



**Blue Shield 65 Plus (HMO)  
2026 Formulary  
(List of Covered Drugs or "Drug List")**

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

Formulary ID# 26275

This formulary was updated on 03/24/2026 . For more recent information or other questions, please contact Blue Shield 65 Plus Customer Service, at (800) 776-4466 (TTY users should call 711), 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026).

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03/24/2026

**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 03/24/2026 . An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

### **What is the Blue Shield 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.

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

### **Can the formulary change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026).

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 03/24/2026 . 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/medformulary2026](https://blueshieldca.com/medformulary2026).

## **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 147 . 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 vi for information about how to request an exception.

### **What if my drug is not on the formulary?**

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

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

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Blue Shield 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, Blue Shield 65 Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

Our transition policy applies to members who are stabilized on:

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

And are members in any of the following scenarios:

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

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

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

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

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

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

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

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

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

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

### **For more information**

For more detailed information about your 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 147 .

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.  |

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>        |
|--|------------------|-----------------------------------|
| <b>ANALGESICS</b>  |                  |                                   |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>  |                  |                                   |
| <i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>  | 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 (1.5 % 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 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, er 500 mg tab er, er 600 mg tab er)</i>                            | gen              |                                   |
| FLURBIPROFEN (FLURBIPROFEN 100 MG TAB, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB)              | gen              |                                   |
| <i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>  | gen              |                                   |
| <i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml 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</i>   | gen              |                                   |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>         |
|---|------------------|------------------------------------|
| <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</i>   | gen              |                                    |
| <i>naproxen sodium (275 mg tab, 550 mg tab)</i>   | gen              |                                    |
| <i>oxaprozin 600 mg tab</i>   | gen              |                                    |
| <i>piroxicam (10 mg cap, 20 mg cap)</i>   | gen              |                                    |
| <i>relafen (500 mg tab, 750 mg tab)</i>   | gen              |                                    |
| <i>salsalate (salsalate 500 mg tab, salsalate 750 mg tab, salsalate 750 mg tab, salsalate 500 mg tab)</i>                 | gen              |                                    |
| <i>sulindac (150 mg tab, 200 mg tab)</i>  | gen              |                                    |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>   |                  |                                    |
| <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   |
| DISKETS 40 MG TAB SOL   | gen              | QL (1 PER 1 DAYS), NDS             |
| <i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>                    | gen              | PA, QL (10 PER 30 OVER TIME), NDS  |
| <i>hydromorphone hcl er (er 8 mg tab er, er 16 mg tab er, er 32 mg tab er)</i>  | gen              | PA, QL (30 PER 30 OVER TIME), NDS  |
| <i>hydromorphone hcl er 12 mg tab 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 (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/5ml solution)</i>                                 | gen              | PA, QL (450 PER 30 OVER TIME), NDS |
| <i>methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)</i>                                   | inj              | PA, NDS                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>         |
|---|------------------|------------------------------------|
| <i>methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 5 mg/5ml solution)</i>   | gen              | PA, QL (900 PER 30 OVER TIME), 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 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</i>  | gen              | QL (180 PER 30 OVER TIME), NDS     |
| <i>morphine sulfate er 30 mg tab</i>  | gen              | QL (90 PER 30 OVER TIME), NDS      |
| OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H)  | gen              | PA, QL (2 PER 1 DAYS), NDS         |
| <i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i>   | gen              | PA, QL (1 PER 1 DAYS), NDS         |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>  |                  |                                    |
| <i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>   | gen              | QL (12 PER 1 DAYS), NDS            |
| <i>acetaminophen-codeine (acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i> | gen              | QL (1800 PER 30 OVER TIME), NDS    |
| <i>acetaminophen-codeine 300-60 mg tab</i>  | gen              | QL (6 PER 1 DAYS), NDS             |
| <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  |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>          |
|---|------------------|-------------------------------------|
| <i>butorphanol tartrate 10 mg/ml solution</i>   | gen              | QL (15 PER 28 OVER TIME), NDS       |
| <i>codeine sulfate (codeine sulfate 30 mg tab, codeine sulfate 30 mg tab)</i>   | gen              | QL (168 PER 30 OVER TIME), NDS      |
| CODEINE SULFATE 15 MG TAB   | gen              | QL (336 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      |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>   | gen              | QL (2520 PER 30 OVER TIME), NDS     |
| <i>hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)</i>   | gen              | QL (6 PER 1 DAYS), NDS              |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 2.5-325 mg tab)</i>                       | gen              | QL (8 PER 1 DAYS), NDS              |
| <i>hydrocodone-ibuprofen (hydrocodone-ibuprofen 10-200 mg tab, hydrocodone-ibuprofen 10-200 mg tab, hydrocodone-ibuprofen 7.5-200 mg tab, hydrocodone-ibuprofen 5-200 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       |
| MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS)  | gen              | QL (84 PER 30 OVER TIME), NDS, EDC  |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>         |
|--|------------------|------------------------------------|
| <i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i> | gen              | QL (70 PER 30 OVER TIME), NDS      |
| <i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)</i>   | gen              | QL (630 PER 30 OVER TIME), NDS     |
| <i>morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)</i>   | gen              | QL (315 PER 30 OVER TIME), NDS     |
| <i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)</i>   | gen              | QL (120 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      |
| <b>OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION</b>   | gen              | QL (60 PER 1 DAYS), 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             |

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

| <b>DRUG NAME</b>                              | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| <i>tramadol hcl 50 mg tab</i>                 | gen              | QL (8 PER 1 DAYS), NDS         |
| <i>tramadol-acetaminophen 37.5-325 mg tab</i> | gen              | QL (112 PER 30 OVER TIME), NDS |

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

|   |     |                       |
|---|-----|-----------------------|
| <i>lidocaine 5 % ointment</i>               | gen | QL (50 PER 30 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)   |
| PREMIUM LIDOCAINE 5 % OINTMENT              | 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 tab, 8 mg tab)</i>   | gen |  |
| <i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i> | gen |  |

### **OPIOID REVERSAL AGENTS**

|                            |     |                         |
|----------------------------|-----|-------------------------|
| KLOXXADO 8 MG/0.1ML LIQUID | npd | QL (2 PER 30 OVER TIME) |
|----------------------------|-----|-------------------------|

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| <i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i> | gen              |                                |
| <i>naltrexone hcl 50 mg tab</i>   | gen              |                                |
| <b>SMOKING CESSATION AGENTS</b>   |                  |                                |
| <i>bupropion hcl er (smoking det) 150 mg tab 12h</i>  | gen              | QL (2 PER 1 DAYS)              |
| NICOTROL 10 MG INHALER  | brd              |                                |
| NICOTROL NS 10 MG/ML SOLUTION   | brd              |                                |
| <i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>  | gen              | QL (2 PER 1 DAYS)              |
| <i>varenicline tartrate (starter) 0.5 mg x 11 &amp; 1 mg x 42 tab thpk</i>  | gen              | QL (53 PER 30 OVER TIME)       |
| <i>varenicline tartrate(continue) 1 mg tab</i>  | gen              | QL (2 PER 1 DAYS)              |
| <b>ANTIBACTERIALS</b>   |                  |                                |
| <b>AMINOGLYCOSIDES</b>  |                  |                                |
| <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              |                                |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>  |
|---|------------------|-----------------------------|
| <i>tobramycin sulfate (tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 2 gm/50ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 80 mg/2ml solution)</i> | inj              |                             |
| <b>ANTIBACTERIALS, OTHER</b>  |                  |                             |
| <i>aztreonam (1 gm soln, 2 gm 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, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>  | inj              |                             |
| <i>clindamycin phosphate 2 % cream</i>  | gen              |                             |
| <i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>   | inj              |                             |
| CLINDAMYCIN PHOSPHATE IN NAACL (IN 300-0.9 MG/50ML-% SOLUTION, IN 600-0.9 MG/50ML-% SOLUTION, IN 900-0.9 MG/50ML-% SOLUTION)  | inj              |                             |
| CLINDESSE 2 % CREAM   | brd              |                             |
| <i>colistimethate sodium (cba) 150 mg recon soln</i>  | inj              |                             |
| <i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 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              |                             |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>    |
|---|------------------|-------------------------------|
| <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 (metronidazole 500 mg/100ml solution, 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 (tigecycline 50 mg recon soln, tigecycline 50 mg recon soln)</i>                             | inj              |                               |
| <i>tinidazole (250 mg tab, 500 mg tab)</i>  | gen              |                               |
| <i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>                                      | gen              |                               |
| <i>vancomycin hcl (125 mg cap, 250 mg cap)</i>  | gen              |                               |
| <i>vancomycin hcl (50 mg/ml soln, 250 mg/5ml soln)</i>  | gen              | PA, QL (450 PER 30 OVER TIME) |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| <i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 2 gm recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1.75 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 100 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i> | inj              |                                |
| <i>vancomycin hcl (vancomycin hcl 5 gm recon soln, vancomycin hcl 5 gm recon soln)</i>  | inj              | PA - PART B VS D DETERMINATION |
| <i>vancomycin hcl 25 mg/ml recon soln</i>   | gen              | PA, QL (900 PER 30 OVER TIME)  |
| VANDAZOLE 0.75 % GEL  | brd              |                                |
| XIFAXAN 200 MG TAB  | npd              | PA, QL (9 PER 30 OVER TIME)    |
| XIFAXAN 550 MG TAB  | npd              | PA, QL (3 PER 1 DAYS)          |
| <b>BETA-LACTAM, CEPHALOSPORINS</b>  |                  |                                |
| CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)  | gen              |                                |
| CEFACLOR ER 500 MG TAB 12H  | gen              |                                |
| <i>cefadroxil (cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap)</i>  | gen              |                                |
| <i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 2 gm recon soln, cefazolin sodium 3 gm recon soln, cefazolin sodium 100 gm recon soln, cefazolin sodium 300 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>   | inj              |                                |
| <i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>  | gen              |                                |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| CEFEPIME HCL (CEFEPIME HCL 1 GM RECON SOLN, CEFEPIME HCL 1 GM/50ML SOLUTION, CEFEPIME HCL 2 GM RECON SOLN, CEFEPIME HCL 2 GM/100ML SOLUTION)  | inj              |                            |
| <i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>   | gen              |                            |
| <i>cefotetan disodium (1 gm soln, 2 gm soln)</i>  | npd              |                            |
| <i>cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>  | inj              |                            |
| CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP)  | gen              |                            |
| <i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>   | gen              |                            |
| <i>ceftaroline fosamil (400 mg soln, 600 mg soln)</i>   | spec             |                            |
| CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)   | inj              |                            |
| <i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 500 mg recon soln)</i> | inj              |                            |
| <i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>   | gen              |                            |
| <i>cefuroxime sodium (1.5 gm soln, 750 mg soln)</i>   | inj              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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 (TAZICEF 6 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 1 GM RECON SOLN, TAZICEF 1 GM RECON SOLN)  | inj              |                            |
| TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)  | spec             |                            |
| <b>BETA-LACTAM, PENICILLINS</b>   |                  |                            |
| <i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>   | gen              |                            |
| <i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 875-125 mg tab, amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp)</i> | gen              |                            |
| <i>amoxicillin-pot clavulanate er 1000-62.5 mg tab 12h</i>  | gen              |                            |
| <i>ampicillin 500 mg cap</i>  | gen              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 1 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 125 mg recon soln, ampicillin sodium 500 mg recon soln)</i> | inj              |                            |
| <i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 3 (2-1) gm recon soln, ampicillin-sulbactam sodium 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 (nafcillin sodium 2 gm recon soln, nafcillin sodium 10 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>  | inj              |                            |
| <i>penicillin g potassium (5000000 soln, 20000000 soln)</i>  | inj              |                            |
| PENICILLIN G SODIUM 5000000 UNIT RECON SOLN  | inj              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>    |
|---|------------------|-------------------------------|
| <i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>  | gen              |                               |
| <i>pfizerpen (5000000 soln, 20000000 soln)</i>  | inj              |                               |
| <i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 13.5 (12-1.5) gm ln, 40.5 (36-4.5) gm ln)</i>                       | inj              |                               |
| <b>CARBAPENEMS</b>  |                  |                               |
| <i>ertapenem sodium 1 gm recon soln</i>   | gen              |                               |
| <i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>   | inj              |                               |
| <i>meropenem (1 gm soln, 500 mg soln)</i>   | inj              |                               |
| MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)  | inj              |                               |
| <b>MACROLIDES</b>   |                  |                               |
| <i>azithromycin (azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab)</i> | gen              |                               |
| <i>azithromycin 500 mg recon soln</i>   | inj              |                               |
| <i>clarithromycin (clarithromycin 250 mg/5ml recon susp, clarithromycin 250 mg tab, clarithromycin 500 mg tab, clarithromycin 125 mg/5ml recon susp)</i>  | gen              |                               |
| <i>clarithromycin er 500 mg tab 24h</i>   | gen              |                               |
| DIFICID 40 MG/ML RECON SUSP   | spec             | PA, QL (136 PER 10 OVER TIME) |
| <i>e.e.s. 400 (e.e.s. 400 400 mg tab, e.e.s. 400 400 mg tab)</i>  | gen              |                               |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>   |
|---|------------------|------------------------------|
| <i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>  | gen              |                              |
| <i>erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, 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              |                              |
| <i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab)</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              |                              |
| <i>fidaxomicin 200 mg tab</i>   | spec             | PA, QL (20 PER 10 OVER TIME) |
| <b>QUINOLONES</b>   |                  |                              |
| BESIVANCE 0.6 % SUSPENSION  | brd              |                              |
| CILOXAN 0.3 % OINTMENT  | brd              |                              |
| <i>ciprofloxacin (250 mg/5ml (5%), 500 mg/5ml (10%))</i>  | gen              |                              |
| <i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>   | gen              |                              |
| <i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>  | inj              |                              |
| <i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>   | gen              |                              |
| LEVOFLOXACIN 25 MG/ML SOLUTION  | inj              |                              |
| <i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>   | inj              |                              |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| <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 (ofloxacin 300 mg tab, ofloxacin 400 mg tab, ofloxacin 400 mg tab)</i>   | gen              |                                |
| <b>SULFONAMIDES</b>   |                  |                                |
| <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              |                                |
| <b>TETRACYCLINES</b>  |                  |                                |
| <i>avidoxy 100 mg tab</i>   | gen              |                                |
| <i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>  | gen              |                                |
| <i>doxy 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              |                                |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>mondoxyne nl 100 mg cap</i>                   | gen       |                     |
| <i>tetracycline hcl (250 mg cap, 500 mg cap)</i> | gen       |                     |

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

|   |      |  |
|---|------|--|
| <i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>  | gen  | ST, QL (2 PER 1 DAYS)                            |
| <i>brivaracetam 10 mg/ml solution</i>   | gen  | ST, QL (20 ML PER 1 DAYS)                        |
| 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, er 500 mg tab er)</i>  | gen  |  |
| EPIDIOLEX 100 MG/ML SOLUTION  | spec | LA, 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 |
| <i>lamotrigine (5 mg chew tab, 21 x 25 mg &amp; 7 x 50 mg kit, 25 &amp; 50 &amp; 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg &amp; 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i> | gen  |  |
| <i>lamotrigine er (er 100 mg tab er, er 200 mg tab er)</i>  | gen  | ST, QL (3 PER 1 DAYS)                            |
| <i>lamotrigine er (er 25 mg tab er, er 50 mg tab er)</i>  | gen  | ST, QL (1 PER 1 DAYS)                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                      |
|--|------------------|---|
| <i>lamotrigine er (er 250 mg tab er, er 300 mg tab er)</i>   | gen              | ST  |
| <i>lamotrigine starter kit-blue 35 x 25 mg</i>   | gen              |   |
| <i>lamotrigine starter kit-green 84 x 25 mg &amp; 14x100 mg</i>  | gen              |   |
| <i>lamotrigine starter kit-orange 42 x 25 mg &amp; 7 x 100 mg</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 24h</i>   | gen              | QL (6 PER 1 DAYS)                               |
| <i>levetiracetam er 750 mg tab 24h</i>   | gen              | QL (4 PER 1 DAYS)                               |
| <i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>   | gen              | QL (1 PER 1 DAYS)                               |
| <i>perampanel 0.5 mg/ml suspension</i>   | gen              | QL (24 ML PER 1 DAYS)                           |
| <i>perampanel 2 mg tab</i>   | gen              | QL (3 PER 1 DAYS)                               |
| <i>roweepra 500 mg tab</i>   | gen              |   |
| SPRITAM (250 MG TAB, 500 MG TAB)   | npd              | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| SPRITAM 1000 MG TAB  | npd              | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| SPRITAM 750 MG TAB   | npd              | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| <i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>   | gen              |   |
| SUBVENITE 10 MG/ML SUSPENSION  | spec             | QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>subvenite starter kit-blue 35 x 25 mg</i>   | gen              |   |
| <i>subvenite starter kit-green 84 x 25 mg &amp; 14x100 mg</i>  | gen              |   |
| <i>subvenite starter kit-orange 42 x 25 mg &amp; 7 x 100 mg</i>  | gen              |   |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)</i> | gen              |   |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                      |
|--|------------------|---|
| <i>topiramate 25 mg/ml solution</i>  | gen              | QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>topiramate er (er 25 mg, er 50 mg, er 100 mg, er 150 mg, er 200 mg)</i>   | gen              | PA - FOR NEW STARTS ONLY                        |
| <i>valproate sodium (100 mg/ml, 500 mg/5ml)</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-AMINOBUTYRIC 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)                          |
| <i>diazepam 2.5 mg gel</i>                 | gen | QL (5 PER 30 DAYS)                           |
| <i>diazepam 20 mg gel</i>                  | gen | QL (40 PER 30 DAYS)                          |
| <i>gabapentin (250 mg/5ml, 300 mg/6ml)</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)                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                      |
|--|------------------|---|
| <i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 97.2 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 100 mg tab, phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i> | gen              | PA - FOR NEW STARTS ONLY                        |
| <i>primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 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 (tiagabine hcl 12 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 16 mg tab, tiagabine hcl 2 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>  | gen              |   |
| VALTOCO 10 MG DOSE /0.1ML LIQUID   | spec             | QL (10 PER 30 DAYS)                             |
| VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK  | spec             | QL (10 PER 30 DAYS)                             |
| VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK   | spec             | QL (10 PER 30 DAYS)                             |
| VALTOCO 5 MG DOSE /0.1ML LIQUID  | spec             | QL (10 PER 30 DAYS)                             |
| <i>vigabatrin (500 mg packet, 500 mg tab)</i>  | spec             | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadrone 500 mg packet</i>   | spec             | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadrone 500 mg tab</i>  | spec             | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |

