml conc	gen	QL (5 PER 1 DAYS)
oxazepam (10 mg cap, 15 mg cap, 30 mg cap)	gen	QL (4 PER 1 DAYS)
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lithium 8 meq/5ml solution	gen	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	gen	
lithium carbonate er (er 300 mg tab er, er 450 mg tab er)	gen	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	gen	
dapagliflozi base-metformin er (er 5-500 mg tab er 24h, er 10-1000 mg tab er 24h, er 10-500 mg tab er 24h)	gen	QL (30 PER 30 DAYS)
dapagliflozi base-metformin er 5-1000 mg tab er 24h	gen	QL (60 PER 30 DAYS)
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	gen	
glipizide (2.5 mg tab, 5 mg tab, 10 mg tab)	gen	
glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)	gen	
glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	gen	
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	gen	
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	gen	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	gen	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	gen	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	brd	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	brd	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	brd	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	brd	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB)	brd	QL (1 PER 1 DAYS)
JANUVIA 100 MG TAB	brd	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	brd	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	brd	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JENTADUETO XR 5-1000 MG TAB ER 24H	brd	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	npd	PA, QL (1 PER 1 DAYS)
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	gen	
metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)	gen	
miglitol (25 mg tab, 50 mg tab, 100 mg tab)	gen	QL (3 PER 1 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	brd	PA, QL (2 PER 28 DAYS)
nateglinide (60 mg tab, 120 mg tab)	gen	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 DAYS)
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	brd	PA, QL (1 PER 1 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 DAYS)
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	gen	
pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)	gen	QL (1 PER 1 DAYS)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	gen	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	gen	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	brd	PA, QL (1 PER 1 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	brd	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	brd	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	brd	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	brd	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	brd	PA, QL (2 PER 28 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	brd	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIGDUO XR 10-1000 MG TAB ER 24H	brd	QL (1 PER 1 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	brd	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	brd	QL (2 PER 30 OVER TIME)
diazoxide 50 mg/ml suspension	gen	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	brd	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG RECON SOLN, 1 MG/ML RECON SOLN)	brd	QL (2 PER 2 OVER TIME)
INSULINS		
FIASP 100 UNIT/ML SOLUTION	brd	INS
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	brd	INS
FIASP PENFILL 100 UNIT/ML SOLN CART	brd	INS
FIASP PUMPCART 100 UNIT/ML SOLN CART	brd	INS
HUMALOG 100 UNIT/ML SOLN CART	brd	INS
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	brd	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	brd	INS
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	brd	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	brd	INS
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	brd	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	brd	INS
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	brd	INS
HUMULIN N 100 UNIT/ML SUSPENSION	brd	INS
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	brd	INS
HUMULIN R 100 UNIT/ML SOLUTION	brd	INS
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	brd	PA - PART B VS D DETERMINATION, INS
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	brd	INS

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN ASPART 100 UNIT/ML SOLUTION	brd	INS
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	brd	INS
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	brd	INS
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	brd	INS
INSULIN LISPRO 100 UNIT/ML SOLUTION	brd	INS
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	brd	INS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	brd	INS
LANTUS 100 UNIT/ML SOLUTION	brd	QL (40 PER 30 DAYS), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	brd	QL (45 PER 30 DAYS), INS
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	brd	INS
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	brd	INS
NOVOLOG 100 UNIT/ML SOLUTION	brd	INS
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	brd	INS
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	brd	INS
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	brd	INS
NOVOLOG RELION 100 UNIT/ML SOLUTION	brd	INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	brd	QL (18 PER 28 DAYS), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	brd	QL (18 PER 28 DAYS), INS
TRESIBA 100 UNIT/ML SOLUTION	brd	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	brd	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	brd	QL (27 PER 30 DAYS), INS

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	gen	QL (2 PER 1 DAYS)
ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB)	brd	QL (2 PER 1 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	brd	QL (12 PER 1 DAYS)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	brd	QL (16 PER 1 DAYS)
ELIQUIS 0.5 MG TAB SOL	brd	QL (4 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	brd	QL (74 PER 180 OVER TIME)
enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)	npd	QL (60 PER 30 DAYS)
enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)	npd	QL (48 PER 30 DAYS)
enoxaparin sodium 30 mg/0.3ml soln prsyr	npd	QL (18 PER 30 DAYS)
enoxaparin sodium 40 mg/0.4ml soln prsyr	npd	QL (24 PER 30 DAYS)
enoxaparin sodium 60 mg/0.6ml soln prsyr	npd	QL (36 PER 30 DAYS)
fondaparinux sodium 10 mg/0.8ml solution	inj	QL (24 PER 30 DAYS)
fondaparinux sodium 2.5 mg/0.5ml solution	npd	QL (15 PER 30 DAYS)
fondaparinux sodium 5 mg/0.4ml solution	inj	QL (12 PER 30 DAYS)
fondaparinux sodium 7.5 mg/0.6ml solution	inj	QL (18 PER 30 DAYS)
heparin sodium (porcine) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)	gen	PA - PART B VS D DETERMINATION
heparin sodium (porcine) pf 1000 unit/ml solution	gen	PA - PART B VS D DETERMINATION
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	gen	
rivaroxaban 1 mg/ml recon susp	brd	QL (20 ML PER 1 DAYS)
rivaroxaban 2.5 mg tab	brd	QL (2 PER 1 DAYS)
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	gen	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	brd	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO 1 MG/ML RECON SUSP	brd	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	brd	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	brd	QL (51 PER 180 OVER TIME)
ZONTIVITY 2.08 MG TAB	npd	QL (1 PER 1 DAYS)

BLOOD PRODUCTS AND MODIFIERS, OTHER

anagrelide hcl (0.5 mg cap, 1 mg cap)	gen	
ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, FREE) 25 MCG/0.42ML SOLN PRSYR, FREE) 25 MCG/ML SOLUTION, FREE) 40 MCG/0.4ML SOLN PRSYR, FREE) 40 MCG/ML SOLUTION, FREE) 60 MCG/0.3ML SOLN PRSYR, FREE) 60 MCG/ML SOLUTION, FREE) 100 MCG/ML SOLUTION)	npd	PA
ARANESP (ALBUMIN FREE) (FREE) 100 MCG/0.5ML SOLN PRSYR, FREE) 150 MCG/0.3ML SOLN PRSYR, FREE) 200 MCG/0.4ML SOLN PRSYR, FREE) 200 MCG/ML SOLUTION, FREE) 300 MCG/0.6ML SOLN PRSYR)	inj	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	inj	PA
eltrombopag olamine (12.5 mg packet, 12.5 mg tab)	inj	PA, QL (1 PER 1 DAYS)
eltrombopag olamine (25 mg tab, 50 mg tab)	inj	PA, QL (3 PER 1 DAYS)
eltrombopag olamine 25 mg packet	inj	PA, QL (6 PER 1 DAYS)
eltrombopag olamine 75 mg tab	inj	PA, QL (2 PER 1 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	inj	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	inj	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	npd	PA
RETACRIT 40000 UNIT/ML SOLUTION	inj	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	inj	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	inj	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEMOSTASIS AGENTS		
MEPHYTON 5 MG TAB	brd	QL (5 PER 7 OVER TIME), EDC
phytonadione 5 mg tab	gen	QL (5 PER 7 OVER TIME), EDC
tranexamic acid 650 mg tab	gen	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er 25-200 mg cap er 12h	gen	
cilostazol (50 mg tab, 100 mg tab)	gen	
clopidogrel bisulfate 75 mg tab	gen	QL (1 PER 1 DAYS)
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	gen	
prasugrel hcl (5 mg tab, 10 mg tab)	gen	QL (1 PER 1 DAYS)
ticagrelor (60 mg tab, 90 mg tab)	gen	QL (2 PER 1 DAYS)
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	gen	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	gen	
droxidopa 100 mg cap	npd	PA, QL (18 PER 1 DAYS)
droxidopa 200 mg cap	inj	PA, QL (9 PER 1 DAYS)
droxidopa 300 mg cap	inj	PA, QL (84 PER 90 OVER TIME)
guanfacine hcl (1 mg tab, 2 mg tab)	gen	
METHYLDOPA (250 MG TAB, 500 MG TAB)	gen	
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	gen	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	gen	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	gen	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	gen	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	gen	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	gen	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	gen	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	gen	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	gen	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	gen	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	gen	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	gen	
enalapril maleate 1 mg/ml solution	gen	QL (40 PER 1 DAYS)
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	gen	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	gen	
moexipril hcl (7.5 mg tab, 15 mg tab)	gen	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	gen	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	gen	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	gen	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	gen	
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	gen	
digitek (125 mcg tab, 250 mcg tab)	gen	QL (1 PER 1 DAYS)
digox (125 mcg tab, 250 mcg tab)	gen	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
digoxin (125 mcg tab, 250 mcg tab)	gen	QL (1 PER 1 DAYS)
digoxin 62.5 mcg tab	gen	QL (2 PER 1 DAYS)
disopyramide phosphate (100 mg cap, 150 mg cap)	gen	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	gen	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	gen	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	gen	
MULTAQ 400 MG TAB	brd	QL (2 PER 1 DAYS)
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	gen	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	gen	
propafenone hcl er (er 225 mg cap er 12h, er 325 mg cap er 12h, er 425 mg cap er 12h)	gen	
quinidine gluconate er 324 mg tab er	gen	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	gen	
sorine (80 mg tab, 120 mg tab, 160 mg tab)	gen	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	gen	
sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab, (af) 160 mg tab)	gen	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg cap, 400 mg cap)	gen	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	gen	
betaxolol hcl (10 mg tab, 20 mg tab)	gen	
bisoprolol fumarate (5 mg tab, 10 mg tab)	gen	
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	gen	
carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)	gen	ST
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)	gen	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	gen	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	gen	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	gen	
pindolol (5 mg tab, 10 mg tab)	gen	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)	gen	
propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)	gen	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	gen	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	gen	
felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)	gen	
isradipine (2.5 mg cap, 5 mg cap)	gen	
nicardipine hcl (20 mg cap, 30 mg cap)	gen	
nifedipine (10 mg cap, 20 mg cap)	gen	
nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)	gen	
nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)	gen	
nimodipine 30 mg cap	gen	
nisoldipine er (er 8.5 mg tab er 24h, er 17 mg tab er 24h, er 20 mg tab er 24h, er 25.5 mg tab er 24h, er 30 mg tab er 24h, er 34 mg tab er 24h, er 40 mg tab er 24h)	gen	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	gen	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	gen	
diltiazem hcl 120 mg extended release 24hr capsule	gen	
diltiazem hcl 180 mg extended release 24hr capsule	gen	
diltiazem hcl 240 mg extended release 24hr capsule	gen	
diltiazem hcl 300 mg extended release 24hr capsule	gen	
diltiazem hcl 360 mg extended release 24hr capsule	gen	
diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)	gen	
diltiazem hcl er beads (er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h, er beads 420 mg cap er 24h)	gen	
matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)	gen	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	gen	
tiadylt er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)	gen	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	gen	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 120 MG CAP ER 24H, ER 120 MG TAB ER, ER 180 MG CAP ER 24H, ER 180 MG TAB ER, ER 200 MG CAP ER 24H, ER 240 MG CAP ER 24H, ER 240 MG TAB ER, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	gen	

CARDIOVASCULAR AGENTS, OTHER

acetazolamide (125 mg tab, 250 mg tab)	gen	
aliskiren fumarate (150 mg tab, 300 mg tab)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amiloride-hydrochlorothiazide 5-50 mg tab	gen	
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)	gen	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	gen	
amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	gen	
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	gen	
amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)	gen	
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	gen	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	gen	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	gen	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	gen	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	gen	
CORLANOR 5 MG/5ML SOLUTION	npd	PA, QL (20 PER 1 DAYS)
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	gen	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	brd	QL (8 PER 1 DAYS)
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	gen	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	gen	
isosorb dinitrate-hydralazine 20-37.5 mg tab	gen	QL (6 PER 1 DAYS)
ivabradine hcl (5 mg tab, 7.5 mg tab)	gen	PA, QL (2 PER 1 DAYS)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	gen	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	gen	
metyrosine 250 mg cap	inj	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	gen	
olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)	gen	
pentoxifylline er 400 mg tab er	gen	
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	gen	
ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)	gen	QL (2 PER 1 DAYS)
sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)	brd	QL (2 PER 1 DAYS)
spironolactone-hctz 25-25 mg tab	gen	
telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)	gen	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	gen	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	gen	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	gen	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	gen	
VECAMYL 2.5 MG TAB	gen	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	npd	PA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	gen	
bumetanide 0.25 mg/ml solution	npd	
furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)	gen	
furosemide 10 mg/ml solution	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	gen	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	gen	
eplerenone (25 mg tab, 50 mg tab)	gen	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	gen	
triamterene (50 mg cap, 100 mg cap)	gen	ST
DIURETICS, THIAZIDE		
chlorthalidone (25 mg tab, 50 mg tab)	gen	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	gen	
indapamide (1.25 mg tab, 2.5 mg tab)	gen	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	gen	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (40 mg tab, 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 120 mg tab, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)	gen	
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	gen	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	gen	
gemfibrozil 600 mg tab	gen	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	gen	
fluvastatin sodium (20 mg cap, 40 mg cap)	gen	
fluvastatin sodium er 80 mg tab er 24h	gen	
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	gen	
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	gen	
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	gen	
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DYSLIPIDEMICS, OTHER		
cholestyramine (4 gm packet, 4 gm/dose powder)	gen	
cholestyramine light (4 gm packet, 4 gm/dose powder)	gen	
colesevelam hcl (3.75 gm packet, 625 mg tab)	gen	
colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)	gen	
ezetimibe 10 mg tab	gen	
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	gen	
icosapent ethyl (0.5 gm cap, 1 gm cap)	gen	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	gen	
niacin er (antihyperlipidemic) (er (antihyperlipidemic) 750 mg tab er, er (antihyperlipidemic) 1000 mg tab er)	gen	QL (2 PER 1 DAYS)
niacin er (antihyperlipidemic) 500 mg tab er	gen	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	gen	
omega-3-acid ethyl esters 1 gm cap	gen	QL (4 PER 1 DAYS)
prevalite (4 gm packet, 4 gm/dose powder)	gen	
REPATHA 140 MG/ML SOLN PRSYR	brd	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	brd	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	brd	PA
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
dapagliflozin (5 mg tab, 10 mg tab)	gen	QL (1 PER 1 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	brd	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	brd	QL (1 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	gen	
minoxidil (2.5 mg tab, 10 mg tab)	gen	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
isosorbide mononitrate (10 mg tab, 20 mg tab)	gen	
isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)	gen	
nitro-bid 2 % ointment	gen	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	brd	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	gen	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr, 2 % ointment)	gen	
nitroglycerin 0.4 % ointment	gen	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

