



Blue Shield 65 Plus (HMO)

2025 Formulary

(List of Covered Drugs
or "Drug List")

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

Formulary ID: 25362

This formulary was updated on 10/01/2024 . For more recent information or other questions, please contact Blue Shield 65 Plus Customer Service, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit blueshieldca.com/medformulary2025.

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

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Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Blue Shield of California. When it refers to “plan” or “our plan,” it means Blue Shield 65 Plus.

This document includes Drug List (formulary) for our plan which is current as of 10/01/2024 . An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025 and from time to time during the year.

What is the Blue Shield 65 Plus formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: blueshieldca.com/medformulary2025.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand-name drug, or original biological product we may not tell you in advance before we make an immediate change, but we will later provide you with

information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below entitled "How do I request an exception to the Blue Shield 65 Plus's Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reason, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Blue Shield 65 Plus Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2024 . 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/medformulary2025.

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 113. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 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 65 Plus's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, 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.

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

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage, 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. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Our transition policy applies to members who are stabilized on:

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

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,

- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

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

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

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

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

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a

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

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

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

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

For more information

For more detailed information about your 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 113 .

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 | |
| inj | Injectable Drugs | |
| spec | Specialty Tier Drugs | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|-----------------------------------|
| ANALGESICS | | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | | |
| BUTALBITAL-ASPIRIN-CAFFEINE (50-325-40 MG CAP, 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 3 % gel</i> | gen | PA, QL (100 PER 30 DAYS) |
| <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 | |
| FLURBIPROFEN (50 MG TAB, 100 MG TAB) | gen | |
| <i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i> | gen | |
| <i>ibuprofen (100 mg/5ml suspension, 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 | |

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>piroxicam (10 mg cap, 20 mg cap)</i> | gen | |
| <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> | inj | 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 |
| <i>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)</i> | gen | PA, QL (2 PER 1 DAYS), NDS |
| <i>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)</i> | 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 |
|---|------------------|----------------------------|
| <i>tramadol hcl (er biphasic) (biphasic) 100 mg tab er 24h, biphasic) 200 mg tab er 24h, 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

| | | |
|--|-----|------------------------------------|
| ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION) | gen | QL (1800 PER 30 OVER TIME), NDS |
| <i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i> | gen | QL (12 PER 1 DAYS), NDS |
| <i>acetaminophen-codeine 300-60 mg tab</i> | gen | QL (6 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>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 |
| <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 |

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>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, EDC |
| <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>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, EDC |
| <i>morphine sulfate (concentrate) ((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 (1000 PER 30 OVER TIME), NDS |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i> | gen | QL (112 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 |

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 |
|--|-----------|-----------------------|
| ANESTHETICS | | |
| LOCAL ANESTHETICS | | |
| <i>lidocaine 5 % ointment</i> | gen | QL (50 PER 30 DAYS) |
| <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 DAYS) |
| <i>lidocan 5 % patch</i> | gen | PA, QL (3 PER 1 DAYS) |
| NAYZILAM 5 MG/0.1ML SOLUTION | npd | QL (10 PER 30 DAYS) |
| <i>premium lidocaine 5 % ointment</i> | gen | QL (50 PER 30 DAYS) |
| 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) |
| <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) |
| OPIOID REVERSAL AGENTS | | |
| <i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsy, 0.4 mg/ml solution, 2 mg/2ml soln prsy, 4 mg/10ml solution)</i> | gen | |
| <i>naloxone hcl 4 mg/0.1ml liquid</i> | gen | QL (2 PER 30 DAYS) |
| <i>naltrexone hcl 50 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 |
|--|-----------|--------------------------|
| 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 & 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> | inj | |
| ARIKAYCE 590 MG/8.4ML SUSPENSION | spec | PA, LA, QL (235.2 PER 28 DAYS) |
| <i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i> | gen | |
| <i>gentamicin sulfate 40 mg/ml solution</i> | inj | |
| <i>neomycin sulfate 500 mg tab</i> | gen | |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN | inj | |
| <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> | inj | |

ANTIBACTERIALS, OTHER

| | | |
|--|------|-----------------------------|
| <i>aztreonam (1 gm recon soln, 2 gm recon soln)</i> | inj | |
| CAYSTON 75 MG RECON SOLN | spec | PA, LA, QL (84 PER 28 DAYS) |
| CLEOCIN 100 MG SUPPOS | brd | |
| <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 (9 gm/60ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i> | inj | |
| <i>clindamycin phosphate 2 % 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 |
|---|-----------|---------------------|
| <i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i> | inj | |
| CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION) | inj | |
| CLINDESSE 2 % CREAM | brd | |
| <i>colistimethate sodium (cba) 150 mg recon soln</i> | inj | |
| <i>daptomycin (350 mg recon soln, 500 mg recon soln)</i> | spec | |
| <i>fosfomycin tromethamine 3 gm packet</i> | gen | QL (1 PER 30 DAYS) |
| <i>lincomycin hcl 300 mg/ml solution</i> | inj | |
| <i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i> | gen | PA |
| <i>linezolid 600 mg/300ml solution</i> | inj | |
| LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION | spec | |
| <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> | inj | |
| <i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml 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> | inj | |
| <i>rosadan (0.75 % cream, 0.75 % gel)</i> | gen | |
| <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, 1.75 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i> | inj | |
| <i>vancomycin hcl (125 mg cap, 250 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 |
|--|------------------|--------------------------------|
| <i>vancomycin hcl (50 mg/ml recon soln, 250 mg/5ml recon soln)</i> | gen | PA, QL (450 PER 30 OVER TIME) |
| <i>vancomycin hcl 5 gm recon soln</i> | inj | PA - PART B VS D DETERMINATION |
| VANDAZOLE 0.75 % GEL | brd | |
| XIFAXAN 200 MG TAB | npd | PA, QL (9 PER 30 OVER TIME) |
| XIFAXAN 550 MG TAB | npd | PA, QL (3 PER 1 DAYS) |

BETA-LACTAM, CEPHALOSPORINS

| | | |
|--|-----|--|
| CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP) | gen | |
| CEFACLOR ER 500 MG TAB ER 12H | gen | |
| <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> | inj | |
| <i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i> | gen | |
| CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION) | inj | |
| <i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i> | gen | |
| <i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i> | npd | |
| <i>cefloxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i> | inj | |
| <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> | inj | |
| <i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i> | inj | |
| <i>cefuroxime axetil (250 mg tab, 500 mg tab)</i> | gen | |
| <i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i> | inj | |

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>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 | |
| TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN) | inj | |
| 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 | |
| <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> | inj | |
| <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> | inj | |
| AUGMENTIN 125-31.25 MG/5ML RECON SUSP | brd | |
| BICILLIN C-R 1200000 UNIT/2ML SUSPENSION | inj | |
| BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION | inj | |
| BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR) | inj | |
| <i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i> | gen | |
| <i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i> | inj | |
| <i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i> | inj | |

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 |
|--|-----------|---------------------|
| PENICILLIN G SODIUM 5000000 UNIT RECON SOLN | inj | |
| <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) | inj | |
| <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> | inj | |

CARBAPENEMS

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

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> | inj | |
| <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> | inj | |
| ERYTHROCIN STEARATE 250 MG TAB | brd | |
| <i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</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>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 | |
| <i>erythromycin lactobionate 500 mg recon soln</i> | inj | |

QUINOLONES

| | | |
|--|-----|--------------------------------|
| 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, 250 mg tab, 500 mg tab, 750 mg tab)</i> | gen | |
| <i>ciprofloxacin in d5w 200 mg/100ml solution</i> | inj | |
| <i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i> | gen | |
| <i>levofloxacin 25 mg/ml solution</i> | inj | |
| <i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i> | inj | |
| <i>moxifloxacin hcl 400 mg tab</i> | gen | |
| MOXIFLOXACIN HCL 400 MG/250ML SOLUTION | inj | PA - PART B VS D DETERMINATION |
| MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION | inj | PA - PART B VS D DETERMINATION |
| <i>ofloxacin (300 mg tab, 400 mg tab)</i> | gen | |

SULFONAMIDES

| | | |
|--|-----|--|
| <i>sulfadiazine 500 mg tab</i> | gen | |
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i> | gen | |
| <i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i> | inj | |
| <i>sulfatrim pediatric 200-40 mg/5ml suspension</i> | gen | |

TETRACYCLINES

| | | |
|---------------------------|-----|--|
| <i>avidoxy 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>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 | |
| <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 |