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

| <b>DRUG NAME</b>              | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                            |
|-------------------------------|------------------|---|
| 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**

|  |     |                                |
|--|-----|--------------------------------|
| <i>carbamazepine (carbamazepine 200 mg chew tab, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)</i> | gen |                                |
| <i>carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)</i>   | gen |                                |
| DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)  | brd |                                |
| DILANTIN INFATABS 50 MG CHEW   | brd |                                |
| DILANTIN-125 MG/5ML SUSPENSION   | brd |                                |
| <i>epitol 200 mg tab</i>   | gen |                                |
| <i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>  | gen | QL (1 PER 1 DAYS)              |
| <i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>  | gen | QL (2 PER 1 DAYS)              |
| <i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</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 |                                |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                         |
|--|------------------|--|
| <i>phenytoin infatabs infas 50 mg chew</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 TAB THPK                                  | spec             | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 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 COPRI 14 12.5 MG & 14 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 |                          |
| <i>memantine hcl-donepezil hcl (14-10 mg cap er, 21-10 mg cap er, 28-10 mg cap er)</i> | gen | QL (1 PER 1 DAYS)        |
| NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK   | brd | QL (28 PER 28 OVER TIME) |
| NAMZARIC 7-10 MG CAP ER 24H  | brd | QL (1 PER 1 DAYS)        |

### **CHOLINESTERASE INHIBITORS**

|  |     |    |
|--|-----|----|
| <i>donepezil hcl (5 mg tab, 10 mg tab)</i>                     | gen |    |
| <i>donepezil hcl 23 mg tab</i>                                 | gen | ST |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> | gen |    |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>  | gen |    |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab)</i> | gen              |                            |
| <i>galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)</i>   | gen              | QL (1 PER 1 DAYS)          |
| <i>rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)</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 (memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab, memantine hcl 2 mg/ml solution, memantine hcl 5 mg tab, memantine hcl 10 mg tab, memantine hcl 10 mg/5ml solution)</i> | gen |  |
| <i>memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)</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 12h</i>  | gen  | QL (4 PER 1 DAYS)                           |
| <i>bupropion hcl er (sr) 150 mg tab 12h</i>  | gen  | QL (3 PER 1 DAYS)                           |
| <i>bupropion hcl er (sr) 200 mg tab 12h</i>  | gen  | QL (2 PER 1 DAYS)                           |
| <i>bupropion hcl er (xl) 150 mg tab 24h</i>  | gen  | QL (3 PER 1 DAYS)                           |
| <i>bupropion hcl er (xl) 300 mg tab 24h</i>  | gen  | QL (1 PER 1 DAYS)                           |
| EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H) | 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 xi.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                          |
|--|------------------|---|
| EXXUA TITRATION PACK 18.2 MG TAB ER 24H  | spec             | QL (64 PER 365 OVER TIME), 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 |                          |
| PHENELZINE SULFATE 15 MG TAB  | 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, 20 mg/10ml solution, 40 mg tab)</i> | gen |  |
| <i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)</i>                                     | gen | QL (1 PER 1 DAYS)                                  |
| <i>desvenlafaxine succinate er 100 mg tab 24h</i>   | gen | QL (4 PER 1 DAYS)                                  |
| <i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 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 |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                   |
|---|------------------|--|
| <i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)</i> | gen              |  |
| FLUOXETINE HCL (PMDD) (10 MG TAB, 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, er 150 mg cap er)</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              |  |
| PAROXETINE HCL 10 MG/5ML SUSPENSION   | gen              | QL (30 PER 1 DAYS)                           |
| <i>paroxetine hcl er (er 12.5 mg tab er, er 25 mg tab er, er 37.5 mg tab er)</i>                  | gen              |  |
| <i>paroxetine mesylate 7.5 mg cap</i>   | gen              | QL (1 PER 1 DAYS)                            |
| RALDESY 10 MG/ML SOLUTION   | spec             | QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <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, er 150 mg cap er)</i>                                   | gen              | QL (2 PER 1 DAYS)                            |
| <i>venlafaxine hcl er (er 75 mg cap er, er 75 mg tab er)</i>                                      | gen              | QL (3 PER 1 DAYS)                            |
| <i>venlafaxine hcl er 150 mg tab 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 xi.

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>venlafaxine hcl er 37.5 mg tab 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 |
| <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 (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap, doxepin hcl 10 mg/ml conc)</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 |                   |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| METOCLOPRAMIDE HCL 5 MG TAB<br>DISP   | gen              | PA, QL (12 PER 1 DAYS)     |
| <i>metoclopramide hcl 5 mg/ml<br/>solution</i>  | inj              |                            |
| <i>perphenazine (2 mg tab, 4 mg tab, 8<br/>mg tab, 16 mg tab)</i>                                 | gen              |                            |
| <i>prochlorperazine 25 mg suppos</i>  | gen              |                            |
| <i>prochlorperazine maleate (5 mg tab,<br/>10 mg tab)</i>   | gen              |                            |
| <i>promethazine hcl (12.5 mg suppos,<br/>12.5 mg tab, 25 mg suppos, 25 mg<br/>tab, 50 mg tab)</i> | gen              | PA                         |
| <i>promethegan (12.5 mg suppos, 25 mg<br/>suppos)</i>   | gen              | PA                         |
| <i>scopolamine 1 mg/3days patch 72hr</i>  | gen              |                            |
| <i>trimethobenzamide hcl 300 mg cap</i>   | gen              |                            |

### **EMETOGENIC THERAPY ADJUNCTS**

|   |     |   |
|---|-----|---|
| <i>aprepitant (80 &amp; 125 mg cap thpk, 80<br/>mg cap, 125 mg cap)</i> | gen | PA - PART B VS D<br>DETERMINATION                           |
| <i>aprepitant 40 mg cap</i>   | gen | PA, QL (1 PER 30 DAYS)                                      |
| <i>dronabinol (2.5 mg cap, 5 mg cap, 10<br/>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<br>VS D DETERMINATION        |
| <i>ondansetron 4 mg tab disp</i>  | gen | QL (6 PER 1 DAYS), PA - PART B<br>VS D DETERMINATION        |
| <i>ondansetron 8 mg tab disp</i>  | gen | QL (3 PER 1 DAYS), PA - PART B<br>VS D DETERMINATION        |
| ONDANSETRON HCL 24 MG TAB   | gen | QL (15 PER 30 OVER TIME), PA -<br>PART B VS D DETERMINATION |
| <i>ondansetron hcl 4 mg tab</i>   | gen | QL (6 PER 1 DAYS), PA - PART B<br>VS D DETERMINATION        |
| <i>ondansetron hcl 4 mg/5ml solution</i>                                | gen | QL (30 PER 1 DAYS), PA - PART B<br>VS D DETERMINATION       |
| <i>ondansetron hcl 8 mg tab</i>   | gen | QL (3 PER 1 DAYS), PA - PART B<br>VS D DETERMINATION        |

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

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS            |
|---|-----------|--------------------------------|
| <b>ANTIFUNGALS</b>  |           |                                |
| ABELCET 5 MG/ML SUSPENSION  | npd       | PA - PART B VS D DETERMINATION |
| AMPHOTERICIN B 50 MG RECON SOLN   | npd       | PA - PART B VS D DETERMINATION |
| <i>amphotericin b liposome 50 mg recon susp</i>   | npd       | PA - PART B VS D DETERMINATION |
| <i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>   | gen       |                                |
| CRESEMBA 186 MG CAP   | spec      | PA, QL (2 PER 1 DAYS)          |
| CRESEMBA 74.5 MG CAP  | spec      | PA, QL (5 PER 1 DAYS)          |
| <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 (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</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 ultramicrosize (125 mg tab, 250 mg tab)</i>   | gen       |                                |
| GYNAZOLE-1 2 % CREAM  | gen       |                                |
| <i>itraconazole 10 mg/ml solution</i>   | gen       | PA                             |
| <i>itraconazole 100 mg cap</i>  | gen       |                                |
| <i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>  | gen       |                                |
| <i>klayesta 100000 unit/gm powder</i>   | gen       |                                |
| LULICONAZOLE 1 % CREAM  | gen       | ST                             |
| <i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln)</i> | inj       |                                |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|--|------------------|--------------------------------|
| MICONAZOLE 3 200 MG SUPPOS   | gen              |                                |
| <i>naftifine hcl (naftifine hcl 2 % cream, naftifine hcl 1 % 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 (voriconazole 200 mg recon soln, 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) |
| EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR) | brd | PA, QL (2 PER 30 DAYS) |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR   | brd              | PA, QL (3 PER 30 DAYS)     |
| NURTEC 75 MG TAB DISP   | spec             | PA, QL (16 PER 30 DAYS)    |
| <b>ERGOT ALKALOIDS</b>  |                  |                            |
| <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)        |
| <b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>  |                  |                            |
| <i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>   | gen              | QL (18 PER 30 OVER TIME)   |
| <i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>  | gen              | QL (24 PER 30 OVER TIME)   |
| <i>sumatriptan (5 mg/act, 20 mg/act)</i>  | gen              | QL (18 PER 30 OVER TIME)   |
| <i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>   | gen              | QL (18 PER 30 OVER TIME)   |
| <i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>  | gen              | QL (8 PER 30 OVER TIME)    |
| SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)   | gen              | QL (8 PER 30 OVER TIME)    |
| <i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>  | gen              | QL (18 PER 30 OVER TIME)   |
| <b>ANTIMYASTHENIC AGENTS</b>  |                  |                            |
| <b>PARASYMPATHOMIMETICS</b>   |                  |                            |
| <i>pyridostigmine bromide (pyridostigmine bromide 30 mg tab, pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)</i> | gen              |                            |
| <i>pyridostigmine bromide er 180 mg tab</i>   | gen              |                            |

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

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS                            |
|---|-----------|--|
| <b>ANTIMYCOBACTERIALS</b>   |           |  |
| <b>ANTIMYCOBACTERIALS, OTHER</b>  |           |  |
| <i>dapsone (25 mg tab, 100 mg tab)</i>  | gen       |  |
| <i>rifabutin 150 mg cap</i>   | gen       |  |
| <b>ANTITUBERCULARS</b>  |           |  |
| <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       |  |
| <b>ANTINEOPLASTICS</b>  |           |  |
| <b>ALKYLATING AGENTS</b>  |           |  |
| CYCLOPHOSPHAMIDE<br>(CYCLOPHOSPHAMIDE 25 MG CAP,<br>CYCLOPHOSPHAMIDE 50 MG CAP,<br>CYCLOPHOSPHAMIDE 25 MG CAP,<br>CYCLOPHOSPHAMIDE 25 MG TAB,<br>CYCLOPHOSPHAMIDE 50 MG CAP,<br>CYCLOPHOSPHAMIDE 50 MG TAB) | brd       | PA - PART B VS D<br>DETERMINATION              |
| LEUKERAN 2 MG TAB   | brd       |  |
| <i>lomustine (10 mg cap, 40 mg cap,<br/>100 mg cap)</i>   | brd       |  |
| MATULANE 50 MG CAP  | brd       | LA   |
| MELPHALAN 2 MG TAB  | gen       | PA - PART B VS D<br>DETERMINATION              |
| <b>ANTIANDROGENS</b>  |           |  |
| <i>abiraterone acetate 250 mg tab</i>   | spec      | QL (4 PER 1 DAYS), PA - FOR<br>NEW STARTS ONLY |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                      |
|--|------------------|---|
| <i>abiraterone acetate 500 mg tab</i>  | spec             | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| <i>abirtega 250 mg tab</i>   | gen              | QL (4 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 |
| EULEXIN 125 MG CAP   | gen              |   |
| FLUTAMIDE 125 MG CAP   | gen              |   |
| <i>nilutamide (nilutamide 150 mg tab, nilutamide 150 mg tab)</i>                       | spec             | QL (1 PER 1 DAYS)                               |
| NUBEQA 300 MG TAB  | spec             | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| ORSERDU 345 MG TAB   | spec             | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ORSERDU 86 MG TAB  | spec             | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 40 MG CAP   | spec             | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 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 |
| <b>ANTIANGIOGENIC AGENTS</b>   |                  |   |
| <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 |
| <i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>                           | spec             | 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 |
| THALOMID (150 MG CAP, 200 MG CAP)  | spec             | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| THALOMID 100 MG CAP  | 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 xi.

