



Blue Shield Medicare (PPO)

# 2024 Formulary

(List of Covered Drugs)

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

Formulary ID 24334, Version **19**

This formulary was updated on **04/18/2024** . For more recent information or other questions, please contact Blue Shield of California Customer Service, at **(888) 802-4599** or, for TTY users, **711**, 7 a.m. to 8 p.m., seven days a week, or visit **[blueshieldca.com/calpers](https://www.blueshieldca.com/calpers)**.

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

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**04/18/2024**

**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 a list of the drugs (formulary) for our plan which is current as of **04/18/2024** . For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2025 and from time to time during the year.

## **What is the Blue Shield Medicare Formulary?**

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.

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. 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?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **04/18/2024** . 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/calpers](https://blueshieldca.com/calpers).

## **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 cost less than brand-name drugs.

## **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 physician 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 tablets 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 iv 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 him or her 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, 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 day supply of medication. 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 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
ED	Excluded Part D Drug	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.
VAC	\$0 Vaccine	Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
BUTALBITAL-ASPIRIN-CAFFEINE (50-325-40 MG CAP, 50-325-40 MG TAB)	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>cataflam 50 mg tab</i>	gen	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	gen	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	gen	
<i>diclofenac sodium (1 % gel, 1.5 % solution, 25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	gen	
<i>diclofenac sodium er 100 mg tab er 24h</i>	gen	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	gen	
<i>diflunisal 500 mg tab</i>	gen	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	gen	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	gen	
<i>etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)</i>	gen	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	gen	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	gen	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	gen	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	gen	
<i>indomethacin er 75 mg cap er</i>	gen	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	gen	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	gen	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	gen	
<i>naproxen dr 500 mg tab dr</i>	gen	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	gen	
<i>oxaprozin 600 mg tab</i>	gen	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>relafen (500 mg tab, 750 mg tab)</i>	gen	
<i>salsalate (500 mg tab, 750 mg tab)</i>	gen	
<i>sulindac (150 mg tab, 200 mg tab)</i>	gen	

## **OPIOID ANALGESICS, LONG-ACTING**

<i>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)</i>	gen	PA, QL (4 PER 28 OVER TIME), NDS
<i>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)</i>	gen	PA, QL (10 PER 30 OVER TIME), NDS
<i>hydromorphone hcl er (er 8 mg tab er 24h, er 16 mg tab er 24h, er 32 mg tab er 24h)</i>	gen	PA, QL (30 PER 30 OVER TIME), NDS
<i>hydromorphone hcl er 12 mg tab er 24h</i>	gen	PA, QL (60 PER 30 OVER TIME), NDS
<i>methadone hcl (10 mg tab, 10 mg/ml conc)</i>	gen	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/5ml solution</i>	gen	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/ml solution</i>	npd	PA, NDS
<i>methadone hcl 40 mg tab sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>methadone hcl 5 mg tab</i>	gen	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg/5ml solution</i>	gen	PA, QL (900 PER 30 OVER TIME), NDS
<i>methadone hcl intensol 10 mg/ml conc</i>	gen	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadose 40 mg tab sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	gen	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab er</i>	gen	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate er 30 mg tab er</i>	gen	QL (90 PER 30 OVER TIME), NDS
<b>OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER)</b>	gen	PA, QL (2 PER 1 DAYS), NDS
<b>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)</b>	gen	PA, QL (2 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
TRAMADOL HCL (ER BIPHASIC) (BIPHASIC) 100 MG TAB ER 24H, BIPHASIC) 200 MG TAB ER 24H, BIPHASIC) 300 MG TAB ER 24H)	gen	PA, QL (1 PER 1 DAYS), NDS
<i>tramadol hcl er (biphasic) (er (biphasic) 100 mg tab er 24h, er (biphasic) 200 mg tab er 24h, er (biphasic) 300 mg tab er 24h)</i>	gen	PA, QL (1 PER 1 DAYS), NDS
<i>tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i>	gen	PA, QL (1 PER 1 DAYS), NDS

## OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	gen	QL (12 PER 1 DAYS), NDS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	gen	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	gen	QL (6 PER 1 DAYS), NDS
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	gen	PA, QL (10 PER 1 DAYS), NDS
<i>ascomp-codeine 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	gen	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	gen	QL (336 PER 30 OVER TIME), NDS
<i>codeine sulfate 30 mg tab</i>	gen	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	gen	QL (84 PER 30 OVER TIME), NDS
<i>dvorah 325-30-16 mg tab</i>	gen	PA, QL (10 PER 1 DAYS), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	gen	QL (168 PER 30 OVER TIME), NDS
<i>endocet 10-325 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>endocet 7.5-325 mg tab</i>	gen	QL (112 PER 30 OVER TIME), NDS
FENTANYL CITRATE (100 MCG TAB, 200 MCG LOZ HANDLE, 200 MCG TAB, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	gen	PA, QL (120 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	gen	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (7.5-300 mg tab, 10-300 mg tab)</i>	gen	PA, QL (6 PER 1 DAYS), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i>	gen	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	gen	PA, QL (8 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	gen	QL (8 PER 1 DAYS), NDS
<i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i>	gen	QL (5 PER 1 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	gen	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 2 mg tab</i>	gen	QL (154 PER 30 OVER TIME), NDS
HYDROMORPHONE HCL 3 MG SUPPOS	gen	QL (240 PER 30 OVER TIME), NDS, ED
<i>hydromorphone hcl 4 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 8 mg tab</i>	gen	QL (42 PER 30 OVER TIME), NDS
<i>lorcet 5-325 mg tab</i>	gen	QL (8 PER 1 DAYS), NDS
<i>lorcet hd 10-325 mg tab</i>	gen	QL (6 PER 1 DAYS), NDS
<i>lorcet plus 7.5-325 mg tab</i>	gen	QL (6 PER 1 DAYS), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	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, ED
<i>morphine sulfate (concentrate) ((concentrate) 10 mg/0.5ml solution, (concentrate) 20 mg/ml solution, (concentrate) 100 mg/5ml solution)</i>	gen	QL (70 PER 30 OVER TIME), NDS
<i>morphine sulfate 10 mg/5ml solution</i>	gen	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate 20 mg/5ml solution</i>	gen	QL (315 PER 30 OVER TIME), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	gen	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl (20 mg tab, 100 mg/5ml conc)</i>	gen	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl (5 mg cap, 5 mg tab)</i>	gen	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl 10 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	gen	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	gen	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	gen	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	gen	QL (112 PER 30 OVER TIME), NDS
OXYCODONE-ASPIRIN 4.8355-325 MG TAB	gen	QL (168 PER 30 OVER TIME), 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
OXYCODONE-IBUPROFEN 5-400 MG TAB	gen	QL (56 PER 30 OVER TIME), NDS
<i>oxymorphone hcl 10 mg tab</i>	gen	PA, QL (120 PER 30 OVER TIME), NDS
<i>oxymorphone hcl 5 mg tab</i>	gen	PA, QL (180 PER 30 OVER TIME), NDS
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	gen	QL (12 PER 1 DAYS), NDS
<i>tramadol hcl 100 mg tab</i>	gen	QL (4 PER 1 DAYS), NDS
<i>tramadol hcl 50 mg tab</i>	gen	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	gen	QL (112 PER 30 OVER TIME), NDS

## ANESTHETICS

### LOCAL ANESTHETICS

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

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium 333 mg tab dr</i>	gen	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	gen	

### OPIOID DEPENDENCE

<i>buprenorphine hcl 2 mg sl tab</i>	gen	QL (12 PER 1 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	gen	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 4-1 mg film)</i>	gen	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (-naloxone 8-2 mg film, -naloxone 8-2 mg sl tab)</i>	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
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	gen	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	gen	QL (12 PER 1 DAYS)
ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	npd	QL (3 PER 1 DAYS)
ZUBSOLV (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB)	npd	QL (1 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG SL TAB	npd	QL (2 PER 1 DAYS)

## OPIOID REVERSAL AGENTS

<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	gen	
NALOXONE HCL 2 MG/0.4ML SOLN A-INJ	gen	PA, QL (0.8 PER 30 OVER TIME)
<i>naloxone hcl 4 mg/0.1ml liquid</i>	gen	QL (2 PER 30 OVER TIME)
<i>naltrexone hcl 50 mg tab</i>	gen	

## SMOKING CESSATION AGENTS

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

## ANTIBACTERIALS

### AMINOGLYCOSIDES

<i>amikacin sulfate 500 mg/2ml solution</i>	npd	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	gen	
<i>gentamicin sulfate 40 mg/ml solution</i>	npd	
<i>neomycin sulfate 500 mg tab</i>	gen	
<i>paromomycin sulfate 250 mg cap</i>	gen	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	npd	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	npd	
<b>ANTIBACTERIALS, OTHER</b>		
<i>acetic acid 2 % solution</i>	gen	
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	npd	
CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN	npd	
CLEOCIN 100 MG SUPPOS	brd	
<i>clindacin etz 1 % swab</i>	gen	
<i>clindacin-p 1 % swab</i>	gen	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	gen	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	gen	
<i>clindamycin phosphate (1 % swab, 2 % cream)</i>	gen	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	npd	
<i>clindamycin phosphate in d5w ( 300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	npd	
CLINDAMYCIN PHOSPHATE IN NAACL ( 300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	npd	
CLINDESSE 2 % CREAM	brd	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	npd	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	spec	
<i>fosfomycin tromethamine 3 gm packet</i>	gen	QL (1 PER 30 OVER TIME)
<i>lincomycin hcl 300 mg/ml solution</i>	npd	
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	gen	PA
<i>linezolid 600 mg/300ml solution</i>	npd	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	spec	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methenamine hippurate 1 gm tab</i>	gen	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab)</i>	gen	
<i>metronidazole 500 mg/100ml solution</i>	npd	
<i>nitrofurantoin 25 mg/5ml suspension</i>	gen	
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	gen	
<i>polymyxin b sulfate 500000 unit recon soln</i>	npd	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	gen	
SYNERCID 150-350 MG RECON SOLN	spec	
<i>tigecycline 50 mg recon soln</i>	spec	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	gen	
<i>trimethoprim 100 mg tab</i>	gen	
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i>	npd	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	gen	
<i>vancomycin hcl (50 mg/ml recon soln, 250 mg/5ml recon soln)</i>	gen	PA, QL (450 PER 30 OVER TIME)
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**

<i>CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)</i>	gen	
<i>CEFACLOR ER 500 MG TAB ER 12H</i>	gen	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	gen	
<i>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)</i>	npd	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	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
CEFDITOREN PIVOXIL (200 MG TAB, 400 MG TAB)	gen	
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	npd	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	gen	
CEFOTAXIME SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN)	npd	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	npd	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	npd	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	gen	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	gen	
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	npd	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	npd	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	gen	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	npd	
<i>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)</i>	gen	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	npd	
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	npd	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	spec	

## BETA-LACTAM, PENICILLINS

<i>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)</i>	gen	
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>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)</i>	gen	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	gen	
<i>ampicillin 500 mg cap</i>	gen	
<i>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)</i>	npd	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	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	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	gen	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	npd	
<i>nafcillin sodium 10 gm recon soln</i>	spec	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	npd	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	npd	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	gen	
PFIZERPEN (5000000 RECON SOLN, 20000000 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
<i>piperacillin sod-tazobactam so (d-tazobactam 2.25 (2-0.25) gm recon ln, d-tazobactam 3-0.375 gm recon ln, d-tazobactam 3.375 (3-0.375) gm recon ln, d-tazobactam 4-0.5 gm recon ln, d-tazobactam 4.5 (4-0.5) gm recon ln, d-tazobactam 13.5 (12-1.5) gm recon ln, d-tazobactam 40.5 (36-4.5) gm recon ln)</i>	npd	

## CARBAPENEMS

<i>ertapenem sodium 1 gm recon soln</i>	npd	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	npd	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	npd	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	npd	

## MACROLIDES

<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	gen	
<i>azithromycin 500 mg recon soln</i>	npd	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	gen	
<i>clarithromycin er 500 mg tab er 24h</i>	gen	
DIFICID 200 MG TAB	spec	PA, QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	spec	PA, QL (136 PER 10 OVER TIME)
E.E.S. 400 400 MG TAB	gen	
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	gen	
<i>erythrocin lactobionate 500 mg recon soln</i>	npd	
ERYTHROCIN STEARATE 250 MG TAB	brd	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	gen	
<i>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)</i>	gen	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>erythromycin lactobionate 500 mg recon soln</i>	npd	
<b>QUINOLONES</b>		
BESIVANCE 0.6 % SUSPENSION	brd	
CILOXAN 0.3 % OINTMENT	brd	
<i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>	gen	
<i>ciprofloxacin hcl (0.3 % solution, 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	gen	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	npd	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	gen	
<i>levofloxacin 25 mg/ml solution</i>	npd	
<i>levofloxacin in d5w ( 500 mg/100ml solution, 750 mg/150ml solution)</i>	npd	
<i>moxifloxacin hcl 400 mg tab</i>	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
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	gen	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium (acne) 10 % lotion</i>	gen	
<i>sulfadiazine 500 mg tab</i>	gen	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	gen	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	npd	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	gen	
<b>TETRACYCLINES</b>		
<i>avidoxy 100 mg tab</i>	gen	
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	gen	
<i>doxy 100 100 mg recon soln</i>	npd	
<i>doxycycline 40 mg cap dr</i>	gen	PA, QL (1 PER 1 DAYS)
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	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
<i>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)</i>	gen	PA
<i>doxycycline hyclate 100 mg recon soln</i>	npd	
<i>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)</i>	gen	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	gen	
<i>mondoxyne nl 100 mg cap</i>	gen	
<i>morgidox 100 mg cap</i>	gen	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	gen	