amphetamine sulfate 10 mg tab	gen	ST, QL (6 PER 1 DAYS)
amphetamine sulfate 5 mg tab	gen	ST, QL (8 PER 1 DAYS)
amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)	gen	QL (2 PER 1 DAYS)
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)	gen	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine 12.5 mg tab	gen	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine 20 mg tab	gen	QL (3 PER 1 DAYS)
amphetamine-dextroamphetamine 30 mg tab	gen	QL (2 PER 1 DAYS)
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	gen	QL (6 PER 1 DAYS)
dextroamphetamine sulfate 15 mg tab	gen	QL (4 PER 1 DAYS)
dextroamphetamine sulfate 20 mg tab	gen	QL (3 PER 1 DAYS)
dextroamphetamine sulfate 30 mg tab	gen	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextroamphetamine sulfate 5 mg/5ml solution	gen	QL (60 PER 1 DAYS)
dextroamphetamine sulfate er 10 mg cap er 24h	gen	QL (6 PER 1 DAYS)
dextroamphetamine sulfate er 15 mg cap er 24h	gen	QL (4 PER 1 DAYS)
dextroamphetamine sulfate er 5 mg cap er 24h	gen	QL (12 PER 1 DAYS)
lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)	gen	QL (1 PER 1 DAYS)
procentra 5 mg/5ml solution	gen	QL (60 PER 1 DAYS)
zenzedi (5 mg tab, 10 mg tab)	gen	QL (6 PER 1 DAYS)
zenzedi 15 mg tab	gen	QL (4 PER 1 DAYS)
zenzedi 20 mg tab	gen	QL (3 PER 1 DAYS)
zenzedi 30 mg tab	gen	QL (2 PER 1 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)	gen	QL (4 PER 1 DAYS)
atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)	gen	QL (1 PER 1 DAYS)
atomoxetine hcl 40 mg cap	gen	QL (2 PER 1 DAYS)
clonidine hcl er 0.1 mg tab er 12h	gen	
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	gen	QL (2 PER 1 DAYS)
dexmethylphenidate hcl er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h, er 35 mg cap er 24h, er 40 mg cap er 24h)	gen	QL (1 PER 1 DAYS)
guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)	gen	QL (1 PER 1 DAYS)
methylphenidate hcl (10 mg chew tab, 10 mg tab)	gen	QL (6 PER 1 DAYS)
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 20 mg tab)	gen	QL (3 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methylphenidate hcl 10 mg/5ml solution	gen	QL (30 PER 1 DAYS)
methylphenidate hcl 5 mg tab	gen	QL (12 PER 1 DAYS)
methylphenidate hcl 5 mg/5ml solution	gen	QL (60 PER 1 DAYS)
methylphenidate hcl er (cd) (er (cd) 10 mg cap er, er (cd) 20 mg cap er, er (cd) 40 mg cap er, er (cd) 50 mg cap er, er (cd) 60 mg cap er)	gen	QL (1 PER 1 DAYS)
methylphenidate hcl er (cd) 30 mg cap er	gen	QL (2 PER 1 DAYS)
METHYLPHENIDATE HCL ER (ER 18 MG TAB ER, ER 18 MG TAB ER 24H, ER 27 MG TAB ER, ER 27 MG TAB ER 24H, ER 54 MG TAB ER, ER 54 MG TAB ER 24H)	gen	QL (1 PER 1 DAYS)
METHYLPHENIDATE HCL ER (ER 36 MG TAB ER, ER 36 MG TAB ER 24H)	gen	QL (2 PER 1 DAYS)
methylphenidate hcl er (la) (er (la) 20 mg cap er 24h, er (la) 30 mg cap er 24h, er (la) 40 mg cap er 24h, er (la) 60 mg cap er 24h)	gen	QL (1 PER 1 DAYS)
methylphenidate hcl er (la) 10 mg cap er 24h	gen	QL (6 PER 1 DAYS)
methylphenidate hcl er (osm) (er (osm) 18 mg tab er, er (osm) 27 mg tab er, er (osm) 54 mg tab er)	gen	QL (1 PER 1 DAYS)
methylphenidate hcl er (osm) 36 mg tab er	gen	QL (2 PER 1 DAYS)
methylphenidate hcl er 10 mg tab er	gen	QL (6 PER 1 DAYS)
methylphenidate hcl er 20 mg tab er	gen	QL (3 PER 1 DAYS)
methylphenidate hcl er(diffus) (er(diffus) 27 mg tab er, er(diffus) 54 mg tab er)	gen	QL (1 PER 1 DAYS)
methylphenidate hcl er(diffus) 36 mg tab er	gen	QL (2 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	gen	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)	gen	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)	gen	PA, QL (48 PER 30 OVER TIME), NDS
esgic 50-325-40 mg cap	gen	PA, QL (48 PER 30 OVER TIME), NDS
NUEDEXTA 20-10 MG CAP	brd	PA, QL (2 PER 1 DAYS)
riluzole 50 mg tab	gen	
TENCON 50-325 MG TAB	gen	PA, QL (48 PER 30 OVER TIME), NDS
tetrabenazine 12.5 mg tab	npd	PA, LA, QL (8 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tetrabenazine 25 mg tab	inj	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	npd	PA, QL (1 PER 1 DAYS)
zebutal 50-325-40 mg cap	gen	PA, QL (48 PER 30 OVER TIME), NDS
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE 20 MG CAP DR	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP DR	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 40 MG CAP DR	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP DR	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
duloxetine hcl (20 mg cp dr part, 40 mg cp dr part, 60 mg cp dr part)	gen	QL (2 PER 1 DAYS)
duloxetine hcl 30 mg cp dr part	gen	QL (3 PER 1 DAYS)
pregabalin (200 mg cap, 225 mg cap, 300 mg cap)	gen	QL (2 PER 1 DAYS)
pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	gen	QL (3 PER 1 DAYS)
pregabalin 20 mg/ml solution	gen	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	inj	PA, QL (15 PER 30 DAYS)
dalfampridine er 10 mg tab er 12h	brd	PA, QL (2 PER 1 DAYS)
dimethyl fumarate 120 mg cap dr	npd	PA, QL (2 PER 1 DAYS)
dimethyl fumarate 240 mg cap dr	inj	PA, QL (2 PER 1 DAYS)
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	npd	PA, QL (2 PER 1 DAYS)
fingolimod hcl 0.5 mg cap	inj	PA, QL (1 PER 1 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	inj	PA, QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	inj	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml soln prsyr	inj	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml soln prsyr	inj	PA, QL (12 PER 28 DAYS)
teriflunomide (7 mg tab, 14 mg tab)	npd	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DENTAL AND ORAL AGENTS		
cevimeline hcl 30 mg cap	gen	
chlorhexidine gluconate 0.12 % solution	gen	
kourzeq 0.1 % paste	gen	
oralone 0.1 % paste	gen	
periogard 0.12 % solution	gen	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	gen	
triamcinolone acetonide 0.1 % paste	gen	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
accutane (10 mg cap, 20 mg cap, 40 mg cap)	gen	
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	gen	
adapalene (0.1 % cream, 0.3 % gel)	gen	PA
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	gen	
azelaic acid 15 % gel	gen	QL (50 PER 30 DAYS)
benzoyl peroxide-erythromycin 5-3 % gel	gen	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	gen	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	gen	
isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)	gen	
myorisan (10 mg cap, 20 mg cap, 40 mg cap)	gen	
sulfacetamide sodium (acne) 10 % lotion	gen	
tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)	gen	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	gen	PA
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DERMATITIS AND PRURITUS AGENTS		
ala-cort 1 % cream	gen	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	gen	
ammonium lactate (12 % cream, 12 % lotion)	gen	
ANUCORT-HC 25 MG SUPPOS	gen	EDC
ANUSOL-HC 25 MG SUPPOS	gen	EDC
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	gen	
betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)	gen	
betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)	gen	
clobetasol prop emollient base 0.05 % cream	gen	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	gen	
clobetasol propionate 0.05 % liquid	gen	QL (250 PER 30 DAYS)
clobetasol propionate e 0.05 % cream	gen	
clodan 0.05 % shampoo	gen	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	gen	
desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % ointment)	gen	
DIFLORASONE DIACETATE 0.05 % CREAM	gen	
EUCRISA 2 % OINTMENT	npd	PA, QL (100 PER 30 DAYS)
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	gen	
fluocinolone acetonide body 0.01 % oil	gen	
fluocinolone acetonide scalp 0.01 % oil	gen	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	gen	
fluocinonide emulsified base 0.05 % cream	gen	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	gen	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	gen	QL (200 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEMMOREX-HC 25 MG SUPPOS	gen	EDC
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	gen	
hydrocortisone (perianal) ((perianal) 1 % cream, (perianal) 2.5 % cream)	gen	
hydrocortisone acetate 25 mg suppos	gen	EDC
HYDROCORTISONE BUTYRATE (0.1 % OINTMENT, 0.1 % SOLUTION)	gen	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	gen	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	gen	
pimecrolimus 1 % cream	gen	QL (100 PER 30 DAYS)
procto-med hc 2.5 % cream	gen	
proctosol hc 2.5 % cream	gen	
proctozone-hc 2.5 % cream	gen	
selenium sulfide 2.5 % lotion	gen	
tacrolimus (0.03 % ointment, 0.1 % ointment)	gen	QL (100 PER 30 DAYS)
triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)	gen	
triderm 0.5 % cream	gen	

DERMATOLOGICAL AGENTS, OTHER

alcohol wipes 70 % misc	gen	
ANALPRAM HC 2.5-1 % LOTION	brd	
ANALPRAM-HC 2.5-1 % LOTION	brd	
AVAR-E EMOLLIENT 10-5 % CREAM	gen	EDC
avar-e green 10-5 % cream	gen	EDC
calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)	gen	
calcipotriene-betameth diprop 0.005-0.064 % ointment	gen	PA, QL (400 PER 30 OVER TIME)
calcitrene 0.005 % ointment	gen	
CALCITRIOL 3 MCG/GM OINTMENT	gen	QL (800 PER 28 OVER TIME)
clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cvs isopropyl alcohol wipes 70 % misc	gen	
EPIFOAM 1-1 % FOAM	brd	
fluorouracil (2 % solution, 5 % cream, 5 % solution)	gen	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	gen	
imiquimod 5 % cream	gen	QL (24 PER 30 DAYS)
isopropyl alcohol 70 % misc	gen	
isopropyl alcohol wipes 70 % misc	gen	
medpura alcohol pads 70 % misc	gen	
METHOXSALEN RAPID 10 MG CAP	gen	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	gen	
OTEZLA (20 MG TAB, 30 MG TAB)	inj	PA, QL (2 PER 1 DAYS)
OTEZLA XR 75 MG TAB ER 24H	inj	PA, QL (1 PER 1 DAYS)
podofilox 0.5 % solution	gen	
PRAMOSONE (1-1 % LOTION, 1-2.5 % LOTION)	brd	
PROCTOFOAM HC 1-1 % FOAM	brd	
qc alcohol 70 % misc	gen	
ra isopropyl alcohol wipes 70 % misc	gen	
REGRANEX 0.01 % GEL	brd	PA, QL (15 PER 2 OVER TIME)
SANTYL 250 UNIT/GM OINTMENT	brd	QL (180 PER 30 DAYS)
silver sulfadiazine 1 % cream	gen	
ssd 1 % cream	gen	
SSS 10-5 (10-5 10-5 % CREAM, 10-5 10-5 % FOAM)	gen	EDC
SULFACETAMIDE SODIUM-SULFUR (10-5 % CREAM, 10-5 % LOTION, 10-5 % SUSPENSION)	gen	EDC
TOLAK 4 % CREAM	brd	
VALCHLOR 0.016 % GEL	inj	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

PEDICULICIDES/SCABICIDES

malathion 0.5 % lotion	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
permethrin 5 % cream	gen	
SPINOSAD 0.9 % SUSPENSION	gen	QL (240 PER 30 DAYS)

TOPICAL ANTI-INFECTIVES

acyclovir 5 % cream	gen	PA, QL (5 PER 30 DAYS)
acyclovir 5 % ointment	gen	PA, QL (30 PER 30 DAYS)
ciclodan 8 % solution	gen	
ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)	gen	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	gen	
clindacin 1 % foam	gen	
clindacin etz 1 % swab	gen	
clindacin-p 1 % swab	gen	
clindamycin phos (once-daily) 1 % gel	gen	
clindamycin phos (twice-daily) 1 % gel	gen	
clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)	gen	
dapsone (5 % gel, 7.5 % gel)	gen	PA, QL (90 PER 30 DAYS)
ERY 2 % PAD	gen	
erythromycin (2 % gel, 2 % solution)	gen	
mafenide acetate 5 % packet	gen	
mupirocin 2 % ointment	gen	
penciclovir 1 % cream	gen	PA, QL (5 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

AMINOSYN II 10 % SOLUTION	npd	PA - PART B VS D DETERMINATION
AMINOSYN-PF 10 % SOLUTION	npd	PA - PART B VS D DETERMINATION
dextrose (5 % solution, 10 % solution)	npd	
dextrose in lactated ringers 5 % solution	npd	
DEXTROSE-NACL 5-0.9 % SOLUTION	npd	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)	npd	
EFFER-K 25 MEQ EFFER TAB	gen	EDC
k-prime 25 meq effer tab	gen	EDC
KCL (0.149%) IN NACL 20-0.9 MEQ/L-% SOLUTION	npd	
KCL (0.298%) IN NACL 40-0.9 MEQ/L-% SOLUTION	npd	
kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)	npd	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	npd	
klor-con (8 tab er, 20 packet)	gen	
klor-con 10 10 meq tab er	gen	
klor-con m10 10 meq tab er	gen	
klor-con m15 15 meq tab er	gen	
klor-con m20 20 meq tab er	gen	
klor-con/ef 25 meq effer tab	gen	EDC
lactated ringers solution	npd	
magnesium sulfate 50 % solution	npd	
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	EDC
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	gen	EDC
MULTIVITAMIN W/FLUORIDE (W/FLUORIDE 0.25 MG CHEW TAB, W/FLUORIDE 0.5 MG CHEW TAB, W/FLUORIDE 1 MG CHEW TAB)	gen	EDC
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	gen	EDC
nafrinse 2.2 (1 f) mg chew tab	gen	
NORMOSOL-M IN D5W SOLUTION	npd	
PNV 27-CA/FE/FA 60-1 MG TAB	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	EDC
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	gen	
potassium chloride (2 meq/ml solution, 10 meq/100ml solution, 20 meq/100ml solution, 40 meq/100ml solution)	npd	
potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)	gen	
potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 15 tab er, er 20 tab er)	gen	
potassium chloride in dextrose 20-5 meq/l-% solution	npd	
potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)	npd	
potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)	gen	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	npd	
PREMASOL 10 % SOLUTION	npd	PA - PART B VS D DETERMINATION
prenatal vitamins	brd	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	EDC
ringers solution	npd	
sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)	npd	
sodium chloride (pf) 0.9 % solution	npd	
sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)	gen	
TPN ELECTROLYTES CONC	npd	PA - PART B VS D DETERMINATION

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET 100 MG CAP	brd	
deferasirox (250 mg tab sol, 500 mg tab sol)	inj	
deferasirox 125 mg tab sol	brd	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)	inj	PA, LA, QL (2 PER 1 DAYS)
tolvaptan 15 mg tab	inj	PA, LA, QL (8 PER 1 DAYS)
tolvaptan 30 mg tab	inj	PA, LA, QL (4 PER 1 DAYS)
trientine hcl 250 mg cap	inj	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	inj	PA, QL (4 PER 1 DAYS)
PHOSPHATE BINDERS		
calcium acetate (phos binder) 667 mg cap	gen	PA - PART B VS D DETERMINATION
sevelamer carbonate 800 mg tab	gen	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
kionex 15 gm/60ml suspension	gen	
LOKELMA (5 GM PACKET, 10 GM PACKET)	brd	
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	gen	
SPS (SODIUM POLYSTYRENE SULF) (SULF) 15 GM/60ML SUSPENSION, SULF) 30 GM/120ML SUSPENSION)	gen	
VITAMINS		
cyanocobalamin 1000 mcg/ml solution	gen	EDC
dodex 1000 mcg/ml solution	gen	EDC
folic acid 1 mg tab	gen	EDC
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	gen	EDC
TRI-VITE/FLUORIDE (TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION, TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION)	gen	EDC
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
constulose 10 gm/15ml solution	gen	
enulose 10 gm/15ml solution	gen	
gavilyte-n with flavor pack 420 gm recon soln	gen	
generlac 10 gm/15ml solution	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	gen	
lactulose encephalopathy 10 gm/15ml solution	gen	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	brd	QL (1 PER 1 DAYS)
lubiprostone (8 mcg cap, 24 mcg cap)	gen	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	brd	QL (1 PER 1 DAYS)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	gen	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	gen	
peg-3350/electrolytes/ascorbat 100 gm recon soln	gen	
peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln	gen	
PEG-PREP 5-210 MG-GM KIT	gen	
ANTI-DIARRHEAL AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	npd	PA
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	gen	
loperamide hcl 2 mg cap	gen	
XERMELO 250 MG TAB	inj	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
chlordiazepoxide-clidinium 5-2.5 mg cap	gen	QL (8 PER 1 DAYS)
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)	gen	PA
ed-spaz 0.125 mg tab disp	gen	EDC
glycopyrrolate (1 mg tab, 2 mg tab)	gen	
glycopyrrolate 1 mg/5ml solution	gen	PA
hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)	gen	EDC
hyoscyamine sulfate er 0.375 mg tab er 12h	gen	EDC
HYOSCYAMINE SULFATE SL 0.125 MG SL TAB	gen	EDC
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	gen	EDC

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methscopolamine bromide (2.5 mg tab, 5 mg tab)	gen	
NULEV 0.125 MG TAB DISP	gen	EDC
OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB)	gen	EDC
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG TAB	gen	EDC
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG/5ML ELIXIR	gen	QL (40 PER 1 DAYS), EDC
phenobarbital-belladonna alk 16.2 mg tab	gen	EDC
phenobarbital-belladonna alk 16.2 mg/5ml elixir	gen	QL (40 PER 1 DAYS), EDC
PHENOHYTRO 16.2 MG TAB	gen	EDC
PHENOHYTRO 16.2 MG/5ML ELIXIR	gen	QL (40 PER 1 DAYS), EDC
GASTROINTESTINAL AGENTS, OTHER		
cromolyn sodium 100 mg/5ml conc	gen	
GAVILYTE-C 240 GM RECON SOLN	gen	
gavilyte-g 236 gm recon soln	gen	
OMNITROPE 10 MG/1.5ML SOLN CART	inj	PA
peg-3350/electrolytes 236 gm recon soln	gen	
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	gen	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	gen	
famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)	gen	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	gen	
PROTECTANTS		
misoprostol (100 mcg tab, 200 mcg tab)	gen	
sucralfate (1 gm tab, 1 gm/10ml suspension)	gen	
PROTON PUMP INHIBITORS		
esomeprazole magnesium 20 mg cap dr	gen	
esomeprazole magnesium 40 mg cap dr	gen	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lansoprazole 15 mg cap dr	gen	
lansoprazole 30 mg cap dr	gen	QL (2 PER 1 DAYS)
omeprazole (10 mg cap dr, 20 mg cap dr)	gen	
omeprazole 40 mg cap dr	gen	QL (2 PER 1 DAYS)
pantoprazole sodium 20 mg tab dr	gen	
pantoprazole sodium 40 mg recon soln	npd	
pantoprazole sodium 40 mg tab dr	gen	QL (2 PER 1 DAYS)
rabeprazole sodium 20 mg tab dr	gen	

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

ALDURAZYME 2.9 MG/5ML SOLUTION	inj	LA, PA - PART B VS D DETERMINATION
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	inj	LA, PA - PART B VS D DETERMINATION
betaine powder	inj	
carglumic acid 200 mg tab sol	inj	PA, LA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	brd	
CYSTAGON (50 MG CAP, 150 MG CAP)	npd	PA, LA
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	brd	
ELAPRASE 6 MG/3ML SOLUTION	inj	LA, PA - PART B VS D DETERMINATION
l-glutamine 5 gm packet	inj	PA, QL (6 PER 1 DAYS)
levocarnitine (1 gm/10ml solution, 330 mg tab)	gen	
levocarnitine sf 1 gm/10ml solution	gen	
NAGLAZYME 1 MG/ML SOLUTION	inj	LA, PA - PART B VS D DETERMINATION
nitisinone (2 mg cap, 5 mg cap, 10 mg cap)	inj	PA
REVCOVI 2.4 MG/1.5ML SOLUTION	inj	PA, LA
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	inj	PA
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	inj	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	brd	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

darifenacin hydrobromide er 15 mg tab er 24h	gen	ST, QL (1 PER 1 DAYS)
darifenacin hydrobromide er 7.5 mg tab er 24h	gen	ST, QL (2 PER 1 DAYS)
fesoterodine fumarate er (er 4 mg tab er 24h, er 8 mg tab er 24h)	gen	
flavoxate hcl 100 mg tab	gen	
GEMTESA 75 MG TAB	brd	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	brd	
MYRBETRIQ 8 MG/ML SRER	brd	QL (10 PER 1 DAYS)
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	gen	
oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)	gen	
solifenacin succinate (5 mg tab, 10 mg tab)	gen	QL (1 PER 1 DAYS)
tolterodine tartrate (1 mg tab, 2 mg tab)	gen	ST
tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)	gen	ST
trospium chloride 20 mg tab	gen	
trospium chloride er 60 mg cap er 24h	gen	

BENIGN PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl er 10 mg tab er 24h	gen	
dutasteride 0.5 mg cap	gen	QL (1 PER 1 DAYS)
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	gen	QL (1 PER 1 DAYS)
finasteride 5 mg tab	gen	
silodosin (4 mg cap, 8 mg cap)	gen	QL (1 PER 1 DAYS)
tadalafil (10 mg tab, 20 mg tab)	gen	QL (8 PER 30 DAYS), EDC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tadalafil 2.5 mg tab	gen	PA, QL (2 PER 1 DAYS)
tadalafil 5 mg tab	gen	PA, QL (1 PER 1 DAYS)
tamsulosin hcl 0.4 mg cap	gen	

GENITOURINARY AGENTS, OTHER

bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	gen	
CYTRA K CRYSTALS 3300-1002 MG PACKET	gen	EDC
ELMIRON 100 MG CAP	brd	
penicillamine 250 mg tab	inj	PA
phenazo 200 mg tab	gen	EDC
phenazopyridine hcl (100 mg tab, 200 mg tab)	gen	EDC
PHOSPHO-TRIN K500 500 MG TAB	gen	EDC
pot & sod cit-cit ac 550-500-334 mg/5ml solution	gen	EDC
potassium citrate-citric acid 1100-334 mg/5ml solution	gen	EDC
sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)	gen	QL (8 PER 30 DAYS), EDC
sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)	gen	EDC
SODIUM CITRATE-CITRIC ACID (1500-1002 MG/15ML SOLUTION, 3000-2004 MG/30ML SOLUTION)	gen	
TRICITRATES 550-500-334 MG/5ML SOLUTION	gen	EDC
vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)	gen	PA, QL (8 PER 30 DAYS), EDC