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                        |
|---|------------------|---|
| THALOMID 50 MG CAP  | spec             | QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY       |
| <b>ANTIESTROGENS/MODIFIERS</b>  |                  |   |
| <i>fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)</i> | spec             |   |
| INLURIYO 200 MG TAB   | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY   |
| SOLTAMOX 10 MG/5ML SOLUTION   | npd              |   |
| <i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>   | gen              |   |
| <i>toremifene citrate 60 mg tab</i>   | gen              |   |
| <b>ANTIMETABOLITES</b>  |                  |   |
| <i>mercaptopurine 2000 mg/100ml suspension</i>  | spec             | PA - FOR NEW STARTS ONLY                          |
| <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     |
| TABLOID LOID 40 MG  | brd              |   |
| <b>ANTINEOPLASTICS, OTHER</b>   |                  |   |
| AKEEGA (50-500 MG TAB, 100-500 MG TAB)  | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY   |
| AUGTYRO 160 MG CAP  | spec             | 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 |
| 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   |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                         |
|---|------------------|--|
| LEDERLE LEUCOVORIN 5 MG TAB   | gen              |  |
| <i>leucovorin calcium (100 mg soln, 350 mg 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              |  |
| MODEYSO 125 MG CAP  | spec             | LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY  |
| 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**

|  |      |  |
|--|------|--|
| AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER | spec | LA, QL (66 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| ENSACOVE 100 MG CAP                        | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| ENSACOVE 25 MG CAP                         | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| LAZCLUZE 240 MG TAB                        | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| LAZCLUZE 80 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 xi.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                             |
|--|------------------|--|
| <b>MOLECULAR TARGET INHIBITORS</b>                                 |                  |  |
| ALECENSA 150 MG CAP  | spec             | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| ALUNBRIG (90 MG TAB, 180 MG TAB)                                   | spec             | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| ALUNBRIG 30 MG TAB   | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| ALUNBRIG 90 & 180 MG TAB THPK                                      | spec             | LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| 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 160 MG TAB  | spec             | LA, QL (2 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        |

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

| <b>DRUG NAME</b>                                 | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                        |
|--|------------------|---|
| CAPRELSA 300 MG TAB                              | spec             | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY   |
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT         | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY   |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT     | spec             | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY   |
| COMETRIQ (60 MG DAILY DOSE) 20 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       |
| <i>dasatinib (20 mg tab, 50 mg tab)</i>          | spec             | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY       |
| <i>dasatinib (70 mg tab, 80 mg tab)</i>          | spec             | QL (2 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, 3 mg tab, 5 mg tab)</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   |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                         |
|--|------------------|--|
| <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    |
| GOMEKLI 1 MG CAP   | spec             | LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| GOMEKLI 1 MG TAB SOL   | spec             | LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| GOMEKLI 2 MG CAP   | spec             | LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY  |
| HERNEXEOS 60 MG TAB  | spec             | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| HYRNUO 10 MG TAB   | spec             | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB) | spec             | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY  |
| IBRANCE 100 MG CAP   | spec             | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY  |
| IBTROZI 200 MG CAP   | spec             | LA, QL (3 PER 1 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>                                | npd              | 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 (140 MG CAP, 140 MG TAB)                                 | spec             | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)          | spec             | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| IMBRUVICA 70 MG/ML SUSPENSION                                      | spec             | LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| IMKELDI 80 MG/ML SOLUTION  | spec             | LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY   |
| INLYTA 1 MG TAB  | spec             | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                      |
|---|------------------|---|
| 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     |
| ITOVEBI 3 MG TAB  | spec             | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| ITOVEBI 9 MG TAB  | spec             | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB) | 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) (TAB THPK                               | spec             | QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY   |
| KISQALI (400 MG DOSE) 200 TAB THPK                            | spec             | QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY   |
| KISQALI (600 MG DOSE) 200 TAB THPK                            | spec             | QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY   |
| KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK                  | spec             | QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY   |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK               | spec             | QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY   |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 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 |
| KOSELUGO 5 MG CAP SPRINK                                      | spec             | QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| KOSELUGO 7.5 MG CAP SPRINK                                    | spec             | QL (12 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 |

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

| <b>DRUG NAME</b>                               | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                         |
|--|------------------|--|
| LENVIMA (10 MG DAILY DOSE) CAP THPK            | spec             | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK      | spec             | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK     | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK | spec             | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK    | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK    | spec             | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| LENVIMA (4 MG DAILY DOSE) (CAP THPK            | spec             | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| LENVIMA (8 MG DAILY DOSE) 2 X 4 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 240 MG TAB                            | spec             | QL (4 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 TAB THPK          | spec             | LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY  |
| LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK          | spec             | LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LYTGOBI (20 MG DAILY DOSE) 4 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    |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                        |
|--|------------------|---|
| 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   |
| <i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i> | spec             | QL (4 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   |
| 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       |
| PAZOPANIB HCL 400 MG TAB                                 | spec             | QL (2 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) (TAB THPK                     | spec             | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY       |
| PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK                | spec             | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY       |
| PIQRAY (300 MG DAILY DOSE) 2 X 150 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       |

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

| <b>DRUG NAME</b>                                 | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                       |
|--|------------------|--|
| 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      |
| REVUFORJ 110 MG TAB                              | spec             | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY  |
| REVUFORJ 160 MG TAB                              | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY  |
| REVUFORJ 25 MG TAB                               | spec             | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY  |
| REZLIDHIA 150 MG CAP                             | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY  |
| ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)       | spec             | LA, QL (8 PER 28 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      |
| SCSEMBLIX 100 MG TAB                             | spec             | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY  |
| SCSEMBLIX 20 MG TAB                              | spec             | QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| SCSEMBLIX 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      |
| 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      |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                        |
|---|------------------|---|
| <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   |
| 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   |
| TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)     | 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   |
| 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   |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                              |
|--|------------------|---|
| VENCLEXTA 50 MG TAB  | spec             | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK                    | spec             | LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)             | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VITRAKVI 100 MG CAP  | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VITRAKVI 20 MG/ML SOLUTION   | spec             | LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| VITRAKVI 25 MG CAP   | spec             | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)                           | spec             | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VORANIGO 10 MG TAB   | spec             | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VORANIGO 40 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 TAB THPK                              | spec             | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY        |
| XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK                               | spec             | LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY       |
| XPOVIO (40 MG ONCE WEEKLY) TAB THPK                                  | spec             | LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY        |
| XPOVIO (40 MG TWICE WEEKLY) TAB THPK                                 | spec             | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY        |
| XPOVIO (60 MG ONCE WEEKLY) TAB THPK                                  | spec             | LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY        |
| XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK                              | spec             | LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY       |
| XPOVIO (80 MG ONCE WEEKLY) 40 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 xi.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                        |
|--|------------------|---|
| XPOVIO (80 MG ONCE WEEKLY) TAB THPK                              | spec             | LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY  |
| XPOVIO (80 MG TWICE WEEKLY) 20 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   |
| <b>RETINOIDS</b>   |                  |   |
| <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              |   |
| <b>TREATMENT ADJUNCTS</b>  |                  |   |
| <i>mesna 400 mg tab</i>  | gen              |   |
| VONJO 100 MG CAP   | spec             | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY   |
| <b>ANTIPARASITICS</b>  |                  |   |
| <b>ANTHELMINTHICS</b>  |                  |   |
| <i>albendazole 200 mg tab</i>                                    | npd              |   |
| <i>ivermectin 3 mg tab</i>                                       | gen              |   |
| <i>praziquantel 600 mg tab</i>                                   | gen              |   |
| <b>ANTIPROTOZOALS</b>  |                  |   |
| <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)                        |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| BENZNIDAZOLE 12.5 MG TAB  | npd              | QL (720 PER 365 OVER TIME)     |
| <i>chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, 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)              |
| IMPAVIDO 50 MG CAP  | spec             | PA, QL (84 PER 28 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>  | npd              | PA - PART B VS D DETERMINATION |
| <i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 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 (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i> | gen |  |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <b>ANTIPARKINSON AGENTS, OTHER</b>  |                  |                            |
| <i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>  | gen              |                            |
| <i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>         | gen              |                            |
| <i>entacapone 200 mg tab</i>  | gen              | QL (8 PER 1 DAYS)          |
| <b>DOPAMINE AGONISTS</b>  |                  |                            |
| <i>apomorphine hcl 30 mg/3ml soln cart</i>  | spec             | PA                         |
| <i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>  | gen              |                            |
| <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, er 0.75 mg tab er, er 1.5 mg tab er, er 2.25 mg tab er, er 3 mg tab er, er 3.75 mg tab er, er 4.5 mg tab er)</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, er 4 mg tab er, er 6 mg tab er)</i>   | gen              | QL (1 PER 1 DAYS)          |
| <i>ropinirole hcl er 12 mg tab 24h</i>  | gen              | QL (2 PER 1 DAYS)          |
| <i>ropinirole hcl er 8 mg tab 24h</i>   | gen              | QL (3 PER 1 DAYS)          |
| <b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>   |                  |                            |
| <i>carbidopa 25 mg tab</i>  | gen              |                            |
| <i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>                                     | gen              |                            |
| <i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>   | gen              |                            |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>  |           |                     |
| <i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>  | gen       | QL (1 PER 1 DAYS)   |
| <i>selegiline hcl (5 mg cap, 5 mg tab)</i>   | gen       |                     |
| <b>ANTIPSYCHOTICS</b>  |           |                     |
| <b>1ST GENERATION/TYPICAL</b>  |           |                     |
| <i>chlorpromazine hcl (25 mg/ml, 50 mg/2ml)</i>  | inj       |                     |
| <i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i> | gen       |                     |
| <i>fluphenazine decanoate 25 mg/ml solution</i>  | inj       |                     |
| FLUPHENAZINE HCL<br>(FLUPHENAZINE HCL 1 MG TAB,<br>FLUPHENAZINE HCL 2.5 MG TAB,<br>FLUPHENAZINE HCL 5 MG TAB,<br>FLUPHENAZINE HCL 10 MG TAB,<br>FLUPHENAZINE HCL 2.5 MG/5ML<br>ELIXIR, FLUPHENAZINE HCL 5<br>MG/ML CONC)   | gen       |                     |
| FLUPHENAZINE HCL 2.5 MG/ML<br>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, 100 mg/ml)</i>   | inj       |                     |
| <i>haloperidol lactate 2 mg/ml conc</i>  | gen       |                     |
| <i>haloperidol lactate 5 mg/ml solution</i>  | brd       |                     |
| <i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>  | gen       |                     |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                                    |
|---|------------------|---|
| 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              |   |
| <b>2ND GENERATION/ATYPICAL</b>  |                  |   |
| ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER) | spec             | PA - PART B VS D DETERMINATION                                |
| <i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>        | gen              | QL (1 PER 1 DAYS)   |
| <i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i>          | gen              | QL (2 PER 1 DAYS)   |
| <i>aripiprazole 1 mg/ml solution</i>                                    | gen              | QL (25 PER 1 DAYS)  |
| <i>aripiprazole 2 mg tab</i>  | gen              | QL (4 PER 1 DAYS)   |
| <i>asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg 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                   |
| ERZOFRI 117 MG/0.75ML SUSP PRSYR  | spec             | QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION      |
| ERZOFRI 156 MG/ML SUSP PRSYR  | spec             | QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION         |
| ERZOFRI 234 MG/1.5ML SUSP PRSYR   | spec             | QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION       |
| ERZOFRI 351 MG/2.25ML SUSP PRSYR  | spec             | QL (4.5 ML PER 365 OVER TIME), PA - PART B VS D DETERMINATION |
| ERZOFRI 39 MG/0.25ML SUSP PRSYR   | inj              | QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION      |
| ERZOFRI 78 MG/0.5ML SUSP PRSYR  | spec             | QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION       |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                                 |
|---|------------------|--|
| FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | npd              | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY                |
| FANAPT TITRATION PACK A FNPT TITRATION PCK 1 & 2 & 4 & 6 MG TB                  | npd              | QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY          |
| FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TA                                     | npd              | QL (12 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY         |
| FANAPT TITRATION PACK C PAK 1 & 2 & 6 MG TAB                                    | npd              | QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY          |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR   | 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 ML PER 28 DAYS), PA - PART B VS D DETERMINATION   |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR  | spec             | QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION      |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR   | spec             | QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION    |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR   | inj              | QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION   |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR  | spec             | QL (0.5 ML 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, 120 mg tab)</i>             | gen              | QL (1 PER 1 DAYS)  |
| <i>lurasidone hcl 80 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            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                         |
|---|------------------|--|
| <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              |  |
| OPIPZA (5 MG FILM, 10 MG FILM)  | spec             | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| OPIPZA 2 MG FILM  | spec             | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| <i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>   | gen              | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| <i>paliperidone er 6 mg tab 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 (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>   | gen              |  |
| <i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</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 (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab disp, risperidone 0.25 mg tab disp, risperidone 4 mg tab)</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                     |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                           |
|--|------------------|--|
| 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 (0.5 MG CAP, 0.75 MG CAP, 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                       |
| <b>ANTIPSYCHOTICS, OTHER</b>   |                  |  |
| COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)   | spec             | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY          |
| COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK  | spec             | QL (112 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| <b>TREATMENT-RESISTANT</b>   |                  |  |
| <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         |
| <b>ANTISPASTICITY AGENTS</b>   |                  |  |
| <i>baclofen (10 mg tab, 20 mg tab)</i>   | gen              |  |
| <i>baclofen 15 mg tab</i>  | gen              | QL (6 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              |  |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS            |
|--|-----------|--------------------------------|
| <b>ANTIVIRALS</b>                                    |           |                                |
| <b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>             |           |                                |
| LIVTENCITY 200 MG TAB                                | spec      | PA, LA, QL (4 PER 1 DAYS)      |
| PREVYMIS (20 MG PACKET, 120 MG PACKET)               | spec      | QL (4 PER 1 DAYS)              |
| PREVYMIS (240 MG TAB, 480 MG TAB)                    | spec      | QL (200 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)             |
| <b>ANTI-HEPATITIS B (HBV) AGENTS</b>                 |           |                                |
| <i>adefovir dipivoxil 10 mg tab</i>                  | gen       | QL (1 PER 1 DAYS)              |
| BARACLUDE 0.05 MG/ML SOLUTION                        | brd       | QL (21 PER 1 DAYS)             |
| <i>entecavir (0.5 mg tab, 1 mg tab)</i>              | gen       | QL (1 PER 1 DAYS)              |
| EPIVIR HBV 5 MG/ML SOLUTION                          | brd       |                                |
| <i>lamivudine 100 mg tab</i>                         | gen       |                                |
| <b>ANTI-HEPATITIS C (HCV) AGENTS</b>                 |           |                                |
| MAVYRET 100-40 MG TAB                                | spec      | PA, QL (3 PER 1 DAYS)          |
| MAVYRET 50-20 MG PACKET                              | spec      | PA, QL (6 PER 1 DAYS)          |
| RIBAVIRIN (200 MG CAP, 200 MG TAB)                   | gen       |                                |
| <i>ribavirin 6 gm recon soln</i>                     | spec      | PA - PART B VS D DETERMINATION |
| VOSEVI 400-100-100 MG TAB                            | spec      | PA, QL (1 PER 1 DAYS)          |
| <b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b> |           |                                |
| 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)              |

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

| <b>DRUG NAME</b>                          | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| 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)**

|  |     |                    |
|--|-----|--------------------|
| DELSTRIGO 100-300-300 MG TAB   | npd | QL (1 PER 1 DAYS)  |
| EDURANT 25 MG TAB  | brd | QL (2 PER 1 DAYS)  |
| EDURANT PED 2.5 MG TAB SOL   | brd | QL (6 PER 1 DAYS)  |
| EFAVIRENZ 200 MG CAP   | gen | QL (3 PER 1 DAYS)  |
| EFAVIRENZ 50 MG CAP  | gen | QL (6 PER 1 DAYS)  |
| <i>efavirenz 600 mg tab</i>  | gen | QL (1 PER 1 DAYS)  |
| <i>efavirenz-emtricitab-tenofo df 600-200-300 mg</i>   | gen | QL (1 PER 1 DAYS)  |
| <i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)</i> | gen | QL (1 PER 1 DAYS)  |
| <i>emtricitab-rilpivir-tenofov df 200-25-300 mg</i>  | gen | QL (1 PER 1 DAYS)  |
| <i>etravirine 100 mg tab</i>   | gen | QL (4 PER 1 DAYS)  |
| <i>etravirine 200 mg tab</i>   | gen | QL (2 PER 1 DAYS)  |
| INTELENCE 25 MG TAB  | brd | QL (12 PER 1 DAYS) |
| <i>nevirapine 200 mg tab</i>   | gen | QL (2 PER 1 DAYS)  |
| NEVIRAPINE 50 MG/5ML SUSPENSION  | gen | QL (40 PER 1 DAYS) |
| NEVIRAPINE ER 100 MG TAB 24H   | gen | QL (3 PER 1 DAYS)  |
| <i>nevirapine er 400 mg tab 24h</i>  | gen | QL (1 PER 1 DAYS)  |
| ODEFSEY 200-25-25 MG TAB   | brd | QL (1 PER 1 DAYS)  |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| PIFELTRO 100 MG TAB  | npd              | QL (2 PER 1 DAYS)          |
| <i>rilpivirine hcl 25 mg tab</i>   | gen              | QL (2 PER 1 DAYS)          |
| <b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>          |                  |                            |
| <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)          |
| 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, 300 mg/30ml)</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)          |
| STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)   | gen              | QL (2 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 xi.

| <b>DRUG NAME</b>                                   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                               |
|--|------------------|--|
| <i>zidovudine 50 mg/5ml syrup</i>                  | gen              | QL (60 PER 1 DAYS)                                       |
| <b>ANTI-HIV AGENTS, OTHER</b>                      |                  |  |
| 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       |
| <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 300 MG TAB                                | spec             | LA, QL (24 PER 168 OVER TIME)                            |
| 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)  |
| <b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>   |                  |  |
| 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)  |
| KALETRA 400-100 MG/5ML SOLUTION                    | npd              | QL (13 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)                                       |