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	spec	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	npd	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	gen	
<i>divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)</i>	gen	
EPIDIOLEX 100 MG/ML SOLUTION	spec	LA, PA -FOR NEW STARTS ONLY
EPRONTIA 25 MG/ML SOLUTION	npd	QL (16 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	gen	
FINTEPLA 2.2 MG/ML SOLUTION	spec	LA, QL (12 PER 1 DAYS), PA -FOR NEW STARTS ONLY
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	npd	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	npd	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	npd	QL (3 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lamotrigine (5 mg chew tab, 21 x 25 mg &amp; 7 x 50 mg kit, 25 &amp; 50 &amp; 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg &amp; 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i>	gen	
<i>lamotrigine er (er 100 mg tab er 24h, er 200 mg tab er 24h)</i>	gen	ST, QL (3 PER 1 DAYS)
<i>lamotrigine er (er 25 mg tab er 24h, er 50 mg tab er 24h)</i>	gen	ST, QL (1 PER 1 DAYS)
<i>lamotrigine er (er 250 mg tab er 24h, er 300 mg tab er 24h)</i>	gen	ST
<i>lamotrigine starter kit-blue 35 x 25 mg kit</i>	gen	
<i>lamotrigine starter kit-green 84 x 25 mg &amp; 14x100 mg kit</i>	gen	
<i>lamotrigine starter kit-orange 42 x 25 mg &amp; 7 x 100 mg kit</i>	gen	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	gen	
<i>levetiracetam er 500 mg tab er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>roweepra (500 mg tab, 750 mg tab, 1000 mg tab)</i>	gen	
<i>roweepra xr 500 mg tab er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>roweepra xr 750 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	npd	QL (2 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
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	gen	
<i>subvenite starter kit-blue 35 x 25 mg kit</i>	gen	
<i>subvenite starter kit-green 84 x 25 mg &amp; 14x100 mg kit</i>	gen	
<i>subvenite starter kit-orange 42 x 25 mg &amp; 7 x 100 mg kit</i>	gen	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>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)</i>	gen	PA -FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	npd	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	gen	
XCOPRI (150 MG TAB, 200 MG TAB)	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XCOPRI (250 MG DAILY DOSE) (MG DOSE) 50 200 MG TAB THPK, MG DOSE) 100 150 MG TAB THPK)	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XCOPRI (50 MG TAB, 100 MG TAB)	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	spec	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
ZTALMY 50 MG/ML SUSPENSION	spec	LA, QL (36 PER 1 DAYS), PA -FOR NEW STARTS ONLY

## **CALCIUM CHANNEL MODIFYING AGENTS**

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	gen
<i>methsuximide 300 mg cap</i>	gen

## **GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS**

<i>clobazam 10 mg tab</i>	gen	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	gen	QL (16 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	gen	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	gen	QL (20 PER 30 OVER TIME)
DIAZEPAM 2.5 MG GEL	gen	QL (5 PER 30 OVER TIME)
<i>diazepam 20 mg gel</i>	gen	QL (40 PER 30 OVER TIME)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	gen	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	gen	QL (4 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>gabapentin 100 mg cap</i>	gen	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	gen	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	gen	QL (6 PER 1 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	gen	PA -FOR NEW STARTS ONLY
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	gen	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	gen	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	spec	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	spec	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	spec	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	spec	QL (10 PER 30 OVER TIME)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	spec	QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY

## **SODIUM CHANNEL AGENTS**

APTIOM (200 MG TAB, 400 MG TAB)	npd	QL (1 PER 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	npd	QL (2 PER 1 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	gen	
<i>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)</i>	gen	
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	brd	
DILANTIN INFATABS 50 MG CHEW TAB	brd	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>epitol 200 mg tab</i>	gen	
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	gen	QL (2 PER 1 DAYS)
<i>lacosamide 10 mg/ml solution</i>	gen	QL (40 PER 1 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	gen	
PEGANONE 250 MG TAB	npd	
<i>phenytek (200 mg cap, 300 mg cap)</i>	gen	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	gen	
<i>phenytoin infatabs 50 mg chew tab</i>	gen	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	gen	
<i>rufinamide 200 mg tab</i>	gen	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	gen	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	gen	ST, QL (8 PER 1 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	npd	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	

## **ANTIDEMENTIA AGENTS**

### **ANTIDEMENTIA AGENTS, OTHER**

ERGOLOID MESYLATES 1 MG TAB	gen	
NAMZARIC (7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	brd	QL (1 PER 1 DAYS)
NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK	brd	QL (28 PER 28 OVER TIME)

### **CHOLINESTERASE INHIBITORS**

<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	gen	
<i>donepezil hcl 23 mg tab</i>	gen	ST
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	gen	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	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
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	gen	
<i>galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	gen	QL (30 PER 30 OVER TIME)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	gen	

## N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution, 28 x 5 mg &amp; 21 x 10 mg tab)</i>	gen	
<i>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)</i>	gen	

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	gen	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB)	gen	
<i>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)</i>	gen	
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	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
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)	spec	QL (28 PER 365 OVER TIME), PA -FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	spec	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
MARPLAN 10 MG TAB	npd	
<i>phenelzine sulfate 15 mg tab</i>	gen	
<i>tranylcypromine sulfate 10 mg tab</i>	gen	

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

<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	gen	
<i>desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	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
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)</i>	gen	
FLUOXETINE HCL (PMDD) ((PMDD) 10 MG TAB, (PMDD) 20 MG TAB)	gen	
FLUOXETINE HCL 90 MG CAP DR	gen	QL (4 PER 28 OVER TIME)
<i>fluvoxamine maleate 100 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	gen	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	gen	QL (6 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)</i>	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	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	gen	
<i>paroxetine hcl 10 mg/5ml suspension</i>	gen	QL (30 PER 1 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i>	gen	
<i>paroxetine mesylate 7.5 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	gen	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	npd	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	
<i>venlafaxine hcl er (er 37.5 mg cap er 24h, er 150 mg cap er 24h)</i>	gen	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er (er 75 mg cap er 24h, er 75 mg tab er 24h)</i>	gen	QL (3 PER 1 DAYS)
<i>venlafaxine hcl er 150 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<i>venlafaxine hcl er 37.5 mg tab er 24h</i>	gen	QL (6 PER 1 DAYS)
VIIBRYD STARTER PACK 10 & 20 MG KIT	npd	ST, QL (30 PER 30 OVER TIME)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	ST, QL (1 PER 1 DAYS)

## TRICYCLICS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	gen	PA -FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	gen	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	gen	PA -FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	gen	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	gen	PA -FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	gen	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	gen	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	PA -FOR NEW STARTS ONLY

## **ANTIEMETICS**

### **ANTIEMETICS, OTHER**

<i>compro 25 mg suppos</i>	gen	
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	gen	QL (4 PER 1 DAYS)
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	gen	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	gen	
METOCLOPRAMIDE HCL 10 MG TAB DISP	gen	PA, QL (4 PER 1 DAYS)
METOCLOPRAMIDE HCL 5 MG TAB DISP	gen	PA, QL (12 PER 1 DAYS)
<i>metoclopramide hcl 5 mg/ml solution</i>	npd	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	gen	
<i>phenadoz (12.5 mg suppos, 25 mg suppos)</i>	gen	PA
<i>prochlorperazine 25 mg suppos</i>	gen	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	gen	
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	gen	PA
<i>promethegan 12.5 mg suppos</i>	gen	PA, ED
<i>promethegan 25 mg suppos</i>	gen	PA
<i>scopolamine 1 mg/3days patch 72hr</i>	gen	
<i>trimethobenzamide hcl 300 mg cap</i>	gen	

### **EMETOGENIC THERAPY ADJUNCTS**

<i>aprepitant (80 &amp; 125 mg cap, 80 &amp; 125 mg misc, 80 mg cap, 125 mg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	gen	PA, QL (1 PER 30 OVER TIME)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	gen	PA, QL (6 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	npd	PA - PART B VS D DETERMINATION
<i>granisetron hcl 1 mg tab</i>	gen	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	gen	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	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
<i>ondansetron hcl 4 mg tab</i>	gen	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	gen	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	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
<i>amphotericin b liposome 50 mg recon susp</i>	spec	PA - PART B VS D DETERMINATION
<i>caspofungin acetate 50 mg recon soln</i>	spec	PA
<i>caspofungin acetate 70 mg recon soln</i>	npd	PA
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	gen	
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	gen	
CRESEMBA (74.5 MG CAP, 186 MG CAP, 372 MG RECON SOLN)	spec	PA
<i>econazole nitrate 1 % cream</i>	gen	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	gen	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	npd	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	gen	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	gen	
GYNAZOLE-1 2 % CREAM	gen	
<i>itraconazole 10 mg/ml solution</i>	gen	PA
<i>itraconazole 100 mg cap</i>	gen	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	gen	
<i>ketoconazole 2 % foam</i>	gen	ST
<i>ketodan 2 % foam</i>	gen	ST
LULICONAZOLE 1% CREAM	gen	ST
<i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i>	spec	
MICONAZOLE 3 200 MG SUPPOS	gen	
MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT	gen	ST
<i>naftifine hcl (1 % cream, 1 % gel, 2 % cream)</i>	gen	ST
<i>nyamyc 100000 unit/gm powder</i>	gen	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i>	gen	
<i>nystop 100000 unit/gm powder</i>	gen	
<i>oxiconazole nitrate 1 % cream</i>	gen	ST
<i>posaconazole 100 mg tab dr</i>	gen	PA, QL (3 PER 1 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	gen	PA
<i>terbinafine hcl 250 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	gen	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	gen	PA
<i>voriconazole 200 mg recon soln</i>	npd	PA - PART B VS D DETERMINATION

## **ANTIGOUT AGENTS**

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

## ANTIMIGRAINE AGENTS

### ANTIMIGRAINE AGENTS, OTHER

NURTEC 75 MG TAB DISP	spec	PA, QL (16 PER 30 OVER TIME)
UBRELVY (50 MG TAB, 100 MG TAB)	spec	PA, QL (16 PER 30 OVER TIME)

### ERGOT ALKALOIDS

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

### PROPHYLACTIC

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	brd	PA, QL (1 PER 28 OVER TIME)
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	

### SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	gen	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	gen	QL (24 PER 30 OVER TIME)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	gen	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsy, 6 mg/0.5ml solution)</i>	gen	QL (8 PER 30 OVER TIME)
<i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i>	gen	QL (8 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	gen	QL (18 PER 30 OVER TIME)

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
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
GUANIDINE HCL 125 MG TAB	gen	
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	gen	
<i>pyridostigmine bromide er 180 mg tab er</i>	gen	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	gen	
<i>rifabutin 150 mg cap</i>	gen	
<b>ANTITUBERCULARS</b>		
CAPASTAT SULFATE 1 GM RECON SOLN	npd	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	gen	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	gen	
ISONIAZID 100 MG/ML SOLUTION	npd	
PASER 4 GM PACKET	npd	
PRIFTIN 150 MG TAB	brd	
<i>pyrazinamide 500 mg tab</i>	gen	
<i>rifampin (150 mg cap, 300 mg cap)</i>	gen	
<i>rifampin 600 mg recon soln</i>	npd	
RIFATER 50-120-300 MG TAB	npd	
SIRTURO (20 MG TAB, 100 MG TAB)	spec	PA
TRECTOR 250 MG TAB	npd	
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	brd	PA - PART B VS D DETERMINATION
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	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
LEUKERAN 2 MG TAB	brd	
MATULANE 50 MG CAP	brd	LA
MELPHALAN 2 MG TAB	gen	PA - PART B VS D DETERMINATION
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	spec	PA - PART B VS D DETERMINATION
VALCHLOR 0.016 % GEL	spec	LA, QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY

## ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	gen	
ERLEADA 240 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>flutamide 125 mg cap</i>	gen	
<i>nilutamide 150 mg tab</i>	spec	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XTANDI (40 MG CAP, 40 MG TAB)	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XTANDI 80 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY

## ANTIANGIOGENIC AGENTS

<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
THALOMID (50 MG CAP, 100 MG CAP)	spec	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
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT 140 MG CAP	brd	
<i>fulvestrant 250 mg/5ml soln prsyr</i>	spec	
SOLTAMOX 10 MG/5ML SOLUTION	npd	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	gen	
<i>toremifene citrate 60 mg tab</i>	gen	
<b>ANTIMETABOLITES</b>		
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	brd	
<i>hydroxyurea 500 mg cap</i>	gen	
INQOVI 35-100 MG TAB	spec	LA, QL (5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	gen	
PURIXAN 2000 MG/100ML SUSPENSION	spec	LA, PA -FOR NEW STARTS ONLY
TABLOID 40 MG TAB	brd	
<b>ANTINEOPLASTICS, OTHER</b>		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	spec	QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	spec	LA, QL (2 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
EXKIVITY 40 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	spec	LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
INREBIC 100 MG CAP	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	spec	QL (70 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	spec	QL (91 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	spec	QL (49 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	spec	LA, QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	npd	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	gen	
LONSURF 15-6.14 MG TAB	spec	LA, QL (100 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	spec	LA, QL (80 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	spec	QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	spec	QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	brd	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	spec	QL (3 PER 21 OVER TIME), PA -FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ONUREG (200 MG TAB, 300 MG TAB)	spec	QL (14 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	spec	QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	spec	QL (5 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	spec	QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	spec	QL (12 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SYNRIBO 3.5 MG RECON SOLN	spec	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	spec	QL (28 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
WELIREG 40 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	spec	LA, QL (20 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	spec	LA, QL (8 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	spec	LA, QL (8 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	spec	LA, QL (4 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	spec	LA, QL (16 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	spec	LA, QL (8 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	spec	LA, QL (12 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	spec	LA, QL (4 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	spec	LA, QL (24 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	spec	LA, QL (16 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	spec	LA, QL (8 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	spec	LA, QL (32 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY

## **AROMATASE INHIBITORS, 3RD GENERATION**

<i>anastrozole 1 mg tab</i>	gen
<i>exemestane 25 mg tab</i>	gen

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>letrozole 2.5 mg tab</i>	gen	
<b>ENZYME INHIBITORS</b>		
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 200 MG TAB)	spec	LA, QL (64 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
<b>MOLECULAR TARGET INHIBITORS</b>		
ALECENSA 150 MG CAP	spec	LA, QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	spec	LA, QL (30 PER 30 OVER TIME), PA -FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	spec	LA, 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	spec	LA, QL (56 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	spec	LA, QL (63 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	spec	QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	spec	PA -FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	spec	LA, QL (84 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	spec	LA, QL (21 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	spec	LA, QL (21 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	spec	QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	spec	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
IMBRUVICA 140 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	spec	LA, QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
INLYTA 1 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
INLYTA 5 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	spec	QL (21 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	spec	QL (42 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	spec	QL (63 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	spec	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LYNPARZA (100 MG TAB, 150 MG TAB)	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	spec	LA, QL (84 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	spec	LA, QL (112 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	spec	LA, QL (140 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	spec	LA, QL (40 PER 1 DAYS), PA -FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	spec	LA, QL (14 PER 21 OVER TIME), PA -FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	spec	QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	spec	QL (20 PER 1 DAYS), PA -FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	spec	QL (10 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	spec	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SPRYCEL (100 MG TAB, 140 MG TAB)	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
SPRYCEL (70 MG TAB, 80 MG TAB)	spec	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
SPRYCEL 20 MG TAB	spec	QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
SPRYCEL 50 MG TAB	spec	QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	spec	QL (7 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	spec	QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	spec	LA, QL (30 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TAGRISO (40 MG TAB, 80 MG TAB)	spec	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)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	spec	QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
TURALIO (125 MG CAP, 200 MG CAP)	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
UKONIQ 200 MG TAB	spec	LA, QL (4 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	spec	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VENCLEXTA 50 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	spec	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)	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	spec	LA, QL (10 PER 1 DAYS), PA -FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	spec	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)	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	spec	LA, QL (6 PER 1 DAYS), PA -FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ZEJULA 100 MG CAP	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY