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

CORTISONE ACETATE 25 MG TAB	gen	
dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	gen	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	npd	
dexamethasone sod phosphate pf 10 mg/ml solution	npd	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	npd	
fludrocortisone acetate 0.1 mg tab	gen	
MEDROL 2 MG TAB	brd	
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	gen	
methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)	npd	
methylprednisolone sodium succ 125 mg recon soln	npd	PA - PART B VS D DETERMINATION
methylprednisolone sodium succ 40 mg recon soln	npd	
prednisolone 15 mg/5ml solution	gen	
prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)	gen	
prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)	gen	
PREDNISONE INTENSOL 5 MG/ML CONC	gen	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

desmopressin ace spray refrig 0.01 % solution	gen	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	gen	
desmopressin acetate 4 mcg/ml solution	npd	
desmopressin acetate pf 4 mcg/ml solution	npd	
desmopressin acetate spray 0.01 % solution	gen	
INCRELEX 40 MG/4ML SOLUTION	inj	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	inj	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
danazol (50 mg cap, 100 mg cap, 200 mg cap)	gen	
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	gen	
methyltestosterone 10 mg cap	gen	PA
testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)	gen	PA, QL (150 PER 30 DAYS)
testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)	gen	PA, QL (300 PER 30 DAYS)
testosterone 10 mg/act (2%) gel	gen	PA, QL (120 PER 30 DAYS)
testosterone 20.25 mg/1.25gm (1.62%) gel	gen	PA, QL (37.5 PER 30 DAYS)
testosterone 30 mg/act solution	gen	PA, QL (180 PER 30 DAYS)
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	gen	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	gen	QL (5 PER 30 DAYS)
ESTROGENS		
abigale 1-0.5 mg tab	gen	
abigale lo 0.5-0.1 mg tab	gen	
afirmelle 0.1-20 mg-mcg tab	gen	
altavera 0.15-30 mg-mcg tab	gen	
alyacen 1/35 1-35 mg-mcg tab	gen	
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	gen	
amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)	gen	
amethia 0.15-0.03 &0.01 mg tab	gen	
amethyst 90-20 mcg tab	gen	
apri 0.15-30 mg-mcg tab	gen	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	gen	
ashlyna 0.15-0.03 &0.01 mg tab	gen	
aubra 0.1-20 mg-mcg tab	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aubra eq 0.1-20 mg-mcg tab	gen	
aurovela 1.5/30 1.5-30 mg-mcg tab	gen	
aurovela 1/20 1-20 mg-mcg tab	gen	
aurovela 24 fe 1-20 mg-mcg(24) tab	gen	
aurovela fe 1.5/30 1.5-30 mg-mcg tab	gen	
aurovela fe 1/20 1-20 mg-mcg tab	gen	
aviane 0.1-20 mg-mcg tab	gen	
ayuna 0.15-30 mg-mcg tab	gen	
azurette 0.15-0.02/0.01 mg (21/5) tab	gen	
balziva 0.4-35 mg-mcg tab	gen	
blisovi 24 fe 1-20 mg-mcg(24) tab	gen	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	gen	
blisovi fe 1/20 1-20 mg-mcg tab	gen	
briellyn 0.4-35 mg-mcg tab	gen	
camrese 0.15-0.03 &0.01 mg tab	gen	
camrese lo 0.1-0.02 & 0.01 mg tab	gen	
caziant 0.1/0.125/0.15 -0.025 mg tab	gen	
charlotte 24 fe 1-20 mg-mcg(24) chew tab	gen	
chateal 0.15-30 mg-mcg tab	gen	
chateal eq 0.15-30 mg-mcg tab	gen	
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	brd	QL (4 PER 28 DAYS)
COVARYX 1.25-2.5 MG TAB	gen	EDC
COVARYX HS 0.625-1.25 MG TAB	gen	EDC
cryselle 0.3-30 mg-mcg tab	gen	
cryselle-28 0.3-30 mg-mcg tab	gen	
cyred 0.15-30 mg-mcg tab	gen	
cyred eq 0.15-30 mg-mcg tab	gen	
dasetta 1/35 1-35 mg-mcg tab	gen	
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	gen	
daysee 0.15-0.03 &0.01 mg tab	gen	
delyla 0.1-20 mg-mcg tab	gen	
DEPO-ESTRADIOL 5 MG/ML OIL	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)	gen	
dolishale 90-20 mcg tab	gen	
dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	gen	QL (16 PER 28 DAYS)
drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)	gen	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	gen	
EEMT 1.25-2.5 MG TAB	gen	EDC
EEMT HS 0.625-1.25 MG TAB	gen	EDC
elinest 0.3-30 mg-mcg tab	gen	
eluryng 0.12-0.015 mg/24hr ring	gen	
emoquette 0.15-30 mg-mcg tab	gen	
enilloring 0.12-0.015 mg/24hr ring	gen	
enpresse-28 50-30/75-40/ 125-30 mcg tab	gen	
enskyce 0.15-30 mg-mcg tab	gen	
est estrogens-methyltest 1.25-2.5 mg tab	gen	EDC
est estrogens-methyltest ds 1.25-2.5 mg tab	gen	EDC
est estrogens-methyltest hs 0.625-1.25 mg tab	gen	EDC
estarylla 0.25-35 mg-mcg tab	gen	
estradiol (0.01 % cream, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)	gen	
estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	gen	QL (16 PER 28 DAYS)
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)	gen	QL (8 PER 28 DAYS)
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	gen	
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
estratest f.s. 1.25-2.5 mg tab	gen	EDC
ESTRATEST H.S. 0.625-1.25 MG TAB	gen	EDC
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	brd	QL (1 PER 84 OVER TIME)
estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)	gen	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	gen	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	gen	
falmina 0.1-20 mg-mcg tab	gen	
fayosim 42-21-21-7 days tab	gen	
feirza 1.5/30 1.5-30 mg-mcg tab	gen	
feirza 1/20 1-20 mg-mcg tab	gen	
femynor 0.25-35 mg-mcg tab	gen	
finzala 1-20 mg-mcg(24) chew tab	gen	
fyavolv (0.5-2.5 tab, 1-5 tab)	gen	
galbriela 0.8-25 mg-mcg chew tab	gen	
gemmily 1-20 mg-mcg(24) cap	gen	
hailey 1.5/30 1.5-30 mg-mcg tab	gen	
hailey 24 fe 1-20 mg-mcg(24) tab	gen	
hailey fe 1.5/30 1.5-30 mg-mcg tab	gen	
hailey fe 1/20 1-20 mg-mcg tab	gen	
haloette 0.12-0.015 mg/24hr ring	gen	
iclevia 0.15-0.03 mg tab	gen	
introvale 0.15-0.03 mg tab	gen	
isibloom 0.15-30 mg-mcg tab	gen	
jaimiess 0.15-0.03 &0.01 mg tab	gen	
jasmiel 3-0.02 mg tab	gen	
jinteli 1-5 mg-mcg tab	gen	
jolessa 0.15-0.03 mg tab	gen	
joyeaux 0.1-20 mg-mcg(21) tab	gen	
juleber 0.15-30 mg-mcg tab	gen	
junel 1.5/30 1.5-30 mg-mcg tab	gen	
junel 1/20 1-20 mg-mcg tab	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
junel fe 1.5/30 1.5-30 mg-mcg tab	gen	
junel fe 1/20 1-20 mg-mcg tab	gen	
junel fe 24 1-20 mg-mcg(24) tab	gen	
kaitlib fe 0.8-25 mg-mcg chew tab	gen	
kalliga 0.15-30 mg-mcg tab	gen	
kariva 0.15-0.02/0.01 mg (21/5) tab	gen	
kelnor 1/35 1-35 mg-mcg tab	gen	
kelnor 1/50 1-50 mg-mcg tab	gen	
kurvelo 0.15-30 mg-mcg tab	gen	
larin 1.5/30 1.5-30 mg-mcg tab	gen	
larin 1/20 1-20 mg-mcg tab	gen	
larin 24 fe 1-20 mg-mcg(24) tab	gen	
larin fe 1.5/30 1.5-30 mg-mcg tab	gen	
larin fe 1/20 1-20 mg-mcg tab	gen	
larissia 0.1-20 mg-mcg tab	gen	
layolis fe 0.8-25 mg-mcg chew tab	gen	
leena 0.5/1/0.5-35 mg-mcg tab	gen	
lessina 0.1-20 mg-mcg tab	gen	
levonest 50-30/75-40/ 125-30 mcg tab	gen	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	gen	
levonorgest-eth est & eth est 42-21-21-7 days tab	gen	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)	gen	
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	gen	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)	gen	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	gen	
lillow 0.15-30 mg-mcg tab	gen	
lo-zumandimine 3-0.02 mg tab	gen	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	gen	
loestrin 1/20 (21) 1-20 mg-mcg tab	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
loestrin fe 1.5/30 1.5-30 mg-mcg tab	gen	
loestrin fe 1/20 1-20 mg-mcg tab	gen	
lojaimiess 0.1-0.02 & 0.01 mg tab	gen	
loryna 3-0.02 mg tab	gen	
low-ogestrel 0.3-30 mg-mcg tab	gen	
luizza 1.5/30 1.5-30 mg-mcg tab	gen	
luizza 1/20 1-20 mg-mcg tab	gen	
lutera 0.1-20 mg-mcg tab	gen	
lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	gen	QL (16 PER 28 DAYS)
marlissa 0.15-30 mg-mcg tab	gen	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	npd	
merzee 1-20 mg-mcg(24) cap	gen	
mibelas 24 fe 1-20 mg-mcg(24) chew tab	gen	
microgestin 1.5/30 1.5-30 mg-mcg tab	gen	
microgestin 1/20 1-20 mg-mcg tab	gen	
microgestin 24 fe 1-20 mg-mcg tab	gen	
microgestin fe 1.5/30 1.5-30 mg-mcg tab	gen	
microgestin fe 1/20 1-20 mg-mcg tab	gen	
mili 0.25-35 mg-mcg tab	gen	
mimvey 1-0.5 mg tab	gen	
minzoya 0.1-20 mg-mcg(21) tab	gen	
mono-linyah 0.25-35 mg-mcg tab	gen	
necon 0.5/35 (28) 0.5-35 mg-mcg tab	gen	
nikki 3-0.02 mg tab	gen	
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	gen	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)	gen	
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	gen	
norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	gen	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	gen	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	gen	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	gen	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	gen	
nortrel 1/35 (21) 1-35 mg-mcg tab	gen	
nortrel 1/35 (28) 1-35 mg-mcg tab	gen	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	gen	
nylia 1/35 1-35 mg-mcg tab	gen	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	gen	
nymyo 0.25-35 mg-mcg tab	gen	
ocella 3-0.03 mg tab	gen	
orsythia 0.1-20 mg-mcg tab	gen	
philith 0.4-35 mg-mcg tab	gen	
pimtrea 0.15-0.02/0.01 mg (21/5) tab	gen	
pirmella 1/35 1-35 mg-mcg tab	gen	
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	gen	
portia-28 0.15-30 mg-mcg tab	gen	
PREMARIN 0.625 MG/GM CREAM	brd	
PREMPHASE 0.625-5 MG TAB	brd	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	brd	
previfem 0.25-35 mg-mcg tab	gen	
reclipsen 0.15-30 mg-mcg tab	gen	
rivelsa 42-21-21-7 days tab	gen	
rosyrah 42-21-21-7 days tab	gen	
setlakin 0.15-0.03 mg tab	gen	
simliya 0.15-0.02/0.01 mg (21/5) tab	gen	
simpesse 0.15-0.03 &0.01 mg tab	gen	
sprintec 28 0.25-35 mg-mcg tab	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sronyx 0.1-20 mg-mcg tab	gen	
syeda 3-0.03 mg tab	gen	
tarina 24 fe 1-20 mg-mcg(24) tab	gen	
tarina fe 1/20 1-20 mg-mcg tab	gen	
tarina fe 1/20 eq 1-20 mg-mcg tab	gen	
taysofy 1-20 mg-mcg(24) cap	gen	
tilia fe 1-20/1-30/1-35 mg-mcg tab	gen	
tri femynor 0.18/0.215/0.25 mg-35 mcg tab	gen	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	gen	
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	gen	
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	gen	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	gen	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	gen	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	gen	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	gen	
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	gen	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	gen	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	gen	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	gen	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	gen	
trivora (28) 50-30/75-40/ 125-30 mcg tab	gen	
turqoz 0.3-30 mg-mcg tab	gen	
tydemy 3-0.03-0.451 mg tab	gen	
valtya 1/35 1-35 mg-mcg tab	gen	
VALTYA 1/50 1-50 MG-MCG TAB	gen	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	gen	
vestura 3-0.02 mg tab	gen	
vienva 0.1-20 mg-mcg tab	gen	
viorele 0.15-0.02/0.01 mg (21/5) tab	gen	
volnea 0.15-0.02/0.01 mg (21/5) tab	gen	
vyfemla 0.4-35 mg-mcg tab	gen	
vylibra 0.25-35 mg-mcg tab	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
wera 0.5-35 mg-mcg tab	gen	
wymzya fe 0.4-35 mg-mcg chew tab	gen	
xarah fe 1-20/1-30/1-35 mg-mcg tab	gen	
xelria fe 0.4-35 mg-mcg chew tab	gen	
xulane 150-35 mcg/24hr patch wk	gen	
yuvafem 10 mcg tab	gen	
zafemy 150-35 mcg/24hr patch wk	gen	
zovia 1/35 (28) 1-35 mg-mcg tab	gen	
zumandimine 3-0.03 mg tab	gen	
PROGESTINS		
camila 0.35 mg tab	gen	
deblitane 0.35 mg tab	gen	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	brd	
emzahh 0.35 mg tab	gen	
errin 0.35 mg tab	gen	
gallifrey 5 mg tab	gen	
heather 0.35 mg tab	gen	
incassia 0.35 mg tab	gen	
jencycla 0.35 mg tab	gen	
LILETTA (52 MG) 20.1 MCG/DAY IUD	brd	
lyleq 0.35 mg tab	gen	
lyza 0.35 mg tab	gen	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)	gen	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	gen	PA - FOR NEW STARTS ONLY
megestrol acetate 625 mg/5ml suspension	gen	PA
meleya 0.35 mg tab	gen	
NEXPLANON 68 MG IMPLANT	brd	
nora-be 0.35 mg tab	gen	
norethindrone 0.35 mg tab	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethindrone acetate 5 mg tab	gen	
norlyda 0.35 mg tab	gen	
norlyroc 0.35 mg tab	gen	
orquidea 0.35 mg tab	gen	
progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)	gen	
sharobel 0.35 mg tab	gen	
tulana 0.35 mg tab	gen	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHENA 60 MG TAB	npd	PA, QL (1 PER 1 DAYS)
raloxifene hcl 60 mg tab	gen	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	brd	EDC
euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	gen	
EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	brd	
levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	brd	
levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	gen	
levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	brd	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	inj	PA, QL (1 PER 1 DAYS)
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	brd	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	brd	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

cabergoline 0.5 mg tab	gen	
leuprolide acetate 1 mg/0.2ml kit	npd	
LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT)	inj	
LUPRON DEPOT (3-MONTH) ((3-MONTH) 11.25 MG KIT, (3-MONTH) 22.5 MG KIT)	inj	
LUPRON DEPOT (4-MONTH) 30 MG KIT	inj	
LUPRON DEPOT (6-MONTH) 45 MG KIT	inj	
mifepristone 300 mg tab	inj	PA, LA, QL (4 PER 1 DAYS)
octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)	npd	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	inj	PA
ORGOVYX 120 MG TAB	inj	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	inj	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	inj	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNAREL 2 MG/ML SOLUTION	inj	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

methimazole (5 mg tab, 10 mg tab)	gen	
propylthiouracil 50 mg tab	gen	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	inj	PA, LA
icatibant acetate 30 mg/3ml soln prsyr	inj	PA, QL (36 PER 60 OVER TIME)
sajazir 30 mg/3ml soln prsyr	inj	PA, QL (36 PER 60 OVER TIME)

IMMUNOGLOBULINS

GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	inj	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	inj	PA, LA

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST 220 MG RECON SOLN	inj	PA, LA
AURANOFIN 3 MG CAP	brd	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	inj	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	inj	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	inj	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	inj	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	inj	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	inj	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	inj	PA
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	inj	PA, QL (55 PER 28 OVER TIME)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	inj	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	brd	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	inj	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	inj	PA, QL (168 PER 365 OVER TIME)
RINVOQ LQ 1 MG/ML SOLUTION	inj	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	inj	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	inj	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	inj	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	inj	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	inj	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	inj	PA, QL (6 PER 365 OVER TIME)
STELARA 45 MG/0.5ML SOLUTION	inj	PA, QL (0.5 ML PER 28 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	inj	PA, QL (3.6 PER 28 DAYS)
USTEKINUMAB 45 MG/0.5ML SOLUTION	inj	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	npd	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	inj	PA, QL (1 ML PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	inj	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	inj	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	inj	PA, QL (1 PER 1 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	inj	PA, QL (8 PER 28 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	inj	PA, LA, QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	npd	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	inj	PA, QL (104 ML PER 365 OVER TIME)
YESINTEK 90 MG/ML SOLN PRSYR	inj	PA, QL (1 ML PER 28 DAYS)
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	inj	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	inj	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	inj	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	inj	PA, QL (4 PER 30 DAYS)
IMMUNOSUPPRESSANTS		
azasan (75 mg tab, 100 mg tab)	gen	PA - PART B VS D DETERMINATION
azathioprine (50 mg tab, 75 mg tab, 100 mg tab)	gen	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	npd	PA - PART B VS D DETERMINATION
cyclosporine (25 mg cap, 100 mg cap)	gen	PA - PART B VS D DETERMINATION
cyclosporine 50 mg/ml solution	npd	PA - PART B VS D DETERMINATION
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	gen	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	inj	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	inj	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	inj	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	inj	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	inj	PA, QL (8 PER 28 DAYS)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	npd	PA - FOR NEW STARTS ONLY
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	gen	PA - PART B VS D DETERMINATION
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	gen	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	inj	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	inj	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	inj	PA, QL (2.4 ML PER 28 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	inj	PA, QL (4.8 ML PER 28 DAYS)
leflunomide (10 mg tab, 20 mg tab)	gen	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	gen	PA - PART B VS D DETERMINATION
methotrexate sodium (pf) ((pf) 1 gm/40ml solution, (pf) 50 mg/2ml solution, (pf) 250 mg/10ml solution, (pf) 1000 mg/40ml solution)	gen	PA - PART B VS D DETERMINATION
methotrexate sodium 2.5 mg tab	gen	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	gen	PA - PART B VS D DETERMINATION
mycophenolate mofetil 500 mg recon soln	npd	PA - PART B VS D DETERMINATION
mycophenolate mofetil hcl 500 mg recon soln	npd	PA - PART B VS D DETERMINATION
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	gen	PA - PART B VS D DETERMINATION
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	gen	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	npd	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	brd	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	inj	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	inj	PA, QL (3 PER 28 DAYS)
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	inj	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	inj	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	inj	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	inj	PA, QL (4 PER 28 DAYS)
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	gen	PA - PART B VS D DETERMINATION
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	gen	PA - PART B VS D DETERMINATION
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	npd	
XATMEP 2.5 MG/ML SOLUTION	npd	PA - FOR NEW STARTS ONLY

VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	brd	VAC
ACTHIB RECON SOLN	brd	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	brd	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	brd	VAC
BCG VACCINE 50 MG RECON SOLN	brd	VAC
BEXSERO SUSP PRSYR	brd	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	brd	VAC
DAPTACEL 23-15-5 SUSPENSION	brd	
DENGVAXIA RECON SUSP	npd	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	brd	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	brd	PA - PART B VS D DETERMINATION, VAC
GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR)	brd	VAC
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	brd	
HAVRIX 1440 EL U/ML SUSP PRSYR	brd	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	brd	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	brd	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	brd	VAC
INFANRIX 25-58-10 SUSPENSION	brd	
IPOL SUSPENSION	brd	VAC
IXIARO SUSPENSION	npd	VAC
JYNNEOS 0.5 ML SUSPENSION	brd	VAC
KINRIX 0.5 ML SUSP PRSYR	brd	
M-M-R II RECON SOLN	brd	VAC
MENACTRA SOLUTION	brd	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	brd	VAC
MENVEO (RECON SOLN, SOLUTION)	brd	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	brd	VAC
PEDIARIX SUSP PRSYR	brd	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	brd	
PENMENVY RECON SUSP	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTACEL RECON SUSP	brd	
PRIORIX RECON SUSP	brd	VAC
PROQUAD RECON SUSP	brd	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	brd	
RABAVERT RECON SUSP	brd	VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	brd	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	brd	
ROTATEQ SOLUTION	brd	
SHINGRIX 50 MCG/0.5ML RECON SUSP	brd	QL (2 PER 365 OVER TIME), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	brd	QL (1 ML PER 365 DAYS), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	brd	VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	brd	VAC
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	brd	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	brd	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	brd	VAC
TRUMENBA SUSP PRSYR	brd	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	brd	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	npd	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	brd	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	brd	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	brd	VAC
VAXCHORA RECON SUSP	npd	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	npd	
VIVOTIF CAP DR	npd	
YF-VAX RECON SUSP	npd	VAC

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide disodium 750 mg cap	gen	
DIPENTUM 250 MG CAP	npd	PA
mesalamine (4 gm enema, 1000 mg suppos)	gen	
mesalamine (400 mg cap dr, 800 mg tab dr)	gen	ST, QL (6 PER 1 DAYS)
mesalamine 1.2 gm tab dr	gen	QL (4 PER 1 DAYS)
mesalamine er 0.375 gm cap er 24h	gen	QL (4 PER 1 DAYS)
mesalamine er 500 mg cap er	gen	ST, QL (8 PER 1 DAYS)
sulfasalazine (500 mg tab, 500 mg tab dr)	gen	
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	gen	QL (3 PER 1 DAYS)
budesonide er 9 mg tab er 24h	gen	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 % FOAM	brd	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)	gen	
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)	gen	
BILDYOS 60 MG/ML SOLN PRSYR	npd	PA
BILPREVDA 120 MG/1.7ML SOLUTION	inj	PA, QL (1.7 ML PER 28 DAYS)
calcitonin (salmon) 200 unit/act solution	gen	QL (3.7 PER 30 DAYS)
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	gen	
CALCITRIOL 1 MCG/ML SOLUTION	npd	PA - PART B VS D DETERMINATION
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	gen	PA - PART B VS D DETERMINATION
doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)	gen	PA - PART B VS D DETERMINATION
doxercalciferol 4 mcg/2ml solution	npd	PA - PART B VS D DETERMINATION
ergocalciferol 1.25 mg (50000 ut) cap	gen	EDC
ibandronate sodium 150 mg tab	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ibandronate sodium 3 mg/3ml solution	npd	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	npd	PA
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	gen	PA - PART B VS D DETERMINATION
paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)	npd	PA - PART B VS D DETERMINATION
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)	gen	
teriparatide 560 mcg/2.24ml soln pen	inj	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	inj	PA, QL (1.56 PER 28 DAYS)
vitamin d (ergocalciferol) ((ergocalciferol) 1.25 mg (50000 ut) cap, (ergocalciferol) 50000 unit cap)	gen	EDC
WYOST 120 MG/1.7ML SOLUTION	inj	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)	npd	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	brd	
AEROCHAMBER HOLDING CHAMBER DEVICE	brd	EDC
AEROCHAMBER MINI CHAMBER DEVICE	brd	EDC
AEROCHAMBER MV MISC	brd	EDC
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	brd	EDC
AEROCHAMBER PLUS FLO-VU MISC	brd	EDC
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	brd	EDC
AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC)	brd	EDC
AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC)	brd	EDC
AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC)	brd	EDC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	brd	EDC
AEROCHAMBER PLUS FLOW VU MISC	brd	EDC

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AEROCHAMBER W/FLOWSIGNAL MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	brd	EDC
AEROCHAMBER2GO ANTI-STATIC DEVICE	brd	EDC
AEROVENT PLUS DEVICE	brd	EDC
ALCOHOL 70% PADS	gen	
ALCOHOL PREP PAD	gen	
ALCOHOL PREP PADS 70 % PAD	gen	
ALCOHOL SWABS 70 % PAD	gen	
ALCOHOL SWABSTICK PAD	gen	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	brd	
ARGYLE STERILE WATER SOLUTION	gen	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	brd	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	brd	
AUM ALCOHOL PREP PADS 70 % PAD	gen	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	brd	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	brd	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	brd	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	brd	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	brd	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	brd	
BIOGUARD GAUZE SPONGES 2"X2" PAD	gen	
BREATHE COMFORT CHAMBER/ADULT DEVICE	brd	EDC
BREATHE COMFORT CHAMBER/CHILD DEVICE	brd	EDC
BREATHE EASE LARGE DEVICE	brd	EDC
BREATHE EASE MEDIUM DEVICE	brd	EDC
BREATHE EASE SMALL DEVICE	brd	EDC
BREATHERITE VALVED MDI CHAMBER DEVICE	brd	EDC
CARETOUCH ALCOHOL PREP 70 % PAD	gen	
CLEVER CHOICE HOLDING CHAMBER DEVICE	brd	EDC
COMFORT EZ INSULIN SYRINGE (27G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC)	brd	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	brd	
COMPACT SPACE CHAMBER DEVICE	brd	EDC
COMPACT SPACE CHAMBER/LG MASK DEVICE	brd	EDC
COMPACT SPACE CHAMBER/MED MASK DEVICE	brd	EDC
COMPACT SPACE CHAMBER/SM MASK DEVICE	brd	EDC
CVS ALCOHOL PREP PADS 70 % PAD	gen	
CVS ANTIBACTERIAL GAUZE 2"X2" PAD	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
DROPLET MICRON 34G X 3.5 MM MISC	brd	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	brd	
DROPSAFE AUTOPROTECT DUO (4 MISC, 5 MISC, 8 MISC)	brd	
DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	brd	
EASIVENT MISC	brd	EDC
EASIVENT MASK LARGE MISC	brd	EDC
EASIVENT MASK MEDIUM MISC	brd	EDC
EASIVENT MASK SMALL MISC	brd	EDC
EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 32G 5/16" 1 ML MISC)	brd	
EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC)	brd	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	brd	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	brd	
EMBECTA INS SYR U/F 1/2 UNIT (U/F 1/2 15/64" 0.3 ML MISC, U/F 1/2 5/16" 0.3 ML MISC)	brd	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	brd	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC	brd	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	brd	
EMBECTA INSULIN SYRINGE U/F (U/F 30G 1/2" 0.3 ML MISC, U/F 30G 1/2" 0.5 ML MISC, U/F 30G 1/2" 1 ML MISC, U/F 31G 15/64" 0.3 ML MISC, U/F 31G 15/64" 0.5 ML MISC, U/F 31G 15/64" 1 ML MISC, U/F 31G 5/16" 0.3 ML MISC, U/F 31G 5/16" 0.5 ML MISC, U/F 31G 5/16" 1 ML MISC)	brd	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	brd	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	brd	
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC	brd	
EMBECTA PEN NEEDLE ULTRAFINE (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 6 MM MISC)	brd	
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	brd	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	brd	EDC
FLEXICHAMBER DEVICE	brd	EDC
gauze pads 2	gen	
GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	brd	
GOODSENSE ALCOHOL SWABS 70 % PAD	gen	
INSPIREASE MISC	brd	EDC
INSULIN PEN NEEDLES	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN PEN NEEDLES	brd	
INSULIN SYRINGE 0.3 ML	brd	
INSULIN SYRINGE 0.5 ML	brd	
INSULIN SYRINGE 1 ML	brd	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
INSUPEN32G EXTR3ME 32G X 6 MM MISC	brd	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	npd	PA - PART B VS D DETERMINATION
lactated ringers solution	gen	
methergine 0.2 mg tab	gen	
methylergonovine maleate 0.2 mg tab	gen	
MICROCHAMBER (DEVICE, MISC)	brd	EDC
MICROSPACER MISC	brd	EDC
NOVOFINE 32G X 6 MM MISC	brd	
NUTRILIPID 20 % EMULSION	npd	PA - PART B VS D DETERMINATION
OPTICHAMBER DIAMOND (DEVICE, MISC)	brd	EDC
OPTICHAMBER DIAMOND-LG MASK DEVICE	brd	EDC
OPTICHAMBER DIAMOND-MD MASK MISC	brd	EDC
OPTICHAMBER DIAMOND-SM MASK MISC	brd	EDC
OPVEE 2.7 MG/0.1ML SOLUTION	npd	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (PEN NEEDLE/5-BEVEL 31G 8 MISC, PEN NEEDLE/5-BEVEL 32G 4 MISC)	brd	
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
PENBRAYA RECON SUSP	brd	VAC
POCKET CHAMBER DEVICE	brd	EDC
POCKET SPACER DEVICE	brd	EDC
PRO COMFORT ALCOHOL 70 % PAD	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
PRO COMFORT SPACER ADULT MISC	brd	EDC
PRO COMFORT SPACER CHILD MISC	brd	EDC
PRO COMFORT SPACER INFANT DEVICE	brd	EDC
PROCARE SPACER/ADULT MASK DEVICE	brd	EDC
PROCARE SPACER/CHILD MASK DEVICE	brd	EDC
PROCHAMBER VHC DEVICE	brd	EDC
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
PURE COMFORT SPACER CHAMBER DEVICE	brd	EDC
QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC)	brd	
ringers irrigation solution	gen	
RITEFLO DEVICE	brd	EDC
SALINE BACTERIOSTATIC 0.9 % SOLUTION	npd	EDC
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	brd	
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	brd	
SILIGENTLE FOAM DRESSING 2"X2" PAD	gen	
SMOFLIPID 20 % EMULSION	npd	PA - PART B VS D DETERMINATION
SODIUM CHLORIDE BACTERIOSTATIC 0.9 % SOLUTION	npd	EDC
sterile water for irrigation solution	gen	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	brd	
tis-u-sol solution	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	brd	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
TRUE COMFORT PRO PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	brd	
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	brd	
UNIFINE PENTIPS 32G X 4 MM MISC	brd	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	brd	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	brd	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	brd	
VERIFINE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	brd	EDC
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	brd	EDC
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	brd	EDC
VORTEX VALVED HOLDING CHAMBER DEVICE	brd	EDC
VOWST CAP	inj	PA, LA, QL (12 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
water for irrigation, sterile solution	gen	
WEBCOL ALCOHOL PREP LARGE 70 % PAD	gen	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

ak-poly-bac 500-10000 unit/gm ointment	gen	
atropine sulfate 1 % solution	gen	
bacitra-neomycin-polymyxin-hc 1 % ointment	gen	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	gen	
brimonidine tartrate-timolol 0.2-0.5 % solution	gen	
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	gen	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	gen	
HOMATROPAIRE 5 % SOLUTION	gen	EDC
loteprednol-tobramycin 0.5-0.3 % suspension	gen	
neo-polycin 3.5-400-10000 ointment	gen	
neo-polycin hc 1 % ointment	gen	
neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)	gen	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	gen	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	gen	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	gen	
polycin 500-10000 unit/gm ointment	gen	
proparacaine hcl 0.5 % solution	gen	
RESTASIS 0.05 % EMULSION	brd	QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	npd	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOBRADEX 0.3-0.1 % OINTMENT	brd	
tobramycin-dexamethasone 0.3-0.1 % suspension	gen	
XDEMVY 0.25 % SOLUTION	inj	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	brd	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl 0.05 % solution	gen	
bepotastine besilate 1.5 % solution	gen	
cromolyn sodium 4 % solution	gen	
epinastine hcl 0.05 % solution	gen	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	gen	
erythromycin 5 mg/gm ointment	gen	
gatifloxacin 0.5 % solution	gen	QL (2.5 PER 30 DAYS)
GENTAK 0.3 % OINTMENT	gen	
gentamicin sulfate 0.3 % solution	gen	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	gen	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	gen	
moxifloxacin hcl 0.5 % solution	gen	
NATACYN 5 % SUSPENSION	brd	
ofloxacin 0.3 % solution	gen	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	gen	
sulfacetamide sodium (10 % ointment, 10 % solution)	gen	
tobramycin 0.3 % solution	gen	
TOBREX 0.3 % OINTMENT	brd	
TRIFLURIDINE 1 % SOLUTION	gen	
ZIRGAN 0.15 % GEL	npd	QL (5 PER 30 DAYS)
OPHTHALMIC ANTI-INFLAMMATORIES		
bromfenac sodium (once-daily) 0.09 % solution	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	gen	
diclofenac sodium 0.1 % solution	gen	
difluprednate 0.05 % emulsion	gen	
fluorometholone 0.1 % suspension	gen	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	gen	
FML 0.1 % OINTMENT	npd	
FML FORTE 0.25 % SUSPENSION	npd	
ILEVRO 0.3 % SUSPENSION	brd	QL (3 PER 30 DAYS)
ketorolac tromethamine (0.4 % solution, 0.5 % solution)	gen	
loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)	gen	
MAXIDEX 0.1 % SUSPENSION	npd	
prednisolone acetate 1 % suspension	gen	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	gen	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

betaxolol hcl 0.5 % solution	gen	
BETOPTIC-S 0.25 % SUSPENSION	brd	
CARTEOLOL HCL 1 % SOLUTION	gen	
LEVOBUNOLOL HCL 0.5 % SOLUTION	gen	
timolol hemihydrate 0.5 % solution	gen	
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)	gen	
timolol maleate (once-daily) 0.5 % solution	gen	
timolol maleate ocudose 0.5 % solution	gen	
timolol maleate pf (0.25 % solution, 0.5 % solution)	gen	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

acetazolamide er 500 mg cap er 12h	gen	
apraclonidine hcl 0.5 % solution	gen	
brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)	gen	
brinzolamide 1 % suspension	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dorzolamide hcl 2 % solution	gen	
methazolamide (25 mg tab, 50 mg tab)	gen	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	gen	
RHOPRESSA 0.02 % SOLUTION	brd	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	brd	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03 % solution	gen	ST, QL (5 PER 30 DAYS)
latanoprost 0.005 % solution	gen	
LUMIGAN 0.01 % SOLUTION	brd	QL (5 ML PER 30 DAYS)
tafluprost (pf) 0.0015 % solution	gen	ST, QL (1 PER 1 DAYS)
travoprost (bak free) 0.004 % solution	gen	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	npd	
OTIC AGENTS		
acetic acid 2 % solution	gen	
ciprofloxacin hcl 0.2 % solution	gen	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	gen	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	gen	QL (2 PER 1 DAYS)
ciprofloxacin-hydrocortisone 0.2-1 % suspension	npd	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	brd	
DERMOTIC 0.01 % OIL	brd	
flac 0.01 % oil	gen	
fluocinolone acetonide 0.01 % oil	gen	
hydrocortisone-acetic acid 1-2 % solution	gen	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	gen	
ofloxacin 0.3 % solution	gen	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	brd	QL (30 PER 30 DAYS)
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	brd	QL (1 PER 30 DAYS)
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	brd	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (DOSES) 110 MCG/ACT AER POW BA, DOSES) 220 MCG/ACT AER POW BA)	brd	QL (1 PER 30 DAYS)
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	brd	QL (1 PER 30 DAYS)
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	brd	QL (13 PER 30 DAYS)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	gen	PA - PART B VS D DETERMINATION
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	brd	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
azelastine hcl (0.1 % solution, 137 mcg/spray solution)	gen	QL (30 PER 25 DAYS)
cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)	gen	
cyproheptadine hcl 4 mg tab	gen	PA
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	gen	ST
desloratadine 5 mg tab	gen	
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)	gen	PA
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	gen	PA
levocetirizine dihydrochloride 5 mg tab	gen	
olopatadine hcl 0.6 % solution	gen	QL (30.5 PER 30 DAYS)
promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)	gen	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTILEUKOTRIENES		
montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)	gen	QL (1 PER 1 DAYS)
zafirlukast (10 mg tab, 20 mg tab)	gen	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	brd	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	brd	QL (30 PER 30 DAYS)
ipratropium bromide 0.02 % solution	gen	PA - PART B VS D DETERMINATION
ipratropium bromide 0.03 % solution	gen	QL (30 PER 30 DAYS)
ipratropium bromide 0.06 % solution	gen	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	brd	QL (4 PER 30 DAYS)
tiotropium bromide 18 mcg cap	brd	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol 90mg hfa inhaler (generic proair)	gen	QL (17 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic proventil)	gen	QL (13.4 PER 30 DAYS)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	gen	QL (36 PER 30 DAYS)
albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)	gen	PA - PART B VS D DETERMINATION
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	gen	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	gen	QL (17 PER 30 DAYS)
arformoterol tartrate 15 mcg/2ml nebu soln	gen	PA - PART B VS D DETERMINATION
epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)	gen	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	gen	QL (24 PER 365 OVER TIME)
formoterol fumarate 20 mcg/2ml nebu soln	gen	PA - PART B VS D DETERMINATION
levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)	gen	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	gen	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEREVENT DISKUS 50 MCG/ACT AER POW BA	brd	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	gen	
terbutaline sulfate 1 mg/ml solution	npd	
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	inj	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	inj	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
tobramycin 300 mg/4ml nebu soln	inj	PA, QL (224 PER 28 DAYS)
tobramycin 300 mg/5ml nebu soln	inj	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	inj	PA, LA, QL (3 PER 1 DAYS)
MAST CELL STABILIZERS		
cromolyn sodium 20 mg/2ml nebu soln	gen	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
caffeine citrate 60 mg/3ml solution	gen	
elixophyllin 80 mg/15ml elixir	gen	
roflumilast 250 mcg tab	gen	QL (28 PER 180 OVER TIME)
roflumilast 500 mcg tab	gen	QL (1 PER 1 DAYS)
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	brd	
theophylline (80 mg/15ml elixir, 80 mg/15ml solution)	gen	
theophylline er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)	gen	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	inj	PA, LA, QL (3 PER 1 DAYS)
alyq 20 mg tab	npd	PA, QL (2 PER 1 DAYS)
ambrisentan (5 mg tab, 10 mg tab)	inj	PA, LA, QL (1 PER 1 DAYS)
bosentan (62.5 mg tab, 125 mg tab)	inj	PA, LA, QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bosentan 32 mg tab sol	inj	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	inj	PA, LA, QL (1 PER 1 DAYS)
sildenafil citrate 20 mg tab	gen	PA, QL (12 PER 1 DAYS)
tadalafil (pah) 20 mg tab	npd	PA, QL (2 PER 1 DAYS)
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	inj	PA, LA, QL (2 PER 1 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	inj	PA, LA, QL (200 PER 180 OVER TIME)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	inj	PA, QL (1 PER 21 OVER TIME)
PULMONARY FIBROSIS AGENTS		
nintedanib esylate (100 mg cap, 150 mg cap)	inj	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	inj	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	inj	PA, QL (5 PER 1 DAYS)
pirfenidone 801 mg tab	inj	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10 % solution, 20 % solution)	gen	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	brd	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	brd	QL (60 PER 30 DAYS)
azelastine-fluticasone 137-50 mcg/act suspension	gen	QL (23 PER 30 DAYS)
benzonatate (100 mg cap, 150 mg cap, 200 mg cap)	gen	EDC
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	brd	QL (60 PER 30 DAYS)
breyna (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	brd	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	brd	QL (10.7 PER 30 DAYS)
bromfed dm 2-30-10 mg/5ml syrup	gen	EDC
budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	brd	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	brd	QL (4 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flunisolide 25 mcg/act (0.025%) solution	gen	QL (50 PER 30 DAYS)
fluticasone propionate 50 mcg/act suspension	gen	QL (16 PER 30 DAYS)
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	gen	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	gen	QL (1 PER 30 DAYS)
g tussin ac 100-10 mg/5ml solution	gen	QL (420 PER 30 OVER TIME), NDS, EDC
guaiatussin ac 100-10 mg/5ml syrup	gen	QL (420 PER 30 OVER TIME), NDS, EDC
guaifenesin ac 100-10 mg/5ml syrup	gen	QL (420 PER 30 OVER TIME), NDS, EDC
guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)	gen	QL (420 PER 30 OVER TIME), NDS, EDC
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp	gen	QL (70 PER 30 OVER TIME), NDS, EDC
hydrocodone bit-homatrop mbr 5-1.5 mg tab	gen	QL (42 PER 30 OVER TIME), NDS, EDC
hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution	gen	QL (210 PER 30 OVER TIME), NDS, EDC
hydromet 5-1.5 mg/5ml solution	gen	QL (210 PER 30 OVER TIME), NDS, EDC
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	gen	PA - PART B VS D DETERMINATION
maxi-tuss ac 100-10 mg/5ml solution	gen	QL (420 PER 30 OVER TIME), NDS, EDC
mometasone furoate 50 mcg/act suspension	gen	QL (34 PER 30 DAYS)
NEBUSAL 3 % NEBU SOLN	gen	EDC
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	gen	PA
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	gen	PA, QL (240 PER 30 OVER TIME), NDS, EDC
promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)	gen	PA, QL (240 PER 30 OVER TIME), NDS, EDC
promethazine-dm 6.25-15 mg/5ml syrup	gen	PA, EDC
promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup	gen	PA, QL (240 PER 30 OVER TIME), NDS, EDC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
promethazine-phenylephrine 6.25-5 mg/5ml syrup	gen	PA
pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup	gen	EDC
PULMOSAL 7 % NEBU SOLN	gen	EDC
SODIUM CHLORIDE (3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	gen	EDC
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	brd	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	brd	QL (60 PER 30 DAYS)
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	gen	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