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

| <b>DRUG NAME</b>                           | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| NORVIR 100 MG CAP                          | brd              |                            |
| NORVIR 100 MG PACKET                       | brd              | QL (12 PER 1 DAYS)         |
| NORVIR 80 MG/ML SOLUTION                   | brd              | QL (15 PER 1 DAYS)         |
| PREZCOBIX (675-150 MG TAB, 800-150 MG TAB) | brd              | QL (1 PER 1 DAYS)          |
| PREZISTA 100 MG/ML SUSPENSION              | brd              | QL (12 PER 1 DAYS)         |
| PREZISTA 150 MG TAB                        | brd              | QL (8 PER 1 DAYS)          |
| PREZISTA 75 MG TAB                         | brd              | QL (10 PER 1 DAYS)         |
| REYATAZ 50 MG PACKET                       | brd              | QL (8 PER 1 DAYS)          |
| <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) OFLUZA 1 TAB THPK          | npd | QL (2 PER 30 OVER TIME)     |
| XOFLUZA (80 MG DOSE) OFLUZA 1 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, 800 mg/20ml suspension)</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 |                                |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>  | gen              |                            |
| <b>ANTIVIRAL, CORONAVIRUS AGENTS</b>  |                  |                            |
| LAGEVRIO 200 MG CAP   | spec             | QL (40 PER 30 OVER TIME)   |
| PAXLOVID (150/100) MG & OMG TAB THPK  | gen              | QL (20 PER 30 OVER TIME)   |
| PAXLOVID (300/100 & 150/100) 6 10 MG 100MG TAB THPK   | gen              | QL (11 PER 30 OVER TIME)   |
| PAXLOVID (300/100) 20 150 MG & OMG TAB THPK   | gen              | QL (30 PER 30 OVER TIME)   |
| <b>ANXIOLYTICS</b>  |                  |                            |
| <b>ANXIOLYTICS, OTHER</b>   |                  |                            |
| <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              |                            |
| <b>BENZODIAZEPINES</b>  |                  |                            |
| <i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i> | gen              | QL (4 PER 1 DAYS)          |
| <i>alprazolam (2 mg tab, 2 mg tab disp)</i>   | gen              | QL (5 PER 1 DAYS)          |
| <i>alprazolam er (er 0.5 mg tab er, er 1 mg tab er, er 3 mg tab er)</i>                                 | gen              | QL (1 PER 1 DAYS)          |
| <i>alprazolam er 2 mg tab 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, 1 mg tab er, 3 mg tab er)</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)         |

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

| <b>DRUG NAME</b>                                  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>clorazepate dipotassium 15 mg tab</i>          | gen              | QL (6 PER 1 DAYS)          |
| <i>clorazepate dipotassium 3.75 mg tab</i>        | gen              | QL (24 PER 1 DAYS)         |
| <i>clorazepate dipotassium 7.5 mg tab</i>         | gen              | QL (12 PER 1 DAYS)         |
| <i>diazepam (5 mg tab, 5 mg/ml conc)</i>          | gen              | QL (12 PER 1 DAYS)         |
| <i>diazepam 10 mg tab</i>                         | gen              | QL (6 PER 1 DAYS)          |
| <i>diazepam 2 mg tab</i>                          | gen              | QL (30 PER 1 DAYS)         |
| <i>diazepam 5 mg/5ml solution</i>                 | gen              | QL (60 PER 1 DAYS)         |
| <i>diazepam intensol 5 mg/ml conc</i>             | gen              | QL (12 PER 1 DAYS)         |
| <i>lorazepam (2 mg tab, 2 mg/ml conc)</i>         | gen              | QL (5 PER 1 DAYS)          |
| <i>lorazepam 0.5 mg tab</i>                       | gen              | QL (20 PER 1 DAYS)         |
| <i>lorazepam 1 mg tab</i>                         | gen              | QL (10 PER 1 DAYS)         |
| <i>lorazepam intensol 2 mg/ml conc</i>            | gen              | QL (5 PER 1 DAYS)          |
| <i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i> | gen              | QL (4 PER 1 DAYS)          |

## **BIPOLAR AGENTS**

### **MOOD STABILIZERS**

|   |     |  |
|---|-----|--|
| EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)   | brd |  |
| <i>lithium 8 meq/5ml solution</i>   | gen |  |
| <i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 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 |  |
|--|-----|--|

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>                                | gen              |                            |
| <i>glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)</i> | gen              |                            |
| <i>glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>          | gen              |                            |
| <i>glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)</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)   | brd              | QL (1 PER 1 DAYS)          |
| JANUVIA 100 MG TAB   | brd              | QL (1 PER 1 DAYS)          |
| JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)                     | brd              | QL (2 PER 1 DAYS)          |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H   | brd              | QL (2 PER 1 DAYS)          |
| JENTADUETO XR 5-1000 MG TAB ER 24H   | brd              | QL (1 PER 1 DAYS)          |
| KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)                                       | npd              | PA, QL (1 PER 1 DAYS)      |
| <i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>                       | gen              |                            |
| <i>metformin hcl er (er 500 mg tab er, er 750 mg tab er)</i>                     | gen              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 25 mg tab, miglitol 100 mg tab, miglitol 100 mg tab, miglitol 50 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) (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 (15-500 mg tab, 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 xi.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)   | brd              | QL (2 PER 1 DAYS)          |
| XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)   | brd              | QL (1 PER 1 DAYS)          |
| <b>GLYCEMIC AGENTS</b>   |                  |                            |
| BAQSIMI ONE PACK 3 MG/DOSE POWDER  | brd              | QL (2 PER 30 OVER TIME)    |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER  | brd              | QL (2 PER 30 OVER TIME)    |
| <i>diazoxide 50 mg/ml suspension</i>   | gen              |                            |
| GLUCAGEN HYPOKIT 1 MG RECON SOLN   | brd              | QL (2 PER 2 OVER TIME)     |
| GLUCAGON EMERGENCY (GLUCAGON EMERGENCY 1 MG RECON SOLN, GLUCAGON EMERGENCY 1 MG RECON SOLN, GLUCAGON EMERGENCY 1 MG/ML RECON SOLN) | brd              | QL (2 PER 2 OVER TIME)     |
| <b>INSULINS</b>  |                  |                            |
| FIASP 100 UNIT/ML SOLUTION   | brd              | INS                        |
| FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN   | brd              | INS                        |
| FIASP PENFILL 100 UNIT/ML SOLN CART  | brd              | INS                        |
| FIASP PUMPCART 100 UNIT/ML SOLN  | brd              | INS                        |
| HUMALOG 100 UNIT/ML SOLN CART  | brd              | INS                        |
| HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN  | brd              | INS                        |
| HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)   | brd              | INS                        |
| HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP   | brd              | INS                        |
| HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION   | brd              | INS                        |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>             |
|---|------------------|--|
| HUMALOG MIX 75/25 KWIKPEN<br>KWIK(75-25) 100 UNIT/ML SUSP           | brd              | INS                                    |
| HUMULIN 70/30 (70-30) 100<br>UNIT/ML SUSPENSION                     | brd              | INS                                    |
| HUMULIN 70/30 KWIKPEN<br>KWIK(70-30) 100 UNIT/ML SUSP               | brd              | INS                                    |
| HUMULIN N 100 UIT/ML SUSPESIO                                       | brd              | INS                                    |
| HUMULIN N KWIKPEN KWIK100<br>UIT/ML SUSP                            | brd              | INS                                    |
| HUMULIN R 100 UNIT/ML<br>SOLUTION                                   | brd              | INS                                    |
| HUMULIN R U-500<br>(CONCENTRATED) (CONCENTATED)<br>UNIT/ML SOLUTION | brd              | PA - PART B VS D<br>DETERMINATION, INS |
| HUMULIN R U-500 KWIKPEN<br>KWIKUNIT/ML SOLN                         | brd              | INS                                    |
| INSULIN ASPART 100 UNIT/ML<br>SOLUTION                              | brd              | INS                                    |
| INSULIN ASPART FLEXPEN FLEX100<br>UNIT/ML SOLN                      | brd              | INS                                    |
| INSULIN ASPART PENFILL 100<br>UNIT/ML SOLN CART                     | brd              | INS                                    |
| INSULIN LISPRO (1 UNIT DIAL) 100<br>/ML SOLN PEN                    | brd              | INS                                    |
| INSULIN LISPRO 100 UNIT/ML<br>SOLUTION                              | brd              | INS                                    |
| INSULIN LISPRO JUNIOR KWIKPEN<br>KWIK100 UNIT/ML SOLN               | brd              | INS                                    |
| INSULIN LISPRO PROT & LISPRO<br>(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<br>SOLN PEN                             | brd              | QL (45 PER 30 DAYS), INS               |
| NOVOLIN R FLEXPEN FLEX100<br>UNIT/ML SOLN                           | brd              | INS                                    |
| NOVOLIN R FLEXPEN RELION<br>FLEXELION 100 UNIT/ML SOLN              | brd              | INS                                    |
| NOVOLOG 100 UNIT/ML SOLUTION  | brd              | INS                                    |

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

| DRUG NAME                                   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN        | brd       | INS                      |
| NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN | brd       | INS                      |
| NOVOLOG PENFILL 100 UNIT/ML SOLN CART       | brd       | INS                      |
| NOVOLOG RELION 100 UNIT/ML SOLUTION         | brd       | INS                      |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN    | brd       | QL (18 PER 28 DAYS), INS |
| TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN        | brd       | QL (18 PER 28 DAYS), INS |
| TRESIBA 100 UNIT/ML SOLUTION                | brd       | QL (30 PER 30 DAYS), INS |
| TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN      | brd       | QL (30 PER 30 DAYS), INS |
| TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN      | brd       | QL (27 PER 30 DAYS), INS |

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

|  |     |                           |
|--|-----|---------------------------|
| <i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>                 | gen | QL (2 PER 1 DAYS)         |
| ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB)                                       | brd | QL (2 PER 1 DAYS)         |
| ELIQUIS (1.5 MG PACK) 3 X 0.5 TAB SOL  | brd | QL (12 PER 1 DAYS)        |
| ELIQUIS (2 MG PACK) 4 X 0.5 TAB SOL  | brd | QL (16 PER 1 DAYS)        |
| ELIQUIS 0.5 MG TAB SOL   | brd | QL (4 PER 1 DAYS)         |
| ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK  | brd | QL (74 PER 180 OVER TIME) |
| <i>enoxaparin sodium (100 mg/ml soln prsy, 150 mg/ml soln prsy, 300 mg/3ml solution)</i> | inj | QL (60 PER 30 DAYS)       |
| <i>enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)</i>                           | inj | QL (48 PER 30 DAYS)       |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>   | inj | QL (18 PER 30 DAYS)       |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|--|------------------|--------------------------------|
| <i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>   | inj              | QL (24 PER 30 DAYS)            |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsy</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)            |
| <i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</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>rivaroxaban 1 mg/ml recon susp</i>  | brd              | QL (20 ML PER 1 DAYS)          |
| <i>rivaroxaban 2.5 mg tab</i>  | brd              | QL (2 PER 1 DAYS)              |
| <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)              |
| <b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>   |                  |                                |
| <i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>   | gen              |                                |

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

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

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

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS          |
|---|-----------|------------------------------|
| <b>HEMOSTASIS AGENTS</b>  |           |                              |
| 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)            |
| <b>PLATELET MODIFYING AGENTS</b>  |           |                              |
| <i>aspirin-dipyridamole er 25-200 mg cap 12h</i>                                    | gen       |                              |
| <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)            |
| <i>ticagrelor (60 mg tab, 90 mg tab)</i>  | gen       | QL (2 PER 1 DAYS)            |
| <b>CARDIOVASCULAR AGENTS</b>  |           |                              |
| <b>ALPHA-ADRENERGIC AGONISTS</b>  |           |                              |
| <i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i> | gen       |                              |
| <i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>                           | gen       |                              |
| <i>droxidopa 100 mg cap</i>   | npd       | PA, QL (18 PER 1 DAYS)       |
| <i>droxidopa 200 mg cap</i>   | spec      | PA, QL (9 PER 1 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       |                              |
| METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB, METHYLDOPA 250 MG TAB)    | gen       |                              |
| <i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                              | gen       |                              |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>   |           |                              |
| <i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>                  | gen       |                              |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <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              |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>   |                  |                            |
| <i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>  | gen              |                            |
| <i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>  | gen              |                            |
| <i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>   | gen              |                            |
| <i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>   | gen              |                            |
| <i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>   | gen              |                            |
| <i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>  | gen              |                            |
| <b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>  |                  |                            |
| <i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>  | gen              |                            |
| <i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>   | gen              |                            |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>  | gen              |                            |
| <i>enalapril maleate 1 mg/ml solution</i>  | gen              | QL (40 PER 1 DAYS)         |
| <i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>   | gen              |                            |
| <i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>   | gen              |                            |
| <i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>   | gen              |                            |
| PERINDOPRIL ERBUMINE<br>(PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB) | gen              |                            |
| <i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>   | gen              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>                   | gen              |                            |
| <i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>                               | gen              |                            |
| <b>ANTIARRHYTHMICS</b>   |                  |                            |
| <i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>                       | gen              |                            |
| <i>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, er 325 mg cap er, er 425 mg cap er)</i> | gen              |                            |
| <i>quinidine gluconate er 324 mg tab</i>   | gen              |                            |
| QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)                                       | 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) (80 mg tab, 120 mg tab, 160 mg tab)</i>                      | gen              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>   |                  |                            |
| <i>acebutolol hcl (200 mg cap, 400 mg cap)</i>   | gen              |                            |
| <i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>   | gen              |                            |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i>  | gen              |                            |
| <i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>   | gen              |                            |
| <i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>  | gen              |                            |
| <i>carvedilol phosphate er (er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 80 mg cap er)</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, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</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 (propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 80 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 60 mg tab)</i> | gen              |                            |
| <i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i>   | gen              |                            |
| <i>timolol maleate (timolol maleate 20 mg tab, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab, timolol maleate 5 mg tab)</i>   | gen              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>   |                  |                            |
| <i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>   | gen              |                            |
| <i>felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</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, er 60 mg tab er, er 90 mg tab er)</i>   | gen              |                            |
| <i>nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>   | gen              |                            |
| <i>nimodipine 30 mg cap</i>  | gen              |                            |
| <i>nisoldipine er (nisoldipine er 17 mg tab er 24h, nisoldipine er 34 mg tab er 24h, nisoldipine er 8.5 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 30 mg tab er 24h, nisoldipine er 40 mg tab er 24h, nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h, nisoldipine er 34 mg tab er 24h)</i> | gen              |                            |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>  |                  |                            |
| <i>cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)</i>  | gen              |                            |
| <i>dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>   | gen              |                            |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>   | gen              |                            |
| <i>diltiazem hcl 120 mg extended release 24hr capsule</i>  | gen              |                            |
| <i>diltiazem hcl 180 mg extended release 24hr capsule</i>  | gen              |                            |
| <i>diltiazem hcl 240 mg extended release 24hr capsule</i>  | gen              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>diltiazem hcl 300 mg extended release 24hr capsule</i>   | gen              |                            |
| <i>diltiazem hcl 360 mg extended release 24hr capsule</i>   | gen              |                            |
| <i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>  | gen              |                            |
| <i>diltiazem hcl er beads 420 mg cap 24h</i>  | gen              |                            |
| <i>matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)</i>  | gen              |                            |
| <i>taztia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er, 360 mg cap er)</i>  | gen              |                            |
| <i>tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i>  | gen              |                            |
| <i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>   | gen              |                            |
| VERAPAMIL HCL ER (VERAPAMIL HCL ER 120 MG CAP ER 24H, VERAPAMIL HCL ER 120 MG TAB ER, VERAPAMIL HCL ER 180 MG TAB ER, VERAPAMIL HCL ER 240 MG TAB ER, VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 180 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H, VERAPAMIL HCL ER 360 MG CAP ER 24H, VERAPAMIL HCL ER 240 MG CAP ER 24H) | gen              |                            |
| <b>CARDIOVASCULAR AGENTS, OTHER</b>   |                  |                            |
| <i>acetazolamide (125 mg tab, 250 mg tab)</i>   | gen              |                            |
| <i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>  | gen              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, 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 (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)  | brd              | QL (8 PER 1 DAYS)          |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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              |                            |
| <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</i>   | gen              |                            |
| <i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i> | gen              |                            |
| <i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i>  | gen              | QL (2 PER 1 DAYS)          |
| <i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>   | brd              | QL (2 PER 1 DAYS)          |
| <i>spironolactone-hctz 25-25 mg tab</i>   | gen              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>telmisartan-amlodipine (telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 80-10 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-10 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              |                            |
| <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)      |
| <b>DIURETICS, LOOP</b>   |                  |                            |
| <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 (furosemide 8 mg/ml solution, furosemide 40 mg tab, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 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              |                            |
| <b>DIURETICS, POTASSIUM-SPARING</b>  |                  |                            |
| <i>amiloride hcl 5 mg tab</i>  | gen              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <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                         |
| <b>DIURETICS, THIAZIDE</b>   |                  |                            |
| <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              |                            |
| <b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>  |                  |                            |
| <i>fenofibrate (fenofibrate 120 mg tab, fenofibrate 50 mg cap, fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 150 mg cap, fenofibrate 40 mg tab, fenofibrate 160 mg tab, fenofibrate 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              |                            |
| <b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>   |                  |                            |
| <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 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              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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              |                            |
| <b>DYSLIPIDEMICS, OTHER</b>   |                  |                            |
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>                                 | gen              |                            |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>                           | gen              |                            |
| <i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>                                   | gen              |                            |
| <i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>                          | gen              |                            |
| <i>ezetimibe 10 mg tab</i>  | gen              |                            |
| <i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i> | gen              |                            |
| <i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>   | gen              | QL (4 PER 1 DAYS)          |
| NIACIN (ANTIHYPERTENSIVE) 500 MG TAB  | gen              |                            |
| <i>niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)</i>           | gen              | QL (2 PER 1 DAYS)          |
| <i>niacin er (antihyperlipidemic) 500 mg tab</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                         |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART                                      | brd              | PA                         |
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ  | brd              | PA                         |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>                            |                  |                            |
| DAPAGLIFLOZIN PROPANEDIOL (5 MG TAB, 10 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 xi.