## RETINOIDS

<i>bexarotene 1 % gel</i>	spec	QL (60 PER 30 OVER TIME), PA -FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	spec	QL (10 PER 1 DAYS), PA -FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	npd	PA -FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	gen	

## TREATMENT ADJUNCTS

<i>mesna 100 mg/ml solution</i>	npd	
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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
MESNEX 400 MG TAB	brd	
VONJO 100 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA -FOR NEW STARTS ONLY

## ANTIPARASITICS

### ANTHELMINTHICS

<i>albendazole 200 mg tab</i>	npd	
<i>ivermectin 3 mg tab</i>	gen	QL (16 PER 365 OVER TIME)
<i>praziquantel 600 mg tab</i>	gen	

### ANTIPROTOZOALS

ALINIA 100 MG/5ML RECON SUSP	npd	PA, QL (180 PER 3 OVER TIME)
<i>atovaquone 750 mg/5ml suspension</i>	gen	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	gen	
BENZNIDAZOLE 100 MG TAB	npd	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	npd	QL (720 PER 365 OVER TIME)
<i>chloroquine phosphate 250 mg tab</i>	gen	QL (50 PER 30 OVER TIME)
<i>chloroquine phosphate 500 mg tab</i>	gen	QL (25 PER 30 OVER TIME)
COARTEM 20-120 MG TAB	brd	QL (24 PER 2 OVER TIME)
<i>hydroxychloroquine sulfate 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>hydroxychloroquine sulfate 300 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate 400 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>mefloquine hcl 250 mg tab</i>	gen	
<i>nitazoxanide 500 mg tab</i>	gen	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	gen	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	gen	
<i>pyrimethamine 25 mg tab</i>	spec	PA
<i>quinine sulfate 324 mg cap</i>	gen	QL (6 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
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	gen	
<i>benztropine mesylate 1 mg/ml solution</i>	npd	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	gen	
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	gen	
<i>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)</i>	gen	
<i>entacapone 200 mg tab</i>	gen	QL (8 PER 1 DAYS)
<b>DOPAMINE AGONISTS</b>		
<i>apomorphine hcl 30 mg/3ml soln cart</i>	spec	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	gen	
NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	npd	QL (30 PER 30 OVER TIME)
<i>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)</i>	gen	
<i>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)</i>	gen	QL (1 PER 1 DAYS)
<i>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)</i>	gen	
<i>ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab er 24h</i>	gen	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab er 24h</i>	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
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa 25 mg tab</i>	gen	
<i>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)</i>	gen	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	gen	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	gen	
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>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)</i>	gen	
<i>chlorpromazine hcl (25 mg/ml solution, 50 mg/2ml solution)</i>	npd	
<i>fluphenazine decanoate 25 mg/ml solution</i>	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	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	brd	
<i>haloperidol lactate 2 mg/ml conc</i>	gen	
<i>haloperidol lactate 5 mg/ml solution</i>	brd	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	PA -FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	gen	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	gen	

## **2ND GENERATION/ATYPICAL**

ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)	spec	PA - PART B VS D DETERMINATION
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	spec	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i>	gen	QL (2 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	gen	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	gen	QL (4 PER 1 DAYS)
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	spec	PA - PART B VS D DETERMINATION
ARISTADA INITIO 675 MG/2.4ML PRSYR	spec	QL (2.4 PER 42 OVER TIME), PA - PART B VS D DETERMINATION
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	gen	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
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 1 & 2 & 4 & 6 MG TAB	npd	QL (8 PER 30 OVER TIME), PA -FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	spec	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	spec	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	spec	QL (0.75 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	spec	QL (1 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	spec	QL (1.5 PER 28 OVER TIME), 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 39 MG/0.25ML SUSP PRSYR	npd	QL (0.25 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	spec	QL (0.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	spec	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	spec	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	spec	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	spec	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>lurasidone hcl (80 mg tab, 120 mg tab)</i>	gen	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>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)</i>	gen	
<i>olanzapine 10 mg recon soln</i>	npd	
<i>paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 9 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab er 24h</i>	gen	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	spec	QL (1 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	gen	
<i>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)</i>	gen	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>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)</i>	gen	
<i>risperidone microspheres er (er 25 mg, er 37.5 mg, er 50 mg)</i>	spec	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
<i>risperidone microspheres er 12.5 mg srer</i>	npd	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)	spec	QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	spec	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
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	gen	
<i>ziprasidone mesylate 20 mg recon soln</i>	npd	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	npd	PA - PART B VS D DETERMINATION

## TREATMENT-RESISTANT

<i>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)</i>	gen	
VERSACLOZ 50 MG/ML SUSPENSION	spec	QL (18 PER 1 DAYS), PA -FOR NEW STARTS ONLY

## ANTISPASTICITY AGENTS

<i>baclofen 10 mg tab</i>	gen	QL (8 PER 1 DAYS)
BACLOFEN 15 MG TAB	gen	QL (6 PER 1 DAYS)
<i>baclofen 20 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>baclofen 5 mg tab</i>	gen	QL (16 PER 1 DAYS)
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	gen	

## ANTIVIRALS

### ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

PREVYMIS 240 MG TAB	spec	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	spec	QL (100 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	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
<i>valganciclovir hcl 50 mg/ml recon soln</i>	gen	QL (18 PER 1 DAYS)
ZIRGAN 0.15 % GEL	npd	QL (5 PER 30 OVER TIME)

### ANTI-HEPATITIS B (HBV) AGENTS

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

### ANTI-HEPATITIS C (HCV) AGENTS

EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB)	spec	PA, QL (1 PER 1 DAYS)
EPCLUSA 200-50 MG PACKET	spec	PA, QL (2 PER 1 DAYS)
HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB)	spec	PA, QL (1 PER 1 DAYS)
HARVONI 45-200 MG PACKET	spec	PA, QL (2 PER 1 DAYS)
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	spec	PA, QL (1 PER 1 DAYS)
MAVYRET 100-40 MG TAB	spec	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	spec	PA, QL (6 PER 1 DAYS)
<i>ribavirin (200 mg cap, 200 mg tab)</i>	gen	
SOFOBUVIR-VELPATASVIR 400-100 MG TAB	spec	PA, QL (1 PER 1 DAYS)
VOSEVI 400-100-100 MG TAB	spec	PA, QL (1 PER 1 DAYS)

### ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

APRETUDE 600 MG/3ML SUSP	spec	QL (21 PER 365 OVER TIME), PA - PART B VS D DETERMINATION
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)

COMPLERA 200-25-300 MG TAB	brd	QL (1 PER 1 DAYS)
DELSTRIGO 100-300-300 MG TAB	npd	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	brd	QL (2 PER 1 DAYS)
EFAVIRENZ 200 MG CAP	gen	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	gen	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	gen	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	brd	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	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)
<i>nevirapine er 400 mg tab er 24h</i>	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)

## ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	gen	QL (2 PER 1 DAYS)
CIMDUO 300-300 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	brd	QL (1 PER 1 DAYS)
DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR)	gen	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	gen	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	brd	QL (24 PER 1 DAYS)
<i>lamivudine 10 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	brd	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	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 OVER TIME)
<i>zidovudine 100 mg cap</i>	gen	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	gen	QL (60 PER 1 DAYS)

## **ANTI-HIV AGENTS, OTHER**

CABENUVA 400 & 600 MG/2ML SUSP	spec	QL (4 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	spec	QL (6 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
FUZEON 90 MG RECON SOLN	spec	QL (60 PER 30 OVER TIME)
<i>maraviroc 150 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SELZENTRY 20 MG/ML SOLUTION	brd	QL (60 PER 1 DAYS)
SUNLENCA 4 X 300 MG TAB THPK	spec	QL (4 PER 180 OVER TIME)
SUNLENCA 463.5 MG/1.5ML SOLUTION	spec	QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	spec	QL (5 PER 180 OVER TIME)
TYBOST 150 MG TAB	brd	QL (1 PER 1 DAYS)

## **ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)**

APTIVUS 100 MG/ML SOLUTION	brd	QL (10 PER 1 DAYS)
APTIVUS 250 MG CAP	brd	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	gen	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	gen	QL (1 PER 1 DAYS)
CRIXIVAN 200 MG CAP	brd	QL (9 PER 1 DAYS)
CRIXIVAN 400 MG CAP	brd	QL (6 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	gen	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	npd	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	gen	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	brd	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	gen	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	gen	QL (13 PER 1 DAYS)
NORVIR 100 MG PACKET	brd	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	brd	QL (15 PER 1 DAYS)
PREZCOBIX 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)
<i>ritonavir 100 mg tab</i>	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	gen	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	gen	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	gen	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	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) (OFLUZA MG DOSE) 1 40 MG TAB THPK, OFLUZA MG DOSE) 2 20 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)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	npd	QL (2 PER 30 OVER TIME)
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	gen	
<i>acyclovir sodium 50 mg/ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	gen	
TRIFLURIDINE 1% SOLUTION	gen	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	gen	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	gen	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	gen	
<b>BENZODIAZEPINES</b>		
<i>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)</i>	gen	QL (4 PER 1 DAYS)
<i>alprazolam (2 mg tab, 2 mg tab disp)</i>	gen	QL (5 PER 1 DAYS)
<i>alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 3 mg tab er 24h)</i>	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>alprazolam er 2 mg tab er 24h</i>	gen	QL (5 PER 1 DAYS)
ALPRAZOLAM INTENSOL 1 MG/ML CONC	gen	QL (10 PER 1 DAYS)
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>alprazolam xr 2 mg tab er 24h</i>	gen	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i>	gen	QL (40 PER 1 DAYS)
<i>clonazepam (1 mg tab, 1 mg tab disp)</i>	gen	QL (20 PER 1 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	gen	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	gen	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	gen	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	gen	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>diazepam 2 mg tab</i>	gen	QL (30 PER 1 DAYS)
<i>diazepam 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	gen	QL (12 PER 1 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	gen	QL (5 PER 1 DAYS)
<i>lorazepam 0.5 mg tab</i>	gen	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	gen	QL (10 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	gen	QL (5 PER 1 DAYS)
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	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
<i>lithium 8 meq/5ml solution</i>	gen
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	gen
<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	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
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN	npd	PA, QL (2.4 PER 28 OVER TIME)
BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN	npd	PA, QL (1.2 PER 28 OVER TIME)
FARXIGA (5 MG TAB, 10 MG TAB)	brd	QL (1 PER 1 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	gen	
<i>glipizide (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
<i>glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	gen	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	gen	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	gen	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	gen	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	gen	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	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, 100 MG TAB)	brd	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 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)
JENTADUETO XR 5-1000 MG TAB ER 24H	brd	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB)	npd	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	gen	
<i>migliitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	QL (3 PER 1 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	gen	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	brd	PA, QL (1.5 PER 28 OVER TIME)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE) (MG/DOSE) 2 MG/1.5ML SOLN PEN, (MG/DOSE) 4 MG/3ML SOLN PEN)	brd	PA, QL (3 PER 28 OVER TIME)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 OVER TIME)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	gen	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (-metformin 15-500 mg tab, -metformin 15-850 mg tab)</i>	gen	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	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)
TOLBUTAMIDE 500 MG TAB	gen	
TRADJENTA 5 MG TAB	brd	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	brd	PA, QL (2 PER 28 OVER TIME)
VICTOZA 18 MG/3ML SOLN PEN	brd	PA, QL (9 PER 30 OVER TIME)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	brd	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	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
<b>GLYCEMIC AGENTS</b>		
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)
<i>diazoxide 50 mg/ml suspension</i>	gen	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	brd	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	brd	QL (2 PER 2 OVER TIME)
<b>INSULINS</b>		
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 (50-50) 100 UNIT/ML SUSPENSION	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
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

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 LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	brd	INS
LANTUS 100 UNIT/ML SOLUTION	brd	QL (40 PER 30 OVER TIME), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	brd	QL (45 PER 30 OVER TIME), INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	brd	QL (18 PER 28 OVER TIME), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	brd	QL (18 PER 28 OVER TIME), INS
TRESIBA 100 UNIT/ML SOLUTION	brd	QL (30 PER 30 OVER TIME), INS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	brd	QL (30 PER 30 OVER TIME), INS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	brd	QL (27 PER 30 OVER TIME), INS

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	gen	QL (2 PER 1 DAYS)
ELIQUIS (2.5 MG TAB, 5 MG TAB)	brd	QL (2 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	brd	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	npd	QL (60 PER 30 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)</i>	npd	QL (48 PER 30 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	npd	QL (18 PER 30 OVER TIME)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	npd	QL (24 PER 30 OVER TIME)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	npd	QL (36 PER 30 OVER TIME)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	spec	QL (24 PER 30 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	npd	QL (15 PER 30 OVER TIME)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	spec	QL (12 PER 30 OVER TIME)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	spec	QL (18 PER 30 OVER TIME)
<i>heparin sodium (porcine) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	gen	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
<i>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)</i>	gen	
<i>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)</i>	gen	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	brd	QL (1 PER 1 DAYS)
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

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	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, (FREE) 500 MCG/ML SOLN PRSYR)	spec	PA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	spec	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	spec	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	spec	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	spec	PA, LA, QL (2 PER 1 DAYS)
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	spec	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	spec	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
<b>HEMOSTASIS AGENTS</b>		
MEPHYTON 5 MG TAB	brd	QL (5 PER 7 OVER TIME), ED
<i>phytonadione 5 mg tab</i>	gen	QL (5 PER 7 OVER TIME), ED
<i>tranexamic acid 650 mg tab</i>	gen	QL (1 PER 1 DAYS)
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	gen	
BRILINTA (60 MG TAB, 90 MG TAB)	brd	QL (2 PER 1 DAYS)
CABLIVI 11 MG KIT	spec	PA, LA, QL (1 PER 1 DAYS)
<i>cilostazol (50 mg tab, 100 mg tab)</i>	gen	
<i>clopidogrel bisulfate 75 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	gen	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	gen	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	gen	
<i>droxidopa 100 mg cap</i>	spec	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa 200 mg cap</i>	spec	PA, QL (120 PER 30 OVER TIME)
<i>droxidopa 300 mg cap</i>	spec	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	gen	
<i>methyldopa (250 mg tab, 500 mg tab)</i>	gen	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	gen	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	gen	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	gen	
EPROSARTAN MESYLATE 600 MG TAB	gen	QL (1 PER 1 DAYS)
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	gen	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	gen	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	gen	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	
<i>enalapril maleate 1 mg/ml solution</i>	gen	QL (40 PER 1 DAYS)
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	gen	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	gen	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	gen	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	gen	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	gen	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	gen	
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	gen	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	gen	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	gen	
MULTAQ 400 MG TAB	brd	QL (2 PER 1 DAYS)
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	gen	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	gen	
<i>propafenone hcl er (er 225 mg cap er 12h, er 325 mg cap er 12h, er 425 mg cap er 12h)</i>	gen	
<i>quinidine gluconate er 324 mg tab er</i>	gen	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	gen	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	gen	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	gen	
<i>sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab, (af) 160 mg tab)</i>	gen	