carisoprodol 350 mg tab	gen	PA, QL (4 PER 1 DAYS)
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	gen	PA
metaxalone (400 mg tab, 800 mg tab)	gen	PA, QL (4 PER 1 DAYS)
methocarbamol (500 mg tab, 750 mg tab)	gen	PA
vanadom 350 mg tab	gen	PA, QL (4 PER 1 DAYS)

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

estazolam (1 mg tab, 2 mg tab)	gen	QL (1 PER 1 DAYS)
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	gen	QL (1 PER 1 DAYS)
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	gen	QL (1 PER 1 DAYS)
ramelteon 8 mg tab	gen	QL (1 PER 1 DAYS)
tasimelteon 20 mg cap	inj	PA, QL (1 PER 1 DAYS)
temazepam (22.5 mg cap, 30 mg cap)	gen	QL (1 PER 1 DAYS)
temazepam 15 mg cap	gen	QL (2 PER 1 DAYS)
temazepam 7.5 mg cap	gen	QL (4 PER 1 DAYS)
triazolam 0.125 mg tab	gen	QL (4 PER 1 DAYS)
triazolam 0.25 mg tab	gen	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zaleplon 10 mg cap	gen	QL (2 PER 1 DAYS)
zaleplon 5 mg cap	gen	QL (4 PER 1 DAYS)
zolpidem tartrate 10 mg tab	gen	QL (1 PER 1 DAYS)
zolpidem tartrate 5 mg tab	gen	QL (2 PER 1 DAYS)
zolpidem tartrate er 12.5 mg tab er	gen	QL (1 PER 1 DAYS)
zolpidem tartrate er 6.25 mg tab er	gen	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	gen	PA, QL (1 PER 1 DAYS)
modafinil 100 mg tab	gen	PA, QL (3 PER 1 DAYS)
modafinil 200 mg tab	gen	PA, QL (2 PER 1 DAYS)
sodium oxybate 500 mg/ml solution	inj	PA, LA, QL (540 PER 30 DAYS)

Index of Drugs

A

abacavir sulfate . . . 43
abacavir sulfate-lamivudine . . . 43
ABELCET . . . 21
abigale . . . 81
abigale lo . . . 81
ABILIFY MAINTENA . . . 38
abiraterone acetate . . . 24
abirtega . . . 24
ABRYSVO . . . 95
acamprosate calcium . . . 5
acarbose . . . 48
accutane . . . 67
acebutolol hcl . . . 56
acetaminophen-codeine . . . 3
acetazolamide . . . 58
acetazolamide er . . . 109
acetic acid . . . 110
acetylcysteine . . . 114
acitretin . . . 67
ACTHIB . . . 95
ACTIMMUNE . . . 94
acyclovir . . . 46,71
acyclovir sodium . . . 46
ADACEL . . . 96
adapalene . . . 67
adefovir dipivoxil . . . 42
ADEMPAS . . . 113
ADTHYZA . . . 90
ADVAIR HFA . . . 114
ADVOCATE INSULIN PEN NEEDLE . . . 99
AEROCHAMBER HOLDING CHAMBER . . . 99
AEROCHAMBER MINI CHAMBER . . . 99
AEROCHAMBER MV . . . 99
AEROCHAMBER PLS FLOVU MTHPIECE . . . 99
AEROCHAMBER PLUS FLO-VU . . . 99
AEROCHAMBER PLUS FLO-VU INTERM . . . 99
AEROCHAMBER PLUS FLO-VU LARGE . . . 99
AEROCHAMBER PLUS FLO-VU MEDIUM . . . 99
AEROCHAMBER PLUS FLO-VU SMALL . . . 99
AEROCHAMBER PLUS FLO-VU W/MASK . . . 99
AEROCHAMBER PLUS FLOW VU . . . 99
AEROCHAMBER W/FLOWSIGNAL . . . 100
AEROCHAMBER Z-STAT PLUS . . . 100
AEROCHAMBER Z-STAT PLUS CHAMBR . . . 100
AEROCHAMBER Z-STAT PLUS/LARGE . . . 100
AEROCHAMBER Z-STAT PLUS/MEDIUM . . . 100
AEROCHAMBER Z-STAT PLUS/SMALL . . . 100
AEROCHAMBER2GO ANTI-STATIC . . . 100
AEROVENT PLUS . . . 100
afirmelle . . . 81
AIMOVIG . . . 22
ak-poly-bac . . . 107
AKEEGA . . . 25
ala-cort . . . 68
albendazole . . . 36
albuterol 90mg hfa inhaler (generic proair) . . . 112
albuterol 90mg hfa inhaler (generic proventil) 112
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN) . . . 112
albuterol sulfate . . . 112
albuterol sulfate hfa . . . 112
alclometasone dipropionate . . . 68
ALCOHOL 70% PADS . . . 100
ALCOHOL PREP . . . 100
ALCOHOL PREP PADS . . . 100
ALCOHOL SWABS . . . 100
ALCOHOL SWABSTICK . . . 100
alcohol wipes . . . 69
ALDURAZYME . . . 77
ALECENSA . . . 27
alendronate sodium . . . 98
alfuzosin hcl er . . . 78
ALINIA . . . 36
aliskiren fumarate . . . 58
allopurinol . . . 22
alosetron hcl . . . 75
alprazolam . . . 47
alprazolam er . . . 47
ALPRAZOLAM INTENSOL . . . 47
alprazolam xr . . . 47

altavera 81
ALUNBRIG 27
alyacen 1/35 81
alyacen 7/7/7 81
alyq 113
amabelz 81
amantadine hcl 37
ambrisentan 113
amethia 81
amethyst 81
amikacin sulfate 5
amiloride hcl 61
amiloride-hydrochlorothiazide 59
AMINOSYN II 71
AMINOSYN-PF 71
amiodarone hcl 55
amitriptyline hcl 19
amlodipine besy-benazepril hcl 59
amlodipine besylate 57
amlodipine besylate-valsartan 59
amlodipine-atorvastatin 59
amlodipine-olmesartan 59
amlodipine-valsartan-hctz 59
ammonium lactate 68
amnesteem 67
amoxapine 19
amoxicillin 8
amoxicillin-pot clavulanate 8
amoxicillin-pot clavulanate er 8
amphetamine sulfate 63
amphetamine-dextroamphet er 63
amphetamine-dextroamphetamine 63
AMPHOTERICIN B 21
amphotericin b liposome 21
ampicillin 8
ampicillin sodium 9
ampicillin-sulbactam sodium 9
anagrelide hcl 53
ANALPRAM HC 69
ANALPRAM-HC 69
anastrozole 26
ANORO ELLIPTA 114
ANUCORT-HC 68
ANUSOL-HC 68
apomorphine hcl 37
apraclonidine hcl 109
aprepitant 20
apri 81
APTIVUS 45
AQ INSULIN SYRINGE 100
AQINJECT PEN NEEDLE 100
ARALAST NP 77
ARANELLE 81
ARANESP (ALBUMIN FREE) 53
ARCALYST 92
AREXVY 96
arformoterol tartrate 112
ARGYLE STERILE WATER 100
ARIKAYCE 5
aripiprazole 38,39
armodafinil 117
ARMOUR THYROID 90
ARNUITY ELLIPTA 111
ascomp-codeine 3
asenapine maleate 39
ashlyna 81
ASMANEX (120 METERED DOSES) 111
ASMANEX (14 METERED DOSES) 111
ASMANEX (30 METERED DOSES) 111
ASMANEX (60 METERED DOSES) 111
ASMANEX HFA 111
aspirin-dipyridamole er 54
ASSURE ID DUO PRO PEN NEEDLES 100
ASSURE ID PRO PEN NEEDLES 100
atazanavir sulfate 45
atenolol 56
atenolol-chlorthalidone 59
atomoxetine hcl 64
atorvastatin calcium 61
atovaquone 36
atovaquone-proguanil hcl 36
atropine sulfate 107

ATROVENT HFA . . . 112
aubra . . . 81
aubra eq . . . 82
AUGMENTIN . . . 9
AUGTYRO . . . 25
AUM ALCOHOL PREP PADS . . . 100
AUM INSULIN SAFETY PEN NEEDLE . . . 100
AUM PEN NEEDLE . . . 100
AURANOFIN . . . 92
aurovela 1.5/30 . . . 82
aurovela 1/20 . . . 82
aurovela 24 fe . . . 82
aurovela fe 1.5/30 . . . 82
aurovela fe 1/20 . . . 82
AUVELITY . . . 17
AVAR-E EMOLLIENT . . . 69
avar-e green . . . 69
aviane . . . 82
avidoxy . . . 11
AVMAPKI FAKZYNJA CO-PACK . . . 26
ayuna . . . 82
AYVAKIT . . . 27
azasan . . . 94
azathioprine . . . 94
AZATHIOPRINE SODIUM . . . 94
azelaic acid . . . 67
azelastine hcl . . . 108,111
azelastine-fluticasone . . . 114
azithromycin . . . 10
aztreonam . . . 6
azurette . . . 82

B

bac (butalbital-acetamin-caff) . . . 65
bacitra-neomycin-polymyxin-hc . . . 107
BACITRACIN . . . 108
BACITRACIN-POLYMYXIN B . . . 107
baclofen . . . 41
balsalazide disodium . . . 98
BALVERSA . . . 27
balziva . . . 82
BAQSIMI ONE PACK . . . 50
BAQSIMI TWO PACK . . . 50
BARACLUDE . . . 42
BCG VACCINE . . . 96
BD INSULIN SYRINGE . . . 100
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC . . . 100
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC . . . 100
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC . . . 100
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC . . . 101
benazepril hcl . . . 55
benazepril-hydrochlorothiazide . . . 59
BENLYSTA . . . 92
BENZNIDAZOLE . . . 36
benzonatate . . . 114
benzoyl peroxide-erythromycin . . . 67
benztropine mesylate . . . 36
bepotastine besilate . . . 108
BESIVANCE . . . 10
BESREMI . . . 94
betaine . . . 77
betamethasone dipropionate . . . 68
betamethasone dipropionate aug . . . 68
betamethasone valerate . . . 68
BETASERON . . . 66
betaxolol hcl . . . 56,109
bethanechol chloride . . . 79
BETOPTIC-S . . . 109
bexarotene . . . 35
BEXSERO . . . 96
bicalutamide . . . 24
BICILLIN C-R . . . 9
BICILLIN C-R 900/300 . . . 9
BICILLIN L-A . . . 9
BIKTARVY . . . 42
BILDYOS . . . 98
BILPREVDA . . . 98
bimatoprost . . . 110

BIOGUARD GAUZE SPONGES 101
bisoprolol fumarate 56
bisoprolol-hydrochlorothiazide 59
blisovi 24 fe 82
blisovi fe 1.5/30 82
blisovi fe 1/20 82
BOOSTRIX 96
bosentan 113,114
BOSULIF 27
BRAFTOVI 27
BREATHE COMFORT CHAMBER/ADULT 101
BREATHE COMFORT CHAMBER/CHILD 101
BREATHE EASE LARGE 101
BREATHE EASE MEDIUM 101
BREATHE EASE SMALL 101
BREATHERITE VALVED MDI CHAMBER 101
BREO ELLIPTA 114
breyna 114
BREZTRI AEROSPHERE 114
briellyn 82
brimonidine tartrate 109
brimonidine tartrate-timolol 107
brinzolamide 109
brivaracetam 11,12
bromfed dm 114
bromfenac sodium (once-daily) 108
bromocriptine mesylate 37
BRUKINSA 27
budesonide 98,111
budesonide er 98
budesonide-formoterol fumarate 114
bumetanide 60
buprenorphine 2
buprenorphine hcl 5
buprenorphine hcl-naloxone hcl 5
bupropion hcl 17
bupropion hcl er (smoking det) 5
bupropion hcl er (sr) 17
bupropion hcl er (xl) 17
buspirone hcl 46
butalbital-acetaminophen 65
butalbital-apap-caff-cod 3
butalbital-apap-caffeine 65
butalbital-asa-caff-codeine 3
butalbital-aspirin-caffeine 1
butorphanol tartrate 3

C

CABENUVA 44
cabergoline 91
CABOMETYX 27
caffeine citrate 113
calcipotriene 69
calcipotriene-betameth diprop 69
calcitonin (salmon) 98
calcitrene 69
CALCITRIOL 69,98
calcitriol 98
calcium acetate (phos binder) 74
CALQUENCE 27
camila 89
camrese 82
camrese lo 82
candesartan cilexetil 55
candesartan cilexetil-hctz 59
CAPLYTA 39
CAPRELSA 27
captopril 55
CAPTOPRIL-HYDROCHLOROTHIAZIDE 59
carbamazepine 15
carbamazepine er 15
carbidopa 37
carbidopa-levodopa 37
carbidopa-levodopa er 37
carbidopa-levodopa-entacapone 37
CARETOUCH ALCOHOL PREP 101
carglumic acid 77
carisoprodol 116
CARTEOLOL HCL 109
cartia xt 57
carvedilol 56
carvedilol phosphate er 56

cataflam . . . 1
CAYSTON . . . 6
caziant . . . 82
CEFACLOR . . . 7
CEFACLOR ER . . . 7
cefadroxil . . . 7
cefazolin sodium . . . 7
cefdinir . . . 7
CEFEPIME HCL . . . 7
cefixime . . . 8
cefotetan disodium . . . 8
cefoxitin sodium . . . 8
CEFPODOXIME PROXETIL . . . 8
cefprozil . . . 8
ceftaroline fosamil . . . 8
CEFTAZIDIME . . . 8
ceftriaxone sodium . . . 8
cefuroxime axetil . . . 8
cefuroxime sodium . . . 8
celecoxib . . . 1
cephalexin . . . 8
cetirizine hcl . . . 111
cevimeline hcl . . . 67
charlotte 24 fe . . . 82
chateal . . . 82
chateal eq . . . 82
CHEMET . . . 73
chlordiazepoxide-clidinium . . . 75
chlorhexidine gluconate . . . 67
chloroquine phosphate . . . 36
chlorpromazine hcl . . . 38
chlorthalidone . . . 61
cholestyramine . . . 62
cholestyramine light . . . 62
ciclodan . . . 71
ciclopirox . . . 71
ciclopirox olamine . . . 71
cilostazol . . . 54
CILOXAN . . . 10
CIMDUO . . . 44
cimetidine . . . 76
cinacalcet hcl . . . 98
ciprofloxacin . . . 10
ciprofloxacin hcl . . . 10,110
ciprofloxacin in d5w . . . 10
ciprofloxacin-dexamethasone . . . 110
CIPROFLOXACIN-FLUOCINOLONE PF . . . 110
ciprofloxacin-hydrocortisone . . . 110
citalopram hydrobromide . . . 18
claravis . . . 67
clarithromycin . . . 10
clarithromycin er . . . 10
CLEOCIN . . . 6
CLEVER CHOICE HOLDING CHAMBER . . . 101
CLIMARA PRO . . . 82
clindacin . . . 71
clindacin etz . . . 71
clindacin-p . . . 71
clindamycin hcl . . . 6
clindamycin palmitate hcl . . . 6
clindamycin phos (once-daily) . . . 71
clindamycin phos (twice-daily) . . . 71
clindamycin phos-benzoyl perox . . . 67
clindamycin phosphate . . . 6,71
clindamycin phosphate in d5w . . . 6
CLINDAMYCIN PHOSPHATE IN NACL . . . 6
CLINDESSE . . . 6
clobazam . . . 13,14
clobetasol prop emollient base . . . 68
clobetasol propionate . . . 68
clobetasol propionate e . . . 68
clodan . . . 68
clomipramine hcl . . . 19
clonazepam . . . 47
clonidine . . . 54
clonidine hcl . . . 54
clonidine hcl er . . . 64
clopidogrel bisulfate . . . 54
clorazepate dipotassium . . . 47
clotrimazole . . . 21
clotrimazole-betamethasone . . . 69
clozapine . . . 41