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 |
|---|------------------|---|
| 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) |
| <i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg & 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</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 & 14x100 mg kit</i> | gen | |
| <i>lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i> | gen | |
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 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 & 14x100 mg kit</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>subvenite starter kit-orange 42 x 25 mg & 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 | |
| <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> | inj | |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i> | gen | |
| XCOPRI (150 MG TAB, 200 MG TAB) | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB) | spec | QL (1 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-AMINO BUTYRIC ACID (GABA) MODULATING 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 DAYS) |
| DIAZEPAM 2.5 MG GEL | gen | QL (5 PER 30 DAYS) |
| <i>diazepam 20 mg gel</i> | gen | QL (40 PER 30 DAYS) |
| <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) |
| <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) |
| LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM) | spec | QL (10 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|---|
| <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 DAYS) |
| VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK | spec | QL (10 PER 30 DAYS) |
| VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK | spec | QL (10 PER 30 DAYS) |
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID | spec | QL (10 PER 30 DAYS) |
| <i>vigabatrin 500 mg packet</i> | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigabatrin 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 |
| VIGAFYDE 100 MG/ML SOLUTION | spec | LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigpoder 500 mg packet</i> | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZTALMY 50 MG/ML SUSPENSION | spec | LA, QL (36 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, 200 mg/10ml suspension)</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 | |

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 |
|--|------------------|--|
| DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION) | brd | |
| DILANTIN INFATABS 50 MG CHEW TAB | brd | |
| DILANTIN-125 125 MG/5ML SUSPENSION | brd | |
| <i>epitol 200 mg tab</i> | gen | |
| <i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i> | gen | QL (40 PER 1 DAYS) |
| <i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | gen | QL (2 PER 1 DAYS) |
| <i>lacosamide 200 mg/20ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| <i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i> | gen | |
| <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) |
| XCOPRI (250 MG DAILY 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 (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 |
| 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) |

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 |
|--|-----------|--------------------------|
| 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 | |
| <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 DAYS) |
| <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 & 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 | npd | 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 (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) |

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 |
|--|-----------|---|
| 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 |
| <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 | |
| 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 | |

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 |
|--|-----------|-----------------------|
| FLUOXETINE HCL (PMDD) ((PMDD) 10 MG TAB, (PMDD) 20 MG TAB) | gen | |
| FLUOXETINE HCL 90 MG CAP DR | gen | QL (4 PER 28 DAYS) |
| <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) |
| <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) |
| <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 |

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>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 |
| <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 5 MG TAB DISP | gen | PA, QL (12 PER 1 DAYS) |
| <i>metoclopramide hcl 5 mg/ml solution</i> | inj | |
| <i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i> | gen | |
| <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, EDC |
| <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 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)</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>aprepitant 40 mg cap</i> | gen | PA, QL (1 PER 30 DAYS) |
| <i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i> | gen | PA, QL (6 PER 1 DAYS) |
| <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>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i> | inj | PA |
| <i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i> | gen | |
| <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> | inj | |
| <i>flucytosine (250 mg cap, 500 mg cap)</i> | gen | |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i> | gen | |
| <i>griseofulvin ultramicronsize (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 | |

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>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i> | gen | |
| <i>klayesta 100000 unit/gm powder</i> | gen | |
| LULICONAZOLE 1 % CREAM | gen | ST |
| <i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i> | inj | |
| MICONAZOLE 3 200 MG SUPPOS | gen | |
| <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> | inj | 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) |
| <i>probenecid 500 mg tab</i> | gen | |

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

| | | |
|---|-----|------------------------|
| AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ) | brd | PA, QL (1 PER 28 DAYS) |
|---|-----|------------------------|

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 |
|---------------------------------|-----------|-------------------------|
| NURTEC 75 MG TAB DISP | spec | PA, QL (16 PER 30 DAYS) |
| UBRELVY (50 MG TAB, 100 MG TAB) | spec | PA, QL (16 PER 30 DAYS) |

ERGOT ALKALOIDS

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

SEROTONIN (5-HT) RECEPTOR AGONIST

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

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

| | | |
|--|-----|--|
| <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 | |

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

| | | |
|--|-----|--|
| <i>dapsone (25 mg tab, 100 mg tab)</i> | gen | |
| <i>rifabutin 150 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 |
|--|-----------|---------------------|
| ANTITUBERCULARS | | |
| <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 | |
| 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> | inj | |
| SIRTURO (20 MG TAB, 100 MG TAB) | spec | PA |
| TRECTOR 250 MG TAB | npd | |

ANTINEOPLASTICS

ALKYLATING AGENTS

| | | |
|---|------|--------------------------------|
| CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) | brd | PA - PART B VS D DETERMINATION |
| GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP) | brd | |
| 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 |

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 |

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 |
|-------------------------------|------------------|---|
| 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 |

ANTIESTROGENS/MODIFIERS

| | | |
|---|------|--|
| <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 | |

ANTIMETABOLITES

| | | |
|----------------------------------|------|---|
| <i>mercaptopurine 50 mg tab</i> | gen | |
| ONUREG (200 MG TAB, 300 MG TAB) | spec | QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| PURIXAN 2000 MG/100ML SUSPENSION | spec | LA, PA - FOR NEW STARTS ONLY |
| TABLOID 40 MG TAB | brd | |

ANTINEOPLASTICS, OTHER

| | | |
|--|------|---|
| 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 |
| FRUZAQLA 1 MG CAP | spec | LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|--|
| FRUZAQLA 5 MG CAP | spec | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| <i>hydroxyurea 500 mg cap</i> | gen | |
| INQOVI 35-100 MG TAB | spec | LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| IWILFIN 192 MG TAB | spec | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i> | inj | |
| <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 DAYS), PA - FOR NEW STARTS ONLY |
| LONSURF 20-8.19 MG TAB | spec | LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LYSODREN 500 MG TAB | brd | |
| OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| QINLOCK 50 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| WELIREG 40 MG TAB | spec | LA, QL (3 PER 1 DAYS), 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 |
| <i>letrozole 2.5 mg tab</i> | gen |

ENZYME INHIBITORS

| | | |
|---|------|---|
| TRUQAP (160 MG TAB THPK, 200 MG TAB THPK) | spec | LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
|---|------|---|

MOLECULAR TARGET INHIBITORS

| | | |
|----------------------------------|------|---|
| 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 |

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 |
|--|------------------|--|
| ALUNBRIG 90 & 180 MG TAB THPK | spec | LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB) | spec | LA, QL (1 PER 1 DAYS), 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 CAP | spec | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 100 MG TAB | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 50 MG CAP | spec | QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BRAFTOVI 75 MG CAP | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BRUKINSA 80 MG CAP | spec | LA, QL (4 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 |
| 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 DAYS), PA - FOR NEW STARTS ONLY |
| COTELLIC 20 MG TAB | spec | LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib (100 mg tab, 140 mg tab)</i> | 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 |
|--|------------------|---|
| <i>dasatinib (70 mg tab, 80 mg tab)</i> | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib 20 mg tab</i> | spec | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib 50 mg tab</i> | spec | QL (3 PER 1 DAYS), 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 |
| FOTIVDA (0.89 MG CAP, 1.34 MG CAP) | spec | LA, QL (21 PER 28 DAYS), 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 DAYS), 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 |
| IDHIFA (50 MG TAB, 100 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) | 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.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|--|
| IMBRUVICA 140 MG CAP | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA 70 MG/ML SUSPENSION | spec | LA, QL (216 PER 30 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 |
| INREBIC 100 MG CAP | spec | 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 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (400 MG DOSE) 200 MG TAB THPK | spec | QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (600 MG DOSE) 200 MG TAB THPK | spec | QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK | spec | QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK | spec | QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK | spec | QL (91 PER 28 DAYS), 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>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 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|--|
| LENVIMA (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 |
| 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 |
| 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 DAYS), PA - FOR NEW STARTS ONLY |
| LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK | spec | LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK | spec | LA, QL (140 PER 28 DAYS), 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 |
| NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) | spec | QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY |
| ODOMZO 200 MG CAP | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 100 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.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|---|
| OGSIVEO 150 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 50 MG TAB | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OJEMDA 100 MG TAB | spec | LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| OJEMDA 25 MG/ML RECON SUSP | spec | LA, QL (96 PER 28 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 (30 PER 30 DAYS), 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 |
| RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB) | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 40 MG CAP | spec | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 40 MG TAB | spec | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 80 MG CAP | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| REZLIDHIA 150 MG CAP | spec | LA, QL (2 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 |
| 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 100 MG TAB | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SCEMBLIX 20 MG TAB | spec | QL (20 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 |
|---|------------------|--|
| 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 |
| 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 |
| 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 |
| 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 |
| TAGRISSE (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 |
| TAZVERIK 200 MG TAB | spec | LA, QL (8 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 |