## **BETA-ADRENERGIC BLOCKING AGENTS**

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	gen	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	gen	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	gen	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	gen	
<i>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)</i>	gen	ST
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	gen	
<i>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)</i>	gen	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	
<i>pindolol (5 mg tab, 10 mg tab)</i>	gen	
<i>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)</i>	gen	
<i>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)</i>	gen	

## **CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES**

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
<i>felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	gen	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	gen	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	gen	
<i>nifedipine (10 mg cap, 20 mg cap)</i>	gen	
<i>nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	gen	
<i>nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	gen	
<i>nimodipine 30 mg cap</i>	gen	
<i>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)</i>	gen	
NYMALIZE 6 MG/ML SOLUTION	spec	QL (1260 PER 21 OVER TIME)

## **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES**

<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	gen	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	gen	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	gen	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg tab er 24h, er 180 mg tab 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)</i>	gen	
<i>diltiazem hcl er beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, 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)</i>	gen	
<i>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)</i>	gen	
<i>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)</i>	gen	
<i>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)</i>	gen	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	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**

<i>acetazolamide (125 mg tab, 250 mg tab)</i>	gen	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	gen	PA
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	gen	
<i>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)</i>	gen	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	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
<i>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)</i>	gen	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	gen	
<i>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)</i>	gen	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	gen	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	gen	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	gen	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	gen	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	gen	
CORLANOR (5 MG TAB, 7.5 MG TAB)	npd	PA, QL (2 PER 1 DAYS)
CORLANOR 5 MG/5ML SOLUTION	npd	PA, QL (20 PER 1 DAYS)
<i>digitek (125 mcg tab, 250 mcg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>digox (125 mcg tab, 250 mcg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>digoxin 62.5 mcg tab</i>	gen	QL (2 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	gen	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	brd	QL (2 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	gen	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	gen	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	gen	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB)	gen	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	gen	
<i>metyrosine 250 mg cap</i>	spec	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	gen	
<i>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)</i>	gen	
<i>pentoxifylline er 400 mg tab er</i>	gen	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	gen	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	gen	
<i>ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)</i>	gen	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	gen	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	gen	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	gen	
<i>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)</i>	gen	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	gen	
<i>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)</i>	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)
VYNDAMAX 61 MG CAP	spec	PA, LA, QL (1 PER 1 DAYS)

## **DIURETICS, LOOP**

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	gen	
<i>bumetanide 0.25 mg/ml solution</i>	npd	
<i>furosemide (8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>furosemide 10 mg/ml solution</i>	npd	
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	gen	

### **DIURETICS, POTASSIUM-SPARING**

<i>amiloride hcl 5 mg tab</i>	gen	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	gen	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>triamterene (50 mg cap, 100 mg cap)</i>	gen	ST

### **DIURETICS, THIAZIDE**

<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	gen	
DIURIL 250 MG/5ML SUSPENSION	npd	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	gen	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	gen	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	

### **DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES**

<i>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)</i>	gen	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	gen	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	gen	
<i>gemfibrozil 600 mg tab</i>	gen	

### **DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	gen	
<i>fluvastatin sodium er 80 mg tab er 24h</i>	gen	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	gen	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	gen	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	gen	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	gen	
<i>ezetimibe 10 mg tab</i>	gen	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	gen	
<i>icosapent ethyl 0.5 gm cap</i>	gen	QL (8 PER 1 DAYS)
<i>icosapent ethyl 1 gm cap</i>	gen	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERTENSIVE) 500 MG TAB	gen	
<i>niacin er (antihyperlipidemic) (er (antihyperlipidemic) 750 mg tab er, er (antihyperlipidemic) 1000 mg tab er)</i>	gen	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	gen	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	gen	
<i>omega-3-acid ethyl esters 1 gm cap</i>	gen	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	gen	
REPATHA 140 MG/ML SOLN PRSYR	brd	PA, QL (2 PER 28 OVER TIME)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	brd	PA, QL (3.5 PER 28 OVER TIME)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	brd	PA, QL (2 PER 28 OVER TIME)

## **VASODILATORS, DIRECT-ACTING ARTERIAL**

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	gen
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	gen

## **VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS**

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	gen
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	gen

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)</i>	gen	
<i>minitran (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	gen	
NITRO-BID 2 % OINTMENT	brd	
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	
<i>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)</i>	gen	
<i>nitroglycerin 0.4 % ointment</i>	gen	QL (30 PER 30 OVER TIME)
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	brd	
RECTIV 0.4 % OINTMENT	npd	QL (30 PER 30 OVER TIME)

## **CENTRAL NERVOUS SYSTEM AGENTS**

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES**

<i>amphetamine sulfate 10 mg tab</i>	gen	ST, QL (6 PER 1 DAYS)
<i>amphetamine sulfate 5 mg tab</i>	gen	ST, QL (8 PER 1 DAYS)
<i>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)</i>	gen	QL (2 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i>	gen	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	gen	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	gen	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate 15 mg tab</i>	gen	QL (4 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dextroamphetamine sulfate 20 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate 30 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>dextroamphetamine sulfate er 10 mg cap er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	gen	QL (12 PER 1 DAYS)
<i>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)</i>	gen	QL (1 PER 1 DAYS)
<i>procentra 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>zenzedi (5 mg tab, 10 mg tab)</i>	gen	QL (6 PER 1 DAYS)
<i>zenzedi 15 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>zenzedi 20 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>zenzedi 30 mg tab</i>	gen	QL (2 PER 1 DAYS)

## **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES**

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	gen	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>clonidine hcl er 0.1 mg tab er 12h</i>	gen	
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	QL (2 PER 1 DAYS)
<i>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)</i>	gen	QL (1 PER 1 DAYS)
<i>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)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (10 mg chew tab, 10 mg tab)</i>	gen	QL (6 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 20 mg tab)</i>	gen	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	gen	QL (12 PER 1 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>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)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (cd) 30 mg cap er</i>	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)
<i>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)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (la) 10 mg cap er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er (osm) (er (osm) 18 mg tab er, er (osm) 27 mg tab er, er (osm) 54 mg tab er)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (osm) 36 mg tab er</i>	gen	QL (2 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab er</i>	gen	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab er</i>	gen	QL (3 PER 1 DAYS)

## **CENTRAL NERVOUS SYSTEM, OTHER**

AUSTEDO (9 MG TAB, 12 MG TAB)	spec	PA, QL (4 PER 1 DAYS)
AUSTEDO 6 MG TAB	spec	PA, QL (8 PER 1 DAYS)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	spec	PA, QL (2 PER 1 DAYS)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	spec	PA, QL (42 PER 30 OVER TIME)
<i>bac 50-325-40 mg tab</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	gen	PA, QL (48 PER 30 OVER TIME), 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
<i>esgic 50-325-40 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
INGREZZA (60 MG CAP, 80 MG CAP)	spec	PA, LA, QL (1 PER 1 DAYS)
INGREZZA 40 & 80 MG CAP THPK	spec	PA, LA, QL (28 PER 28 OVER TIME)
INGREZZA 40 MG CAP	spec	PA, LA, QL (2 PER 1 DAYS)
NUEDEXTA 20-10 MG CAP	brd	PA, QL (2 PER 1 DAYS)
<i>riluzole 50 mg tab</i>	gen	
TENCON 50-325 MG TAB	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>tetrabenazine 12.5 mg tab</i>	spec	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	spec	PA, LA, QL (4 PER 1 DAYS)
<i>zebutal 50-325-40 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS

## FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)	npd	QL (3 PER 1 DAYS), PA -FOR NEW STARTS ONLY
DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)	npd	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg cp dr part, 40 mg cp dr part, 60 mg cp dr part)</i>	gen	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	gen	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)

## MULTIPLE SCLEROSIS AGENTS

BETASERON 0.3 MG KIT	spec	PA, QL (15 PER 30 OVER TIME)
COPAXONE 20 MG/ML SOLN PRSYR	spec	PA, QL (30 PER 30 OVER TIME)
COPAXONE 40 MG/ML SOLN PRSYR	spec	PA, QL (12 PER 28 OVER TIME)
<i>dalfampridine er 10 mg tab er 12h</i>	brd	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	spec	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i>	spec	PA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	spec	PA, QL (1 PER 1 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	npd	PA, QL (1 PER 1 DAYS)
TYSABRI 300 MG/15ML CONC	spec	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
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl 30 mg cap</i>	gen	
<i>chlorhexidine gluconate 0.12 % solution</i>	gen	
KEPIVANCE 6.25 MG RECON SOLN	spec	PA - PART B VS D DETERMINATION
<i>kourzeq 0.1 % paste</i>	gen	
<i>oralone 0.1 % paste</i>	gen	
<i>paroex 0.12 % solution</i>	gen	
<i>periogard 0.12 % solution</i>	gen	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	gen	
<i>triamcinolone acetonide 0.1 % paste</i>	gen	

## DERMATOLOGICAL AGENTS

### ACNE AND ROSACEA AGENTS

<i>accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	gen	
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	gen	PA
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	gen	ST
<i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i>	gen	
<i>avita (0.025 % cream, 0.025 % gel)</i>	gen	PA
<i>azelaic acid 15 % gel</i>	gen	QL (50 PER 30 OVER TIME)
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	gen	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	gen	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	gen	ST
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	gen	ST
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	gen	
<i>myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tazarotene 0.1 % cream</i>	gen	
TAZORAC 0.05 % CREAM	npd	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	gen	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	

## **DERMATITIS AND PRURITUS AGENTS**

<i>ala-cort (1 % cream, 2.5 % cream)</i>	gen	
<i>alclometasone dipropionate 0.05 % ointment</i>	gen	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	gen	
ANUSOL-HC 2.5 % CREAM	gen	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion)</i>	gen	
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>	gen	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	gen	
CAPEX 0.01 % SHAMPOO	npd	
<i>clobetasol prop emollient base 0.05 % cream</i>	gen	
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	gen	
<i>clobetasol propionate 0.05 % foam</i>	gen	PA
<i>clobetasol propionate emulsion 0.05 % foam</i>	gen	PA
<i>clodan 0.05 % shampoo</i>	gen	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	gen	
<i>desonide 0.05 % gel</i>	gen	PA
<i>desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % ointment)</i>	gen	
<i>desoximetasone (0.05 % gel, 0.05 % ointment, 0.25 % liquid)</i>	gen	ST
<i>desrx 0.05 % gel</i>	gen	PA
DIFLORASONE DIACETATE 0.05 % CREAM	gen	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	gen	
<i>fluocinolone acetonide body 0.01 % oil</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluocinolone acetonide scalp 0.01 % oil</i>	gen	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	gen	
<i>fluocinonide 0.1 % cream</i>	gen	ST
<i>fluocinonide emulsified base 0.05 % cream</i>	gen	
<i>flurandrenolide (0.05 % lotion, 0.05 % ointment)</i>	gen	PA
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	gen	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	gen	QL (200 PER 28 OVER TIME)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	gen	
<i>hydrocortisone (perianal) ((perianal) 1 % cream, (perianal) 2.5 % cream)</i>	gen	
<i>hydrocortisone butyrate (0.1 % cream, 0.1 % solution)</i>	gen	ST
<i>hydrocortisone valerate 0.2 % cream</i>	gen	ST
<i>mometasone furoate 0.1 % solution</i>	gen	
<i>nolix 0.05 % lotion</i>	gen	PA
<i>pimecrolimus 1 % cream</i>	gen	QL (100 PER 30 OVER TIME)
<i>procto-med hc 2.5 % cream</i>	gen	
<i>procto-pak 1 % cream</i>	gen	
<i>proctosol hc 2.5 % cream</i>	gen	
<i>proctozone-hc 2.5 % cream</i>	gen	
<i>selenium sulfide 2.5 % lotion</i>	gen	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	gen	QL (100 PER 30 OVER TIME)
<i>tovet 0.05 % foam</i>	gen	PA
<i>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)</i>	gen	
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	gen	PA
<i>triderm (0.1 % cream, 0.5 % cream)</i>	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
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
ANALPRAM-HC 2.5-1 % LOTION	brd	
<i>avar-e emollient 10-5 % cream</i>	gen	ED
<i>avar-e green 10-5 % cream</i>	gen	ED
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	gen	
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	gen	PA
<i>calcitrene 0.005 % ointment</i>	gen	
CALCITRIOL 3 MCG/GM OINTMENT	gen	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	gen	
<i>diclofenac sodium 3 % gel</i>	gen	PA, QL (100 PER 30 OVER TIME)
EPIFOAM 1-1 % FOAM	brd	
<i>fluorouracil (2 % solution, 5 % cream, 5 % solution)</i>	gen	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	gen	
<i>imiquimod 5 % cream</i>	gen	QL (24 PER 30 OVER TIME)
<i>methoxsalen rapid 10 mg cap</i>	gen	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	gen	
OTEZLA 30 MG TAB	spec	PA, QL (2 PER 1 DAYS)
<i>podofilox 0.5 % solution</i>	gen	
PRAMOSONE (1-1 % LOTION, 1-2.5 % LOTION)	brd	
PROCTOFOAM HC 1-1 % FOAM	brd	
REGRANEX 0.01 % GEL	brd	PA, QL (15 PER 2 OVER TIME)
SANTYL 250 UNIT/GM OINTMENT	brd	QL (180 PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	gen	
SKYRIZI 600 MG/10ML SOLUTION	spec	PA, QL (30 PER 365 OVER TIME)
SODIUM SULFACETAMIDE-BAKUCHIOL 10 % LIQUID	gen	ED
<i>ssd 1 % cream</i>	gen	
<i>sss 10-5 10-5 % cream</i>	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
SSS 10-5 10-5 % FOAM	gen	ED
STELARA 130 MG/26ML SOLUTION	spec	PA, QL (104 PER 365 OVER TIME)
<i>sulfacetamide sodium-sulfur (10-5 % lotion, 10-5 % suspension)</i>	gen	ED
<i>sulfacetamide sodium-sulfur 10-5 % cream</i>	gen	
TOLAK 4 % CREAM	brd	

## PEDICULICIDES/SCABICIDES

<i>ivermectin 1 % cream</i>	gen	PA, QL (45 PER 30 OVER TIME)
LINDANE 1 % SHAMPOO	gen	
<i>malathion 0.5 % lotion</i>	gen	
<i>permethrin 5 % cream</i>	gen	
SPINOSAD 0.9 % SUSPENSION	gen	QL (240 PER 30 OVER TIME)

## TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % cream</i>	gen	PA, QL (5 PER 30 OVER TIME)
<i>acyclovir 5 % ointment</i>	gen	PA, QL (30 PER 30 OVER TIME)
<i>ciclodan 8 % solution</i>	gen	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	gen	
<i>clindacin 1 % foam</i>	gen	
<i>clindamycin phosphate (1 % foam, 1 % gel, 1 % lotion, 1 % solution)</i>	gen	
<i>dapsone (5 % gel, 7.5 % gel)</i>	gen	PA, QL (90 PER 30 OVER TIME)
ERY 2 % PAD	gen	
<i>erythromycin (2 % gel, 2 % solution)</i>	gen	
<i>mafenide acetate 5 % packet</i>	gen	
<i>mupirocin 2 % ointment</i>	gen	
<i>penciclovir 1 % cream</i>	gen	PA, QL (5 PER 30 OVER TIME)
SULFAMYLON 85 MG/GM CREAM	npd	