COARTEM 36
COBENFY 41
COBENFY STARTER PACK 41
CODEINE SULFATE 3
codeine sulfate 3
colchicine 22
colchicine-probenecid 22
colesevelam hcl 62
colestipol hcl 62
colistimethate sodium (cba) 6
COMBIVENT RESPIMAT 114
COMETRIQ (100 MG DAILY DOSE) 27
COMETRIQ (140 MG DAILY DOSE) 28
COMETRIQ (60 MG DAILY DOSE) 28
COMFORT EZ INSULIN SYRINGE 101
COMFORT EZ PRO PEN NEEDLES 101
COMPACT SPACE CHAMBER 101
COMPACT SPACE CHAMBER/LG MASK 101
COMPACT SPACE CHAMBER/MED MASK . . . 101
COMPACT SPACE CHAMBER/SM MASK 101
compro 20
constulose 74
COPIKTRA 28
CORLANOR 59
CORTIFOAM 98
CORTISONE ACETATE 79
CORTISPORIN-TC 110
COSENTYX 92
COSENTYX (300 MG DOSE) 92
COSENTYX SENSOREADY (300 MG) 92
COSENTYX SENSOREADY PEN 92
COSENTYX UNOREADY 93
COTELLIC 28
COVARYX 82
COVARYX HS 82
CREON 77
CRESEMBA 21
cromolyn sodium 76,108,113
cryselle 82
cryselle-28 82
CVS ALCOHOL PREP PADS 101
CVS ANTIBACTERIAL GAUZE 101
cvs isopropyl alcohol wipes 70
cyanocobalamin 74
cyclobenzaprine hcl 116
CYCLOPHOSPHAMIDE 24
cyclosporine 94
cyclosporine modified 94
cyproheptadine hcl 111
cyred 82
cyred eq 82
CYSTAGON 77
CYTRA K CRYSTALS 79

D

dabigatran etexilate mesylate 52
dalfampridine er 66
danazol 81
dantrolene sodium 41
dapaglifloz base-metformin er 48
dapagliflozin 62
dapsone 23,71
DAPTACEL 96
daptomycin 6
darifenacin hydrobromide er 78
darunavir 45
dasatinib 28
dasetta 1/35 82
dasetta 7/7/7 82
DAURISMO 28
daysee 82
deblitane 89
deferasirox 73
DELSTRIGO 43
delyla 82
demeclocycline hcl 11
DENGVAXIA 96
DEPO-ESTRADIOL 82
DEPO-SUBQ PROVERA 104 89
depo-testosterone 81
DERMOTIC 110
DESCOVY 44

desipramine hcl 19
DESLORATADINE 111
desloratadine 111
desmopressin ace spray refrig 80
desmopressin acetate 80
desmopressin acetate pf 80
desmopressin acetate spray 80
desogestrel-ethinyl estradiol 83
desonide 68
desoximetasone 68
desvenlafaxine succinate er 18
dexamethasone 79
DEXAMETHASONE INTENSOL 79
DEXAMETHASONE SOD PHOS +RFID 80
dexamethasone sod phosphate pf 80
DEXAMETHASONE SODIUM PHOSPHATE 80,109
dexmethylphenidate hcl 64
dexmethylphenidate hcl er 64
dextroamphetamine sulfate 63,64
dextroamphetamine sulfate er 64
dextrose 71
dextrose in lactated ringers 71
DEXTROSE-NACL 71
dextrose-sodium chloride 72
DIACOMIT 12
diazepam 14,47
diazepam intensol 47
diazoxide 50
diclofenac potassium 1
diclofenac sodium 1,109
diclofenac sodium er 1
diclofenac-misoprostol 1
dicloxacillin sodium 9
dicyclomine hcl 75
DIFICID 10
DIFLORASONE DIACETATE 68
diflunisal 1
difluprednate 109
digitek 55
digox 55
digoxin 56
dihydroergotamine mesylate 22
DILANTIN 15
DILANTIN INFATABS 15
DILANTIN-125 15
dilt-xr 57
diltiazem hcl 58
diltiazem hcl 120 mg extended release 24hr capsule 58
diltiazem hcl 180 mg extended release 24hr capsule 58
diltiazem hcl 240 mg extended release 24hr capsule 58
diltiazem hcl 300 mg extended release 24hr capsule 58
diltiazem hcl 360 mg extended release 24hr capsule 58
diltiazem hcl er 58
diltiazem hcl er beads 58
dimethyl fumarate 66
dimethyl fumarate starter pack 66
DIPENTUM 98
DIPHENOXYLATE-ATROPINE 75
DIPHTHERIA-TETANUS TOXOIDS DT 96
dipyridamole 54
DISKETS 2
disopyramide phosphate 56
disulfiram 5
divalproex sodium 12
divalproex sodium er 12
dodex 74
dofetilide 56
dolishale 83
donepezil hcl 16
donepezil hydrochloride orally disintegrating tab 10 mg 16
donepezil hydrochloride orally disintegrating tab 5 mg 16
dorzolamide hcl 110
dorzolamide hcl-timolol mal 107
dorzolamide hcl-timolol mal pf 107

dotti 83
DOVATO 42
doxazosin mesylate 54
doxepin hcl 19
doxercalciferol 98
doxy 100 11
doxycycline 11
doxycycline hyclate 11
doxycycline monohydrate 11
doxylamine-pyridoxine 20
DRIZALMA SPRINKLE 66
dronabinol 20
DROPLET INSULIN SYRINGE 102
DROPLET MICRON 102
DROPLET PEN NEEDLES 102
DROPSAFE AUTOPROTECT DUO 102
DROPSAFE SAFETY SYRINGE/NEEDLE 102
drospiren-eth estrad-levomefol 83
drospirenone-ethinyl estradiol 83
DROXIA 77
droxidopa 54
duloxetine hcl 66
DUPIXENT 93
dutasteride 78
dutasteride-tamsulosin hcl 78

E

e.e.s. 400 10
EASIVENT 102
EASIVENT MASK LARGE 102
EASIVENT MASK MEDIUM 102
EASIVENT MASK SMALL 102
EASY COMFORT INSULIN SYRINGE 102
EASY COMFORT PEN NEEDLES 102
EASY TOUCH INSULIN BARRELS 102
ec-naproxen 1
econazole nitrate 21
ed-spaz 75
EDURANT 43
EDURANT PED 43
EEMT 83
EEMT HS 83
EFAVIRENZ 43
efavirenz 43
efavirenz-emtricitab-tenofo df 43
efavirenz-lamivudine-tenofovir 43
EFFER-K 72
ELAPRASE 77
elinest 83
ELIQUIS 52
ELIQUIS (1.5 MG PACK) 52
ELIQUIS (2 MG PACK) 52
ELIQUIS DVT/PE STARTER PACK 52
elixophyllin 113
ELMIRON 79
eltrombopag olamine 53
eluryng 83
EMBECTA AUTOSHIELD DUO 102
EMBECTA INS SYR U/F 1/2 UNIT 102
EMBECTA INSULIN SYRINGE 103
EMBECTA INSULIN SYRINGE U-100 103
EMBECTA INSULIN SYRINGE U-500 103
EMBECTA INSULIN SYRINGE U/F 103
EMBECTA PEN NEEDLE NANO 103
EMBECTA PEN NEEDLE NANO 2 GEN 103
EMBECTA PEN NEEDLE U/F 103
EMBECTA PEN NEEDLE ULTRAFINE 103
EMBRACE PEN NEEDLES 103
EMGALITY 22
EMGALITY (300 MG DOSE) 22
emoquette 83
EMSAM 17
emtricitab-rilpivir-tenofov df 43
emtricitabine 44
emtricitabine-tenofovir df 44
EMTRIVA 44
emzahh 89
enalapril maleate 55
enalapril-hydrochlorothiazide 59
ENBREL 94
ENBREL MINI 94
ENBREL SURECLICK 94

endocet . . . 3
ENGERIX-B . . . 96
enilloring . . . 83
enoxaparin sodium . . . 52
enpresse-28 . . . 83
ENSACOVE . . . 26
enskyce . . . 83
entacapone . . . 37
entecavir . . . 42
ENTRESTO . . . 59
enulose . . . 74
ENVARSUS XR . . . 94
EPIDIOLEX . . . 12
EPIFOAM . . . 70
epinastine hcl . . . 108
epinephrine . . . 112
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK) . . . 112
epitol . . . 15
EPIVIR HBV . . . 42
eplerenone . . . 61
EQ SPACE CHAMBER ANTI-STATIC . . . 103
EQ SPACE CHAMBER ANTI-STATIC L . . . 103
EQ SPACE CHAMBER ANTI-STATIC M . . . 103
EQ SPACE CHAMBER ANTI-STATIC S . . . 103
EQUETRO . . . 47
ergocalciferol . . . 98
ERGOLOID MESYLATES . . . 16
ERGOTAMINE-CAFFEINE . . . 22
ERIVEDGE . . . 28
ERLEADA . . . 24
erlotinib hcl . . . 28
errin . . . 89
ertapenem sodium . . . 9
ERY . . . 71
ery-tab . . . 10
erythrocin lactobionate . . . 10
ERYTHROCIN STEARATE . . . 10
erythromycin . . . 10,71,108
erythromycin base . . . 10
erythromycin ethylsuccinate . . . 10
erythromycin lactobionate . . . 10
ERZOFRI . . . 39
escitalopram oxalate . . . 18
esgic . . . 65
eslicarbazepine acetate . . . 15
esomeprazole magnesium . . . 76
est estrogens-methyltest . . . 83
est estrogens-methyltest ds . . . 83
est estrogens-methyltest hs . . . 83
estarylla . . . 83
estazolam . . . 116
estradiol . . . 83
estradiol valerate . . . 83
estradiol-norethindrone acet . . . 83
estratest f.s. . . . 84
ESTRATEST H.S. . . . 84
ESTRING . . . 84
estrogens conjugated . . . 84
eszopiclone . . . 116
ethambutol hcl . . . 23
ethosuximide . . . 13
ethynodiol diac-eth estradiol . . . 84
etodolac . . . 1
etodolac er . . . 1
etonogestrel-ethinyl estradiol . . . 84
etravirine . . . 43
EUCRISA . . . 68
EULEXIN . . . 24
euthyrox . . . 90
everolimus . . . 28,94
EVEXITHROID . . . 90
EVOTAZ . . . 45
exemestane . . . 26
EXXUA . . . 17
EXXUA TITRATION PACK . . . 17
ezetimibe . . . 62
ezetimibe-simvastatin . . . 62

F

falmina . . . 84
famciclovir . . . 46

famotidine 76
FANAPT 39
FANAPT TITRATION PACK A 39
FANAPT TITRATION PACK B 39
FANAPT TITRATION PACK C 39
FARXIGA 62
fayosim 84
febuxostat 22
feirza 1.5/30 84
feirza 1/20 84
felbamate 12
felodipine er 57
femynor 84
fenofibrate 61
fenofibrate micronized 61
fenofibric acid 61
fentanyl 2
fesoterodine fumarate er 78
FETZIMA 18
FETZIMA TITRATION 18
FIASP 50
FIASP FLEXTOUCH 50
FIASP PENFILL 50
FIASP PUMPCART 50
fidaxomicin 10
finasteride 78
fingolimod hcl 66
FINTEPLA 12
finzala 84
flac 110
flavoxate hcl 78
flecainide acetate 56
FLEXICHAMBER 103
fluconazole 21
fluconazole in sodium chloride 21
flucytosine 21
fludrocortisone acetate 80
flunisolide 115
fluocinolone acetonide 68,110
fluocinolone acetonide body 68
fluocinolone acetonide scalp 68
fluocinonide 68
fluocinonide emulsified base 68
fluorometholone 109
fluorouracil 70
fluoxetine hcl 18
FLUOXETINE HCL 18
FLUOXETINE HCL (PMDD) 18
fluphenazine decanoate 38
FLUPHENAZINE HCL 38
FLURAZEPAM HCL 116
FLURBIPROFEN 1
FLURBIPROFEN SODIUM 109
FLUTAMIDE 24
fluticasone propionate 68,115
fluticasone-salmeterol 115
FLUTICASONE-SALMETEROL 115
fluvastatin sodium 61
fluvastatin sodium er 61
fluvoxamine maleate 18
fluvoxamine maleate er 18
FML 109
FML FORTE 109
folic acid 74
fondaparinux sodium 52
formoterol fumarate 112
fosamprenavir calcium 45
fosfomycin tromethamine 6
fosinopril sodium 55
fosinopril sodium-hctz 59
FOTIVDA 28
FRUZAQLA 25
FULPHILA 53
fulvestrant 25
furosemide 60
fyavolv 84

G

g tussin ac 115
gabapentin 14
galantamine hydrobromide 16
galantamine hydrobromide er 16

galbriela 84
gallifrey 89
GAMUNEX-C 92
GARDASIL 9 96
gatifloxacin 108
gauze pads 2 103
GAVILYTE-C 76
gavilyte-g 76
gavilyte-n with flavor pack 74
GAVRETO 28
gefitinib 28
gemfibrozil 61
gemmily 84
GEMTESA 78
generlac 74
gengraf 94
GENTAK 108
gentamicin sulfate 5,108
GENVOYA 42
GILOTRIF 28
glatiramer acetate 66
glatopa 66
glimepiride 48
glipizide 48
glipizide er 48
glipizide xl 48
glipizide-metformin hcl 48
GLUCAGEN HYPOKIT 50
GLUCAGON EMERGENCY 50
glyburide 48
GLYBURIDE MICRONIZED 48
glyburide-metformin 48
glycopyrrolate 75
GLYXAMBI 48
GNP PEN NEEDLES 103
GOMEKLI 28,29
GOODSENSE ALCOHOL SWABS 103
granisetron hcl 20
griseofulvin microsize 21
griseofulvin ultramicrosize 21
guaiatussin ac 115
guaifenesin ac 115
guaifenesin-codeine 115
guanfacine hcl 54
guanfacine hcl er 64
GYNAZOLE-1 21

H

HADLIMA 94
HADLIMA PUSHTOUCH 94,95
HAEGARDA 92
hailey 1.5/30 84
hailey 24 fe 84
hailey fe 1.5/30 84
hailey fe 1/20 84
halobetasol propionate 68
haloette 84
haloperidol 38
haloperidol decanoate 38
haloperidol lactate 38
HAVRIX 96
heather 89
HEMMOREX-HC 69
heparin sodium (porcine) 52
heparin sodium (porcine) pf 52
HEPLISAV-B 96
HERNEXEOS 29
HIBERIX 96
HIZENTRA 92
HOMATROPAIRE 107
HUMALOG 50
HUMALOG JUNIOR KWIKPEN 50
HUMALOG KWIKPEN 50
HUMALOG MIX 50/50 KWIKPEN 50
HUMALOG MIX 75/25 50
HUMALOG MIX 75/25 KWIKPEN 50
HUMULIN 70/30 50
HUMULIN 70/30 KWIKPEN 50
HUMULIN N 50
HUMULIN N KWIKPEN 50
HUMULIN R 50
HUMULIN R U-500 (CONCENTRATED) 50

HUMULIN R U-500 KWIKPEN 50
hydralazine hcl 62
hydrochlorothiazide 61
hydrocod poli-chlorphe poli er 115
hydrocodone bit-homatrop mbr 115
hydrocodone-acetaminophen 3
hydrocodone-ibuprofen 3
hydrocortisone 69,98
hydrocortisone (perianal) 69
HYDROCORTISONE ACE-PRAMOXINE 70
hydrocortisone acetate 69
HYDROCORTISONE BUTYRATE 69
hydrocortisone valerate 69
hydrocortisone-acetic acid 110
hydromet 115
hydromorphone hcl 3
HYDROMORPHONE HCL 3
hydromorphone hcl er 2
hydroxychloroquine sulfate 36
hydroxyurea 25
hydroxyzine hcl 111
hydroxyzine pamoate 111
hyoscyamine sulfate 75
hyoscyamine sulfate er 75
HYOSCYAMINE SULFATE SL 75
HYOSYNE 75
HYRNUO 29

I

ibandronate sodium 98,99
IBRANCE 29
IBTROZI 29
ibu 1
ibuprofen 1
icatibant acetate 92
iclevia 84
ICLUSIG 29
icosapent ethyl 62
IDHIFA 29
IDVYNSO 44
ILEVRO 109
imatinib mesylate 29
IMBRUVICA 29
imipenem-cilastatin 9
imipramine hcl 19
imiquimod 70
IMKELDI 29
IMOVAX RABIES 96
IMPAVIDO 36
incassia 89
INCRELEX 80
INCRUSE ELLIPTA 112
indapamide 61
indomethacin 1
indomethacin er 1
INFANRIX 96
INLURIYO 25
INLYTA 29
INQOVI 26
INREBIC 29
INSPIREASE 103
INSULIN ASPART 51
INSULIN ASPART FLEXPEN 51
INSULIN ASPART PENFILL 51
INSULIN LISPRO 51
INSULIN LISPRO (1 UNIT DIAL) 51
INSULIN LISPRO JUNIOR KWIKPEN 51
INSULIN LISPRO PROT & LISPRO 51
INSULIN PEN NEEDLES 103,104
INSULIN SYRINGE 0.3 ML 104
INSULIN SYRINGE 0.5 ML 104
INSULIN SYRINGE 1 ML 104
INSULIN SYRINGE-NEEDLE U-100 104
INSUPEN PEN NEEDLES 104
INSUPEN32G EXTR3ME 104
INTELENCE 43
INTRALIPID 104
introvale 84
INVEGA HAFYERA 39
INVEGA SUSTENNA 39,40
INVEGA TRINZA 40
IPOL 96

ipratropium bromide . . . 112
ipratropium-albuterol . . . 115
irbesartan . . . 55
irbesartan-hydrochlorothiazide . . . 59
ISENTRESS . . . 42
ISENTRESS HD . . . 42
isibloom . . . 84
isoniazid . . . 23
isopropyl alcohol . . . 70
isopropyl alcohol wipes . . . 70
isosorb dinitrate-hydralazine . . . 59
isosorbide dinitrate . . . 62
isosorbide mononitrate . . . 63
isosorbide mononitrate er . . . 63
isotretinoin . . . 67
isradipine . . . 57
ITOVEBI . . . 29
itraconazole . . . 21
ivabradine hcl . . . 59
ivermectin . . . 36
IWILFIN . . . 26
IXIARO . . . 96

J

jaimiess . . . 84
JAKAFI . . . 29
JAKAFI XR . . . 29
jantoven . . . 52
JANUMET . . . 48
JANUMET XR . . . 48
JANUVIA . . . 48
JARDIANCE . . . 62
jasmiel . . . 84
JAYPIRCA . . . 30
jencycla . . . 89
JENTADUETO . . . 48
JENTADUETO XR . . . 48,49
jinteli . . . 84
jolessa . . . 84
joyeaux . . . 84
JUBBONTI . . . 99
juleber . . . 84
JULUCA . . . 43
junel 1.5/30 . . . 84
junel 1/20 . . . 84
junel fe 1.5/30 . . . 85
junel fe 1/20 . . . 85
junel fe 24 . . . 85
JYNNEOS . . . 96