| <b>DRUG NAME</b>                 | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|----------------------------------|------------------|----------------------------|
| 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, er 60 mg tab er, er 120 mg tab er)</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) |

### **CENTRAL NERVOUS SYSTEM AGENTS**

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

|   |     |                       |
|---|-----|-----------------------|
| <i>amphetamine sulfate 10 mg tab</i>  | gen | ST, QL (6 PER 1 DAYS) |
| <i>amphetamine sulfate 5 mg tab</i>   | gen | ST, QL (8 PER 1 DAYS) |
| <i>amphetamine-dextroamphetamine er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er)</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 xi.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <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 24h</i>  | gen              | QL (6 PER 1 DAYS)          |
| <i>dextroamphetamine sulfate er 15 mg cap 24h</i>  | gen              | QL (4 PER 1 DAYS)          |
| <i>dextroamphetamine sulfate er 5 mg cap 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)          |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>   |           |                     |
| <i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>   | gen       | QL (4 PER 1 DAYS)   |
| <i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>  | gen       | QL (1 PER 1 DAYS)   |
| <i>atomoxetine hcl 40 mg cap</i>   | gen       | QL (2 PER 1 DAYS)   |
| <i>clonidine hcl er 0.1 mg tab 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, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er)</i> | gen       | QL (1 PER 1 DAYS)   |
| <i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</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 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)</i>   | gen       | QL (1 PER 1 DAYS)   |
| <i>methylphenidate hcl er (cd) 30 mg cap</i>   | gen       | QL (2 PER 1 DAYS)   |
| <i>methylphenidate hcl er (la) (er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 60 mg cap er)</i>  | gen       | QL (1 PER 1 DAYS)   |
| <i>methylphenidate hcl er (la) 10 mg cap 24h</i>   | gen       | QL (6 PER 1 DAYS)   |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>           |
|--|------------------|--------------------------------------|
| METHYLPHENIDATE HCL ER<br>(METHYLPHENIDATE HCL ER 36 MG<br>TAB ER 24H, METHYLPHENIDATE<br>HCL ER 36 MG TAB ER)   | gen              | QL (2 PER 1 DAYS)                    |
| METHYLPHENIDATE HCL ER<br>(METHYLPHENIDATE HCL ER 54 MG<br>TAB ER, METHYLPHENIDATE HCL<br>ER 54 MG TAB ER 24H,<br>METHYLPHENIDATE HCL ER 18 MG<br>TAB ER, METHYLPHENIDATE HCL<br>ER 18 MG TAB ER 24H,<br>METHYLPHENIDATE HCL ER 27 MG<br>TAB ER, METHYLPHENIDATE HCL<br>ER 27 MG TAB ER 24H) | gen              | QL (1 PER 1 DAYS)                    |
| <i>methylphenidate hcl er (osm) (er 18<br/>mg tab er, er 27 mg tab er, er 54 mg<br/>tab er)</i>  | gen              | QL (1 PER 1 DAYS)                    |
| <i>methylphenidate hcl er (osm) 36 mg<br/>tab</i>  | gen              | QL (2 PER 1 DAYS)                    |
| <i>methylphenidate hcl er 10 mg tab</i>  | gen              | QL (6 PER 1 DAYS)                    |
| <i>methylphenidate hcl er 20 mg tab</i>  | gen              | QL (3 PER 1 DAYS)                    |
| <i>methylphenidate hcl er(diffus)<br/>(methylphenidate hcl er(diffus) 27 mg<br/>tab er, methylphenidate hcl er(diffus)<br/>27 mg tab er, methylphenidate hcl<br/>er(diffus) 54 mg tab er,<br/>methylphenidate hcl er(diffus) 54 mg<br/>tab er)</i>   | gen              | QL (1 PER 1 DAYS)                    |
| <i>methylphenidate hcl er(diffus)<br/>(methylphenidate hcl er(diffus) 36<br/>mg tab er, methylphenidate hcl<br/>er(diffus) 36 mg tab er)</i>   | gen              | QL (2 PER 1 DAYS)                    |
| <b>CENTRAL NERVOUS SYSTEM, OTHER</b>   |                  |                                      |
| <i>bac (butalbital-acetamin-caff) 50-<br/>325-40 mg tab</i>  | gen              | PA, QL (48 PER 30 OVER TIME),<br>NDS |
| <i>butalbital-acetaminophen (50-300<br/>mg cap, 50-325 mg tab)</i>   | gen              | PA, QL (48 PER 30 OVER TIME),<br>NDS |
| <i>butalbital-apap-caffeine (50-300-<br/>40 mg cap, 50-325-40 mg cap, 50-<br/>325-40 mg tab)</i>   | gen              | PA, QL (48 PER 30 OVER TIME),<br>NDS |
| <i>esgic 50-325-40 mg cap</i>  | gen              | PA, QL (48 PER 30 OVER TIME),<br>NDS |

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

| <b>DRUG NAME</b>                 | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>           |
|----------------------------------|------------------|--------------------------------------|
| 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),<br>NDS |
| <i>tetrabenazine 12.5 mg tab</i> | npd              | 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),<br>NDS |

### **FIBROMYALGIA AGENTS**

|   |     |  |
|---|-----|--|
| DRIZALMA SPRINKLE 20 MG CAP   | npd | QL (3 PER 1 DAYS), PA - FOR<br>NEW STARTS ONLY |
| DRIZALMA SPRINKLE 30 MG CAP   | npd | QL (3 PER 1 DAYS), PA - FOR<br>NEW STARTS ONLY |
| DRIZALMA SPRINKLE 40 MG CAP   | npd | QL (2 PER 1 DAYS), PA - FOR<br>NEW STARTS ONLY |
| DRIZALMA SPRINKLE 60 MG CAP   | npd | QL (2 PER 1 DAYS), PA - FOR<br>NEW STARTS ONLY |
| <i>duloxetine hcl (20 mg dr, 40 mg dr,<br/>60 mg dr)</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,<br/>300 mg cap)</i>                      | gen | QL (2 PER 1 DAYS)                              |
| <i>pregabalin (25 mg cap, 50 mg cap,<br/>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 12h</i>                                | brd  | PA, QL (2 PER 1 DAYS)   |
| <i>dimethyl fumarate 120 mg cap dr</i>                               | npd  | PA, QL (2 PER 1 DAYS)   |
| <i>dimethyl fumarate 240 mg cap dr</i>                               | spec | PA, QL (2 PER 1 DAYS)   |
| <i>dimethyl fumarate starter pack 120 &amp;<br/>240 mg cpdr thpk</i> | npd  | PA, 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 xi.

| <b>DRUG NAME</b>                              | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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 |  |
| <i>kourzeq 0.1 % paste</i>                     | gen |  |
| <i>oralone 0.1 % paste</i>                     | gen |  |
| <i>periogard 0.12 % solution</i>               | gen |  |
| <i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>  | gen |  |
| <i>triamcinolone acetonide 0.1 % paste</i>     | gen |  |

## **DERMATOLOGICAL AGENTS**

### **ACNE AND ROSACEA AGENTS**

|  |     |                     |
|--|-----|---------------------|
| <i>accutane (10 mg cap, 20 mg cap, 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, 30 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 |                     |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <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              |                            |
| <i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>                             | gen              |                            |
| <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</i>  | gen |     |
| <i>alclometasone dipropionate (alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)</i>  | gen |     |
| <i>ammonium lactate (12 % cream, 12 % lotion)</i>  | gen |     |
| ANUCORT-HC 25 MG SUPPOS  | gen | EDC |
| ANUSOL-HC 25 MG SUPPOS   | gen | EDC |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>   | gen |     |
| <i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i> | gen |     |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)</i> | gen              |                            |
| <i>clobetasol prop emollient base 0.05 % cream</i>  | gen              |                            |
| <i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>   | gen              |                            |
| <i>clobetasol propionate 0.05 % liquid</i>  | gen              | QL (250 PER 30 DAYS)       |
| <i>clobetasol propionate e clobetasol propionate 0.05 % cream</i>   | gen              |                            |
| <i>clodan 0.05 % shampoo</i>  | gen              |                            |
| <i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>  | gen              |                            |
| <i>desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % ointment)</i>   | gen              |                            |
| DIFLORASONE DIACETATE 0.05 % CREAM  | gen              |                            |
| EUCRISA 2 % OINTMENT  | npd              | PA, QL (100 PER 30 DAYS)   |
| <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, 0.1 % cream)</i>   | gen              |                            |
| <i>fluocinonide emulsified base 0.05 % cream</i>  | gen              |                            |
| <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)       |

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

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

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS           |
|--|-----------|-------------------------------|
| <i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)</i> | gen       |                               |
| <i>triderm 0.5 % cream</i>   | gen       |                               |
| <b>DERMATOLOGICAL AGENTS, OTHER</b>  |           |                               |
| <i>alcohol wipes 70 % misc</i>   | gen       |                               |
| ANALPRAM HC 2.5-1 % LOTION   | brd       |                               |
| ANALPRAM-HC 2.5-1 % LOTION   | brd       |                               |
| AVAR-E EMOLLIENT 10-5 % CREAM  | gen       | EDC                           |
| <i>avar-e green 10-5 % cream</i>   | gen       | EDC                           |
| <i>calcipotriene (calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % cream, calcipotriene 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 (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion)</i>  | gen       |                               |
| <i>cvs isopropyl alcohol wipes 70 % misc</i>   | gen       |                               |
| EPIFOAM 1  | brd       |                               |
| <i>fluorouracil (fluorouracil 5 % cream, fluorouracil 2 % solution, fluorouracil 5 % solution)</i>   | gen       |                               |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS                               |
|--|-----------|---|
| 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       |   |
| METHOXSALLEN RAPID 10 MG CAP   | 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)                             |
| OTEZLA XR 75 MG TAB ER 24H   | spec      | PA, QL (1 PER 1 DAYS)                             |
| <i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i>  | gen       |   |
| PRAMOSONE (1-1 % LOTION, 1-2.5 % LOTION)   | brd       |   |
| PROCTOFOAM HC PROCTOI  | 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       |   |
| SSS 10-5 (10-5 10-5 % CREAM, 10-5 10-5 % FOAM)   | gen       | EDC   |
| SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION, SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION) | gen       | EDC   |
| TOLAK 4 % CREAM  | brd       |   |
| VALCHLOR 0.016 % GEL   | spec      | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <b>PEDICULICIDES/SCABICIDES</b>   |                  |                            |
| <i>malathion 0.5 % lotion</i>   | gen              |                            |
| <i>permethrin 5 % cream</i>   | gen              |                            |
| SPINOSAD 0.9 % SUSPENSION   | gen              | QL (240 PER 30 DAYS)       |
| <b>TOPICAL ANTI-INFECTIVES</b>  |                  |                            |
| <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 phos (once-daily) 1 % gel</i>  | gen              |                            |
| <i>clindamycin phos (twice-daily) 1 % gel</i>   | gen              |                            |
| <i>clindamycin phosphate (1 % foam, 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              |                            |
| <i>erythromycin (erythromycin 2 % gel, erythromycin 2 % gel, erythromycin 2 % solution)</i> | gen              |                            |
| <i>mafenide acetate (mafenide acetate 5 % packet, mafenide acetate 5 % packet)</i>          | gen              |                            |
| <i>mupirocin 2 % ointment</i>   | gen              |                            |
| <i>penciclovir 1 % cream</i>  | gen              | PA, QL (5 PER 30 DAYS)     |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>   |           |                     |
| <b>ELECTROLYTE/MINERAL REPLACEMENT</b>   |           |                     |
| <i>dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)</i>   | inj       |                     |
| <i>dextrose in lactated ringers in 5 % solution</i>  | inj       |                     |
| DEXTROSE-NAACL 5-0.9 % SOLUTION  | inj       |                     |
| <i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.3 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 5-0.9 % solution)</i> | inj       |                     |
| EFFER-K 25 MEQ TAB   | gen       | EDC                 |
| <i>k-prime 25 meq effer tab</i>  | gen       | EDC                 |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>kcl in dextrose-nacl (kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i> | inj       |                     |
| KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION   | inj       |                     |
| KLOR-CON (KLOR-CON 20 MEQ PACKET, KLOR-CON 8 MEQ TAB ER)   | gen       |                     |
| <i>klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)</i>  | gen       |                     |
| <i>klor-con m10 meq tab er</i>   | gen       |                     |
| <i>klor-con m15 meq tab er</i>   | gen       |                     |
| <i>klor-con m20 meq tab er</i>   | gen       |                     |
| <i>klor-con/ef 25 meq effer tab</i>  | gen       | EDC                 |
| <i>lactated ringers (lactated ringers solution, lactated ringers solution)</i>   | inj       |                     |
| <i>magnesium sulfate (magnesium sulfate 50 % solution, 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 SUSPENSION   | gen       | EDC                 |
| MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION   | gen       | EDC                 |
| MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)   | gen       | EDC                 |
| MULTIVITAMIN/FLUORIDE (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 xi.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|--|------------------|--------------------------------|
| <i>nafrinse 2.2 (1 f) mg chew tab</i>  | gen              |                                |
| PNV 27-CA/FE/FA 60-1 MG TAB  | brd              |                                |
| 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 (potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 2 meq/ml solution, potassium chloride 10 meq/100ml solution)</i> | inj              |                                |
| <i>potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)</i>   | gen              |                                |
| <i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>                                | gen              |                                |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i>  | inj              |                                |
| <i>potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 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              |                                |
| POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION  | inj              |                                |
| PREMASOL 10 % SOLUTION   | 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 xi.

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| <i>prenatal vitamins</i>  | brd              |                                |
| QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)  | gen              | EDC                            |
| <i>ringers solution</i>   | inj              |                                |
| <i>sodium chloride (pf) 0.9 % solution</i>  | inj              |                                |
| <i>sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 2.5 meq/ml solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution)</i>   | inj              |                                |
| <i>sodium fluoride (sodium fluoride 1.1 (0.5 f) mg/ml solution, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 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>deferasirox (250 mg tab, 500 mg tab)</i>   | spec |                           |
| <i>deferasirox 125 mg tab sol</i>   | brd  |                           |
| <i>tolvaptan (15 mg tab thpk, 30 &amp; 15 mg tab thpk, 45 &amp; 15 mg tab thpk, 60 &amp; 30 mg tab thpk, 90 &amp; 30 mg tab thpk)</i> | spec | PA, LA, QL (2 PER 1 DAYS) |
| <i>tolvaptan 15 mg tab</i>  | spec | PA, LA, QL (8 PER 1 DAYS) |
| <i>tolvaptan 30 mg tab</i>  | spec | PA, LA, QL (4 PER 1 DAYS) |
| <i>trientine hcl 250 mg cap</i>   | spec | PA, QL (8 PER 1 DAYS)     |
| TRIENTINE HCL 500 MG CAP  | spec | PA, QL (4 PER 1 DAYS)     |

### **PHOSPHATE BINDERS**

|   |     |                                |
|---|-----|--------------------------------|
| <i>calcium acetate (phos binder) 667 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 xi.