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 |
|--|------------------|---|
| TRUQAP (160 MG TAB, 200 MG TAB) | spec | LA, QL (64 PER 28 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 | 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 |
| VANFLYTA 17.7 MG TAB | spec | LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| VANFLYTA 26.5 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 10 MG TAB | brd | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 100 MG TAB | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| 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 |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | spec | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | spec | LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | spec | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|---|
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | spec | LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK | spec | LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | spec | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK | spec | LA, QL (32 PER 28 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 |
| 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 DAYS), 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

| | | |
|---------------------------------|------|---|
| HEMADY 20 MG TAB | npd | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>mesna 100 mg/ml solution</i> | inj | |
| 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 | |
| <i>praziquantel 600 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 |
|--|-----------|--------------------------------|
| 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 DAYS) |
| <i>chloroquine phosphate 500 mg tab</i> | gen | QL (25 PER 30 DAYS) |
| 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) |

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

| | |
|---|-----|
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | gen |
| <i>benztropine mesylate 1 mg/ml solution</i> | inj |
| <i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i> | gen |

ANTIPARKINSON AGENTS, OTHER

| | |
|--|-----|
| <i>amantadine hcl (50 mg/5ml solution, 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>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) |

DOPAMINE AGONISTS

| | | |
|---|------|-------------------|
| <i>apomorphine hcl 30 mg/3ml soln cart</i> | spec | PA |
| <i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i> | gen | |
| <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) |

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

| | | |
|---|-----|--|
| <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 | |

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

| | | |
|---|-----|-------------------|
| <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 | |

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 |
|--|-----------|--------------------------------|
| ANTIPSYCHOTICS | | |
| 1ST GENERATION/TYPICAL | | |
| <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> | inj | |
| <i>fluphenazine decanoate 25 mg/ml solution</i> | inj | |
| 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 | inj | |
| <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> | inj | |
| <i>haloperidol lactate 2 mg/ml conc</i> | gen | |
| <i>haloperidol lactate 5 mg/ml solution</i> | inj | |
| <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 | |
| <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) |

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>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 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR | spec | QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR | spec | QL (1.5 PER 28 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR | inj | QL (0.25 PER 28 DAYS), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | spec | QL (0.5 PER 28 DAYS), 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) |

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>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> | inj | |
| <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 DAYS), 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 12.5 mg, er 25 mg)</i> | inj | PA - PART B VS D DETERMINATION |
| <i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i> | spec | 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> | inj | |
| ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP) | inj | 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 |
|--|-----------|--|
| 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) |
| <i>baclofen 15 mg tab</i> | 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

| | | |
|---|------|----------------------------|
| LIVTENCITY 200 MG TAB | spec | PA, LA, QL (4 PER 1 DAYS) |
| 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) |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | gen | QL (18 PER 1 DAYS) |

ANTI-HEPATITIS B (HBV) AGENTS

| | | |
|---|-----|--------------------|
| <i>adefovir dipivoxil 10 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| BARACLUDGE 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

| | | |
|-----------------------|------|-----------------------|
| MAVYRET 100-40 MG TAB | spec | PA, 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 |
|---|-----------|--------------------------------|
| MAVYRET 50-20 MG PACKET | spec | PA, QL (6 PER 1 DAYS) |
| <i>ribavirin (200 mg cap, 200 mg tab)</i> | gen | |
| <i>ribavirin 6 gm recon soln</i> | spec | PA - PART B VS D DETERMINATION |

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

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

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 |
|--|-----------|---------------------|
| 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) |
| DESCOVY (120-15 MG TAB, 200-25 MG TAB) | brd | 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 DAYS) |
| <i>zidovudine 100 mg cap</i> | gen | QL (6 PER 1 DAYS) |
| <i>zidovudine 300 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>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 DAYS), PA - PART B VS D DETERMINATION |
| CABENUVA 600 & 900 MG/3ML SUSP | spec | QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| FUZEON 90 MG RECON SOLN | spec | QL (60 PER 30 DAYS) |
| <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) |
| 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 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) |
| <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 CAP | brd | |
| 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) |

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 |
|-------------------------------|-----------|---------------------|
| 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) |

ANTI-INFLUENZA AGENTS

| | | |
|---|-----|-----------------------------|
| <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) 1 X 40 MG TAB THPK | npd | QL (2 PER 30 OVER TIME) |
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK | npd | QL (1 PER 30 OVER TIME) |

ANTIHERPETIC AGENTS

| | | |
|--|-----|--------------------------------|
| <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> | inj | PA - PART B VS D DETERMINATION |
| <i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i> | gen | |
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i> | gen | |

ANTIVIRAL, CORONAVIRUS AGENTS

| | | |
|--|-----|---------------------|
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK | brd | QL (20 PER 30 DAYS) |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK | brd | QL (30 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| ANXIOLYTICS | | |
| ANXIOLYTICS, OTHER | | |
| <i>bupirone 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 | |
| BENZODIAZEPINES | | |
| <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) |
| <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) |

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>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 | |

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

| | | |
|---|-----|-------------------|
| <i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | |
| <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) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| JENTADUETO (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 | |
| <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) |
| MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ) | brd | PA, QL (2 PER 28 DAYS) |
| <i>nateglinide (60 mg tab, 120 mg tab)</i> | gen | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | brd | PA, QL (3 PER 28 DAYS) |
| OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN | brd | PA, QL (3 PER 28 DAYS) |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN | brd | PA, QL (3 PER 28 DAYS) |
| <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) |
| TRADJENTA 5 MG TAB | brd | QL (1 PER 1 DAYS) |
| TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ) | brd | PA, QL (2 PER 28 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| XIGDUO XR (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) |

GLYCEMIC AGENTS

| | | |
|---|-----|-------------------------|
| BAQSIMI ONE PACK 3 MG/DOSE POWDER | brd | QL (2 PER 30 OVER TIME) |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER | brd | QL (2 PER 30 OVER TIME) |
| <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) |

INSULINS

| | | |
|--|-----|-------------------------------------|
| HUMALOG 100 UNIT/ML SOLN CART | brd | INS |
| HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN | brd | INS |
| HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN) | brd | INS |
| HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN | brd | INS |
| HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION | brd | INS |
| HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN | brd | INS |
| HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION | brd | INS |
| HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN | brd | INS |
| HUMULIN N 100 UNIT/ML SUSPENSION | brd | INS |
| HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN | brd | INS |
| HUMULIN R 100 UNIT/ML SOLUTION | brd | INS |
| HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION | brd | PA - PART B VS D DETERMINATION, INS |
| HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN | brd | INS |
| INSULIN LISPRO (1 UNIT DIAL) 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 100 UNIT/ML SOLUTION | brd | INS |
| INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN | brd | INS |
| INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN | brd | INS |
| LANTUS 100 UNIT/ML SOLUTION | brd | QL (40 PER 30 DAYS), INS |
| LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN | brd | QL (45 PER 30 DAYS), INS |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN | brd | QL (18 PER 28 DAYS), INS |
| TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN | brd | QL (18 PER 28 DAYS), INS |
| TRESIBA 100 UNIT/ML SOLUTION | brd | QL (30 PER 30 DAYS), INS |
| TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN | brd | QL (30 PER 30 DAYS), INS |
| TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN | brd | QL (27 PER 30 DAYS), INS |

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

| | | |
|--|------|---------------------------|
| <i>dabigatran etexilate mesylate (75 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> | inj | QL (60 PER 30 DAYS) |
| <i>enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)</i> | inj | QL (48 PER 30 DAYS) |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i> | inj | QL (18 PER 30 DAYS) |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i> | inj | QL (24 PER 30 DAYS) |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i> | inj | QL (36 PER 30 DAYS) |
| <i>fondaparinux sodium 10 mg/0.8ml solution</i> | spec | QL (24 PER 30 DAYS) |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i> | inj | QL (15 PER 30 DAYS) |
| <i>fondaparinux sodium 5 mg/0.4ml solution</i> | spec | QL (12 PER 30 DAYS) |
| <i>fondaparinux sodium 7.5 mg/0.6ml solution</i> | spec | QL (18 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|--------------------------------|
| <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 |
| <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) | inj | 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 |

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 |
|---|-----------|---------------------|
| RETACRIT 40000 UNIT/ML SOLUTION | spec | PA |
| ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) | spec | PA |

HEMOSTASIS AGENTS

| | | |
|-----------------------------------|-----|-----------------------------|
| MEPHYTON 5 MG TAB | brd | QL (5 PER 7 OVER TIME), EDC |
| <i>phytonadione 5 mg tab</i> | gen | QL (5 PER 7 OVER TIME), EDC |
| <i>tranexamic acid 650 mg tab</i> | gen | QL (1 PER 1 DAYS) |

PLATELET MODIFYING AGENTS

| | | |
|---|------|---------------------------|
| <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) |

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

| | | |
|---|------|-------------------------------|
| <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 DAYS) |
| <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 | |