## 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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>carglumic acid 200 mg tab sol</i>	spec	PA, LA
CRYSVITA 10 MG/ML SOLUTION	spec	PA, LA, QL (2 PER 28 OVER TIME)
CRYSVITA 20 MG/ML SOLUTION	spec	PA, LA, QL (8 PER 28 OVER TIME)
CRYSVITA 30 MG/ML SOLUTION	spec	PA, LA, QL (6 PER 28 OVER TIME)
HEPATAMINE 8 % SOLUTION	npd	PA - PART B VS D DETERMINATION
INTRALIPID (20 % EMULSION, 30 % EMULSION)	npd	PA - PART B VS D DETERMINATION
KCL (0.149%) IN NAACL 20-0.9 MEQ/L-% SOLUTION	npd	
KCL (0.298%) IN NAACL 40-0.9 MEQ/L-% SOLUTION	npd	
<i>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)</i>	npd	
<i>klor-con (8 tab er, 20 packet)</i>	gen	
<i>klor-con 10 10 meq tab er</i>	gen	
<i>klor-con m10 10 meq tab er</i>	gen	
<i>klor-con m15 15 meq tab er</i>	gen	
<i>klor-con m20 20 meq tab er</i>	gen	
<i>klor-con sprinkle (8 cap er, 10 cap er)</i>	gen	
<i>magnesium sulfate 50 % solution</i>	npd	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	gen	ED
NORMOSOL-M IN D5W SOLUTION	npd	
NUTRILIPID 20 % EMULSION	npd	PA - PART B VS D DETERMINATION
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	gen	
<i>potassium chloride (2 meq/ml solution, 10 meq/100ml solution, 20 meq/100ml solution, 40 meq/100ml solution)</i>	npd	
<i>potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)</i>	gen	
<i>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)</i>	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
<i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	npd	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	gen	
PREMASOL 10 % SOLUTION	npd	PA - PART B VS D DETERMINATION
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	npd	
<i>sodium chloride (pf) 0.9 % solution</i>	npd	

## ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET 100 MG CAP	brd	
<i>clovique 250 mg cap</i>	spec	PA, QL (8 PER 1 DAYS)
<i>deferasirox (180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i>	spec	
<i>deferasirox 125 mg tab sol</i>	brd	
<i>deferasirox 90 mg tab</i>	npd	
<i>deferiprone 1000 mg tab</i>	spec	PA
<i>deferiprone 500 mg tab</i>	spec	PA, LA
FERRIPROX 100 MG/ML SOLUTION	spec	PA, LA
<i>trientine hcl 250 mg cap</i>	spec	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	spec	PA, QL (4 PER 1 DAYS)

## PHOSPHATE BINDERS

AURYXIA 1 GM 210 MG(Fe) TAB	npd	PA, QL (12 PER 1 DAYS)
<i>calcium acetate (phos binder) (binder) 667 mg cap, binder) 667 mg tab)</i>	gen	
<i>calcium acetate 667 mg tab</i>	gen	
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)</i>	gen	
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)</i>	gen	
<i>sevelamer hcl (400 mg tab, 800 mg tab)</i>	gen	

## POTASSIUM BINDERS

<i>kionex 15 gm/60ml suspension</i>	gen	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	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
SPS 15 GM/60ML SUSPENSION	gen	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	brd	

## VITAMINS

<i>adc/f (0.5mg/ml) 0.5 mg/ml solution</i>	gen	
<i>cyanocobalamin 1000 mcg/ml solution</i>	gen	ED
<i>dextrose (5 % solution, 10 % solution)</i>	npd	
<i>dextrose in lactated ringers 5 % solution</i>	npd	
<i>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)</i>	npd	
<i>dodex 1000 mcg/ml solution</i>	gen	ED
<i>effer-k 25 meq effer tab</i>	gen	ED
<i>folic acid 1 mg tab</i>	gen	ED
<i>k-prime 25 meq effer tab</i>	gen	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	npd	
<i>klor-con/ef 25 meq effer tab</i>	gen	ED
LACTATED RINGERS SOLUTION	npd	
<i>lactated ringers solution</i>	gen	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	gen	
<i>levocarnitine sf 1 gm/10ml solution</i>	gen	
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	ED
<i>multi-vitamin/fluoride 0.25 mg/ml solution</i>	gen	ED
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i>	gen	ED
MULTIVITAMIN W/FLUORIDE (W/FLUORIDE 0.25 MG CHEW TAB, W/FLUORIDE 0.5 MG CHEW TAB, W/FLUORIDE 1 MG CHEW TAB)	gen	ED
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	gen	ED

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>multivitamins/fluoride 0.5 mg chew tab</i>	gen	ED
<i>nafrinse 2.2 (1 f) mg chew tab</i>	gen	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	ED
POTASSIUM CHLORIDE IN DEXTROSE (20-5 MEQ/L-% SOLUTION, 40-5 MEQ/L-% SOLUTION)	npd	
<i>prenatal vitamins</i>	brd	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	ED
<i>ringers solution</i>	npd	
<i>ringers irrigation solution</i>	gen	
SMOFLIPID 20 % EMULSION	npd	PA - PART B VS D DETERMINATION
<i>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)</i>	gen	
<i>tis-u-sol solution</i>	gen	
TPN ELECTROLYTES CONC	npd	PA - PART B VS D DETERMINATION
<i>tri-vite/fluoride (tri-vite/fluoride 0.25 mg/ml solution, tri-vite/fluoride 0.5 mg/ml solution)</i>	gen	
<i>vitamins acd-fluoride 0.25 mg/ml solution</i>	gen	

## **GASTROINTESTINAL AGENTS**

### **ANTI-CONSTIPATION AGENTS**

<i>constulose 10 gm/15ml solution</i>	gen	
<i>enulose 10 gm/15ml solution</i>	gen	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	gen	
<i>generlac 10 gm/15ml solution</i>	gen	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	gen	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	gen	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	brd	QL (1 PER 1 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	gen	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 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
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	gen	
NULYTELY LEMON-LIME 420 GM RECON SOLN	brd	
NULYTELY WITH FLAVOR PACKS 420 GM RECON SOLN	brd	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	gen	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	gen	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	gen	
PEG-PREP 5-210 MG-GM KIT	gen	
PLENVU 140 GM RECON SOLN	brd	
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION)	spec	PA
<i>trilyte 420 gm recon soln</i>	gen	

## ANTI-DIARRHEAL AGENTS

<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	npd	PA
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	gen	
<i>loperamide hcl 2 mg cap</i>	gen	
XERMELO 250 MG TAB	spec	PA, LA, QL (3 PER 1 DAYS)

## ANTISPASMODICS, GASTROINTESTINAL

<i>atropine sulfate (0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr)</i>	npd	
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	gen	QL (8 PER 1 DAYS), ED
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	gen	PA
<i>ed-spaz 0.125 mg tab disp</i>	gen	ED
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	gen	
<i>glycopyrrolate 1 mg/5ml solution</i>	gen	PA
<i>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)</i>	gen	ED
<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	gen	ED
<i>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	gen	ED

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	gen	
<i>nulev 0.125 mg tab disp</i>	gen	ED
<i>oscimin (0.125 mg sl tab, 0.125 mg tab)</i>	gen	ED
<i>oscimin sr 0.375 mg tab er 12h</i>	gen	ED
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	gen	ED
<i>pb-hyoscy-atropine-scopolamine 16.2 mg/5ml elixir</i>	gen	QL (40 PER 1 DAYS), ED
<i>phenobarbital-belladonna alk 16.2 mg tab</i>	gen	ED
<i>phenobarbital-belladonna alk 16.2 mg/5ml elixir</i>	gen	QL (40 PER 1 DAYS), ED
<i>phenohydro 16.2 mg tab</i>	gen	ED
<i>phenohydro 16.2 mg/5ml elixir</i>	gen	QL (40 PER 1 DAYS), ED
<i>symax-sl 0.125 mg sl tab</i>	gen	ED
<i>symax-sr 0.375 mg tab er 12h</i>	gen	ED

## **GASTROINTESTINAL AGENTS, OTHER**

<i>GATTEX 5 MG KIT</i>	spec	PA, LA
<i>GAVILYTE-C 240 GM RECON SOLN</i>	gen	
<i>gavilyte-g 236 gm recon soln</i>	gen	
<i>GOLYTELY 236 GM RECON SOLN</i>	brd	
<i>MYALEPT 11.3 MG RECON SOLN</i>	spec	PA, LA, QL (60 PER 30 OVER TIME)
<i>peg-3350/electrolytes 236 gm recon soln</i>	gen	
<i>SKYRIZI 180 MG/1.2ML SOLN CART</i>	spec	PA, QL (1.2 PER 56 OVER TIME)
<i>SKYRIZI 360 MG/2.4ML SOLN CART</i>	spec	PA, QL (2.4 PER 56 OVER TIME)
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	gen	

## **HISTAMINE2 (H2) RECEPTOR ANTAGONISTS**

<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	gen	
<i>cimetidine hcl (300 mg/5ml solution, 400 mg/6.67ml solution)</i>	gen	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	gen	
<i>nizatidine (15 mg/ml solution, 150 mg cap, 300 mg cap)</i>	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
<b>PROTECTANTS</b>		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	gen	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	gen	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium 20 mg cap dr</i>	gen	
<i>esomeprazole magnesium 40 mg cap dr</i>	gen	QL (2 PER 1 DAYS)
<i>lansoprazole 15 mg cap dr</i>	gen	
<i>lansoprazole 30 mg cap dr</i>	gen	QL (2 PER 1 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr)</i>	gen	
<i>omeprazole 40 mg cap dr</i>	gen	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	gen	
<i>pantoprazole sodium 40 mg recon soln</i>	npd	
<i>pantoprazole sodium 40 mg tab dr</i>	gen	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	gen	

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

ALDURAZYME 2.9 MG/5ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	spec	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	spec	
BYLVAY (PELLETS) 200 MCG CAP SPRINK	spec	PA, LA, QL (30 PER 1 DAYS)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	spec	PA, LA, QL (10 PER 1 DAYS)
BYLVAY 1200 MCG CAP	spec	PA, LA, QL (6 PER 1 DAYS)
BYLVAY 400 MCG CAP	spec	PA, LA, QL (18 PER 1 DAYS)
CERDELGA 84 MG CAP	spec	PA, LA, QL (2 PER 1 DAYS)
CEREZYME 400 UNIT RECON SOLN	spec	PA, LA
CHOLBAM 250 MG CAP	spec	PA, QL (5 PER 1 DAYS)
CHOLBAM 50 MG CAP	spec	PA, QL (4 PER 1 DAYS)
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	

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
<i>cromolyn sodium 100 mg/5ml conc</i>	gen	
CYSTAGON (50 MG CAP, 150 MG CAP)	npd	PA, LA
CYSTARAN 0.44 % SOLUTION	spec	PA, LA, QL (60 PER 28 OVER TIME)
ELAPRASE 6 MG/3ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
ENDARI 5 GM PACKET	spec	PA, LA, QL (6 PER 1 DAYS)
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	spec	PA
<i>miglustat 100 mg cap</i>	spec	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	spec	PA
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	spec	PA, LA
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	spec	LA, PA - PART B VS D DETERMINATION
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	spec	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	spec	PA
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION)	spec	PA, LA
STRENSIQ 80 MG/0.8ML SOLUTION	spec	PA, LA, QL (38.4 PER 28 OVER TIME)
SUCRAID 8500 UNIT/ML SOLUTION	spec	PA, LA
VYNDAQEL 20 MG CAP	spec	PA, LA, QL (4 PER 1 DAYS)
<i>yargesa 100 mg cap</i>	spec	PA, QL (3 PER 1 DAYS)
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)	npd	

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er 15 mg tab er 24h</i>	gen	ST, QL (1 PER 1 DAYS)
<i>darifenacin hydrobromide er 7.5 mg tab er 24h</i>	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fesoterodine fumarate er (er 4 mg tab er 24h, er 8 mg tab er 24h)</i>	gen	
<i>flavoxate hcl 100 mg tab</i>	gen	
GEMTESA 75 MG TAB	brd	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	brd	
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	gen	
<i>oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)</i>	gen	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	gen	ST
<i>tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)</i>	gen	ST
<i>tropium chloride 20 mg tab</i>	gen	
<i>tropium chloride er 60 mg cap er 24h</i>	gen	

## **BENIGN PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl er 10 mg tab er 24h</i>	gen	
<i>dutasteride 0.5 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	gen	
<i>silodosin (4 mg cap, 8 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>tadalafil (10 mg tab, 20 mg tab)</i>	gen	PA, QL (6 PER 30 OVER TIME), ED
<i>tadalafil 2.5 mg tab</i>	gen	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	gen	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	gen	

## **GENITOURINARY AGENTS, OTHER**

<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	gen	
CYTRA K CRYSTALS 3300-1002 MG PACKET	gen	ED
ELMIRON 100 MG CAP	brd	
MUSE (125 MCG PELLETT, 250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT)	brd	PA, QL (6 PER 30 OVER TIME), ED
<i>penicillamine 250 mg tab</i>	spec	PA
<i>phenazo 200 mg tab</i>	gen	ED

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	gen	ED
<i>phospho-trin k500 500 mg tab</i>	gen	ED
<i>pot &amp; sod cit-cit ac 550-500-334 mg/5ml solution</i>	gen	ED
<i>potassium citrate-citric acid 1100-334 mg/5ml solution</i>	gen	ED
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	PA, QL (6 PER 30 OVER TIME), ED
<i>sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)</i>	gen	ED
<i>taron-crystals 3300-1002 mg packet</i>	gen	ED
THIOLA EC (EC 100 MG TAB DR, EC 300 MG TAB DR)	spec	PA, LA
<i>tiopronin (100 mg tab, 100 mg tab dr, 300 mg tab dr)</i>	spec	PA
<i>tricitrates 550-500-334 mg/5ml solution</i>	gen	ED
<i>vardefafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i>	gen	PA, QL (6 PER 30 OVER TIME), ED