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| <i>sevelamer carbonate 800 mg tab</i>   | gen              | PA - PART B VS D DETERMINATION |
| <b>POTASSIUM BINDERS</b>  |                  |                                |
| <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) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION) | gen              |                                |
| <b>VITAMINS</b>   |                  |                                |
| <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 (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)   | gen              | EDC                            |
| <b>GASTROINTESTINAL AGENTS</b>  |                  |                                |
| <b>ANTI-CONSTIPATION AGENTS</b>   |                  |                                |
| <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, 20 gm/30ml)</i>   | gen              |                                |
| <i>lactulose encephalopathy 10 gm/15ml solution</i>   | gen              |                                |
| LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)  | brd              | QL (1 PER 1 DAYS)              |
| <i>lubiprostone (8 mcg cap, 24 mcg cap)</i>   | gen              | QL (2 PER 1 DAYS)              |
| MOVANTIK (12.5 MG TAB, 25 MG TAB)   | brd              | QL (1 PER 1 DAYS)              |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>  | gen              |                            |
| <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              |                            |
| <b>ANTI-DIARRHEAL AGENTS</b>   |                  |                            |
| <i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>  | npd              | PA                         |
| DIPHENOXYLATE-ATROPINE (DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TAB, DIPHENOXYLATE-ATROPINE 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)  |
| <b>ANTISPASMODICS, GASTROINTESTINAL</b>  |                  |                            |
| <i>chlordiazepoxide-clidinium (chlordiazepoxide-clidinium 5-2.5 mg cap, chlordiazepoxide-clidinium 5-2.5 mg cap)</i> | gen              | QL (8 PER 1 DAYS)          |
| <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                         |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>hyoscyamine sulfate (hyoscyamine sulfate 0.125 mg sl tab, hyoscyamine sulfate 0.125 mg tab disp, hyoscyamine sulfate 0.125 mg/5ml elixir, hyoscyamine sulfate 0.125 mg sl tab, hyoscyamine sulfate 0.125 mg tab, hyoscyamine sulfate 0.125 mg tab disp, hyoscyamine sulfate 0.125 mg/5ml elixir, hyoscyamine sulfate 0.125 mg/ml solution, hyoscyamine sulfate 0.125 mg tab, hyoscyamine sulfate 0.125 mg/ml solution)</i> | gen              | EDC                        |
| <i>hyoscyamine sulfate er (hyoscyamine sulfate er 0.375 mg tab er 12h, hyoscyamine sulfate er 0.375 mg tab er 12h)</i>  | gen              | EDC                        |
| HYOSCYAMINE SULFATE SL 0.125 MG TAB   | gen              | EDC                        |
| HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)   | gen              | EDC                        |
| <i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>   | gen              |                            |
| NULEV 0.125 MG TAB DISP   | gen              | EDC                        |
| OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB)   | gen              | EDC                        |
| PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG TAB  | gen              | EDC                        |
| PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG/5ML ELIXIR   | gen              | QL (40 PER 1 DAYS), EDC    |
| <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    |
| PHENOHYTRO 16.2 MG TAB  | gen              | EDC                        |
| PHENOHYTRO 16.2 MG/5ML ELIXIR   | gen              | QL (40 PER 1 DAYS), EDC    |
| <b>GASTROINTESTINAL AGENTS, OTHER</b>   |                  |                            |
| <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 xi.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| OMNITROPE 10 MG/1.5ML SOLN<br>CART  | spec      | PA                  |
| <i>peg-3350/electrolytes 236 gm recon<br/>soln</i>  | gen       |                     |
| <i>ursodiol (250 mg tab, 300 mg cap,<br/>500 mg tab)</i>  | gen       |                     |
| <b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>   |           |                     |
| <i>cimetidine (200 mg tab, 300 mg tab,<br/>400 mg tab, 800 mg tab)</i>  | gen       |                     |
| <i>famotidine (20 mg tab, 40 mg tab,<br/>40 mg/5ml recon susp)</i>  | gen       |                     |
| NIZATIDINE (NIZATIDINE 150 MG<br>CAP, NIZATIDINE 15 MG/ML<br>SOLUTION, NIZATIDINE 300 MG<br>CAP)                    | gen       |                     |
| <b>PROTECTANTS</b>  |           |                     |
| <i>misoprostol (100 mcg tab, 200 mcg<br/>tab)</i>   | gen       |                     |
| <i>sucralfate (1 gm tab, 1 gm/10ml<br/>suspension)</i>  | gen       |                     |
| <b>PROTON PUMP INHIBITORS</b>   |           |                     |
| <i>esomeprazole magnesium 20 mg<br/>cap dr</i>  | gen       |                     |
| <i>esomeprazole magnesium 40 mg<br/>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<br/>cap dr)</i>  | gen       |                     |
| <i>omeprazole 40 mg cap dr</i>  | gen       | QL (2 PER 1 DAYS)   |
| <i>pantoprazole sodium (pantoprazole<br/>sodium 40 mg recon soln,<br/>pantoprazole sodium 40 mg recon<br/>soln)</i> | inj       |                     |
| <i>pantoprazole sodium 20 mg tab dr</i>   | gen       |                     |
| <i>pantoprazole sodium 40 mg tab dr</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 xi.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS                |
|--|-----------|------------------------------------|
| <i>rabeprazole sodium 20 mg tab dr</i>   | gen       |                                    |
| <b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>  |           |                                    |
| ALDURAZYME 2.9 MG/5ML SOLUTION   | spec      | LA, PA - PART B VS D DETERMINATION |
| ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)   | spec      | LA, PA - PART B VS D DETERMINATION |
| <i>betaine powder</i>  | spec      |                                    |
| <i>carglumic acid 200 mg tab sol</i>   | spec      | PA, LA                             |
| CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART) | brd       |                                    |
| CYSTAGON (50 MG CAP, 150 MG CAP)   | npd       | PA, LA                             |
| DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)  | brd       |                                    |
| ELAPRASE 6 MG/3ML SOLUTION   | 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                                 |
| REVCovi 2.4 MG/1.5ML SOLUTION  | spec      | PA, LA                             |
| <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                                 |

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

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

## **GENITOURINARY AGENTS**

### **ANTISPASMODICS, URINARY**

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

### **BENIGN PROSTATIC HYPERTROPHY AGENTS**

|                                       |     |                   |
|---------------------------------------|-----|-------------------|
| <i>alfuzosin hcl er 10 mg tab 24h</i> | gen |                   |
| <i>dutasteride 0.5 mg cap</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 xi.

| <b>DRUG NAME</b>                                 | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <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              | QL (8 PER 30 DAYS), EDC    |
| <i>tadalafil (pah) 20 mg tab</i>                 | npd              | PA, QL (2 PER 1 DAYS)      |
| <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 PACET   | 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 (phenazopyridine hcl 200 mg tab, phenazopyridine hcl 100 mg tab, phenazopyridine hcl 200 mg tab, phenazopyridine hcl 100 mg tab)</i> | gen  | EDC                     |
| PHOSPHO-TRIN K500 KMG TAB   | gen  | EDC                     |
| <i>pot &amp; sod cit-cit ac (pot sod cit-cit ac 550-500-334 mg/5ml solution, pot sod cit-cit ac 550-500-334 mg/5ml solution)</i>                            | gen  | EDC                     |
| <i>potassium citrate-citric acid (potassium citrate-citric acid 1100-334 mg/5ml solution, 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  | QL (8 PER 30 DAYS), EDC |

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

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS         |
|---|-----------|-----------------------------|
| <i>sod citrate-citric acid (sod citrate-citric acid 1.5-1 gm/15ml solution, sod citrate-citric acid 500-334 mg/5ml solution, sod citrate-citric acid 1.5-1 gm/15ml solution, sod citrate-citric acid 3-2 gm/30ml solution, sod citrate-citric acid 500-334 mg/5ml solution, sod citrate-citric acid 3-2 gm/30ml solution)</i> | gen       | EDC                         |
| SODIUM CITRATE-CITRIC ACID (1500-1002 MG/15ML SOLUTION, 3000-2004 MG/30ML SOLUTION)   | gen       |                             |
| TRICITRATES 550-500-334 MG/5ML SOLUTION   | gen       | EDC                         |
| <i>varafenafil 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 |                                |
| <i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 6 mg tab, dexamethasone 0.5 mg/5ml solution, dexamethasone 4 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 |                                |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|--|------------------|--------------------------------|
| <i>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension, methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 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 (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i> | gen              |                                |
| <i>prednisone (prednisone 5 mg/5ml solution, prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 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 |  |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>desmopressin acetate 4 mcg/ml solution</i>  | inj       |                     |
| <i>desmopressin acetate pf 4 mcg/ml solution</i>   | inj       |                     |
| <i>desmopressin acetate spray (desmopressin acetate spray 0.01 % solution, 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 (SEX HORMONES/MODIFIERS)

### ANDROGENS

|   |     |                           |
|---|-----|---------------------------|
| <i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>  | gen |                           |
| <i>depo-testosterone (100 mg/ml, 200 mg/ml)</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 (testosterone 10 mg/act (2%) gel, testosterone 10 mg/act (2%) gel)</i>  | gen | PA, QL (120 PER 30 DAYS)  |
| <i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)</i> | gen | PA, QL (300 PER 30 DAYS)  |
| <i>testosterone (testosterone 20.25 mg/1.25gm (1.62%) gel, 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)  |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i> | gen              |                            |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION   | gen              | QL (5 PER 30 DAYS)         |
| <b>ESTROGENS</b>  |                  |                            |
| <i>abigale 1-0.5 mg tab</i>   | gen              |                            |
| <i>abigale lo 0.5-0.1 mg tab</i>  | gen              |                            |
| <i>afirmelle 0.1-20 mg-mcg tab</i>  | gen              |                            |
| <i>altavera 0.15-30 mg-mcg tab</i>  | gen              |                            |
| <i>alyacen 1/35 1-35 mg-mcg tab</i>   | gen              |                            |
| <i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>   | gen              |                            |
| <i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>   | gen              |                            |
| <i>amethia 0.15-0.03 &amp; 0.01 mg tab</i>  | gen              |                            |
| <i>amethyst 90-20 mcg tab</i>   | gen              |                            |
| <i>apri 0.15-30 mg-mcg tab</i>  | gen              |                            |
| ARANELLE 0.5/1/0.5-35 MG-MCG TAB  | gen              |                            |
| <i>ashlyna 0.15-0.03 &amp; 0.01 mg tab</i>  | gen              |                            |
| <i>aubra 0.1-20 mg-mcg tab</i>  | gen              |                            |
| <i>aubra eq 0.1-20 mg-mcg tab</i>   | gen              |                            |
| <i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>  | gen              |                            |
| <i>aurovela 1/20 1-20 mg-mcg tab</i>  | gen              |                            |
| <i>aurovela 24 fe 1-20 mg-mcg() tab</i>   | gen              |                            |
| <i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>   | gen              |                            |
| <i>aurovela fe 1/20 1-20 mg-mcg tab</i>   | gen              |                            |
| <i>aviane 0.1-20 mg-mcg tab</i>   | gen              |                            |
| <i>ayuna 0.15-30 mg-mcg tab</i>   | gen              |                            |
| <i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>  | gen              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>balziva 0.4-35 mg-mcg tab</i>  | gen              |                            |
| <i>blisovi 24 fe 1-20 mg-mcg() tab</i>  | gen              |                            |
| <i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>  | gen              |                            |
| <i>blisovi fe 1/20 1-20 mg-mcg tab</i>  | gen              |                            |
| <i>briellyn 0.4-35 mg-mcg tab</i>   | gen              |                            |
| <i>camrese 0.15-0.03 &amp; 0.01 mg tab</i>  | gen              |                            |
| <i>camrese lo 0.1-0.02 &amp; 0.01 mg tab</i>  | gen              |                            |
| <i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>   | gen              |                            |
| <i>charlotte 24 fe 1-20 mg-mcg() 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)         |
| COVARYX 1.25-2.5 MG TAB   | gen              | EDC                        |
| COVARYX HS 0.625-1.25 MG TAB  | gen              | EDC                        |
| <i>cryselle 0.3-30 mg-mcg tab</i>   | gen              |                            |
| <i>cryselle-28 0.3-30 mg-mcg tab</i>  | gen              |                            |
| <i>cyclafem 1/35 1-35 mg-mcg tab</i>  | gen              |                            |
| <i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>  | gen              |                            |
| <i>cyred 0.15-30 mg-mcg tab</i>   | gen              |                            |
| <i>cyred eq 0.15-30 mg-mcg tab</i>  | gen              |                            |
| <i>dasetta 1/35 1-35 mg-mcg tab</i>   | gen              |                            |
| <i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>   | gen              |                            |
| <i>daysee 0.15-0.03 &amp; 0.01 mg tab</i>   | gen              |                            |
| <i>delyla 0.1-20 mg-mcg tab</i>   | gen              |                            |
| DEPO-ESTRADIOL 5 MG/ML OIL  | 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              |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <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              |                            |
| EEMT 1.25-2.5 MG TAB   | gen              | EDC                        |
| EEMT HS 0.625-1.25 MG TAB  | gen              | EDC                        |
| <i>elinest 0.3-30 mg-mcg tab</i>   | gen              |                            |
| <i>eluryng 0.12-0.015 mg/24hr ring</i>   | gen              |                            |
| <i>emoquette 0.15-30 mg-mcg tab</i>  | gen              |                            |
| <i>enilloring 0.12-0.015 mg/24hr</i>   | gen              |                            |
| <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 (est estrogens-methyltest 1.25-2.5 mg tab, est estrogens-methyltest 1.25-2.5 mg tab)</i>   | gen              | EDC                        |
| <i>est estrogens-methyltest ds (est estrogens-methyltest ds 1.25-2.5 mg tab, est estrogens-methyltest ds 1.25-2.5 mg tab)</i>  | gen              | EDC                        |
| <i>est estrogens-methyltest hs (est estrogens-methyltest hs 0.625-1.25 mg tab, 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 (0.01 % cream, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)</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)        |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <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 valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)</i>   | gen              |                            |
| <i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>   | gen              |                            |
| <i>estratest f.s. 1.25-2.5 mg tab</i>  | gen              | EDC                        |
| ESTRATEST H.S. 0.625-1.25 MG TAB   | gen              | EDC                        |
| ESTRING (2 MG RING, 7.5 MCG/24HR RING)   | brd              | QL (1 PER 84 OVER TIME)    |
| <i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>   | gen              |                            |
| <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              |                            |
| <i>falmina 0.1-20 mg-mcg tab</i>   | gen              |                            |
| <i>fayosim 42-21-21-7 days tab</i>   | gen              |                            |
| <i>feirza 1.5/30 1.5-30 mg-mcg tab</i>   | gen              |                            |
| <i>feirza 1/20 1-20 mg-mcg 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>galbriela 0.8-25 mg-mcg chew tab</i>  | gen              |                            |
| <i>gemmily 1-20 mg-mcg(24) cap</i>   | gen              |                            |
| <i>hailey 1.5/30 1.5-30 mg-mcg tab</i>   | gen              |                            |
| <i>hailey 24 fe 1-20 mg-mcg() 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              |                            |
| <i>iclevia 0.15-0.03 mg tab</i>  | gen              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>introvale 0.15-0.03 mg tab</i>                               | gen              |                            |
| <i>isibloom 0.15-30 mg-mcg tab</i>                              | gen              |                            |
| <i>jaimiess 0.15-0.03 &amp; 0.01 mg tab</i>                     | gen              |                            |
| <i>jasmiel 3-0.02 mg tab</i>                                    | gen              |                            |
| <i>jinteli 1-5 mg-mcg tab</i>                                   | gen              |                            |
| <i>jolessa 0.15-0.03 mg tab</i>                                 | gen              |                            |
| <i>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() 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() 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              |                            |
| <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              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>levonorgest-eth est &amp; eth est 42-21-21-7 days tab</i>  | gen              |                            |
| <i>levonorgest-eth estrad 91-day (0.1-0.02 &amp; 0.01 mg tab, 0.15-0.03 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i>                      | gen              |                            |
| <i>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 &amp; 0.01 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>luizza 1.5/30 1.5-30 mg-mcg tab</i>  | gen              |                            |
| <i>luizza 1/20 1-20 mg-mcg tab</i>  | gen              |                            |
| <i>luteru 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              |                            |
| 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() chew tab</i>   | gen              |                            |
| <i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>   | gen              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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>minzoya 0.1-20 mg-mcg(21) 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, 1.5-30 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              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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              |                            |
| <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 0.625 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>rosyrah 42-21-21-7 days tab</i>  | gen              |                            |
| <i>setlakin 0.15-0.03 mg tab</i>  | gen              |                            |
| <i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>                                 | gen              |                            |
| <i>simpesse 0.15-0.03 &amp; 0.01 mg tab</i>                                 | gen              |                            |
| <i>sprintec 28 0.25-35 mg-mcg tab</i>                                       | gen              |                            |
| <i>sronyx 0.1-20 mg-mcg tab</i>   | gen              |                            |
| <i>syeda 3-0.03 mg tab</i>  | gen              |                            |
| <i>tarina 24 fe 1-20 mg-mcg() 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              |                            |

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

| <b>DRUG NAME</b>                                      | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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              |                            |
| <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-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              |                            |
| <i>valtya 1/35 1-35 mg-mcg tab</i>                    | gen              |                            |
| <i>valtya 1/50 1-50 mg-mcg 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              |                            |