ALPHA-ADRENERGIC BLOCKING AGENTS

| | | |
|--|-----|--|
| <i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 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>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 | |

ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|---|-----|-------------------|
| <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 | |

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

| | | |
|--|-----|--------------------|
| <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 | |

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 |
|--|-----------|---------------------|
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i> | gen | |
| <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>disopyramide phosphate (100 mg cap, 150 mg cap)</i> | gen | |
| <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)</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 | |

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>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 | |
| <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 | |
| <i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</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 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 |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

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 | |
| <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 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 | |

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 |
|---|-----------|------------------------|
| 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 | |
| <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 | |
| <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/5ML SOLUTION | npd | PA, QL (20 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) |

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 |
|--|------------------|----------------------------|
| ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK) | brd | QL (8 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>ivabradine hcl (5 mg tab, 7.5 mg tab)</i> | gen | PA, QL (2 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 | |
| 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 | |
| TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER) | gen | |
| <i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 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>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) |

DIURETICS, LOOP

| | | |
|---|-----|--|
| <i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | gen | |
| <i>bumetanide 0.25 mg/ml solution</i> | inj | |
| <i>furosemide (8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i> | gen | |
| <i>furosemide 10 mg/ml solution</i> | inj | |
| <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 | |
| <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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|--------------------------|
| DYSLIPIDEMICS, 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 | |
| <i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | gen | |
| DYSLIPIDEMICS, OTHER | | |
| <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 (ANTHYPERLIPIDEMIC) 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 DAYS) |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART | brd | PA, QL (3.5 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 |
|--|-----------|------------------------|
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ | brd | PA, QL (2 PER 28 DAYS) |

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

| | | |
|----------------------------------|-----|-------------------|
| FARXIGA (5 MG TAB, 10 MG TAB) | brd | QL (1 PER 1 DAYS) |
| JARDIANCE (10 MG TAB, 25 MG TAB) | brd | QL (1 PER 1 DAYS) |

VASODILATORS, DIRECT-ACTING ARTERIAL

| | | |
|--|-----|--|
| <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 | |
| <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 DAYS) |
| NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB) | brd | |

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

| | | |
|--------------------------------------|-----|-----------------------|
| <i>amphetamine sulfate 10 mg tab</i> | gen | ST, 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 |
|--|------------------|----------------------------|
| <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) |
| <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) |
|--|-----|-------------------|

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>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) |
| <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) |

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 |
|--|-----------|-----------------------------------|
| CENTRAL NERVOUS SYSTEM, OTHER | | |
| <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 |
| <i>esgic 50-325-40 mg cap</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| 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) |
| VEOZAH 45 MG TAB | npd | PA, QL (1 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 DAYS) |
| <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 & 240 mg cpdr thpk</i> | spec | PA, LA, QL (2 PER 1 DAYS) |
| <i>fingolimod hcl 0.5 mg cap</i> | spec | PA, QL (1 PER 1 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|----------------------------|
| <i>glatiramer acetate 20 mg/ml soln prsyr</i> | spec | PA, QL (30 PER 30 DAYS) |
| <i>glatiramer acetate 40 mg/ml soln prsyr</i> | spec | PA, QL (12 PER 28 DAYS) |
| <i>glatopa 20 mg/ml soln prsyr</i> | spec | PA, QL (30 PER 30 DAYS) |
| <i>glatopa 40 mg/ml soln prsyr</i> | spec | PA, QL (12 PER 28 DAYS) |
| <i>teriflunomide (7 mg tab, 14 mg tab)</i> | npd | PA, QL (1 PER 1 DAYS) |

DENTAL AND ORAL AGENTS

| | | |
|--|------|--------------------------------|
| <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>acutane (10 mg cap, 20 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, 0.3 % gel)</i> | gen | PA |
| <i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i> | gen | |
| <i>azelaic acid 15 % gel</i> | gen | QL (50 PER 30 DAYS) |
| <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>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, 40 mg cap)</i> | gen | |
| <i>sulfacetamide sodium (acne) 10 % lotion</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>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</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 % cream, 0.05 % ointment)</i> | gen | |
| <i>ammonium lactate (12 % cream, 12 % lotion)</i> | gen | |
| <i>anucort-hc 25 mg suppos</i> | gen | EDC |
| <i>anusol-hc 25 mg suppos</i> | gen | EDC |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i> | gen | |
| <i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i> | gen | |
| <i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i> | gen | |
| <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 e 0.05 % cream</i> | gen | |
| <i>clobetasol propionate emulsion 0.05 % foam</i> | gen | PA |
| <i>clodan 0.05 % shampoo</i> | gen | |
| <i>desonide (0.05 % cream, 0.05 % lotion, 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)</i> | gen | ST |
| <i>desrx 0.05 % gel</i> | gen | PA |
| DIFLORASONE DIACETATE 0.05 % CREAM | 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>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 | |
| <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 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 DAYS) |
| <i>hemmorex-hc 25 mg suppos</i> | gen | EDC |
| <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 acetate 25 mg suppos</i> | gen | EDC |
| <i>hydrocortisone butyrate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i> | gen | ST |
| <i>hydrocortisone valerate 0.2 % cream</i> | gen | ST |
| <i>hydrocortisone valerate 0.2 % ointment</i> | gen | |
| <i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i> | gen | |
| <i>nolix 0.05 % lotion</i> | gen | PA |
| <i>pimecrolimus 1 % cream</i> | gen | QL (100 PER 30 DAYS) |
| <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 DAYS) |
| <i>tovet 0.05 % foam</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>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 | |

DERMATOLOGICAL AGENTS, OTHER

| | | |
|---|------|-------------------------------|
| <i>alcohol wipes 70 % misc</i> | gen | |
| ANALPRAM-HC 2.5-1 % LOTION | brd | |
| <i>avar-e emollient 10-5 % cream</i> | gen | EDC |
| <i>avar-e green 10-5 % cream</i> | gen | EDC |
| <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, QL (400 PER 30 OVER TIME) |
| <i>calcitrene 0.005 % ointment</i> | gen | |
| CALCITRIOL 3 MCG/GM OINTMENT | gen | QL (800 PER 28 OVER TIME) |
| <i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i> | gen | |
| <i>cvs isopropyl alcohol wipes 70 % misc</i> | gen | |
| 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 DAYS) |
| <i>isopropyl alcohol 70 % misc</i> | gen | |
| <i>isopropyl alcohol wipes 70 % misc</i> | gen | |
| <i>medpura alcohol pads 70 % misc</i> | gen | |
| <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 (20 MG TAB, 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 | |

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 |
|---|-----------|---|
| PROCTOFOAM HC 1-1 % FOAM | brd | |
| <i>qc alcohol 70 % misc</i> | gen | |
| <i>ra isopropyl alcohol wipes 70 % misc</i> | gen | |
| REGRANEX 0.01 % GEL | brd | PA, QL (15 PER 2 OVER TIME) |
| SANTYL 250 UNIT/GM OINTMENT | brd | QL (180 PER 30 DAYS) |
| <i>silver sulfadiazine 1 % cream</i> | gen | |
| <i>ssd 1 % cream</i> | gen | |
| <i>sss 10-5 10-5 % cream</i> | gen | |
| SSS 10-5 10-5 % FOAM | gen | EDC |
| <i>sulfacetamide sodium-sulfur (10-5 % lotion, 10-5 % suspension)</i> | gen | EDC |
| <i>sulfacetamide sodium-sulfur 10-5 % cream</i> | gen | |
| TOLAK 4 % CREAM | brd | |
| VALCHLOR 0.016 % GEL | spec | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |

PEDICULICIDES/SCABICIDES

| | | |
|-------------------------------|-----|----------------------|
| <i>malathion 0.5 % lotion</i> | gen | |
| <i>permethrin 5 % cream</i> | gen | |
| SPINOSAD 0.9 % SUSPENSION | gen | QL (240 PER 30 DAYS) |

TOPICAL ANTI-INFECTIVES

| | | |
|--|-----|-------------------------|
| <i>acyclovir 5 % cream</i> | gen | PA, QL (5 PER 30 DAYS) |
| <i>acyclovir 5 % ointment</i> | gen | PA, QL (30 PER 30 DAYS) |
| <i>ciclodan 8 % solution</i> | gen | |
| <i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i> | gen | |
| <i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i> | gen | |
| <i>clindacin 1 % foam</i> | gen | |
| <i>clindacin etz 1 % swab</i> | gen | |
| <i>clindacin-p 1 % swab</i> | gen | |
| <i>clindamycin phosphate (1 % foam, 1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i> | gen | |
| <i>dapsone (5 % gel, 7.5 % gel)</i> | gen | PA, QL (90 PER 30 DAYS) |
| ERY 2 % PAD | gen | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|------------------------|
| <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 DAYS) |