K

k-prime . . . 72
kaitlib fe . . . 85
KALETRA . . . 45
kalliga . . . 85
KALYDECO . . . 113
kariva . . . 85
KCL (0.149%) IN NACL . . . 72
KCL (0.298%) IN NACL . . . 72
kcl in dextrose-nacl . . . 72
KCL-LACTATED RINGERS-D5W . . . 72
kelnor 1/35 . . . 85
kelnor 1/50 . . . 85
KERENDIA . . . 49
ketoconazole . . . 21
ketorolac tromethamine . . . 109
KINRIX . . . 96
kionex . . . 74
KISQALI (200 MG DOSE) . . . 30
KISQALI (400 MG DOSE) . . . 30
KISQALI (600 MG DOSE) . . . 30
KISQALI FEMARA (200 MG DOSE) . . . 30
KISQALI FEMARA (400 MG DOSE) . . . 30
KISQALI FEMARA (600 MG DOSE) . . . 30
klayesta . . . 21
klor-con . . . 72
klor-con 10 . . . 72
klor-con m10 . . . 72
klor-con m15 . . . 72
klor-con m20 . . . 72
klor-con/ef . . . 72
KLOXXADO . . . 5

KOMZIFTI 30
KOSELUGO 30
kourzeq 67
KRAZATI 30
kurvelo 85

L

l-glutamine 77
labetalol hcl 56
lacosamide 15
lactated ringers 72,104
lactulose 75
lactulose encephalopathy 75
LAGEVRIO 46
lamivudine 42,44
lamivudine-zidovudine 44
lamotrigine 12
lamotrigine er 12
lamotrigine starter kit-blue 12
lamotrigine starter kit-green 12
lamotrigine starter kit-orange 12
lansoprazole 77
LANTUS 51
LANTUS SOLOSTAR 51
lapatinib ditosylate 30
larin 1.5/30 85
larin 1/20 85
larin 24 fe 85
larin fe 1.5/30 85
larin fe 1/20 85
larissia 85
latanoprost 110
layolis fe 85
LAZCLUZE 26
LEDERLE LEUCOVORIN 26
leena 85
leflunomide 95
lenalidomide 25
LENVIMA (10 MG DAILY DOSE) 30
LENVIMA (12 MG DAILY DOSE) 30
LENVIMA (14 MG DAILY DOSE) 30
LENVIMA (18 MG DAILY DOSE) 30
LENVIMA (20 MG DAILY DOSE) 30
LENVIMA (24 MG DAILY DOSE) 30
LENVIMA (4 MG DAILY DOSE) 31
LENVIMA (8 MG DAILY DOSE) 31
lessina 85
letrozole 26
leucovorin calcium 26
LEUKERAN 24
leuprolide acetate 91
levalbuterol hcl 112
LEVALBUTEROL TARTRATE 112
levetiracetam 12
levetiracetam er 12
levo-t 90
LEVOBUNOLOL HCL 109
levocarnitine 77
levocarnitine sf 77
levocetirizine dihydrochloride 111
levofloxacin 10
LEVOFLOXACIN 10,108
levofloxacin in d5w 10
levonest 85
levonorg-eth estrad triphasic 85
levonorgest-eth est & eth est 85
levonorgest-eth estrad 91-day 85
levonorgest-eth estradiol-iron 85
levonorgestrel-ethinyl estrad 85
levora 0.15/30 (28) 85
levothyroxine sodium 90
levoxyl 90
LEXIVA 45
lidocaine 4
lidocaine hcl 4
LIDOCAINE HCL 4
lidocaine viscous hcl 4
lidocaine-prilocaine 4
lidocan 4
LIFYORLI (125 MG DOSE) 31
LIFYORLI (150 MG DOSE) 31
LILETTA (52 MG) 89

lillow 85
lincomycin hcl 6
linezolid 6
LINEZOLID IN SODIUM CHLORIDE 6
LINZESS 75
liothyronine sodium 90
lisdexamfetamine dimesylate 64
lisinopril 55
lisinopril-hydrochlorothiazide 59
lithium 48
lithium carbonate 48
lithium carbonate er 48
LIVTENCITY 42
lo-zumandimine 85
loestrin 1.5/30 (21) 85
loestrin 1/20 (21) 85
loestrin fe 1.5/30 86
loestrin fe 1/20 86
lojaimiess 86
LOKELMA 74
lomustine 24
LONSURF 26
loperamide hcl 75
lopinavir-ritonavir 45
lorazepam 47
lorazepam intensol 47
LORBRENA 31
loryna 86
losartan potassium 55
losartan potassium-hctz 60
loteprednol etabonate 109
loteprednol-tobramycin 107
lovastatin 61
low-ogestrel 86
loxapine succinate 38
lubiprostone 75
luizza 1.5/30 86
luizza 1/20 86
LULICONAZOLE 21
LUMAKRAS 31
LUMIGAN 110
LUPRON DEPOT (1-MONTH) 91
LUPRON DEPOT (3-MONTH) 91
LUPRON DEPOT (4-MONTH) 91
LUPRON DEPOT (6-MONTH) 91
lurasidone hcl 40
lutera 86
LYBALVI 17
lyleq 89
lyllana 86
LYNPARZA 31
LYSODREN 26
LYTGOBI (12 MG DAILY DOSE) 31
LYTGOBI (16 MG DAILY DOSE) 31
LYTGOBI (20 MG DAILY DOSE) 31
lyza 89

M

M-M-R II 96
mafenide acetate 71
magnesium sulfate 72
malathion 70
maraviroc 44
marlissa 86
MARPLAN 18
MATULANE 24
matzim la 58
MAVYRET 42
maxi-tuss ac 115
MAXIDEX 109
meclizine hcl 20
medpura alcohol pads 70
MEDROL 80
medroxyprogesterone acetate 89
mefloquine hcl 36
megestrol acetate 89
MEKINIST 31
MEKTOVI 31
meleya 89
meloxicam 1
MELPHALAN 24
memantine hcl 16

memantine hcl er 17
memantine hcl-donepezil hcl 16
memantine hcl-donepezil hcl er 16
MENACTRA 96
MENEST 86
MENQUADFI 96
MENVEO 96
MEPHYTON 54
meprobamate 46
mercaptopurine 25
meropenem 9
MEROPENEM-SODIUM CHLORIDE 9
merzee 86
mesalamine 98
mesalamine er 98
mesna 35
metaxalone 116
metformin hcl 49
metformin hcl er 49
methadone hcl 2
methadone hcl intensol 2
methadose 2
methazolamide 110
methenamine hippurate 6
methergine 104
methimazole 92
methocarbamol 116
METHOTREXATE SODIUM 95
methotrexate sodium 95
methotrexate sodium (pf) 95
METHOXSALEN RAPID 70
methscopolamine bromide 76
methsuximide 13
METHYLDOPA 54
methylergonovine maleate 104
methylphenidate hcl 64,65
METHYLPHENIDATE HCL ER 65
methylphenidate hcl er 65
methylphenidate hcl er (cd) 65
methylphenidate hcl er (la) 65
methylphenidate hcl er (osm) 65
methylphenidate hcl er(diffus) 65
methylprednisolone 80
methylprednisolone acetate 80
methylprednisolone sodium succ 80
methyltestosterone 81
metoclopramide hcl 20
METOCLOPRAMIDE HCL 20
metolazone 61
metoprolol succinate er 57
metoprolol tartrate 57
metoprolol-hydrochlorothiazide 60
metronidazole 6,7
metyrosine 60
mexiletine hcl 56
mibelas 24 fe 86
micafungin sodium 21
MICONAZOLE 3 21
MICROCHAMBER 104
microgestin 1.5/30 86
microgestin 1/20 86
microgestin 24 fe 86
microgestin fe 1.5/30 86
microgestin fe 1/20 86
MICROSPACER 104
midodrine hcl 54
mifepristone 91
MIGERGOT 22
miglitol 49
mili 86
mimvey 86
minocycline hcl 11
minoxidil 62
minzoya 86
mirtazapine 17
misoprostol 76
modafinil 117
MODEYSO 26
moexipril hcl 55
MOLINDONE HCL 38
mometasone furoate 69,115
mondoxyne nl 11

mono-linyah 86
montelukast sodium 112
morphine sulfate 3,4
MORPHINE SULFATE 3
morphine sulfate (concentrate) 4
morphine sulfate er 2
MOUNJARO 49
MOVANTIK 75
moxifloxacin hcl 11,108
MOXIFLOXACIN HCL 11
MOXIFLOXACIN HCL (2X DAY) 108
MOXIFLOXACIN HCL IN NACL 11
MRESVIA 96
MULTAQ 56
MULTI-VIT-FLOR 72
MULTI-VITAMIN/FLUORIDE 74
MULTI-VITAMIN/FLUORIDE/IRON 72
MULTIVITAMIN W/FLUORIDE 72
MULTIVITAMIN/FLUORIDE 72
mupirocin 71
mycophenolate mofetil 95
mycophenolate mofetil hcl 95
mycophenolate sodium 95
mycophenolic acid 95
myorisan 67
MYRBETRIQ 78

N

na sulfate-k sulfate-mg sulf 75
nabumetone 1
nadolol 57
nafcillin sodium 9
nafrinse 72
naftifine hcl 21
NAGLAZYME 77
naloxone hcl 5
naltrexone hcl 5
NAMZARIC 16
naproxen 1
naproxen dr 1
naproxen sodium 1
naratriptan hcl 23
NATACYN 108
nateglinide 49
NAYZILAM 4
nebivolol hcl 57
NEBUSAL 115
necon 0.5/35 (28) 86
NEFAZODONE HCL 18
neo-polycin 107
neo-polycin hc 107
neomycin sulfate 6
neomycin-bacitracin zn-polymyx 107
neomycin-polymyxin-dexameth 107
NEOMYCIN-POLYMYXIN-GRAMICIDIN 107
NEOMYCIN-POLYMYXIN-HC 107
neomycin-polymyxin-hc 110
NERLYNX 31
nevirapine 43
NEVIRAPINE 43
NEVIRAPINE ER 43
nevirapine er 43
NEXPLANON 89
NIACIN (ANTIHYPERLIPIDEMIC) 62
niacin er (antihyperlipidemic) 62
NIACOR 62
nicardipine hcl 57
NICOTROL 5
NICOTROL NS 5
nifedipine 57
nifedipine er 57
nifedipine er osmotic release 57
nikki 86
nilotinib hcl 31
nilutamide 24
nimodipine 57
NINLARO 31
nintedanib esylate 114
nisoldipine er 57
nitazoxanide 36
nitisinone 77
nitro-bid 63

NITRO-DUR . . . 63
NITRO-TIME . . . 63
nitrofurantoin . . . 7
nitrofurantoin macrocrystal . . . 7
nitrofurantoin monohyd macro . . . 7
nitroglycerin . . . 63
NIVA THYROID . . . 91
NIVESTYM . . . 53
NIZATIDINE . . . 76
nora-be . . . 89
norelgestromin-eth estradiol . . . 86
norethin ace-eth estrad-fe . . . 86
norethin-eth estradiol-fe . . . 86
norethindron-ethinyl estrad-fe . . . 86
norethindrone . . . 89
norethindrone acet-ethinyl est . . . 87
norethindrone acetate . . . 90
norethindrone-eth estradiol . . . 87
norgestim-eth estrad triphasic . . . 87
norgestimate-eth estradiol . . . 87
norlyda . . . 90
norlyroc . . . 90
NORMOSOL-M IN D5W . . . 72
nortrel 0.5/35 (28) . . . 87
nortrel 1/35 (21) . . . 87
nortrel 1/35 (28) . . . 87
nortrel 7/7/7 . . . 87
nortriptyline hcl . . . 19
NORVIR . . . 45
NOVOFINE 32G X 6 MM MISC . . . 104
NOVOLIN R FLEXPEN . . . 51
NOVOLIN R FLEXPEN RELION . . . 51
NOVOLOG . . . 51
NOVOLOG FLEXPEN . . . 51
NOVOLOG FLEXPEN RELION . . . 51
NOVOLOG PENFILL . . . 51
NOVOLOG RELION . . . 51
NP THYROID . . . 91
NUBEQA . . . 24
NUEDEXTA . . . 65
NULEV . . . 76
NUPLAZID . . . 40
NURTEC . . . 22
NUTRILIPID . . . 104
nyamyc . . . 21
nylia 1/35 . . . 87
nylia 7/7/7 . . . 87
nymyo . . . 87
nystatin . . . 21
nystatin-triamcinolone . . . 70
nystop . . . 22

O

ocella . . . 87
octreotide acetate . . . 91
OCTREOTIDE ACETATE . . . 91
ODEFSEY . . . 43
ODOMZO . . . 31
ofloxacin . . . 11,108,110
OGSIVEO . . . 32
OJEMDA . . . 32
OJJAARA . . . 26
olanzapine . . . 40
olanzapine-fluoxetine hcl . . . 17
olmesartan medoxomil . . . 55
olmesartan medoxomil-hctz . . . 60
olmesartan-amlodipine-hctz . . . 60
olopatadine hcl . . . 111
omega-3-acid ethyl esters . . . 62
omeprazole . . . 77
OMNITROPE . . . 76,80
ondansetron . . . 20
ONDANSETRON HCL . . . 20
ondansetron hcl . . . 20,21
ONUREG . . . 25
OPIPZA . . . 40
OPSUMIT . . . 114
OPTICHAMBER DIAMOND . . . 104
OPTICHAMBER DIAMOND-LG MASK . . . 104
OPTICHAMBER DIAMOND-MD MASK . . . 104
OPTICHAMBER DIAMOND-SM MASK . . . 104
OPVEE . . . 104

oralone . . . 67
ORGOVYX . . . 91
orquidea . . . 90
ORSERDU . . . 24
orsythia . . . 87
OSCIMIN . . . 76
oseltamivir phosphate . . . 46
OSPHENA . . . 90
OTEZLA . . . 70,93
OTEZLA XR . . . 70
OTEZLA/OTEZLA XR INITIATION PK . . . 93
oxaprozin . . . 1
oxazepam . . . 47
oxcarbazepine . . . 15
oxiconazole nitrate . . . 22
oxybutynin chloride . . . 78
oxybutynin chloride er . . . 78
oxycodone hcl . . . 4
oxycodone-acetaminophen . . . 4
OXYCODONE-ACETAMINOPHEN . . . 4
oxymorphone hcl . . . 4
OXYMORPHONE HCL ER . . . 2
OZEMPIC . . . 49
OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . 49
OZEMPIC (1 MG/DOSE) . . . 49
OZEMPIC (2 MG/DOSE) . . . 49

P

pacerone . . . 56
paliperidone er . . . 40
PANRETIN . . . 35
pantoprazole sodium . . . 77
paricalcitol . . . 99
paroxetine hcl . . . 18
PAROXETINE HCL . . . 18
paroxetine hcl er . . . 18
paroxetine mesylate . . . 19
PAXLOVID (150/100) . . . 46
PAXLOVID (300/100 & 150/100) . . . 46
PAXLOVID (300/100) . . . 46
pazopanib hcl . . . 32
PAZOPANIB HCL . . . 32
PB-HYOSCY-ATROPINE-SCOPOLAMINE . . . 76
PEDIARIX . . . 96
PEDVAX HIB . . . 96
peg 3350-kcl-na bicarb-nacl . . . 75
peg-3350/electrolytes . . . 76
peg-3350/electrolytes/ascorbat . . . 75
peg-kcl-nacl-nasulf-na asc-c . . . 75
PEG-PREP . . . 75
PEGASYS . . . 94
PEMAZYRE . . . 32
PEN NEEDLE/5-BEVEL TIP . . . 104
PEN NEEDLES . . . 104
PENBRAYA . . . 104
penciclovir . . . 71
penicillamine . . . 79
penicillin g potassium . . . 9
PENICILLIN G SODIUM . . . 9
penicillin v potassium . . . 9
PENMENVY . . . 96
PENTACEL . . . 97
pentamidine isethionate . . . 36
pentazocine-naloxone hcl . . . 4
pentoxifylline er . . . 60
perampanel . . . 12
PERINDOPRIL ERBUMINE . . . 55
periogard . . . 67
permethrin . . . 71
perphenazine . . . 20
PERPHENAZINE-AMITRIPTYLINE . . . 17
PERSERIS . . . 40
pfizerpen . . . 9
phenazo . . . 79
phenazopyridine hcl . . . 79
PHENELZINE SULFATE . . . 18
phenobarbital . . . 14
phenobarbital-belladonna alk . . . 76
PHENOHYTRO . . . 76
phenytek . . . 15
phenytoin . . . 15
phenytoin infatabs . . . 15

phenytoin sodium extended . . . 15
philith . . . 87
PHOSPHO-TRIN K500 . . . 79
phytonadione . . . 54
PIFELTRO . . . 43
pilocarpine hcl . . . 67,110
pimecrolimus . . . 69
pimozide . . . 38
pimtrea . . . 87
pindolol . . . 57
pioglitazone hcl . . . 49
pioglitazone hcl-glimepiride . . . 49
pioglitazone hcl-metformin hcl . . . 49
piperacillin sod-tazobactam so . . . 9
PIQRAY (200 MG DAILY DOSE) . . . 32
PIQRAY (250 MG DAILY DOSE) . . . 32
PIQRAY (300 MG DAILY DOSE) . . . 32
pirfenidone . . . 114
PIRFENIDONE . . . 114
pirmella 1/35 . . . 87
pirmella 7/7/7 . . . 87
piroxicam . . . 2
PNV 27-CA/FE/FA . . . 72
POCKET CHAMBER . . . 104
POCKET SPACER . . . 104
podofilox . . . 70
POLY-VI-FLOR . . . 73
polycin . . . 107
polymyxin b sulfate . . . 7
polymyxin b-trimethoprim . . . 108
pomalidomide . . . 25
portia-28 . . . 87
posaconazole . . . 22
pot & sod cit-cit ac . . . 79
potassium chloride . . . 73
potassium chloride crys er . . . 73
potassium chloride er . . . 73
potassium chloride in dextrose . . . 73
potassium chloride in nacl . . . 73
potassium citrate er . . . 73
potassium citrate-citric acid . . . 79
POTASSIUM CL IN DEXTROSE 5% . . . 73
pramipexole dihydrochloride . . . 37
pramipexole dihydrochloride er . . . 37
PRAMOSONE . . . 70
prasugrel hcl . . . 54
pravastatin sodium . . . 61
praziquantel . . . 36
prazosin hcl . . . 54
prednisolone . . . 80
prednisolone acetate . . . 109
prednisolone sodium phosphate . . . 80
PREDNISOLONE SODIUM PHOSPHATE . . . 109
prednisone . . . 80
PREDNISONE INTENSOL . . . 80
pregabalin . . . 66
PREMARIN . . . 87
PREMASOL . . . 73
PREMIUM LIDOCAINE . . . 5
PREMPHASE . . . 87
PREMPRO . . . 87
prenatal vitamins . . . 73
prevalite . . . 62
previfem . . . 87
PREVYMIS . . . 42
PREZCOBIX . . . 45
PREZISTA . . . 45
PRIFTIN . . . 23
primaquine phosphate . . . 36
primidone . . . 14
PRIORIX . . . 97
PRO COMFORT ALCOHOL . . . 104
PRO COMFORT INSULIN SYRINGE . . . 105
PRO COMFORT SPACER ADULT . . . 105
PRO COMFORT SPACER CHILD . . . 105
PRO COMFORT SPACER INFANT . . . 105
probenecid . . . 22
PROCARE SPACER/ADULT MASK . . . 105
PROCARE SPACER/CHILD MASK . . . 105
procentra . . . 64
PROCHAMBER VHC . . . 105
prochlorperazine . . . 20

prochlorperazine maleate 20
procto-med hc 69
PROCTOFOAM HC 70
proctosol hc 69
proctozone-hc 69
progesterone 90
PROGRAF 95
promethazine hcl 20,111
PROMETHAZINE VC 115
PROMETHAZINE VC/CODEINE 115
promethazine-codeine 115
promethazine-dm 115
promethazine-phenyleph-codeine 115
promethazine-phenylephrine 116
promethegan 20
propafenone hcl 56
propafenone hcl er 56
proparacaine hcl 107
propranolol hcl 57
propranolol hcl er 57
propylthiouracil 92
PROQUAD 97
protriptyline hcl 19
pseudoeph-bromphen-dm 116
PULMOSAL 116
PULMOZYME 113
PURE COMFORT SAFETY PEN NEEDLE 105
PURE COMFORT SPACER CHAMBER 105
pyrazinamide 23
pyridostigmine bromide 23
pyridostigmine bromide er 23
pyrimethamine 36