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

| <b>DRUG NAME</b>                            | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>   | gen              |                            |
| <i>xelria 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>zovia 1/35 (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<br>MG/0.65ML SUSP PRSYR   | brd |  |
| <i>emzahh 0.35 mg tab</i>   | gen |  |
| <i>errin 0.35 mg tab</i>  | gen |  |
| <i>gallifrey 5 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 |  |
| <i>lyleq 0.35 mg tab</i>  | gen |  |
| <i>lyza 0.35 mg tab</i>   | gen |  |
| <i>medroxyprogesterone acetate (2.5<br/>mg tab, 5 mg tab, 10 mg tab, 150<br/>mg/ml susp prsy, 150 mg/ml<br/>suspension)</i> | gen |  |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <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 (megestrol acetate 625 mg/5ml suspension, megestrol acetate 625 mg/5ml suspension)</i>          | gen              | PA                         |
| <i>meleya 0.35 mg tab</i>  | gen              |                            |
| 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>orquidea 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 | EDC |
| ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)   | brd | EDC |
| <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 |     |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)   | brd              |                            |
| <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                        |
| RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)  | brd              | EDC                        |
| REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)   | spec             | PA, QL (1 PER 1 DAYS)      |
| SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)                   | brd              |                            |
| THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)   | brd              | EDC                        |
| <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              |                            |

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

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS                             |
|---|-----------|---|
| <b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>  |           |   |
| <i>cabergoline 0.5 mg tab</i>   | gen       |   |
| <i>leuprolide acetate 1 mg/0.2ml kit</i>  | inj       |   |
| LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)  | spec      |   |
| LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)  | spec      |   |
| 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 (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution, octreotide acetate 50 mcg/ml soln prsyr, octreotide acetate 100 mcg/ml soln prsyr)</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      |   |

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

|  |     |  |
|--|-----|--|
| <i>methimazole (5 mg tab, 10 mg tab)</i> | gen |  |
|--|-----|--|

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>   |
|---|------------------|------------------------------|
| <i>propylthiouracil 50 mg tab</i>   | gen              |                              |
| <b>IMMUNOLOGICAL AGENTS</b>   |                  |                              |
| <b>ANGIOEDEMA AGENTS</b>  |                  |                              |
| HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)   | spec             | PA, LA                       |
| <i>icatibant acetate 30 mg/3ml soln prsy</i>  | spec             | PA, QL (36 PER 60 OVER TIME) |
| <i>sajazir 30 mg/3ml soln prsy</i>  | spec             | PA, QL (36 PER 60 OVER TIME) |
| <b>IMMUNOGLOBULINS</b>  |                  |                              |
| GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)  | spec             | PA                           |
| HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION) | spec             | PA, LA                       |
| <b>IMMUNOLOGICAL AGENTS, OTHER</b>  |                  |                              |
| ARCALYST 220 MG RECON SOLN  | spec             | PA, LA                       |
| AURANOFIN 3 MG CAP  | brd              |                              |
| 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 /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                       |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| 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)   |
| OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB TH  | spec             | PA, QL (41 PER 28 DAYS)        |
| 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 /0.83ML PEF 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)   |
| STELARA 45 MG/0.5ML SOLUTION  | spec             | PA, QL (0.5 ML PER 28 DAYS)    |
| TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)   | spec             | PA, QL (3.6 PER 28 DAYS)       |
| USTEKINUMAB 45 MG/0.5ML SOLUTION  | spec             | PA, QL (0.5 ML PER 28 DAYS)    |
| USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR   | npd              | PA, QL (0.5 ML PER 28 DAYS)    |
| USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR  | spec             | PA, QL (1 ML 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)          |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                       |
|---|------------------|--|
| XOLAIR (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | spec             | PA, QL (8 PER 28 DAYS)                           |
| XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)   | spec             | PA, LA, QL (8 PER 28 DAYS)                       |
| YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)   | npd              | PA, QL (0.5 ML PER 28 DAYS)                      |
| YESINTEK 130 MG/26ML SOLUTION   | spec             | PA, QL (104 ML PER 365 OVER TIME)                |
| YESINTEK 90 MG/ML SOLN PRSYR  | spec             | PA, QL (1 ML PER 28 DAYS)                        |
| <b>IMMUNOSTIMULANTS</b>   |                  |  |
| ACTIMMUNE 100 MCG/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)                           |
| <b>IMMUNOSUPPRESSANTS</b>   |                  |  |
| <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 xi.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|--|------------------|--------------------------------|
| 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              |                                |
| METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)   | gen              | PA - PART B VS D DETERMINATION |
| <i>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i> | gen              | 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 |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| <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 |
| SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT                                       | spec             | PA, QL (4 EA PER 28 DAYS)      |
| SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT                                       | spec             | PA, QL (3 PER 28 DAYS)         |
| SIMLANDI (1 SYRINGE) RINGE) 80 MG/0.8ML PREF KT                               | spec             | PA, QL (3 PER 28 DAYS)         |
| SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT                                       | spec             | PA, QL (4 EA PER 28 DAYS)      |
| SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT                               | spec             | PA, QL (2 PER 28 DAYS)         |
| SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT                               | spec             | PA, QL (4 PER 28 DAYS)         |
| <i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>           | gen              | PA - PART B VS D DETERMINATION |
| <i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>                            | gen              | PA - PART B VS D DETERMINATION |
| TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)                          | npd              |                                |
| XATMEP 2.5 MG/ML SOLUTION   | npd              | PA - FOR NEW STARTS ONLY       |
| <b>VACCINES</b>   |                  |                                |
| ABRYSVO 120 MCG/0.5ML RECON SOLN  | brd              | VAC                            |
| ACTHIB RECONSOLN  | brd              |                                |
| ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)       | brd              | VAC                            |
| AREXVY 120 MCG/0.5ML RECON SUSP   | brd              | VAC                            |
| BCG VACCINE 50 MG RECON SOLN  | brd              | VAC                            |
| BEXSERO SUSPPRSYR   | 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                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>          |
|---|------------------|-------------------------------------|
| DAPTACEL 23-15-5SUSPENSION  | brd              |                                     |
| DENG VAXIA RECONSUSP  | 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 SUSPENSION, 9 0.5 ML SUSP PRSYR)                                  | brd              | VAC                                 |
| HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)                         | brd              |                                     |
| HAVRIX 1440 EL U/ML SUSP PRSYR  | brd              | VAC                                 |
| HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR  | brd              | PA - PART B VS D DETERMINATION, VAC |
| HIBERIX 10 MCG RECON SOLN   | brd              |                                     |
| IMOVAX RABIES 2.5 UNIT/ML RECON SUSP  | brd              | VAC                                 |
| INFANRIX 25-58-10SUSPENSION   | brd              |                                     |
| I POL SUSPENSION  | brd              | VAC                                 |
| IXIARO SUSPENSION   | inj              | VAC                                 |
| JYNNEOS 0.5 ML SUSPENSION   | brd              | VAC                                 |
| KINRIX 0.5 ML SUSP PRSYR  | brd              |                                     |
| M-M-R II RECONSOLN  | brd              | VAC                                 |
| MENACTRA SOLUTION   | brd              | VAC                                 |
| MENQUADFI (0.5 ML SOLUTION, SOLUTION)   | brd              | VAC                                 |
| MENVEO (RECON SOLN, SOLUTION)   | brd              | VAC                                 |
| MRESVIA 50 MCG/0.5ML SUSP PRSYR   | brd              | VAC                                 |
| PEDIARIX SUSPPRSYR  | brd              |                                     |
| PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION   | brd              |                                     |
| PENMENVY RECONSUSP  | brd              |                                     |
| PENTACEL RECONSUSP  | brd              |                                     |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>          |
|--|------------------|-------------------------------------|
| PRIORIX RECONSUSP  | brd              | VAC                                 |
| PROQUAD RECONSUSP  | brd              |                                     |
| QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)  | brd              |                                     |
| RABAVERT RECONSUSP   | brd              | VAC                                 |
| RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) | brd              | PA - PART B VS D DETERMINATION, VAC |
| ROTARIX (RECON SUSP, SUSPENSION)   | brd              |                                     |
| ROTATEQ SOLUTION   | brd              |                                     |
| SHINGRIX 50 MCG/0.5ML RECON SUSP   | brd              | QL (2 PER 365 OVER TIME), VAC       |
| SHINGRIX 50 MCG/0.5ML SUSP PRSYR   | brd              | QL (1 ML PER 365 DAYS), VAC         |
| TDVAX 2-2 LF/0.5ML SUSPENSION  | brd              | VAC                                 |
| TENIVAC 5-2 LF/0.5ML SUSPENSION  | brd              | VAC                                 |
| TICOVAC 1.2 MCG/0.25ML SUSP PRSYR  | brd              |                                     |
| TICOVAC 2.4 MCG/0.5ML SUSP PRSYR   | brd              | VAC                                 |
| TRUMENBA SUSPPRSYR   | 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 SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)   | brd              |                                     |
| VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)   | brd              | VAC                                 |
| VARIVAX 1350 PFU/0.5ML RECON SUSP  | brd              | VAC                                 |
| VAXCHORA RECONSUSP   | npd              | VAC                                 |

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

| DRUG NAME                        | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------|-----------|---------------------|
| VIMKUNYA 40 MCG/0.8ML SUSP PRSYR | inj       |                     |
| VIVOTIF CAPDR                    | npd       |                     |
| YF-VAX RECONSUSP                 | inj       | VAC                 |

## 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 (mesalamine 400 mg cap dr, mesalamine 400 mg cap dr, mesalamine 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 24h</i>  | gen | QL (4 PER 1 DAYS)     |
| <i>mesalamine er 500 mg cap</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 24h</i>   | gen | PA, QL (1 PER 1 DAYS) |
| CORTIFOAM 10 %  | 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 (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab, alendronate sodium 70 mg/75ml solution, alendronate sodium 5 mg tab)</i> | gen |                      |
| <i>calcitonin (salmon) 200 unit/act solution</i>  | gen | QL (3.7 PER 30 DAYS) |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                     |
|---|------------------|--|
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>  | gen              |  |
| 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 (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 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                 |
| JUBBONTI 60 MG/ML SOLN PRSYR  | inj              | PA   |
| <i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>   | gen              | PA - PART B VS D DETERMINATION                 |
| <i>paricalcitol (2 mcg/ml, 5 mcg/ml)</i>  | inj              | PA - PART B VS D DETERMINATION                 |
| <i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>  | gen              |  |
| <i>teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)</i>  | spec             | PA   |
| TYMLOS 3120 MCG/1.56ML SOLN PEN   | spec             | PA, QL (1.56 PER 28 DAYS)                      |
| <i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>  | gen              | EDC  |
| WYOST 120 MG/1.7ML SOLUTION   | spec             | QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| <i>zoledronic acid (zoledronic acid 4 mg/100ml solution, zoledronic acid 4 mg/5ml conc, zoledronic acid 5 mg/100ml solution)</i>  | 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 xi.

| <b>DRUG NAME</b>                                 | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>          |                  |                            |
| ADVOCATE INSULIN PEN NEEDLE<br>32GX4MMMISC       | brd              |                            |
| AEROCHAMBER HOLDING<br>CHAMBER DEVICE            | brd              | EDC                        |
| AEROCHAMBER MINI CHAMBER<br>DEVICE               | brd              | EDC                        |
| AEROCHAMBER MV MISC                              | brd              | EDC                        |
| AEROCHAMBER PLS FLOVU<br>MTHPIECE DEVICE         | brd              | EDC                        |
| AEROCHAMBER PLUS FLO-VU<br>INTERM DEVICE         | brd              | EDC                        |
| AEROCHAMBER PLUS FLO-VU<br>LARGE (DEVICE, MISC)  | brd              | EDC                        |
| AEROCHAMBER PLUS FLO-VU<br>MEDIUM (DEVICE, MISC) | brd              | EDC                        |
| AEROCHAMBER PLUS FLO-VU MISC                     | brd              | EDC                        |
| AEROCHAMBER PLUS FLO-VU<br>SMALL (DEVICE, MISC)  | brd              | EDC                        |
| AEROCHAMBER PLUS FLO-VU<br>W/MASK MISC           | brd              | EDC                        |
| AEROCHAMBER PLUS FLOW VU<br>MISC                 | brd              | EDC                        |
| AEROCHAMBER W/FLOWSIGNAL<br>MISC                 | brd              | EDC                        |
| AEROCHAMBER Z-STAT PLUS<br>CHAMBR MISC           | brd              | EDC                        |
| AEROCHAMBER Z-STAT PLUS MISC                     | brd              | EDC                        |
| AEROCHAMBER Z-STAT<br>PLUS/LARGE MISC            | brd              | EDC                        |
| AEROCHAMBER Z-STAT<br>PLUS/MEDIUM MISC           | brd              | EDC                        |
| AEROCHAMBER Z-STAT<br>PLUS/SMALL MISC            | brd              | EDC                        |
| AEROCHAMBER2GO ANTI-STATIC<br>DEVICE             | brd              | EDC                        |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| AEROVENT PLUS DEVICE  | brd              | EDC                        |
| ALCOHOL 70% PADS  | gen              |                            |
| ALCOHOL PREP PAD  | gen              |                            |
| ALCOHOL PREP PADS S 70 %  | gen              |                            |
| ALCOHOL SWABS 70 % PAD  | gen              |                            |
| ALCOHOL SWABSTICK PAD   | gen              |                            |
| AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)                             | brd              |                            |
| AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)  | brd              |                            |
| ARGYLE STERILE WATER SOLUTION   | gen              |                            |
| ASSURE ID DUO PRO PEN NEEDLES 31GX5MMMISC   | brd              |                            |
| ASSURE ID PRO PEN NEEDLES 30GX5MMMISC   | brd              |                            |
| AUM ALCOHOL PREP PADS S 70 %  | 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 xi.

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

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd              |                            |
| DROPLET MICRON 34GX3.5MM MISC  | brd              |                            |
| DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)  | brd              |                            |
| DROPSAFE AUTOPROTECT DUO (4 MISC, 5 MISC, 8 MISC)  | brd              |                            |
| DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)   | brd              |                            |
| EASIVENT MASK LARGE MISC   | brd              | EDC                        |
| EASIVENT MASK MEDIUM MISC  | brd              | EDC                        |
| EASIVENT MASK SMALL MISC   | brd              | EDC                        |
| EASIVENT MISC  | brd              | EDC                        |
| EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 32G 5/16" 1 ML MISC)  | brd              |                            |
| EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC)   | brd              |                            |
| EASY TOUCH INSULIN BARRELS U-100 1 ML MISC   | brd              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| EMBECTA AUTOSHIELD DUO<br>30GX5MMMISC   | brd              |                            |
| EMBECTA INS SYR U/F 1/2 UNIT<br>(5/16" 0.3 ML MISC, 15/64" 0.3 ML<br>MISC)  | brd              |                            |
| EMBECTA INSULIN SYRINGE (1/2"<br>0.5 ML MISC, 1/2" 1 ML MISC)   | brd              |                            |
| EMBECTA INSULIN SYRINGE U-100<br>27G X 5/8" ML MISC   | brd              |                            |
| EMBECTA INSULIN SYRINGE U-500<br>31G X 6MM 0.5 ML MISC  | brd              |                            |
| EMBECTA INSULIN SYRINGE U/F<br>(30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5<br>ML MISC, 30G 1/2" 1 ML MISC, 31G<br>15/64" 0.3 ML MISC, 31G 15/64" 0.5<br>ML MISC, 31G 15/64" 1 ML MISC, 31G<br>5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML<br>MISC, 31G 5/16" 1 ML MISC) | brd              |                            |
| EMBECTA PEN NEEDLE NANO 2<br>GEN 3GX4MMMISC   | brd              |                            |
| EMBECTA PEN NEEDLE NANO<br>32GX4MMMISC  | brd              |                            |
| EMBECTA PEN NEEDLE U/F<br>29GX12.7MMMISC  | brd              |                            |
| EMBECTA PEN NEEDLE ULTRAFINE<br>(PEN 29G 12.7MM MISC, PEN 31G 5<br>MM MISC, PEN 31G 8 MM MISC,<br>PEN 32G 6 MM MISC)  | brd              |                            |
| EMBRACE PEN NEEDLES (PEN 29G<br>12MM MISC, PEN 30G 5 MM MISC,<br>PEN 30G 8 MM MISC, PEN 31G 5 MM<br>MISC, PEN 31G 6 MM MISC, PEN 31G<br>8 MM MISC, PEN 32G 4 MM MISC)   | brd              |                            |
| EQ SPACE CHAMBER ANTI-STATIC<br>DEVICE  | brd              | EDC                        |
| EQ SPACE CHAMBER ANTI-STATIC L<br>DEVICE  | brd              | EDC                        |
| EQ SPACE CHAMBER ANTI-STATIC<br>M DEVICE  | brd              | EDC                        |
| EQ SPACE CHAMBER ANTI-STATIC S<br>DEVICE  | brd              | EDC                        |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|--|------------------|--------------------------------|
| FLEXICHAMBER DEVICE  | brd              | EDC                            |
| <i>gauze pads 2</i>  | gen              |                                |
| GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)   | brd              |                                |
| GOODSENSE ALCOHOL SWABS 70 % PAD   | gen              |                                |
| INSPIREASE MISC  | brd              | EDC                            |
| INSULIN PEN NEEDLES  | brd              |                                |
| INSULIN PEN NEEDLES  | brd              |                                |
| INSULIN SYRINGE 0.3 ML   | brd              |                                |
| INSULIN SYRINGE 0.5 ML   | brd              |                                |
| INSULIN SYRINGE 1 ML   | brd              |                                |
| INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd              |                                |
| INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)   | brd              |                                |
| INSUPEN32G EXTR3ME 6MMMISC   | brd              |                                |
| INTRALIPID (20 % EMULSION, 30 % EMULSION)  | inj              | PA - PART B VS D DETERMINATION |
| <i>lactated ringers solution</i>   | gen              |                                |
| <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 |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| OPTICHAMBER DIAMOND (DEVICE, MISC)   | brd              | EDC                        |
| OPTICHAMBER DIAMOND-LG MASK DEVICE   | brd              | EDC                        |
| OPTICHAMBER DIAMOND-MD MASK MISC   | brd              | EDC                        |
| OPTICHAMBER DIAMOND-SM MASK MISC   | brd              | EDC                        |
| OPVEE 2.7 MG/0.1ML SOLUTION  | npd              | QL (2 PER 30 DAYS)         |
| PEN NEEDLE/5-BEVEL TIP (PEN 31G 8 MISC, PEN 32G 4 MISC)  | brd              |                            |
| PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)   | brd              |                            |
| PENBRAYA RECONSUSP   | brd              | VAC                        |
| POCKET CHAMBER DEVICE  | brd              | EDC                        |
| POCKET SPACER DEVICE   | brd              | EDC                        |
| PRO COMFORT ALCOHOL 70 % PAD   | gen              |                            |
| 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                        |