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

| | | |
|--|-----|--------------------------------|
| AMINOSYN II 10 % SOLUTION | inj | PA - PART B VS D DETERMINATION |
| AMINOSYN-PF 10 % SOLUTION | inj | PA - PART B VS D DETERMINATION |
| <i>dextrose (5 % solution, 10 % solution)</i> | inj | |
| <i>dextrose in lactated ringers 5 % solution</i> | inj | |
| <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> | inj | |
| <i>effer-k 25 meq effer tab</i> | gen | EDC |
| <i>k-prime 25 meq effer tab</i> | gen | |
| KCL (0.149%) IN NAACL 20-0.9 MEQ/L-% SOLUTION | inj | |
| KCL (0.298%) IN NAACL 40-0.9 MEQ/L-% SOLUTION | inj | |
| <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> | inj | |
| KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION | inj | |
| <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>klor-con/ef 25 meq effer tab</i> | gen | EDC |
| <i>lactated ringers solution</i> | inj | |

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>magnesium sulfate 50 % solution</i> | inj | |
| MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | gen | EDC |
| MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION | gen | EDC |
| <i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i> | gen | EDC |
| MULTIVITAMIN W/FLUORIDE (W/FLUORIDE 0.25 MG CHEW TAB, W/FLUORIDE 0.5 MG CHEW TAB, W/FLUORIDE 1 MG CHEW TAB) | gen | EDC |
| MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB) | gen | EDC |
| <i>multivitamins/fluoride 0.5 mg chew tab</i> | gen | EDC |
| <i>nafrinse 2.2 (1 f) mg chew tab</i> | gen | |
| NORMOSOL-M IN D5W SOLUTION | inj | |
| POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | gen | EDC |
| <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> | inj | |
| <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 | |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i> | inj | |
| <i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i> | inj | |
| <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 | inj | PA - PART B VS D DETERMINATION |
| <i>prenatal vitamins</i> | brd | |
| QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | gen | EDC |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|--------------------------------|
| <i>ringers solution</i> | inj | |
| <i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i> | inj | |
| <i>sodium chloride (pf) 0.9 % solution</i> | inj | |
| <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 | |
| TPN ELECTROLYTES CONC | inj | PA - PART B VS D DETERMINATION |

ELECTROLYTE/MINERAL/METAL MODIFIERS

| | | |
|---|------|-----------------------|
| CHEMET 100 MG CAP | brd | |
| <i>clovique 250 mg cap</i> | spec | PA, QL (8 PER 1 DAYS) |
| <i>deferasirox (250 mg tab sol, 500 mg tab sol)</i> | spec | |
| <i>deferasirox 125 mg tab sol</i> | brd | |
| <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) |

POTASSIUM BINDERS

| | | |
|---|-----|--|
| <i>kionex 15 gm/60ml suspension</i> | gen | |
| LOKELMA (5 GM PACKET, 10 GM PACKET) | brd | |
| <i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i> | gen | |
| SPS (SODIUM POLYSTYRENE SULF) (SULF) 15 GM/60ML SUSPENSION, SULF) 30 GM/120ML SUSPENSION) | gen | |

VITAMINS

| | | |
|---|-----|-----|
| <i>cyanocobalamin 1000 mcg/ml solution</i> | gen | EDC |
| <i>dodex 1000 mcg/ml solution</i> | gen | EDC |
| <i>folic acid 1 mg tab</i> | gen | EDC |
| TRI-VITE/FLUORIDE (TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION, TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION) | gen | |
| VITAMINS ACD-FLUORIDE (0.25 MG/ML SOLUTION, 0.5 MG/ML 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 |
|---|-----------|---------------------------|
| 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) |
| <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 | |
| <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) |

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 |
|--|-----------|-------------------------|
| ANTISPASMODICS, GASTROINTESTINAL | | |
| <i>atropine sulfate (0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr)</i> | inj | |
| <i>chlordiazepoxide-clidinium 5-2.5 mg cap</i> | gen | QL (8 PER 1 DAYS), EDC |
| <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 | EDC |
| <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 | EDC |
| <i>hyoscyamine sulfate er 0.375 mg tab er 12h</i> | gen | EDC |
| <i>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i> | gen | EDC |
| <i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i> | gen | |
| <i>nulev 0.125 mg tab disp</i> | gen | EDC |
| <i>oscimin (0.125 mg sl tab, 0.125 mg tab)</i> | gen | EDC |
| <i>oscimin sr 0.375 mg tab er 12h</i> | gen | EDC |
| <i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i> | gen | EDC |
| <i>pb-hyoscy-atropine-scopolamine 16.2 mg/5ml elixir</i> | gen | QL (40 PER 1 DAYS), EDC |
| <i>phenobarbital-belladonna alk 16.2 mg tab</i> | gen | EDC |
| <i>phenobarbital-belladonna alk 16.2 mg/5ml elixir</i> | gen | QL (40 PER 1 DAYS), EDC |
| <i>phenohydro 16.2 mg tab</i> | gen | EDC |
| <i>phenohydro 16.2 mg/5ml elixir</i> | gen | QL (40 PER 1 DAYS), EDC |
| <i>symax-sl 0.125 mg sl tab</i> | gen | EDC |
| <i>symax-sr 0.375 mg tab er 12h</i> | gen | EDC |

GASTROINTESTINAL AGENTS, OTHER

| | | |
|--|-----|--|
| <i>cromolyn sodium 100 mg/5ml conc</i> | gen | |
| GAVILYTE-C 240 GM RECON SOLN | gen | |
| <i>gavilyte-g 236 gm recon soln</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 |
|--|-----------|---------------------|
| GOLYTELY 236 GM RECON SOLN | brd | |
| OMNITROPE 10 MG/1.5ML SOLN CART | spec | PA |
| <i>peg-3350/electrolytes 236 gm recon soln</i> | gen | |
| <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>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i> | gen | |
| NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP) | gen | |

PROTECTANTS

| | | |
|--|-----|--|
| <i>misoprostol (100 mcg tab, 200 mcg tab)</i> | gen | |
| <i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i> | gen | |

PROTON PUMP INHIBITORS

| | | |
|--|-----|-------------------|
| <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> | inj | |
| <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 |
| <i>betaine powder</i> | spec | |
| <i>carglumic acid 200 mg tab sol</i> | 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 |
|--|-----------|------------------------------------|
| CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART) | brd | |
| CYSTAGON (50 MG CAP, 150 MG CAP) | npd | PA, LA |
| CYSTARAN 0.44 % SOLUTION | spec | PA, LA, QL (60 PER 28 DAYS) |
| DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) | brd | |
| ELAPRASE 6 MG/3ML SOLUTION | spec | LA, PA - PART B VS D DETERMINATION |
| <i>l-glutamine 5 gm packet</i> | spec | PA, QL (6 PER 1 DAYS) |
| <i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i> | gen | |
| <i>levocarnitine sf 1 gm/10ml solution</i> | gen | |
| 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 |
| 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 |

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) |
| <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 | npd | QL (1 PER 1 DAYS) |
| MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H) | brd | |
| MYRBETRIQ 8 MG/ML SRER | brd | QL (10 PER 1 DAYS) |
| <i>oxybutynin chloride (5 mg tab, 5 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>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>trospium chloride 20 mg tab</i> | gen | |
| <i>trospium 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 (8 PER 30 DAYS), EDC |
| <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 | EDC |
| ELMIRON 100 MG CAP | brd | |
| <i>penicillamine 250 mg tab</i> | spec | PA |
| <i>phenazo 200 mg tab</i> | gen | EDC |
| <i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i> | gen | EDC |
| <i>phospho-trin k500 500 mg tab</i> | gen | EDC |
| <i>pot & sod cit-cit ac 550-500-334 mg/5ml solution</i> | gen | EDC |
| <i>potassium citrate-citric acid 1100-334 mg/5ml solution</i> | gen | EDC |
| <i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | PA, QL (8 PER 30 DAYS), EDC |
| <i>sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)</i> | gen | EDC |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|-----------------------------|
| <i>taron-crystals 3300-1002 mg packet</i> | gen | EDC |
| <i>tricitrates 550-500-334 mg/5ml solution</i> | gen | EDC |
| <i>vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i> | gen | PA, QL (8 PER 30 DAYS), EDC |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| | | |
|---|------|--------------------------------|
| 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>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 | |
| DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR | inj | |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR | inj | |
| <i>fludrocortisone acetate 0.1 mg tab</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> | inj | |
| <i>methylprednisolone sodium succ 125 mg recon soln</i> | inj | PA - PART B VS D DETERMINATION |
| <i>methylprednisolone sodium succ 40 mg recon soln</i> | inj | |
| <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> | inj | |
| <i>desmopressin acetate pf 4 mcg/ml solution</i> | inj | |
| <i>desmopressin acetate spray 0.01 % solution</i> | gen | |
| INCRELEX 40 MG/4ML SOLUTION | spec | PA, LA |
| OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN) | spec | PA |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

| | | |
|--|-----|-----------------------------|
| MUSE (125 MCG PELLETT, 250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT) | brd | PA, QL (6 PER 30 DAYS), EDC |
|--|-----|-----------------------------|