## **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)**

<i>alclometasone dipropionate 0.05 % cream</i>	gen	
<i>anucort-hc 25 mg suppos</i>	gen	ED
<i>anusol-hc 25 mg suppos</i>	gen	ED
<i>betamethasone dipropionate 0.05 % ointment</i>	gen	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion)</i>	gen	
<i>clobetasol prop emollient base 0.05 % cream</i>	gen	
<i>clobetasol propionate e 0.05 % cream</i>	gen	
CORTISONE ACETATE 25 MG TAB	gen	
CORTROPHIN 80 UNIT/ML GEL	spec	PA, LA
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	gen	
<i>desonide 0.05 % lotion</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>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)</i>	gen	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	gen	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>dexamethasone sodium phosphate (10 mg/ml solution, 100 mg/10ml solution)</i>	npd	PA - PART B VS D DETERMINATION
<i>dexamethasone sodium phosphate (4 mg/ml soln prsy, 4 mg/ml solution, 20 mg/5ml solution, 120 mg/30ml solution)</i>	npd	
<i>fludrocortisone acetate 0.1 mg tab</i>	gen	
HEMADY 20 MG TAB	npd	QL (2 PER 1 DAYS), PA -FOR NEW STARTS ONLY
<i>hemmorex-hc 25 mg suppos</i>	gen	ED
<i>hydrocortisone acetate 25 mg suppos</i>	gen	ED
<i>hydrocortisone butyrate 0.1 % ointment</i>	gen	ST
<i>hydrocortisone valerate 0.2 % ointment</i>	gen	
MEDROL 2 MG TAB	brd	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	gen	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	npd	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	npd	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	npd	
<i>mifepristone 300 mg tab</i>	spec	PA, QL (4 PER 1 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment)</i>	gen	
<i>prednisolone 15 mg/5ml solution</i>	gen	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	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
<i>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)</i>	gen	
PREDNISONE INTENSOL 5 MG/ML CONC	gen	

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig 0.01 % solution</i>	gen	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	gen	
<i>desmopressin acetate 4 mcg/ml solution</i>	npd	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	npd	
<i>desmopressin acetate spray 0.01 % solution</i>	gen	
EGRIFTA 1 MG RECON SOLN	spec	PA, LA, QL (60 PER 30 OVER TIME)
EGRIFTA SV 2 MG RECON SOLN	spec	PA, LA, QL (30 PER 30 OVER TIME)
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	spec	PA
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	spec	PA
INCRELEX 40 MG/4ML SOLUTION	spec	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	spec	PA

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

### ANABOLIC STEROIDS

ANADROL-50 50 MG TAB	npd	
<i>oxandrolone (2.5 mg tab, 10 mg tab)</i>	gen	

### ANDROGENS

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	gen	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methyltestosterone 10 mg cap</i>	gen	PA
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	gen	PA, QL (150 PER 30 OVER TIME)
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	gen	PA, QL (300 PER 30 OVER TIME)
<i>testosterone 10 mg/act (2%) gel</i>	gen	PA, QL (120 PER 30 OVER TIME)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	gen	PA, QL (37.5 PER 30 OVER TIME)
<i>testosterone 30 mg/act solution</i>	gen	PA, QL (180 PER 30 OVER TIME)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	gen	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	gen	QL (5 PER 30 OVER TIME)

## **ESTROGENS**

<i>afirmelle 0.1-20 mg-mcg tab</i>	gen
<i>altavera 0.15-30 mg-mcg tab</i>	gen
<i>alyacen 1/35 1-35 mg-mcg tab</i>	gen
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	gen
<i>amethia 0.15-0.03 &amp; 0.01 mg tab</i>	gen
<i>amethia lo 0.1-0.02 &amp; 0.01 mg tab</i>	gen
<i>amethyst 90-20 mcg tab</i>	gen
<i>apri 0.15-30 mg-mcg tab</i>	gen
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	gen
<i>ashlyna 0.15-0.03 &amp; 0.01 mg tab</i>	gen
<i>aubra 0.1-20 mg-mcg tab</i>	gen
<i>aubra eq 0.1-20 mg-mcg tab</i>	gen
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	gen
<i>aurovela 1/20 1-20 mg-mcg tab</i>	gen
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	gen
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	gen
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	gen
<i>aviane 0.1-20 mg-mcg tab</i>	gen
<i>ayuna 0.15-30 mg-mcg tab</i>	gen
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	gen

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>balziva 0.4-35 mg-mcg tab</i>	gen	
<i>bekyree 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	gen	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>briellyn 0.4-35 mg-mcg tab</i>	gen	
<i>camrese 0.15-0.03 &amp; 0.01 mg tab</i>	gen	
<i>camrese lo 0.1-0.02 &amp; 0.01 mg tab</i>	gen	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	gen	
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	gen	
<i>chateal 0.15-30 mg-mcg tab</i>	gen	
<i>chateal eq 0.15-30 mg-mcg tab</i>	gen	
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	brd	QL (4 PER 28 OVER TIME)
<i>covaryx 1.25-2.5 mg tab</i>	gen	ED
<i>covaryx hs 0.625-1.25 mg tab</i>	gen	ED
<i>cryselle-28 0.3-30 mg-mcg tab</i>	gen	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	gen	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>cyred 0.15-30 mg-mcg tab</i>	gen	
<i>cyred eq 0.15-30 mg-mcg tab</i>	gen	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	gen	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>daysee 0.15-0.03 &amp; 0.01 mg tab</i>	gen	
<i>delyla 0.1-20 mg-mcg tab</i>	gen	
DEPO-ESTRADIOL 5 MG/ML OIL	npd	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	gen	
<i>dolishale 90-20 mcg tab</i>	gen	
<i>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)</i>	gen	QL (16 PER 28 OVER TIME)
<i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	gen	
<i>eemt 1.25-2.5 mg tab</i>	gen	ED
<i>eemt hs 0.625-1.25 mg tab</i>	gen	ED
<i>elinest 0.3-30 mg-mcg tab</i>	gen	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	gen	QL (1 PER 28 OVER TIME)
<i>emoquette 0.15-30 mg-mcg tab</i>	gen	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	gen	QL (1 PER 28 OVER TIME)
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	gen	
<i>enskyce 0.15-30 mg-mcg tab</i>	gen	
<i>est estrogens-methyltest (rogens-methylt0.625-1.25 mg tab, rogens-methylt1.25-2.5 mg tab)</i>	gen	ED
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	gen	ED
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	gen	ED
<i>estarylla 0.25-35 mg-mcg tab</i>	gen	
<i>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)</i>	gen	QL (16 PER 28 OVER TIME)
<i>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)</i>	gen	QL (8 PER 28 OVER TIME)
<i>estradiol (0.1 mg/gm 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)</i>	gen	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	gen	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	gen	
<b>ESTRING (2 MG RING, 7.5 MCG/24HR RING)</b>	brd	QL (1 PER 84 OVER TIME)
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	gen	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	gen	QL (1 PER 28 OVER TIME)
<i>falmina 0.1-20 mg-mcg tab</i>	gen	
<i>fayosim 42-21-21-7 days tab</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>femynor 0.25-35 mg-mcg tab</i>	gen	
<i>finzala 1-20 mg-mcg(24) chew tab</i>	gen	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	gen	
<i>gemmily 1-20 mg-mcg(24) cap</i>	gen	
<i>gianvi 3-0.02 mg tab</i>	gen	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	gen	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>haloette 0.12-0.015 mg/24hr ring</i>	gen	QL (1 PER 28 OVER TIME)
<i>iclevia 0.15-0.03 mg tab</i>	gen	
<i>introvale 0.15-0.03 mg tab</i>	gen	
<i>isibloom 0.15-30 mg-mcg tab</i>	gen	
<i>jaimiess 0.15-0.03 &amp; 0.01 mg tab</i>	gen	
<i>jasmiel 3-0.02 mg tab</i>	gen	
<i>jinteli 1-5 mg-mcg tab</i>	gen	
<i>jolessa 0.15-0.03 mg tab</i>	gen	
<i>juleber 0.15-30 mg-mcg tab</i>	gen	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>junel 1/20 1-20 mg-mcg tab</i>	gen	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	gen	
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	gen	
<i>kalliga 0.15-30 mg-mcg tab</i>	gen	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	gen	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	gen	
<i>kurvelo 0.15-30 mg-mcg tab</i>	gen	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>larin 1/20 1-20 mg-mcg tab</i>	gen	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>larissia 0.1-20 mg-mcg tab</i>	gen	
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	gen	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	gen	
<i>lessina 0.1-20 mg-mcg tab</i>	gen	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	gen	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	gen	
<i>levonorgest-eth est &amp; eth est 42-21-21-7 days tab</i>	gen	
<i>levonorgest-eth estrad 91-day (0.1-0.02 &amp; 0.01 mg tab, 0.15-0.03 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i>	gen	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	gen	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	gen	
<i>lillow 0.15-30 mg-mcg tab</i>	gen	
<i>lo-zumandimine 3-0.02 mg tab</i>	gen	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	gen	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	gen	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>lojaimiess 0.1-0.02 &amp; 0.01 mg tab</i>	gen	
<i>lopreeza 1-0.5 mg tab</i>	gen	
<i>loryna 3-0.02 mg tab</i>	gen	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	gen	
<i>lutera 0.1-20 mg-mcg tab</i>	gen	
<i>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)</i>	gen	QL (16 PER 28 OVER TIME)
<i>marlissa 0.15-30 mg-mcg tab</i>	gen	
<i>melodetta 24 fe 1-20 mg-mcg(24) chew tab</i>	gen	
<b>MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)</b>	npd	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>merzee 1-20 mg-mcg(24) cap</i>	gen	
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	gen	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	gen	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	gen	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>mili 0.25-35 mg-mcg tab</i>	gen	
<i>mimvey 1-0.5 mg tab</i>	gen	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	gen	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	gen	
<i>nikki 3-0.02 mg tab</i>	gen	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	gen	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	gen	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	gen	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	gen	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	gen	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	gen	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	gen	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	gen	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	gen	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	gen	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>nylia 1/35 1-35 mg-mcg tab</i>	gen	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nymyo 0.25-35 mg-mcg tab</i>	gen	
<i>ocella 3-0.03 mg tab</i>	gen	
<i>orsythia 0.1-20 mg-mcg tab</i>	gen	
<i>philith 0.4-35 mg-mcg tab</i>	gen	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	gen	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>portia-28 0.15-30 mg-mcg tab</i>	gen	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	npd	
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	
<i>previfem 0.25-35 mg-mcg tab</i>	gen	
<i>reclipsen 0.15-30 mg-mcg tab</i>	gen	
<i>rivelsa 42-21-21-7 days tab</i>	gen	
<i>setlakin 0.15-0.03 mg tab</i>	gen	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>simpesse 0.15-0.03 &amp; 0.01 mg tab</i>	gen	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	gen	
<i>sronyx 0.1-20 mg-mcg tab</i>	gen	
<i>syeda 3-0.03 mg tab</i>	gen	
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	gen	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	gen	
<i>taysofy 1-20 mg-mcg(24) cap</i>	gen	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	gen	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tri-lo-marzia</i> 0.18/0.215/0.25 mg-25 mcg tab	gen	
<i>tri-lo-mili</i> 0.18/0.215/0.25 mg-25 mcg tab	gen	
<i>tri-lo-sprintec</i> 0.18/0.215/0.25 mg-25 mcg tab	gen	
<i>tri-mili</i> 0.18/0.215/0.25 mg-35 mcg tab	gen	
<i>tri-nymyo</i> 0.18/0.215/0.25 mg-35 mcg tab	gen	
<i>tri-previfem</i> 0.18/0.215/0.25 mg-35 mcg tab	gen	
<i>tri-sprintec</i> 0.18/0.215/0.25 mg-35 mcg tab	gen	
<i>tri-vylibra</i> 0.18/0.215/0.25 mg-35 mcg tab	gen	
<i>tri-vylibra lo</i> 0.18/0.215/0.25 mg-25 mcg tab	gen	
<i>trivora</i> (28) 50-30/75-40/ 125-30 mcg tab	gen	
<i>turqoz</i> 0.3-30 mg-mcg tab	gen	
<i>tydemy</i> 3-0.03-0.451 mg tab	gen	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	gen	
<i>vestura</i> 3-0.02 mg tab	gen	
<i>vienva</i> 0.1-20 mg-mcg tab	gen	
<i>viorele</i> 0.15-0.02/0.01 mg (21/5) tab	gen	
<i>volnea</i> 0.15-0.02/0.01 mg (21/5) tab	gen	
<i>vyfemla</i> 0.4-35 mg-mcg tab	gen	
<i>vylibra</i> 0.25-35 mg-mcg tab	gen	
<i>wera</i> 0.5-35 mg-mcg tab	gen	
<i>wymzya fe</i> 0.4-35 mg-mcg chew tab	gen	
<i>xulane</i> 150-35 mcg/24hr patch wk	gen	
<i>yuvafem</i> 10 mcg tab	gen	
<i>zafemy</i> 150-35 mcg/24hr patch wk	gen	
<i>zarah</i> 3-0.03 mg tab	gen	
<i>zovia</i> 1/35 (28) 1-35 mg-mcg tab	gen	
<i>zovia</i> 1/35e (28) 1-35 mg-mcg tab	gen	
<i>zumandimine</i> 3-0.03 mg tab	gen	

## **PROGESTINS**

<i>camila</i> 0.35 mg tab	gen
<i>deblitane</i> 0.35 mg tab	gen
DEPO-PROVERA 400 MG/ML SUSPENSION	npd

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	npd	
<i>errin 0.35 mg tab</i>	gen	
<i>heather 0.35 mg tab</i>	gen	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	spec	
<i>incassia 0.35 mg tab</i>	gen	
<i>jencycla 0.35 mg tab</i>	gen	
<i>lyleq 0.35 mg tab</i>	gen	
<i>lyza 0.35 mg tab</i>	gen	
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	npd	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	gen	PA -FOR NEW STARTS ONLY
<i>megestrol acetate 625 mg/5ml suspension</i>	gen	PA
<i>nora-be 0.35 mg tab</i>	gen	
<i>norethindrone 0.35 mg tab</i>	gen	
<i>norethindrone acetate 5 mg tab</i>	gen	
<i>norlyda 0.35 mg tab</i>	gen	
<i>norlyroc 0.35 mg tab</i>	gen	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	gen	
<i>sharobel 0.35 mg tab</i>	gen	
<i>tulana 0.35 mg tab</i>	gen	

### **SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS**

OSPHENA 60 MG TAB	npd	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl 60 mg tab</i>	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	
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	ED
<i>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)</i>	gen	
<i>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)</i>	brd	
<i>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)</i>	gen	
<i>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)</i>	brd	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	gen	
NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	ED
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	ED
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	
<i>thyroid (15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	brd	ED
<i>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)</i>	brd	

## **HORMONAL AGENTS, SUPPRESSANT (PITUITARY)**

<i>cabergoline 0.5 mg tab</i>	gen	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	spec	
FIRMAGON 80 MG RECON SOLN	npd	
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	spec	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
<i>leuprolide acetate 1 mg/0.2ml kit</i>	spec	
LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT)	spec	
LUPRON DEPOT (3-MONTH) ((3-MONTH) 11.25 MG KIT, (3-MONTH) 22.5 MG KIT)	spec	
LUPRON DEPOT (4-MONTH) 30 MG KIT	spec	
LUPRON DEPOT (6-MONTH) 45 MG KIT	spec	
<i>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)</i>	npd	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	spec	PA
ORGOVYX 120 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	spec	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	spec	PA, LA, QL (60 PER 30 OVER TIME)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	spec	PA -FOR NEW STARTS ONLY
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	spec	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	spec	
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	npd	PA - PART B VS D DETERMINATION