Q

qc alcohol 70
QINLOCK 26
QUADRACEL 97
quetiapine fumarate 40
quetiapine fumarate er 40
QUFLORA PEDIATRIC 73
QUICK TOUCH INSULIN PEN NEEDLE 105
quinapril hcl 55
quinapril-hydrochlorothiazide 60
quinidine gluconate er 56
QUINIDINE SULFATE 56
quinine sulfate 36
QVAR REDIHALER 111

R

ra isopropyl alcohol wipes 70
RABAVERT 97
rabeprazole sodium 77
RALDESY 19
raloxifene hcl 90
ramelteon 116
ramipril 55
ranolazine er 60
rasagiline mesylate 37
reclipsen 87
RECOMBIVAX HB 97
REGRANEX 70
relafen 2
RELENZA DISKHALER 46
RENTHYROID 91
repaglinide 49
REPATHA 62
REPATHA PUSHTRONEX SYSTEM 62
REPATHA SURECLICK 62
RESTASIS 107
RETACRIT 53
RETEVMO 32
REVCOVI 77
REVUFORJ 32
REXULTI 40
REYATAZ 45
REZDIFFRA 91
REZLIDHIA 32
RHOPRESSA 110
RIBAVIRIN 42
ribavirin 42
RIDAURA 93
rifabutin 23

rifampin . . . 23
rilpivirine hcl . . . 43
riluzole . . . 65
RIMANTADINE HCL . . . 46
ringers . . . 73
ringers irrigation . . . 105
RINVOQ . . . 93
RINVOQ LQ . . . 93
risedronate sodium . . . 99
risperidone . . . 41
risperidone microspheres er . . . 41
RITEFLO . . . 105
ritonavir . . . 45
rivaroxaban . . . 52
rivastigmine . . . 16
rivastigmine tartrate . . . 16
rivelsa . . . 87
rizatriptan benzoate . . . 23
ROCKLATAN . . . 107
roflumilast . . . 113
ROMVIMZA . . . 32
ropinirole hcl . . . 37
ropinirole hcl er . . . 37
rosadan . . . 7
rosuvastatin calcium . . . 61
rosyrah . . . 87
ROTARIX . . . 97
ROTATEQ . . . 97
roweepra . . . 13
ROZLYTREK . . . 32,33
RUBRACA . . . 33
rufinamide . . . 15
RUKOBIA . . . 44
RYBELSUS . . . 49
RYDAPT . . . 33

S

sacubitril-valsartan . . . 60
sajazir . . . 92
SALINE BACTERIOSTATIC . . . 105
salsalate . . . 2
SANDIMMUNE . . . 95
SANTYL . . . 70
sapropterin dihydrochloride . . . 77
SCEMBLIX . . . 33
scopolamine . . . 20
SECUADO . . . 41
SECURESAFE INSULIN SYRINGE . . . 105
SECURESAFE SAFETY PEN NEEDLES . . . 105
selegiline hcl . . . 38
selenium sulfide . . . 69
SELZENTRY . . . 44
SEREVENT DISKUS . . . 113
sertraline hcl . . . 19
setlakin . . . 87
sevelamer carbonate . . . 74
sharobel . . . 90
SHINGRIX . . . 97
SIGNIFOR . . . 91
sildenafil citrate . . . 79,114
SILIGENTLE FOAM DRESSING . . . 105
silodosin . . . 78
silver sulfadiazine . . . 70
SIMBRINZA . . . 110
SIMLANDI (1 PEN) . . . 95
SIMLANDI (1 SYRINGE) . . . 95
SIMLANDI (2 PEN) . . . 95
SIMLANDI (2 SYRINGE) . . . 95
simliya . . . 87
simpesse . . . 87
simvastatin . . . 61
sirolimus . . . 95
SIRTURO . . . 23
SKYRIZI . . . 93
SKYRIZI (150 MG DOSE) . . . 93
SKYRIZI PEN . . . 93
SMOFLIPID . . . 105
sod citrate-citric acid . . . 79
sodium chloride . . . 73
SODIUM CHLORIDE . . . 116
sodium chloride (pf) . . . 73
SODIUM CHLORIDE BACTERIOSTATIC . . . 105

SODIUM CITRATE-CITRIC ACID 79
sodium fluoride 73
sodium oxybate 117
sodium phenylbutyrate 77
sodium polystyrene sulfonate 74
solifenacin succinate 78
SOLTAMOX 25
SOMAVERT 91
sorafenib tosylate 33
sorine 56
sotalol hcl 56
sotalol hcl (af) 56
SPINOSAD 71
SPIRIVA RESPIMAT 112
spironolactone 61
spironolactone-hctz 60
sprintec 28 87
SPRITAM 13
SPS (SODIUM POLYSTYRENE SULF) 74
sronyx 88
ssd 70
SSS 10-5 70
STAVUDINE 44
STELARA 93
sterile water for irrigation 105
STIOLTO RESPIMAT 116
STIVARGA 33
STREPTOMYCIN SULFATE 6
STRIBILD 43
subvenite 13
SUBVENITE 13
subvenite starter kit-blue 13
subvenite starter kit-green 13
subvenite starter kit-orange 13
sucralfate 76
sulfacetamide sodium 108
sulfacetamide sodium (acne) 67
SULFACETAMIDE SODIUM-SULFUR 70
SULFACETAMIDE-PREDNISOLONE 107
sulfadiazine 11
sulfamethoxazole-trimethoprim 11
sulfasalazine 98
sulfatrim pediatric 11
sulindac 2
sumatriptan 23
sumatriptan succinate 23
SUMATRIPTAN SUCCINATE REFILL 23
sunitinib malate 33
SUNLENCA 45
SURE COMFORT PEN NEEDLES 105
syeda 88
SYMPAZAN 14
SYMTUZA 45
SYNAREL 92
SYNJARDY 49
SYNJARDY XR 49
SYNRIBO 33
SYNTHROID 91

T

TABLOID 25
TABRECTA 33
tacrolimus 69,95
tadalafil 78,79
tadalafil (pah) 114
TAFINLAR 33
tafluprost (pf) 110
TAGRISSO 33
TALZENNA 33
tamoxifen citrate 25
tamsulosin hcl 79
tarina 24 fe 88
tarina fe 1/20 88
tarina fe 1/20 eq 88
tasimelteon 116
taysofy 88
tazarotene 67
TAZICEF 8
taztia xt 58
TAZVERIK 33
TDVAX 97
TECHLITE PLUS PEN NEEDLES 105

telmisartan . . . 55
telmisartan-amlodipine . . . 60
telmisartan-hctz . . . 60
temazepam . . . 116
TENCON . . . 65
TENIVAC . . . 97
tenofovir disoproxil fumarate . . . 44
TEPMETKO . . . 33
terazosin hcl . . . 54
terbinafine hcl . . . 22
terbutaline sulfate . . . 113
terconazole . . . 22
teriflunomide . . . 66
teriparatide . . . 99
testosterone . . . 81
testosterone cypionate . . . 81
TESTOSTERONE ENANTHATE . . . 81
TETANUS-DIPHTHERIA TOXOIDS TD . . . 97
tetrabenazine . . . 65,66
tetracycline hcl . . . 11
THALOMID . . . 25
THEO-24 . . . 113
theophylline . . . 113
theophylline er . . . 113
thioridazine hcl . . . 38
thiothixene . . . 38
THYROID . . . 91
tiadylt er . . . 58
tiagabine hcl . . . 14
TIBSOVO . . . 34
ticagrelor . . . 54
TICOVAC . . . 97
tigecycline . . . 7
tilia fe . . . 88
timolol hemihydrate . . . 109
timolol maleate . . . 57,109
timolol maleate (once-daily) . . . 109
timolol maleate ocudose . . . 109
timolol maleate pf . . . 109
tinidazole . . . 7
tiotropium bromide . . . 112
tis-u-sol . . . 105
TIVICAY . . . 43
TIVICAY PD . . . 43
tizanidine hcl . . . 42
TOBRADEX . . . 108
tobramycin . . . 108,113
tobramycin sulfate . . . 6
tobramycin-dexamethasone . . . 108
TOBREX . . . 108
TOLAK . . . 70
tolterodine tartrate . . . 78
tolterodine tartrate er . . . 78
tolvaptan . . . 74
topiramate . . . 13
topiramate er . . . 13
toremifene citrate . . . 25
torsemide . . . 61
TOUJEO MAX SOLOSTAR . . . 51
TOUJEO SOLOSTAR . . . 51
TPN ELECTROLYTES . . . 73
TRADJENTA . . . 49
tramadol hcl . . . 4
tramadol hcl er . . . 2
tramadol-acetaminophen . . . 4
trandolapril . . . 55
TRANDOLAPRIL-VERAPAMIL HCL ER . . . 60
tranexamic acid . . . 54
tranylcypromine sulfate . . . 18
travoprost (bak free) . . . 110
trazodone hcl . . . 19
TRECATOR . . . 24
TRELEGY ELLIPTA . . . 116
TRESIBA . . . 51
TRESIBA FLEXTOUCH . . . 51
tretinoin . . . 35,67
TREXALL . . . 95
tri femynor . . . 88
tri-estarylla . . . 88
tri-legest fe . . . 88
tri-linyah . . . 88
tri-lo-estarylla . . . 88

tri-lo-marzia . . . 88
tri-lo-mili . . . 88
tri-lo-sprintec . . . 88
tri-mili . . . 88
tri-nymyo . . . 88
tri-sprintec . . . 88
TRI-VITE/FLUORIDE . . . 74
tri-vylibra . . . 88
tri-vylibra lo . . . 88
triamcinolone acetonide . . . 67,69
triamterene . . . 61
triamterene-hctz . . . 60
triazolam . . . 116
TRICITRATES . . . 79
triderm . . . 69
trientine hcl . . . 74
TRIENTINE HCL . . . 74
trifluoperazine hcl . . . 38
TRIFLURIDINE . . . 108
trihexyphenidyl hcl . . . 37
TRIKAFTA . . . 113
trimethobenzamide hcl . . . 20
trimethoprim . . . 7
trimipramine maleate . . . 19
TRINTELLIX . . . 19
TRIUMEQ . . . 44
TRIUMEQ PD . . . 44
trivora (28) . . . 88
TRIZIVIR . . . 44
trospium chloride . . . 78
trospium chloride er . . . 78
TRUE COMFORT INSULIN SYRINGE . . . 106
TRUE COMFORT PEN NEEDLES . . . 106
TRUE COMFORT PRO PEN NEEDLES . . . 106
TRUE COMFORT SAFETY PEN NEEDLE . . . 106
TRULICITY . . . 49
TRUMENBA . . . 97
TRUQAP . . . 34
TUKYSA . . . 34
tulana . . . 90
TURALIO . . . 34
turqoz . . . 88
TWINRIX . . . 97
TYBOST . . . 45
tydemy . . . 88
TYENNE . . . 93
TYMLOS . . . 99
TYPHIM VI . . . 97

U

UDENYCA . . . 53
ULTIGUARD SAFEPACK PEN NEEDLE . . . 106
UNIFINE OTC PEN NEEDLES . . . 106
UNIFINE PENTIPS . . . 106
UNIFINE PROTECT PEN NEEDLE . . . 106
UNIFINE SAFECONTROL PEN NEEDLE . . . 106
unithroid . . . 91
UPTRAVI . . . 114
ursodiol . . . 76
USTEKINUMAB . . . 93
USTEKINUMAB-AEKN . . . 93

V

valacyclovir hcl . . . 46
VALCHLOR . . . 70
valganciclovir hcl . . . 42
valproate sodium . . . 13
valproic acid . . . 13
valsartan . . . 55
valsartan-hydrochlorothiazide . . . 60
VALTOCO 10 MG DOSE . . . 14
VALTOCO 15 MG DOSE . . . 14
VALTOCO 20 MG DOSE . . . 14
VALTOCO 5 MG DOSE . . . 14
valtya 1/35 . . . 88
VALTYA 1/50 . . . 88
vanadom . . . 116
vancomycin hcl . . . 7
VANDAZOLE . . . 7
VANFLYTA . . . 34
VAQTA . . . 97
vardenafil hcl . . . 79

varenicline tartrate 5
varenicline tartrate (starter) 5
varenicline tartrate(continue) 5
VARIVAX 97
VAXCHORA 97
VECAMYL 60
VELIVET 88
VENCLEXTA 34
VENCLEXTA STARTING PACK 34
venlafaxine hcl 19
venlafaxine hcl er 19
VEOZAH 66
verapamil hcl 58
VERAPAMIL HCL ER 58
VERIFINE INSULIN PEN NEEDLE 106
VERIFINE INSULIN SYRINGE 106
VERIFINE PLUS PEN NEEDLE 106
VERQUVO 60
VERSACLOZ 41
VERZENIO 34
vestura 88
vienva 88
vigabatrin 14
vigadrone 14
VIGAFYDE 14
vigpoder 14
vilazodone hcl 19
VIMKUNYA 97
viorele 88
VIRACEPT 45
VIREAD 44
vitamin d (ergocalciferol) 99
VITRAKVI 34
VIVOTIF 97
VIZIMPRO 34
volnea 88
VONJO 35
VORANIGO 34
voriconazole 22
VORTEX HOLD CHMBR/MASK/CHILD 106
VORTEX HOLD CHMBR/MASK/TODDLER . . 106
VORTEX VALVE CHAMBER-PEDI MASK 106
VORTEX VALVED HOLDING CHAMBER 106
VOSEVI 42
VOWST 106
VRAYLAR 41
vyfemla 88
vylibra 88
VYZULTA 110

W

warfarin sodium 52
water for irrigation, sterile 107
WEBCOL ALCOHOL PREP LARGE 107
WELIREG 26
wera 89
WINREVAIR 114
wixela inhub 116
wymzya fe 89
WYOST 99

X

XALKORI 34
xarah fe 89
XARELTO 52,53
XARELTO STARTER PACK 53
XATMEP 95
XCOPRI 13,16
XCOPRI (250 MG DAILY DOSE) 15
XCOPRI (350 MG DAILY DOSE) 15
XDEMVY 108
XELJANZ 93
XELJANZ XR 93
xelria fe 89
XERMELO 75
XIFAXAN 7
XIGDUO XR 49,50
XIIDRA 108
XOFLUZA (40 MG DOSE) 46
XOFLUZA (80 MG DOSE) 46
XOLAIR 93
XOSPATA 34

XPOVIO (100 MG ONCE WEEKLY) 34
XPOVIO (40 MG ONCE WEEKLY) 35
XPOVIO (40 MG TWICE WEEKLY) 35
XPOVIO (60 MG ONCE WEEKLY) 35
XPOVIO (60 MG TWICE WEEKLY) 35
XPOVIO (80 MG ONCE WEEKLY) 35
XPOVIO (80 MG TWICE WEEKLY) 35
XTANDI 24
xulane 89

Y

YESINTEK 94
YF-VAX 97
yuvafem 89

Z

zafemy 89
zafirlukast 112
zaleplon 117
ZARXIO 53
zebutal 66
ZEJULA 35
ZELBORAF 35
zenatane 67
ZENPEP 78
zenzedi 64
zidovudine 44
ziprasidone hcl 41
ziprasidone mesylate 41
ZIRGAN 108
zoledronic acid 99
ZOLINZA 26
zolmitriptan 23
zolpidem tartrate 117
zolpidem tartrate er 117
ZONISADE 16
zonisamide 16
ZONTIVITY 53
zovia 1/35 (28) 89
ZTALMY 15
zumandimine 89
ZURZUVAE 17
ZYDELIG 35
ZYKADIA 35
ZYPREXA RELPREVV 41

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak [insert language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-776-4466 (TTY: 711) or speak to your provider.

العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-776-4466 (TTY:711)أو تحدث إلى مقدم الخدمة.

ՀԱՅԵՐԵՆ
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-776-4466 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

中文
注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-776-4466（文本电话：711）或咨询您的服务提供商。

हिंदी
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं।
1-800-776-4466 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Lus Hmoob
LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-776-4466 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

日本語
注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。
1-800-776-4466（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

한국어
주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-776-4466 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ລາວ
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-776-4466 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

ភាសាខ្មែរ
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-776-4466 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

فارسي
توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-776-4466(تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده
خود صحبت کنید.

ਪੰਜਾਬੀ
ਧਿਆਨ ਦਿਉ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-776-4466 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

РУССКИЙ
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-776-4466 (TTY: 711) или обратитесь к своему поставщику услуг.

Español
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-776-4466 (TTY: 711) o hable con su proveedor.

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-776-4466 (TTY: 711) o makipag-usap sa iyong provider.

ไทย
หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-776-4466 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

українська мова
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-776-4466 (TTY: 711) або зверніться до свого постачальника».

Việt
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-776-4466 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

blue CALIFORNIA

NONDISCRIMINATION NOTICE

Discrimination is against the law. Blue Shield of California complies with applicable state laws and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, pregnancy or related conditions, sex characteristics, sex stereotypes, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, pregnancy or related conditions, sex characteristics, sex stereotypes, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Blue Shield of California Customer Service using the number on the back of your member ID card.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, pregnancy or related conditions, sex characteristics, sex stereotypes, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California Civil Rights Coordinator
P.O. Box 5588, El Dorado Hills, CA 95762-0011
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

This formulary was updated on . For more recent information or other questions, please contact Blue Shield of California Customer Service, at (800) 370-8852 or, for TTY users, 711, 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit blueshieldca.com/sfhss.

Blue Shield of California's pharmacy network includes limited lower-cost, pharmacies with preferred cost-sharing in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at (800) 370-8852 TTY: 711, 8 a.m. to 8 p.m. Pacific time, seven days a week or consult the online pharmacy directory at blueshieldca.com/sfhss-retiree.

Amazon Pharmacy is independent of Blue Shield of California and is contracted by Blue Shield to provide home delivery of prescription medications to Blue Shield members. Members are responsible for their share of costs, as stated in their benefit plan details.

Blue Shield of California is an independent member of the Blue Shield Association