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

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 | |
| <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 DAYS) |
| <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 DAYS) |
| <i>testosterone 10 mg/act (2%) gel</i> | gen | PA, QL (120 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| <i>testosterone 20.25 mg/1.25gm (1.62%) gel</i> | gen | PA, QL (37.5 PER 30 DAYS) |
| <i>testosterone 30 mg/act solution</i> | gen | PA, QL (180 PER 30 DAYS) |
| <i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i> | gen | |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION | gen | QL (5 PER 30 DAYS) |

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 & 0.01 mg tab</i> | gen |
| <i>amethia lo 0.1-0.02 & 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 & 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 |
| <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 |

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>briellyn 0.4-35 mg-mcg tab</i> | gen | |
| <i>camrese 0.15-0.03 & 0.01 mg tab</i> | gen | |
| <i>camrese lo 0.1-0.02 & 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 DAYS) |
| <i>covaryx 1.25-2.5 mg tab</i> | gen | EDC |
| <i>covaryx hs 0.625-1.25 mg tab</i> | gen | EDC |
| <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 & 0.01 mg tab</i> | gen | |
| <i>delyla 0.1-20 mg-mcg tab</i> | gen | |
| DEPO-ESTRADIOL 5 MG/ML OIL | inj | |
| <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 DAYS) |
| <i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i> | gen | |
| <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 | EDC |
| <i>eemt hs 0.625-1.25 mg tab</i> | gen | EDC |
| <i>elinest 0.3-30 mg-mcg 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>eluryng 0.12-0.015 mg/24hr ring</i> | gen | QL (1 PER 28 DAYS) |
| <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 DAYS) |
| <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 | EDC |
| <i>est estrogens-methyltest ds 1.25-2.5 mg tab</i> | gen | EDC |
| <i>est estrogens-methyltest hs 0.625-1.25 mg tab</i> | gen | EDC |
| <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 DAYS) |
| <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 DAYS) |
| <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 | |
| ESTRING (2 MG RING, 7.5 MCG/24HR RING) | 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 DAYS) |
| <i>falmina 0.1-20 mg-mcg tab</i> | gen | |
| <i>fayosim 42-21-21-7 days tab</i> | gen | |
| <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 | |

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>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 DAYS) |
| <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 & 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>joyeaux 0.1-20 mg-mcg(21) 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 | |
| <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 | |

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>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 & eth est 42-21-21-7 days tab</i> | gen | |
| <i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i> | gen | |
| <i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) 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 & 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 DAYS) |
| <i>marlissa 0.15-30 mg-mcg tab</i> | gen | |
| <i>melodetta 24 fe 1-20 mg-mcg(24) chew tab</i> | gen | |
| MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB) | npd | |
| <i>merzee 1-20 mg-mcg(24) cap</i> | gen | |
| <i>mibelas 24 fe 1-20 mg-mcg(24) chew 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>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 | |
| <i>nymyo 0.25-35 mg-mcg tab</i> | gen | |
| <i>ocella 3-0.03 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>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 & 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 | |
| <i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i> | gen | |
| <i>tri-lo-mili 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.

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

PROGESTINS

| | | |
|---|-----|--|
| <i>camila 0.35 mg tab</i> | gen | |
| <i>deblitane 0.35 mg tab</i> | gen | |
| DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR | brd | |
| <i>emzahh 0.35 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>errin 0.35 mg tab</i> | gen | |
| <i>heather 0.35 mg tab</i> | gen | |
| <i>incassia 0.35 mg tab</i> | gen | |
| <i>jencycla 0.35 mg tab</i> | gen | |
| LILETTA (52 MG) 20.1 MCG/DAY IUD | brd | PA - PART B VS D DETERMINATION |
| <i>lyleq 0.35 mg tab</i> | gen | |
| <i>lyza 0.35 mg tab</i> | gen | |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</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 |
| NEXPLANON 68 MG IMPLANT | brd | |
| <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 | |
| ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB) | brd | EDC |

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>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 | EDC |
| NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | brd | EDC |
| SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB) | brd | |
| THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | brd | EDC |
| <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 (ADRENAL OR PITUITARY)

| | | |
|--|------|--|
| <i>cabergoline 0.5 mg tab</i> | gen | |
| FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN | spec | |
| FIRMAGON 80 MG RECON SOLN | inj | |
| <i>leuprolide acetate 1 mg/0.2ml kit</i> | inj | |
| 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 | |

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 |
|--|------------------|---|
| LUPRON DEPOT (4-MONTH) 30 MG KIT | spec | |
| LUPRON DEPOT (6-MONTH) 45 MG KIT | spec | |
| <i>mifepristone 300 mg tab</i> | spec | PA, LA, QL (4 PER 1 DAYS) |
| <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> | inj | 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 |
| SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION) | spec | PA, LA, QL (60 PER 30 DAYS) |
| SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) | 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) | inj | 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 |
| <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

| | | |
|--|------|----|
| 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 |
|--|------|----|

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 |
|---|-----------|---------------------|
| HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION) | spec | PA, LA |

IMMUNOLOGICAL AGENTS, OTHER

| | | |
|---|------|---|
| ARCALYST 220 MG RECON SOLN | spec | PA, LA |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) | spec | PA, LA, QL (4 PER 28 DAYS) |
| COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR | spec | PA, LA |
| COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR) | spec | PA, LA |
| COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ | spec | PA, LA |
| COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ | spec | PA, LA |
| COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ | spec | PA, LA |
| DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | spec | PA |
| OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK) | spec | PA, QL (55 PER 28 OVER TIME) |
| REZUROCK 200 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RIDAURA 3 MG CAP | brd | |
| 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) |
| RINVOQ LQ 1 MG/ML SOLUTION | spec | PA, QL (12 ML PER 1 DAYS) |
| 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 180 MG/1.2ML SOLN CART | spec | PA, QL (1.2 PER 56 OVER TIME) |
| SKYRIZI 360 MG/2.4ML SOLN CART | spec | PA, QL (2.4 PER 56 OVER TIME) |
| SKYRIZI 600 MG/10ML SOLUTION | spec | PA, QL (30 PER 365 OVER TIME) |
| SKYRIZI PEN 150 MG/ML SOLN A-INJ | spec | PA, QL (6 PER 365 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 |
|--|------------------|--------------------------------|
| STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION) | spec | PA, QL (0.5 PER 28 DAYS) |
| STELARA 130 MG/26ML SOLUTION | spec | PA, QL (104 PER 365 OVER TIME) |
| STELARA 90 MG/ML SOLN PRSYR | spec | PA, QL (1 PER 28 DAYS) |
| 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) |
| XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H) | spec | PA, QL (1 PER 1 DAYS) |
| XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | spec | PA, QL (8 PER 28 DAYS) |
| XOLAIR 150 MG/ML SOLN A-INJ | spec | PA, QL (2 PER 28 DAYS) |
| XOLAIR 150 MG/ML SOLN PRSYR | spec | PA, LA, QL (2 PER 28 DAYS) |
| XOLAIR 75 MG/0.5ML SOLN A-INJ | spec | PA, QL (5 PER 28 DAYS) |
| XOLAIR 75 MG/0.5ML SOLN PRSYR | spec | PA, LA, QL (5 PER 28 DAYS) |

IMMUNOSTIMULANTS

| | | |
|---------------------------------------|------|--|
| ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION | spec | LA, PA - FOR NEW STARTS ONLY |
| BESREMI 500 MCG/ML SOLN PRSYR | spec | LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR | spec | PA, QL (2 PER 30 DAYS) |
| PEGASYS 180 MCG/ML SOLUTION | spec | PA, QL (4 PER 30 DAYS) |

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 | inj | 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> | inj | 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 DAYS) |
| ENBREL 25 MG/0.5ML SOLN PRSYR | spec | PA, QL (4.08 PER 28 DAYS) |
| ENBREL 25 MG/0.5ML SOLUTION | spec | PA, QL (4 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 |
|---|------------------|--------------------------------|
| ENBREL MINI 50 MG/ML SOLN CART | spec | PA, QL (8 PER 28 DAYS) |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ | spec | PA, QL (8 PER 28 DAYS) |
| 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>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i> | gen | PA - PART B VS D DETERMINATION |
| HADLIMA 40 MG/0.4ML SOLN PRSYR | spec | PA, QL (2.4 ML PER 28 DAYS) |
| HADLIMA 40 MG/0.8ML SOLN PRSYR | spec | PA, QL (4.8 ML PER 28 DAYS) |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ | spec | PA, QL (2.4 ML PER 28 DAYS) |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ | spec | PA, QL (4.8 ML PER 28 DAYS) |
| <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> | inj | 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> | inj | PA - PART B VS D DETERMINATION |
| <i>mycophenolate mofetil hcl 500 mg recon soln</i> | inj | 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 |
| <i>mycophenolic acid (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 |
| 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 | |