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	gen
<i>propylthiouracil 50 mg tab</i>	gen

### IMMUNOLOGICAL AGENTS

### ANGIOEDEMA AGENTS

HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	spec	PA, LA
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	spec	PA, QL (36 PER 60 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyr</i>	spec	PA, QL (36 PER 60 OVER TIME)

## **IMMUNOGLOBULINS**

BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	spec	PA, LA
CARIMUNE NF (6 GM RECON SOLN, 12 GM RECON SOLN)	spec	PA
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	spec	PA
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	spec	PA
GAMMAGARD S/D LESS IGA (S/D 5 GM RECON SOLN, S/D 10 GM RECON SOLN)	spec	PA
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	spec	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	spec	PA, LA
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)	spec	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 SOLUTION)	spec	PA, LA
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	spec	PA

## **IMMUNOLOGICAL AGENTS, OTHER**

ARCALYST 220 MG RECON SOLN	spec	PA, LA
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	spec	PA, LA, QL (4 PER 28 OVER TIME)
BEYFORTUS (50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN PRSYR)	npd	
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	spec	PA
ILARIS 150 MG/ML SOLUTION	spec	PA, LA
OTEZLA 10 & 20 & 30 MG TAB THPK	spec	PA, QL (55 PER 28 OVER TIME)
RIDAURA 3 MG CAP	brd	
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	spec	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	spec	PA, QL (6 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	spec	PA, QL (6 PER 365 OVER TIME)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	spec	PA, QL (0.5 PER 28 OVER TIME)
STELARA 90 MG/ML SOLN PRSYR	spec	PA, QL (1 PER 28 OVER TIME)
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	spec	PA, LA, QL (1 PER 28 OVER TIME)
XELJANZ (5 MG TAB, 10 MG TAB)	spec	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	spec	PA, QL (10 PER 1 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	spec	PA, LA, QL (8 PER 28 OVER TIME)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	spec	PA, QL (8 PER 28 OVER TIME)
XOLAIR 75 MG/0.5ML SOLN A-INJ	spec	PA, QL (2 PER 28 OVER TIME)
XOLAIR 75 MG/0.5ML SOLN PRSYR	spec	PA, LA, QL (2 PER 28 OVER TIME)

## **IMMUNOSTIMULANTS**

ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	spec	LA, PA -FOR NEW STARTS ONLY
INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN)	spec	LA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	spec	PA, QL (2 PER 30 OVER TIME)
PEGASYS 180 MCG/ML SOLUTION	spec	PA, QL (4 PER 30 OVER TIME)

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
PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ	spec	PA, QL (2 PER 30 OVER TIME)

## IMMUNOSUPPRESSANTS

<i>azasan (75 mg tab, 100 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	npd	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>cyclosporine 50 mg/ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	spec	PA, QL (8 PER 28 OVER TIME)
ENBREL 25 MG/0.5ML SOLN PRSYR	spec	PA, QL (4.08 PER 28 OVER TIME)
ENBREL 25 MG/0.5ML SOLUTION	spec	PA, QL (4 PER 28 OVER TIME)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	spec	PA, QL (8 PER 28 OVER TIME)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	npd	PA -FOR NEW STARTS ONLY
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>engraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	spec	PA, QL (2 PER 28 OVER TIME)
HUMIRA (2 PEN) (PEN) 40 MG/0.4ML PEN KIT, (PEN) 40 MG/0.8ML PEN KIT)	spec	PA, QL (4 PER 28 OVER TIME)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	spec	PA, QL (4 PER 28 OVER TIME)
HUMIRA 40 MG/0.4ML PREF SY KT	spec	PA, QL (4 PER 28 OVER TIME)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	spec	PA, QL (4 PER 365 OVER TIME)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	spec	PA, QL (6 PER 365 OVER TIME)
HUMIRA PEN 80 MG/0.8ML PEN KIT	spec	PA, QL (2 PER 28 OVER TIME)
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	spec	PA, QL (6 PER 365 OVER TIME)
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	spec	PA, QL (8 PER 365 OVER TIME)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	spec	PA, QL (6 PER 365 OVER TIME)
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	spec	PA, QL (12 PER 365 OVER TIME)
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML PEN KIT	spec	PA, QL (8 PER 365 OVER TIME)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	gen	
<i>methotrexate sodium (50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	gen	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) ((pf) 1 gm/40ml solution, (pf) 50 mg/2ml solution, (pf) 250 mg/10ml solution)</i>	gen	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 1 gm recon soln</i>	npd	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	gen	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 500 mg recon soln</i>	npd	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	npd	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	gen	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	npd	PA -FOR NEW STARTS ONLY
REZUROCK 200 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA -FOR NEW STARTS ONLY
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	spec	PA, QL (168 PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	brd	PA - PART B VS D DETERMINATION
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	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
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
<b>VACCINES</b>		
ABRYSVO 120 MCG/0.5ML RECON SOLN	brd	VAC

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ACTHIB RECON SOLN	brd	
ADACEL 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	brd	
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 SUSP PRSYR, 9 SUSPENSION)	brd	VAC
HAVRIX 1440 EL U/ML SUSPENSION	brd	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	brd	
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 INJECTABLE	brd	VAC
IXCHIQ RECON SOLN	npd	
IXIARO SUSPENSION	npd	VAC
JYNNEOS 0.5 ML SUSPENSION	brd	VAC
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	brd	
M-M-R II RECON SOLN	brd	VAC
MENACTRA SOLUTION	brd	VAC
MENQUADFI SOLUTION	brd	VAC
MENVEO (RECON SOLN, SOLUTION)	brd	VAC
PEDIARIX SUSP PRSYR	brd	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	brd	
PENBRAYA 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	
PREHEVBRIO 10 MCG/ML SUSPENSION	brd	PA - PART B VS D DETERMINATION, VAC
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
TDVAX 2-2 LF/0.5ML SUSPENSION	brd	VAC
TENIVAC 5-2 LFU INJECTABLE	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 SUSPENSION	brd	
VAQTA 50 UNIT/ML SUSPENSION	brd	VAC
VARIVAX 1350 PFU/0.5ML INJECTABLE	brd	VAC
YF-VAX INJECTABLE	npd	VAC

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	gen	
DIPENTUM 250 MG CAP	npd	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
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	gen	
<i>mesalamine (400 mg cap dr, 800 mg tab dr)</i>	gen	ST, QL (6 PER 1 DAYS)
<i>mesalamine 1.2 gm tab dr</i>	gen	QL (4 PER 1 DAYS)
<i>mesalamine er 0.375 gm cap er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>mesalamine er 500 mg cap er</i>	gen	ST, QL (8 PER 1 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	gen	

## GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>	gen	PA, QL (3 PER 1 DAYS)
<i>budesonide er 9 mg tab er 24h</i>	gen	PA, QL (1 PER 1 DAYS)
<i>colocort 100 mg/60ml enema</i>	gen	
CORTIFOAM 10 % FOAM	brd	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	gen	

## METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	gen	
<i>calcitonin (salmon) 200 unit/act solution</i>	gen	QL (3.7 PER 30 OVER TIME)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
CALCITRIOL 1 MCG/ML SOLUTION	npd	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	gen	ED
FORTEO 600 MCG/2.4ML SOLN PEN	spec	PA
<i>ibandronate sodium 150 mg tab</i>	gen	
<i>ibandronate sodium 3 mg/3ml solution</i>	npd	PA - PART B VS D DETERMINATION
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	spec	PA, LA, QL (2 PER 28 OVER TIME)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)</i>	npd	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PROLIA 60 MG/ML SOLN PRSYR	npd	PA
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	gen	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	spec	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	spec	PA, QL (1.56 PER 28 OVER TIME)
<i>vitamin d (ergocalciferol) ((ergocalciferol) 1.25 mg (50000 ut) cap, (ergocalciferol) 50000 unit cap)</i>	gen	ED
XGEVA 120 MG/1.7ML SOLUTION	spec	QL (1.7 PER 28 OVER TIME), PA -FOR NEW STARTS ONLY
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	npd	PA - PART B VS D DETERMINATION

## MISCELLANEOUS THERAPEUTIC AGENTS

AEROCHAMBER HOLDING CHAMBER DEVICE	brd	
AEROCHAMBER MINI CHAMBER DEVICE	brd	ED
AEROCHAMBER MV MISC	brd	ED
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	brd	
AEROCHAMBER PLUS FLO-VU MISC	brd	ED
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	brd	
AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC)	brd	ED
AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC)	brd	ED
AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC)	brd	ED
AEROCHAMBER PLUS FLO-VU W/MASK MISC	brd	ED
AEROCHAMBER PLUS FLOW VU MISC	brd	ED
AEROCHAMBER W/FLOWSIGNAL MISC	brd	ED
AEROCHAMBER Z-STAT PLUS MISC	brd	ED
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	brd	ED
AEROCHAMBER Z-STAT PLUS/LARGE MISC	brd	ED

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 Z-STAT PLUS/MEDIUM MISC	brd	ED
AEROCHAMBER Z-STAT PLUS/SMALL MISC	brd	ED
AEROVENT PLUS DEVICE	brd	ED
AIRIAL CHAMBER DEVICE	brd	ED
ALCOHOL 70% PADS	gen	
ALCOHOL PREP PAD	gen	
ALCOHOL PREP PADS 70 % PAD	gen	
ALCOHOL SWABSTICK PAD	gen	
<i>alcohol wipes 70 % misc</i>	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	
<i>argyle sterile water solution</i>	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	
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	ED
BREATHE COMFORT CHAMBER/CHILD DEVICE	brd	ED
BREATHE EASE LARGE DEVICE	brd	ED
BREATHE EASE MEDIUM DEVICE	brd	ED
BREATHE EASE SMALL DEVICE	brd	ED

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BREATHERITE MISC	brd	ED
BREATHERITE COLL SPACER ADULT MISC	brd	ED
BREATHERITE COLL SPACER CHILD MISC	brd	ED
BREATHERITE COLL SPACER INFANT MISC	brd	ED
BREATHERITE RIGID SPACER/MASK MISC	brd	ED
BREATHERITE SPACER NEONATE MISC	brd	ED
BREATHERITE SPACER SMALL CHILD MISC	brd	ED
BREATHERITE VALVED MDI CHAMBER DEVICE	brd	ED
BREATHERITE/LARGE MASK MISC	brd	ED
BREATHERITE/MEDIUM MASK MISC	brd	ED
BREATHERITE/SMALL MASK MISC	brd	ED
CARETOUCH ALCOHOL PREP 70 % PAD	gen	
CLEVER CHOICE HOLDING CHAMBER DEVICE	brd	ED
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	brd	
COMPACT SPACE CHAMBER DEVICE	brd	ED
COMPACT SPACE CHAMBER/LG MASK DEVICE	brd	ED
COMPACT SPACE CHAMBER/MED MASK DEVICE	brd	ED
COMPACT SPACE CHAMBER/SM MASK DEVICE	brd	ED
CVS ALCOHOL PREP PADS 70 % PAD	gen	
<i>cvb isopropyl alcohol wipes 70 % misc</i>	gen	
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	ED
EASIVENT MASK LARGE MISC	brd	ED
EASIVENT MASK MEDIUM MISC	brd	ED
EASIVENT MASK SMALL MISC	brd	ED

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
EASY COMFORT INSULIN SYRINGE (1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC)	brd	
EASY COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 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	ED
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	brd	ED
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	brd	ED
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	brd	ED
FLEXICHAMBER DEVICE	brd	ED
<i>gauze pads 2</i>	gen	
INSPIRACHAMBER/LARGE DEVICE	brd	ED
INSPIRACHAMBER/MEDIUM DEVICE	brd	ED
INSPIRACHAMBER/MOUTHPIECE DEVICE	brd	ED
INSPIRACHAMBER/SMALL DEVICE	brd	ED
INSPIREASE MISC	brd	ED
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	
<i>isopropyl alcohol 70 % misc</i>	gen	
<i>isopropyl alcohol wipes 70 % misc</i>	gen	
IWILFIN 192 MG TAB	spec	LA, QL (8 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LAGEVRIO 200 MG CAP	npd	QL (40 PER 30 OVER TIME)
LITEAIRE DEVICE	brd	ED
<i>medpura alcohol pads 70 % misc</i>	gen	
<i>methergine 0.2 mg tab</i>	gen	
<i>methylergonovine maleate 0.2 mg tab</i>	gen	
MICROCHAMBER (DEVICE, MISC)	brd	ED
MICROSPACER MISC	brd	ED
NOVOFINE 32G X 6 MM MISC	brd	
NOVOTWIST 32G X 5 MM MISC	brd	
OPTICHAMBER ADVANTAGE-LG MASK MISC	brd	ED
OPTICHAMBER ADVANTAGE-MED MASK MISC	brd	ED
OPTICHAMBER ADVANTAGE-SM MASK MISC	brd	ED
OPTICHAMBER DIAMOND (DEVICE, MISC)	brd	ED
OPTICHAMBER DIAMOND-LG MASK DEVICE	brd	ED
OPTICHAMBER DIAMOND-MD MASK MISC	brd	ED
OPTICHAMBER DIAMOND-SM MASK MISC	brd	ED
OPTICHAMBER FACE MASK-LARGE MISC	brd	ED
OPTICHAMBER FACE MASK-MEDIUM MISC	brd	ED
OPTICHAMBER FACE MASK-SMALL MISC	brd	ED
OPTIHALER (DEVICE, MISC)	brd	ED
OPVEE 2.7 MG/0.1ML SOLUTION	npd	QL (2 PER 30 OVER TIME)
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	brd	QL (40 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	brd	QL (60 PER 30 OVER TIME)
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
POCKET CHAMBER DEVICE	brd	ED
POCKET SPACER DEVICE	brd	ED
PRIMEAIRE HOLDING CHAMBER DEVICE	brd	ED
PRO COMFORT SPACER ADULT MISC	brd	ED

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 SPACER CHILD MISC	brd	ED
PRO COMFORT SPACER INFANT DEVICE	brd	ED
PROCARE SPACER/ADULT MASK DEVICE	brd	ED
PROCARE SPACER/CHILD MASK DEVICE	brd	ED
PROCHAMBER VHC DEVICE	brd	ED
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
PURE COMFORT SPACER CHAMBER DEVICE	brd	ED
<i>qc alcohol 70 % misc</i>	gen	
<i>ra isopropyl alcohol wipes 70 % misc</i>	gen	
RITEFLO DEVICE	brd	ED
<i>saline bacteriostatic 0.9 % solution</i>	npd	
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	brd	
SILIGENTLE FOAM DRESSING 2"X2" PAD	gen	
<i>sodium chloride bacteriostatic 0.9 % solution</i>	npd	
<i>sterile water for irrigation solution</i>	gen	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
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	
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 (29G 1/2" 0.5 ML MISC, 29G 1/2" 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	ED