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 |
|---|------------------|-------------------------------------|
| XATMEP 2.5 MG/ML SOLUTION | npd | PA - FOR NEW STARTS ONLY |
| VACCINES | | |
| ABRYSVO 120 MCG/0.5ML RECON SOLN | brd | VAC |
| ACTHIB RECON SOLN | brd | |
| 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 | inj | |
| 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 | inj | |
| IXIARO SUSPENSION | inj | 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 |

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 |
|--|------------------|-------------------------------------|
| MRESVIA 50 MCG/0.5ML SUSP PRSYR | brd | |
| PEDIARIX SUSP PRSYR | brd | |
| PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION | brd | |
| 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, 2.4 MCG/0.5ML SUSP PRSYR) | brd | |
| 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) | inj | VAC |
| VAQTA 25 UNIT/0.5ML SUSPENSION | brd | |
| VAQTA 50 UNIT/ML SUSPENSION | brd | VAC |
| VARIVAX 1350 PFU/0.5ML RECON SUSP | brd | VAC |
| VAXCHORA RECON SUSP | npd | |
| YF-VAX INJECTABLE | inj | VAC |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

| | | |
|--|-----|-----------------------|
| <i>balsalazide disodium 750 mg cap</i> | gen | |
| DIPENTUM 250 MG CAP | npd | PA |
| <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) |
| 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 DAYS) |
| <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 | inj | 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> | inj | PA - PART B VS D DETERMINATION |
| <i>ergocalciferol 1.25 mg (50000 ut) cap</i> | gen | EDC |
| <i>ibandronate sodium 150 mg tab</i> | gen | |
| <i>ibandronate sodium 3 mg/3ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| <i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</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>paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)</i> | inj | PA - PART B VS D DETERMINATION |
| PROLIA 60 MG/ML SOLN PRSYR | inj | 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 DAYS) |
| <i>vitamin d (ergocalciferol) ((ergocalciferol) 1.25 mg (50000 ut) cap, (ergocalciferol) 50000 unit cap)</i> | gen | EDC |
| XGEVA 120 MG/1.7ML SOLUTION | spec | QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| <i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i> | inj | PA - PART B VS D DETERMINATION |

MISCELLANEOUS THERAPEUTIC AGENTS

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| AEROCHAMBER Z-STAT PLUS CHAMBR MISC | brd | EDC |
| AEROCHAMBER Z-STAT PLUS/LARGE MISC | brd | EDC |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | brd | EDC |
| AEROCHAMBER Z-STAT PLUS/SMALL MISC | brd | EDC |
| AEROVENT PLUS DEVICE | brd | EDC |
| ALCOHOL 70% PADS | gen | |
| ALCOHOL PREP PAD | gen | |
| ALCOHOL PREP PADS 70 % PAD | gen | |
| ALCOHOL SWABSTICK PAD | gen | |
| AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd | |
| AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC) | brd | |
| <i>argyle sterile water solution</i> | gen | |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC | brd | |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC | brd | |
| AUM ALCOHOL PREP PADS 70 % PAD | gen | |
| AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC) | brd | |
| AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC) | brd | |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC | brd | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM MISC | brd | |
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC | brd | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC | brd | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC | brd | |
| BIOGUARD GAUZE SPONGES 2"X2" PAD | gen | |
| BREATHE COMFORT CHAMBER/ADULT DEVICE | brd | EDC |

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 |
|---|------------------|----------------------------|
| BREATHE COMFORT CHAMBER/CHILD DEVICE | brd | EDC |
| BREATHE EASE LARGE DEVICE | brd | EDC |
| BREATHE EASE MEDIUM DEVICE | brd | EDC |
| BREATHE EASE SMALL DEVICE | brd | EDC |
| BREATHERITE MISC | brd | EDC |
| BREATHERITE COLL SPACER ADULT MISC | brd | EDC |
| BREATHERITE COLL SPACER CHILD MISC | brd | EDC |
| BREATHERITE COLL SPACER INFANT MISC | brd | EDC |
| BREATHERITE RIGID SPACER/MASK MISC | brd | EDC |
| BREATHERITE SPACER NEONATE MISC | brd | EDC |
| BREATHERITE SPACER SMALL CHILD MISC | brd | EDC |
| BREATHERITE VALVED MDI CHAMBER DEVICE | brd | EDC |
| BREATHERITE/LARGE MASK MISC | brd | EDC |
| BREATHERITE/MEDIUM MASK MISC | brd | EDC |
| BREATHERITE/SMALL MASK MISC | brd | EDC |
| CARETOUCH ALCOHOL PREP 70 % PAD | gen | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE | brd | EDC |
| COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC) | brd | |
| COMPACT SPACE CHAMBER DEVICE | brd | EDC |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | brd | EDC |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | brd | EDC |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | brd | EDC |
| CVS ALCOHOL PREP PADS 70 % PAD | gen | |
| DROPLET MICRON 34G X 3.5 MM MISC | brd | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC) | brd | |
| EASIVENT MISC | brd | EDC |
| EASIVENT MASK LARGE MISC | brd | EDC |
| EASIVENT MASK MEDIUM MISC | brd | EDC |
| EASIVENT MASK SMALL MISC | brd | EDC |
| EASY COMFORT INSULIN SYRINGE (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 | EDC |
| EQ SPACE CHAMBER ANTI-STATIC L DEVICE | brd | EDC |
| EQ SPACE CHAMBER ANTI-STATIC M DEVICE | brd | EDC |
| EQ SPACE CHAMBER ANTI-STATIC S DEVICE | brd | EDC |
| FLEXICHAMBER DEVICE | brd | EDC |
| <i>gauze pads 2</i> | gen | |
| INSPIRACHAMBER/LARGE DEVICE | brd | EDC |
| INSPIRACHAMBER/MEDIUM DEVICE | brd | EDC |
| INSPIRACHAMBER/MOUTHPIECE DEVICE | brd | EDC |
| INSPIRACHAMBER/SMALL DEVICE | brd | EDC |
| INSPIREASE MISC | brd | EDC |
| INSULIN PEN NEEDLES | brd | |
| INSULIN SYRINGE 0.3 ML | brd | |
| INSULIN SYRINGE 0.5 ML | brd | |
| INSULIN SYRINGE 1 ML | brd | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|--------------------------------|
| INSULIN 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 | |
| INTRALIPID (20 % EMULSION, 30 % EMULSION) | inj | PA - PART B VS D DETERMINATION |
| <i>lactated ringers solution</i> | gen | |
| LITEAIRE DEVICE | brd | EDC |
| <i>methergine 0.2 mg tab</i> | gen | |
| <i>methylergonovine maleate 0.2 mg tab</i> | gen | |
| MICROCHAMBER (DEVICE, MISC) | brd | EDC |
| MICROSPACER MISC | brd | EDC |
| NOVOFINE 32G X 6 MM MISC | brd | |
| NOVOTWIST 32G X 5 MM MISC | brd | |
| NUTRILIPID 20 % EMULSION | inj | PA - PART B VS D DETERMINATION |
| OPTICHAMBER ADVANTAGE-LG MASK MISC | brd | EDC |
| OPTICHAMBER ADVANTAGE-MED MASK MISC | brd | EDC |
| OPTICHAMBER ADVANTAGE-SM MASK MISC | brd | EDC |
| OPTICHAMBER DIAMOND (DEVICE, MISC) | brd | EDC |
| OPTICHAMBER DIAMOND-LG MASK DEVICE | brd | EDC |
| OPTICHAMBER DIAMOND-MD MASK MISC | brd | EDC |
| OPTICHAMBER DIAMOND-SM MASK MISC | brd | EDC |
| OPTICHAMBER FACE MASK-LARGE MISC | brd | EDC |
| OPTICHAMBER FACE MASK-MEDIUM MISC | brd | EDC |
| OPTICHAMBER FACE MASK-SMALL MISC | brd | EDC |
| OPTIHALER (DEVICE, MISC) | brd | EDC |
| OPVEE 2.7 MG/0.1ML SOLUTION | npd | QL (2 PER 30 DAYS) |
| PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | brd | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|--------------------------------|
| PENBRAYA RECON SUSP | brd | |
| POCKET CHAMBER DEVICE | brd | EDC |
| POCKET SPACER DEVICE | brd | EDC |
| PRIMEAIRE HOLDING CHAMBER DEVICE | brd | EDC |
| PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd | |
| PRO COMFORT SPACER ADULT MISC | brd | EDC |
| PRO COMFORT SPACER CHILD MISC | brd | EDC |
| PRO COMFORT SPACER INFANT DEVICE | brd | EDC |
| PROCARE SPACER/ADULT MASK DEVICE | brd | EDC |
| PROCARE SPACER/CHILD MASK DEVICE | brd | EDC |
| PROCHAMBER VHC DEVICE | brd | EDC |
| PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | brd | |
| PURE COMFORT SPACER CHAMBER DEVICE | brd | EDC |
| <i>ringers irrigation solution</i> | gen | |
| RITEFLO DEVICE | brd | EDC |
| <i>saline bacteriostatic 0.9 % solution</i> | inj | |
| SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC) | brd | |
| SILIGENTLE FOAM DRESSING 2"X2" PAD | gen | |
| SMOFLIPID 20 % EMULSION | inj | PA - PART B VS D DETERMINATION |
| <i>sodium chloride bacteriostatic 0.9 % solution</i> | inj | |
| <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 | |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC | brd | |
| <i>tis-u-sol solution</i> | gen | |
| 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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|-----------------------------|
| TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | brd | |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC | brd | |
| ULTIGUARD SAFEPAK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC) | brd | |
| UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC) | brd | |
| UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC) | brd | |
| VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC) | brd | |
| VERIFINE INSULIN SYRINGE (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 | EDC |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE | brd | EDC |
| VORTEX VALVED HOLDING CHAMBER DEVICE | brd | EDC |
| VOWST CAP | spec | PA, LA, QL (12 PER 30 DAYS) |
| WATCHHALER DEVICE | brd | EDC |
| <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>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 |

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>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 | EDC |
| <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>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 DAYS) |
| RESTASIS MULTIDOSE 0.05 % EMULSION | brd | QL (5.5 PER 30 DAYS) |
| ROCKLATAN 0.02-0.005 % SOLUTION | npd | QL (2.5 PER 25 DAYS) |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION | gen | |
| TOBRADEX 0.3-0.1 % OINTMENT | brd | |
| <i>tobramycin-dexamethasone 0.3-0.1 % suspension</i> | gen | |
| XDEMVIY 0.25 % SOLUTION | spec | PA, QL (10 PER 30 DAYS) |
| 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 | |

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 |
|--|-----------|----------------------|
| 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 DAYS) |
| 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 | |
| <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 | |
| TOBEX 0.3 % OINTMENT | brd | |
| TRIFLURIDINE 1 % SOLUTION | gen | |
| ZIRGAN 0.15 % GEL | npd | QL (5 PER 30 DAYS) |
| 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 DAYS) |
| <i>ketorolac tromethamine (0.4 % solution, 0.5 % 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>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 | |

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 | |
| <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 (once-daily) 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 | |
| <i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i> | gen | |
| RHOPRESSA 0.02 % SOLUTION | brd | QL (2.5 PER 25 DAYS) |
| 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 | |

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 |
|---|-----------|-----------------------|
| 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

| | | |
|---|-----|-------------------|
| <i>acetic acid 2 % solution</i> | gen | |
| 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) |
| 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 |
| 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, 137 mcg/spray solution)</i> | gen | QL (30 PER 25 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>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 |
| <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) |
| INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA | brd | QL (30 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 RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN) | brd | QL (4 PER 30 DAYS) |
| <i>tiotropium bromide monohydrate 18 mcg cap</i> | brd | QL (30 PER 30 DAYS) |

BRONCHODILATORS, SYMPATHOMIMETIC

| | | |
|--|-----|--------------------------------|
| <i>albuterol 90mg hfa inhaler (generic proair)</i> | gen | QL (17 PER 30 DAYS) |
| <i>albuterol 90mg hfa inhaler (generic proventil)</i> | gen | QL (13.4 PER 30 DAYS) |
| ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN) | gen | QL (36 PER 30 DAYS) |
| <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 |

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>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>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i> | gen | QL (17 PER 30 DAYS) |
| <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 ADRENALICK) | gen | QL (24 PER 365 OVER TIME) |
| <i>formoterol fumarate 20 mcg/2ml nebu soln</i> | gen | PA - PART B VS D DETERMINATION |
| <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> | inj | |

CYSTIC FIBROSIS AGENTS

| | | |
|--|------|--|
| 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 DAYS), PA - PART B VS D DETERMINATION |
| <i>tobramycin 300 mg/4ml nebu soln</i> | spec | PA, QL (224 PER 28 DAYS) |
| <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 |
|--|-----|--------------------------------|

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 | |

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>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 | |
| <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) |

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>azelastine-fluticasone 137-50 mcg/act suspension</i> | gen | QL (23 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|-------------------------------------|
| <i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i> | gen | EDC |
| BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) | brd | QL (60 PER 30 DAYS) |
| <i>breyndra (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i> | 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 2-30-10 mg/5ml syrup</i> | gen | EDC |
| <i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i> | brd | QL (10.2 PER 30 DAYS) |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN | brd | QL (4 PER 30 DAYS) |
| <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>fluticasone-salmeterol (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) |
| 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 100-10 mg/5ml solution</i> | gen | QL (420 PER 30 OVER TIME), NDS, EDC |
| <i>guaiaatussin ac 100-10 mg/5ml syrup</i> | gen | QL (420 PER 30 OVER TIME), NDS, EDC |
| <i>guaifenesin ac 100-10 mg/5ml syrup</i> | gen | QL (420 PER 30 OVER TIME), NDS, EDC |
| <i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i> | gen | QL (420 PER 30 OVER TIME), NDS, EDC |
| <i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i> | gen | QL (70 PER 30 OVER TIME), NDS, EDC |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i> | gen | QL (42 PER 30 OVER TIME), NDS, EDC |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i> | gen | QL (210 PER 30 OVER TIME), NDS, EDC |
| <i>hydromet 5-1.5 mg/5ml solution</i> | gen | QL (210 PER 30 OVER TIME), NDS, EDC |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml 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>maxi-tuss ac 100-10 mg/5ml solution</i> | gen | QL (420 PER 30 OVER TIME), NDS, EDC |
| <i>mometasone furoate 50 mcg/act suspension</i> | gen | QL (34 PER 30 DAYS) |
| <i>nebusal 3 % nebu soln</i> | gen | EDC |
| <i>promethazine vc 6.25-5 mg/5ml syrup</i> | gen | PA |
| PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP | gen | PA, QL (240 PER 30 OVER TIME), NDS, EDC |
| <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, EDC |
| <i>promethazine-dm 6.25-15 mg/5ml syrup</i> | gen | PA, EDC |
| <i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i> | gen | PA, QL (240 PER 30 OVER TIME), NDS, EDC |
| <i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i> | gen | PA |
| <i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i> | gen | EDC |
| <i>pulmosal 7 % nebu soln</i> | gen | EDC |
| <i>sodium chloride (3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i> | gen | EDC |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN | brd | |
| TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA) | brd | QL (60 PER 30 DAYS) |
| <i>virtussin a/c 100-10 mg/5ml solution</i> | gen | QL (420 PER 30 OVER TIME), NDS, EDC |
| <i>virtussin ac w/alc 100-10 mg/5ml liquid</i> | gen | QL (420 PER 30 OVER TIME), NDS, EDC |
| <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 |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

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) |
| SODIUM OXYBATE 500 MG/ML SOLUTION | spec | PA, LA, QL (540 PER 30 DAYS) |

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

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Blue Shield of California provides:

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

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

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

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

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

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

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

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

Multi-Language Insert Multi-Language Interpreter Services

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول ليس عليك سوى الاتصال بنا على 1-800-776-4466. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

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 Díí ats'íís baa áháyá éí doodago azee' bee aa áháyá bína'ídííkidgo éí ná ata' hodoolnihíí hóló. Ata' halne'é biniiyégo, kojí' 1-800-776-4466 béesh bee hodíílnih. Diné k'ehjí yálti'i níká adoolwoł. Díí t'áá jíík'eh bee aná'áwo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਜਾਂ 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 យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 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 ແຜນການຍາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ քնն հասանելի է և անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին անհատական և համար: Թարգմանիչ և անվճար թարգմանչական ծառայություններ մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերին իմացող թարգմանիչը: Ծառայություններ 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 10/01/2024 . For more recent information or other questions, please contact Blue Shield Medicare Customer Service, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit blueshieldca.com/medformulary2025.

Blue Shield of California's pharmacy network includes limited lower-cost, preferred pharmacies in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at (800) 776-4466 TTY: 711, 8 a.m. to 8 p.m., seven days a week or consult the online pharmacy directory at blueshieldca.com/medformulary2025.