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
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	brd	ED
VORTEX HOLDING CHAMBER/MASK DEVICE	brd	ED
VORTEX VALVED HOLDING CHAMBER DEVICE	brd	ED
WATCHHALER DEVICE	brd	ED
<i>water for irrigation, sterile solution</i>	gen	

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	gen	
<i>altafrin (2.5 % solution, 10 % solution)</i>	gen	
<i>atropine sulfate 1 % solution</i>	gen	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	gen	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	gen	
BLEPHAMIDE 10-0.2 % SUSPENSION	brd	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	gen	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	gen	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	gen	
HOMATROPAIRE 5 % SOLUTION	gen	ED
<i>neo-polycin 3.5-400-10000 ointment</i>	gen	
<i>neo-polycin hc 1 % ointment</i>	gen	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	gen	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	gen	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	gen	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	gen	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	gen	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>polycin 500-10000 unit/gm ointment</i>	gen	
<i>proparacaine hcl 0.5 % solution</i>	gen	
RESTASIS 0.05 % EMULSION	brd	QL (60 PER 30 OVER TIME)
RESTASIS MULTIDOSE 0.05 % EMULSION	brd	QL (5.5 PER 30 OVER TIME)
ROCKLATAN 0.02-0.005 % SOLUTION	npd	QL (2.5 PER 25 OVER TIME)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	gen	
TOBRADEX 0.3-0.1 % OINTMENT	brd	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	gen	
XIIDRA 5 % SOLUTION	brd	
ZYLET 0.5-0.3 % SUSPENSION	brd	

### **OPHTHALMIC ANTI-ALLERGY AGENTS**

<i>azelastine hcl 0.05 % solution</i>	gen	
<i>bepotastine besilate 1.5 % solution</i>	gen	
<i>cromolyn sodium 4 % solution</i>	gen	
<i>epinastine hcl 0.05 % solution</i>	gen	
LASTACRAFT 0.25 % SOLUTION	npd	
<i>olopatadine hcl 0.2 % solution</i>	gen	
PAZEO 0.7 % SOLUTION	brd	QL (2.5 PER 30 OVER TIME)

### **OPHTHALMIC ANTI-INFECTIVES**

BACITRACIN 500 UNIT/GM OINTMENT	gen	
<i>erythromycin 5 mg/gm ointment</i>	gen	
<i>gatifloxacin 0.5 % solution</i>	gen	QL (2.5 PER 30 OVER TIME)
GENTAK 0.3 % OINTMENT	gen	
<i>gentamicin sulfate 0.3 % solution</i>	gen	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	gen	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	gen	
<i>moxifloxacin hcl 0.5 % solution</i>	gen	
NATACYN 5 % SUSPENSION	brd	
<i>ofloxacin 0.3 % solution</i>	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
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	gen	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	gen	
<i>tobramycin 0.3 % solution</i>	gen	
TOBREX 0.3 % OINTMENT	brd	

## OPHTHALMIC ANTI-INFLAMMATORIES

<i>bromfenac sodium (once-daily) 0.09 % solution</i>	gen	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	gen	
<i>diclofenac sodium 0.1 % solution</i>	gen	
<i>difluprednate 0.05 % emulsion</i>	gen	
<i>fluorometholone 0.1 % suspension</i>	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 OVER TIME)
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	gen	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	gen	
MAXIDEX 0.1 % SUSPENSION	npd	
PREDNISOLONE ACETATE 1 % SUSPENSION	gen	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	gen	
PROLENSA 0.07 % SOLUTION	brd	

## OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

## OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er 500 mg cap er 12h</i>	gen	
<i>apraclonidine hcl 0.5 % solution</i>	gen	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	gen	
<i>brinzolamide 1 % suspension</i>	gen	
<i>dorzolamide hcl 2 % solution</i>	gen	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	gen	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	npd	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	gen	
RHOPRESSA 0.02 % SOLUTION	brd	QL (2.5 PER 25 OVER TIME)
SIMBRINZA 1-0.2 % SUSPENSION	brd	

## OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost 0.03 % solution</i>	gen	ST, QL (5 PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	gen	
LUMIGAN 0.01 % SOLUTION	brd	QL (5 PER 30 DAYS)
<i>tafluprost (pf) 0.0015 % solution</i>	gen	ST, QL (1 PER 1 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	gen	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	npd	

## OTIC AGENTS

CIPRO HC 0.2-1 % SUSPENSION	npd	
CIPROFLOXACIN HCL 0.2 % SOLUTION	gen	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	gen	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	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
COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION	brd	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	brd	
DERMOTIC 0.01 % OIL	brd	
<i>flac 0.01 % oil</i>	gen	
<i>fluocinolone acetonide 0.01 % oil</i>	gen	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	gen	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	gen	
<i>ofloxacin 0.3 % solution</i>	gen	

## 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)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	gen	PA - PART B VS D DETERMINATION
<i>flunisolide 25 mcg/act (0.025%) solution</i>	gen	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	gen	QL (16 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	gen	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	brd	QL (2 PER 30 DAYS)

### ANTIHISTAMINES

<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	gen	QL (30 PER 25 DAYS)
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	gen	QL (23 PER 30 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	gen	
<i>cyproheptadine hcl 4 mg tab</i>	gen	PA
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	gen	ST
<i>desloratadine 5 mg tab</i>	gen	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	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
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	gen	
<i>olopatadine hcl 0.6 % solution</i>	gen	QL (30.5 PER 30 DAYS)
<i>promethazine hcl 6.25 mg/5ml solution</i>	gen	PA

## ANTILEUKOTRIENES

<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	gen	QL (2 PER 1 DAYS)

## BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA 17 MCG/ACT AERO SOLN	brd	QL (25.8 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	gen	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	gen	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	gen	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER 18 MCG CAP	brd	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	brd	QL (4 PER 30 DAYS)

## BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol 90mg hfa inhaler (generic proair)</i>	gen	QL (17 PER 30 OVER TIME)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	gen	QL (13.4 PER 30 OVER TIME)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	gen	QL (36 PER 30 OVER TIME)
<i>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)</i>	gen	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)</i>	gen	
ALBUTEROL SULFATE ER (ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H)	gen	
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	gen	PA - PART B VS D DETERMINATION
<i>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)</i>	gen	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	gen	QL (24 PER 365 OVER TIME)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	gen	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
<i>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)</i>	gen	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	gen	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	brd	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	gen	
<i>terbutaline sulfate 1 mg/ml solution</i>	npd	

## CYSTIC FIBROSIS AGENTS

CAYSTON 75 MG RECON SOLN	spec	PA, LA, QL (84 PER 28 OVER TIME)
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	spec	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	spec	QL (150 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK)	spec	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER 28 MG CAP	spec	PA, LA, QL (224 PER 28 OVER TIME)
<i>tobramycin 300 mg/4ml nebu soln</i>	spec	PA, QL (224 PER 28 OVER TIME)
<i>tobramycin 300 mg/5ml nebu soln</i>	spec	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	spec	PA, LA, QL (3 PER 1 DAYS)

## MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	gen	PA - PART B VS D DETERMINATION
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## PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i>	gen	
<i>elixophyllin 80 mg/15ml elixir</i>	gen	
<i>roflumilast 250 mcg tab</i>	gen	PA, QL (28 PER 180 OVER TIME)
<i>roflumilast 500 mcg tab</i>	gen	PA, 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	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	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
<i>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)</i>	gen	

## PULMONARY ANTIHYPERTENSIVES

ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	spec	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	spec	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	spec	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan 125 mg tab</i>	spec	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 62.5 mg tab</i>	spec	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	spec	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 10 mg/ml recon susp</i>	spec	PA, QL (6 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	gen	PA, QL (3 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	spec	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	spec	PA, LA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/ML SOLUTION	spec	LA, QL (270 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
VENTAVIS 20 MCG/ML SOLUTION	spec	LA, QL (90 PER 30 OVER TIME), PA - PART B VS D DETERMINATION

## PULMONARY FIBROSIS AGENTS

OFEV (100 MG CAP, 150 MG CAP)	spec	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	spec	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	spec	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	spec	PA, QL (3 PER 1 DAYS)

## RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 % solution, 20 % solution)</i>	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)
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	gen	ED
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	brd	QL (10.7 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
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)
<i>brey-na</i> (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)
<i>bromfed dm</i> 2-30-10 mg/5ml syrup	gen	ED
<i>budesonide-formoterol fumarate</i> (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)
<i>fluticasone-salmeterol</i> (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)
<i>g tussin ac</i> 100-10 mg/5ml solution	gen	QL (420 PER 30 OVER TIME), NDS, ED
<i>guaia-tussin ac</i> 100-10 mg/5ml syrup	gen	QL (420 PER 30 OVER TIME), NDS, ED
<i>guaifenesin ac</i> 100-10 mg/5ml syrup	gen	QL (420 PER 30 OVER TIME), NDS, ED
<i>guaifenesin-codeine</i> (100-10 mg/5ml solution, 200-20 mg/10ml solution)	gen	QL (420 PER 30 OVER TIME), NDS, ED
<i>hydrocod poli-chlorphe poli er</i> 10-8 mg/5ml susp	gen	QL (70 PER 30 OVER TIME), NDS, ED
<i>hydrocodone bit-homatrop mbr</i> 5-1.5 mg tab	gen	QL (42 PER 30 OVER TIME), NDS, ED
<i>hydrocodone bit-homatrop mbr</i> 5-1.5 mg/5ml solution	gen	QL (210 PER 30 OVER TIME), NDS, ED
<i>hydromet</i> 5-1.5 mg/5ml solution	gen	QL (210 PER 30 OVER TIME), NDS, ED
<i>ipratropium-albuterol</i> 0.5-2.5 (3) mg/3ml solution	gen	PA - PART B VS D DETERMINATION
<i>maxi-tuss ac</i> 100-10 mg/5ml solution	gen	QL (420 PER 30 OVER TIME), NDS, ED
<i>nebusal 3 % nebu soln</i>	gen	ED
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	spec	PA, LA, QL (3 PER 30 OVER TIME)

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
NUCALA 40 MG/0.4ML SOLN PRSYR	spec	PA, LA, QL (0.4 PER 28 OVER TIME)
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, ED
<i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	gen	PA, QL (240 PER 30 OVER TIME), NDS, ED
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	gen	PA, ED
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i>	gen	PA, QL (240 PER 30 OVER TIME), NDS, ED
<i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i>	gen	PA
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	gen	ED
<i>pulmosal 7 % nebu soln</i>	gen	ED
<i>ribavirin 6 gm recon soln</i>	spec	PA - PART B VS D DETERMINATION
<i>sodium chloride (3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	gen	ED
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)
<i>virtussin a/c 100-10 mg/5ml solution</i>	gen	QL (420 PER 30 OVER TIME), NDS, ED
<i>virtussin ac w/alc 100-10 mg/5ml liquid</i>	gen	QL (420 PER 30 OVER TIME), NDS, ED
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	gen	QL (60 PER 30 DAYS)

## SKELETAL MUSCLE RELAXANTS

<i>carisoprodol 350 mg tab</i>	gen	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	gen	PA
<i>metaxalone (400 mg tab, 800 mg tab)</i>	gen	PA, QL (4 PER 1 DAYS)
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	gen	PA
<i>vanadom 350 mg tab</i>	gen	PA, 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
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## SLEEP DISORDER AGENTS

### SLEEP PROMOTING AGENTS

<i>estazolam (1 mg tab, 2 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	gen	QL (1 PER 1 DAYS)
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	gen	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	spec	PA, QL (1 PER 1 DAYS)
<i>temazepam (22.5 mg cap, 30 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>temazepam 7.5 mg cap</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	gen	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zolpidem tartrate er 12.5 mg tab er</i>	gen	QL (1 PER 1 DAYS)
<i>zolpidem tartrate er 6.25 mg tab er</i>	gen	QL (2 PER 1 DAYS)

### WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	gen	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	gen	PA, QL (2 PER 1 DAYS)
XYREM 500 MG/ML SOLUTION	spec	PA, LA, QL (540 PER 30 OVER TIME)

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

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nadolol	55
nafcillin sodium	10
nafrinse	74
naftifine hcl	23
NAGLAZYME	78
naloxone hcl	6
NALOXONE HCL	6
naltrexone hcl	6
NAMZARIC	17
naproxen	1
naproxen dr	1
naproxen sodium	1
naratriptan hcl	24
NATACYN	108
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NATPARA	100
NAYZILAM	5
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norethindrone-eth estradiol	88	OGSIVEO	28
norgestim-eth estrad triphasic	88	OJJAARA	30
norgestimate-eth estradiol	88	olanzapine	40
norlyda	91	olanzapine-fluoxetine hcl	18
norlyroc	91	olmesartan medoxomil	54
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ondansetron	22	OZEMPIC (0.25 OR 0.5 MG/DOSE)	49
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OPTICHAMBER DIAMOND-MD MASK	105	paroex	66
OPTICHAMBER DIAMOND-SM MASK	105	paromomycin sulfate	6
OPTICHAMBER FACE MASK-LARGE	105	paroxetine hcl	20
OPTICHAMBER FACE MASK-MEDIUM	105	paroxetine hcl er	20
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oxazepam	47	PEGANONE	17
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oxiconazole nitrate	23	PEGASYS PROCLICK	96
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OXYCODONE-ASPIRIN	4	PENICILLIN G SODIUM	10

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PENTACEL	99	PIRFENIDONE	114
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pentazocine-naloxone hcl	5	pirmella 7/7/7	89
pentoxifylline er	59	piroxicam	1
perindopril erbumine	54	PLENVU	75
perlogard	66	POCKET CHAMBER	105
permethrin	70	POCKET SPACER	105
perphenazine	21	podofilox	69
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phenelzine sulfate	19	posaconazole	23
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phenytoin infatabs	17	potassium citrate er	72
phenytoin sodium extended	17	potassium citrate-citric acid	80
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pilocarpine hcl	66,110	praziquantel	36
pimecrolimus	68	prazosin hcl	53
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pimtrea	89	PREDNISOLONE ACETATE	109
pindolol	56	prednisolone sodium phosphate	81
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**Hindi** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian** E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

**Japanese** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Hmong** Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-776-4466. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

**Ukrainian** Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

**Navajo** D77 ats'77s baa lhly3 47 doodago azee' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-776-4466 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'1l j77k'eh bee an1'1wo.

**Punjabi** ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਰੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਰੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្តល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մեզ քոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպիչի հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերին իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

This formulary was updated on **04/18/2024** . For more recent information or other questions, please contact Blue Shield of California Customer Service, at **(888) 802-4599** or, for TTY users, **711**, 7 a.m. to 8 p.m., seven days a week, or visit **blueshieldca.com/calpers**.

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