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

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS            |
|--|-----------|--------------------------------|
| QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC) | brd       |                                |
| <i>ringers irrigation (ringers irrigation solution, ringers irrigation solution)</i>   | gen       |                                |
| RITEFLO DEVICE   | brd       | EDC                            |
| SALINE BACTERIOSTATIC 0.9 % SOLUTION   | inj       | EDC                            |
| SECURES SAFE 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 |
| SODIUM CHLORIDE BACTERIOSTATIC 0.9 % SOLUTION  | inj       | EDC                            |
| <i>sterile water for irrigation (sterile water for irrigation solution, 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 32GX4MMMISC  | 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       |                                |
| TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)  | brd       |                                |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>  |
|--|------------------|-----------------------------|
| TRUE COMFORT PRO PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)  | brd              |                             |
| TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)  | brd              |                             |
| ULTIGUARD SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)   | brd              |                             |
| UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)   | brd              |                             |
| UNIFINE PENTIPS 32GX4MM MISC   | brd              |                             |
| UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)  | brd              |                             |
| UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)  | brd              |                             |
| VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)  | brd              |                             |
| VERIFINE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd              |                             |
| VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)  | brd              |                             |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE  | brd              | EDC                         |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE  | brd              | EDC                         |
| VORTEX VALVE CHAMBER-PEDI MASK DEVICE  | brd              | EDC                         |
| VORTEX VALVED HOLDING CHAMBER DEVICE   | brd              | EDC                         |
| VOWST CAP  | spec             | PA, LA, QL (12 PER 30 DAYS) |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| WEBCOL ALCOHOL PREP LARGE 70 % PAD  | gen              |                            |
| <b>OPHTHALMIC AGENTS</b>  |                  |                            |
| <b>OPHTHALMIC AGENTS, OTHER</b>   |                  |                            |
| <i>ak-poly-bac 500-10000 unit/gm ointment</i>   | gen              |                            |
| <i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i>  | gen              |                            |
| <i>bacitra-neomycin-polymyxin-hc (bacitra-neomycin-polymyxin-hc 1 % ointment, bacitra-neomycin-polymyxin-hc 1 % ointment)</i>   | gen              |                            |
| BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT   | gen              |                            |
| BLEPHAMIDE 10-0.2 % SUSPENSION  | brd              |                            |
| <i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>  | gen              |                            |
| <i>dorzolamide hcl-timolol mal (dorzolamide hcl-timolol mal 2-0.5 % solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution, 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>loteprednol-tobramycin 0.5-0.3 % suspension</i>  | gen              |                            |
| <i>neo-polycin 3.5-400-10000 ointment</i>   | gen              |                            |
| <i>neo-polycin hc 1 % ointment</i>  | gen              |                            |
| <i>neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)</i> | gen              |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>neomycin-polymyxin-dexameth (0.1 % suspension, 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)        |
| 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              |                            |
| XDEMVI 0.25 % SOLUTION  | spec             | PA, QL (10 PER 30 DAYS)    |
| XIIDRA 5 % SOLUTION   | brd              |                            |
| ZYLET 0.5-0.3 % SUSPENSION  | brd              |                            |
| <b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>   |                  |                            |
| <i>azelastine hcl 0.05 % solution</i>   | gen              |                            |
| <i>bepotastine besilate 1.5 % solution</i>  | gen              |                            |
| <i>cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)</i>                     | gen              |                            |
| <i>epinastine hcl 0.05 % solution</i>   | gen              |                            |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>   |                  |                            |
| BACITRACIN 500 UNIT/GM OINTMENT   | gen              |                            |
| <i>erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)</i>                      | gen              |                            |
| <i>gatifloxacin 0.5 % solution</i>  | gen              | QL (2.5 PER 30 DAYS)       |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| GENTAK 0.3 % OINTMENT  | gen              |                            |
| <i>gentamicin sulfate 0.3 % solution</i>   | gen              |                            |
| LEVOFLOXACIN (LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 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 (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i> | gen              |                            |
| <i>tobramycin 0.3 % solution</i>   | gen              |                            |
| TOBREX 0.3 % OINTMENT  | brd              |                            |
| TRIFLURIDINE 1 % SOLUTION  | gen              |                            |
| ZIRGAN 0.15 % GEL  | npd              | QL (5 PER 30 DAYS)         |
| <b>OPHTHALMIC ANTI-INFLAMMATORIES</b>  |                  |                            |
| <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)         |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>ketorolac tromethamine (0.4 %, 0.5 %)</i>                                 | gen              |                            |
| <i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i> | gen              |                            |
| MAXIDEX 0.1 % SUSPENSION   | npd              |                            |
| <i>prednisolone acetate 1 % suspension</i>                                   | gen              |                            |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION                                   | gen              |                            |

## **OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS**

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

## **OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER**

|   |     |  |
|---|-----|--|
| <i>acetazolamide er 500 mg cap 12h</i>  | gen |  |
| <i>apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)</i> | gen |  |
| <i>brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)</i>  | gen |  |
| <i>brinzolamide 1 % suspension</i>  | gen |  |
| <i>dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)</i>           | gen |  |

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

| DRUG NAME                                   | DRUG TIER | REQUIREMENTS/LIMITS  |
|---|-----------|----------------------|
| <i>methazolamide (25 mg tab, 50 mg tab)</i> | gen       |                      |
| <i>pilocarpine hcl (1 %, 2 %, 4 %)</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 (latanoprost 0.005 % solution, latanoprost 0.005 % solution)</i> | gen |                        |
| LUMIGAN 0.01 % SOLUTION   | brd | QL (5 PER 30 DAYS)     |
| <i>tafluprost (pf) 0.0015 % solution</i>  | gen | ST, QL (1 PER 1 DAYS)  |
| <i>travoprost (bak free) 0.004 % solution</i>                                   | gen | QL (5 PER 30 DAYS)     |
| VYZULTA 0.024 % SOLUTION  | npd |                        |

## OTIC AGENTS

|   |     |                   |
|---|-----|-------------------|
| <i>acetic acid 2 % solution</i>   | gen |                   |
| <i>ciprofloxacin hcl 0.2 % solution</i>   | 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) |
| <i>ciprofloxacin-hydrocortisone 0.2-1 % suspension</i>                                    | npd |                   |
| 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 |                   |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| <i>ofloxacin 0.3 % solution</i>   | gen              |                                |
| <b>RESPIRATORY TRACT/PULMONARY AGENTS</b>   |                  |                                |
| <b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>   |                  |                                |
| ARNUIITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)                                  | brd              | QL (30 PER 30 DAYS)            |
| ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA  | brd              | QL (1 PER 30 DAYS)             |
| ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA   | brd              | QL (1 PER 30 DAYS)             |
| ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)   | brd              | QL (1 PER 30 DAYS)             |
| ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA   | brd              | QL (1 PER 30 DAYS)             |
| ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)  | brd              | QL (13 PER 30 DAYS)            |
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>                                    | gen              | PA - PART B VS D DETERMINATION |
| QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)   | brd              | QL (21.2 PER 30 DAYS)          |
| <b>ANTI-HISTAMINES</b>  |                  |                                |
| <i>azelastine hcl (0.1 %, 137 mcg/spray)</i>  | gen              | QL (30 PER 25 DAYS)            |
| <i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</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 (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)</i> | gen              | PA                             |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|--|------------------|--------------------------------|
| <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, 12.5 mg/10ml)</i>                              | gen              | PA                             |
| <b>ANTILEUKOTRIENES</b>  |                  |                                |
| <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)              |
| <b>BRONCHODILATORS, ANTICHOLINERGIC</b>  |                  |                                |
| ATROVENT HFA 17 MCG/ACT AERO SOLN  | brd              | QL (25.8 GM PER 30 DAYS)       |
| INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA  | brd              | QL (30 PER 30 DAYS)            |
| <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 18 mcg cap</i>   | brd              | QL (30 PER 30 DAYS)            |
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>  |                  |                                |
| <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 (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>   | gen              |                                |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>                           |
|--|------------------|--|
| <i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i> | gen              | PA - PART B VS D DETERMINATION                       |
| <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 (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>   | gen              | QL (24 PER 365 OVER TIME)                            |
| EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)   | gen              | QL (24 PER 365 OVER TIME)                            |
| <i>formoterol fumarate 20 mcg/2ml nebu soln</i>  | gen              | PA - PART B VS D DETERMINATION                       |
| <i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml 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              |  |
| <b>CYSTIC FIBROSIS AGENTS</b>  |                  |  |
| 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)                        |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>     |
|---|------------------|--------------------------------|
| TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)   | spec             | PA, LA, QL (3 PER 1 DAYS)      |
| <b>MAST CELL STABILIZERS</b>  |                  |                                |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i>  | gen              | PA - PART B VS D DETERMINATION |
| <b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>  |                  |                                |
| <i>caffeine citrate (20 mg/ml, 60 mg/3ml)</i>   | gen              |                                |
| <i>elixophyllin 80 mg/15ml elixir</i>   | gen              |                                |
| <i>roflumilast 250 mcg tab</i>  | gen              | QL (28 PER 180 OVER TIME)      |
| <i>roflumilast 500 mcg tab</i>  | gen              | QL (1 PER 1 DAYS)              |
| THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)  | brd              |                                |
| <i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>  | gen              |                                |
| <i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i> | gen              |                                |
| <b>PULMONARY ANTIHYPERTENSIVES</b>  |                  |                                |
| 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>   | npd              | 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 (62.5 mg tab, 125 mg tab)</i>   | spec             | PA, LA, QL (2 PER 1 DAYS)      |
| <i>bosentan 32 mg tab sol</i>   | spec             | PA, LA, QL (4 PER 1 DAYS)      |
| OPSUMIT 10 MG TAB   | spec             | PA, LA, QL (1 PER 1 DAYS)      |
| <i>sildenafil citrate 20 mg tab</i>   | gen              | PA, QL (12 PER 1 DAYS)         |
| <i>tadalafil (pah) 20 mg tab</i>  | npd              | PA, QL (2 PER 1 DAYS)          |
| UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)  | spec             | PA, LA, QL (2 PER 1 DAYS)      |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>         |
|---|------------------|------------------------------------|
| UPTRAVI 200 & 800 MCG TAB THPK  | spec             | PA, LA, QL (200 PER 180 OVER TIME) |
| WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)  | spec             | PA, QL (1 PER 21 OVER TIME)        |
| <b>PULMONARY FIBROSIS AGENTS</b>  |                  |                                    |
| 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)              |
| <b>RESPIRATORY TRACT AGENTS, OTHER</b>  |                  |                                    |
| <i>acetylcysteine (10 %, 20 %)</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)                |
| <i>benzonatate (benzonatate 100 mg cap, benzonatate 150 mg cap, benzonatate 150 mg cap, benzonatate 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>breyna (80-4.5 mcg/act, 160-4.5 mcg/act)</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, 160-4.5 mcg/act)</i>   | brd              | QL (10.2 PER 30 DAYS)              |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN   | brd              | QL (4 PER 30 DAYS)                 |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b>              |
|--|------------------|---|
| <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, 250-50 mcg/act, 500-50 mcg/act)</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 m/5ml solution</i>   | gen              | QL (420 PER 30 OVER TIME), NDS, EDC     |
| <i>guaiaitussin 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, 200-20 mg/10ml)</i>   | gen              | QL (420 PER 30 OVER TIME), NDS, EDC     |
| <i>hydrocod poli-chlorphe poli er (hydrocod poli-chlorphe poli er 10-8 mg/5ml susp, 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          |
| <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)                     |
| NEBUSAL 3 % SOLN   | gen              | EDC                                     |
| PROMETHAZINE VC 6.25-5 MG/5ML SYRUP  | gen              | PA                                      |
| PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP   | gen              | PA, QL (240 PER 30 OVER TIME), NDS, EDC |

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

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

| 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</i>           | gen  | QL (1 PER 1 DAYS)     |
| <i>zolpidem tartrate er 6.25 mg tab</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)        |
| <i>sodium oxybate (sodium oxybate 500 mg/ml solution, sodium oxybate 500 mg/ml solution)</i> | 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 xi.

# INDEX OF DRUGS

## A

|                                   |       |   |         |
|-----------------------------------|-------|---|---------|
| abacavir sulfate                  | 54    | AEROCHAMBER PLUS FLO-VU SMALL                     | 125     |
| abacavir sulfate-lamivudine       | 54    | AEROCHAMBER PLUS FLO-VU<br>W/MASK                 | 125     |
| ABELCET                           | 28    | AEROCHAMBER PLUS FLOW VU                          | 125     |
| abigale                           | 103   | AEROCHAMBER W/FLOWSIGNAL                          | 125     |
| abigale lo                        | 103   | AEROCHAMBER Z-STAT PLUS                           | 125     |
| ABILIFY MAINTENA                  | 48    | AEROCHAMBER Z-STAT PLUS CHAMBR                    | 125     |
| abiraterone acetate               | 31,32 | AEROCHAMBER Z-STAT PLUS/LARGE                     | 125     |
| abirtega                          | 32    | AEROCHAMBER Z-STAT PLUS/MEDIUM                    | 125     |
| ABRYSVO                           | 120   | AEROCHAMBER Z-STAT PLUS/SMALL                     | 125     |
| acamprosate calcium               | 6     | AEROCHAMBER2GO ANTI-STATIC                        | 125     |
| acarbose                          | 58    | AEROVENT PLUS                                     | 126     |
| accutane                          | 82    | afirmelle   | 103     |
| acebutolol hcl                    | 69    | AIMOVIG   | 29      |
| acetaminophen-codeine             | 3     | ak-poly-bac                                       | 134     |
| acetazolamide                     | 71    | AKEEGA  | 33      |
| acetazolamide er                  | 137   | ala-cort  | 83      |
| acetic acid                       | 138   | albendazole                                       | 44      |
| acetylcysteine                    | 143   | Albuterol 90mg HFA inhaler (Generic<br>Proair)    | 140     |
| acitretin                         | 82    | Albuterol 90mg HFA inhaler (Generic<br>Proventil) | 140     |
| ACTHIB                            | 120   | Albuterol 90mg HFA inhaler (Generic<br>Ventolin)  | 140     |
| ACTIMMUNE                         | 118   | albuterol sulfate                                 | 140,141 |
| acyclovir                         | 56,88 | albuterol sulfate hfa                             | 141     |
| acyclovir sodium                  | 56    | alclometasone dipropionate                        | 83      |
| ADACEL                            | 120   | ALCOHOL 70% PADS                                  | 126     |
| adapalene                         | 82    | ALCOHOL PREP                                      | 126     |
| adefovir dipivoxil                | 52    | ALCOHOL PREP PADS                                 | 126     |
| ADEMPAS                           | 142   | ALCOHOL SWABS                                     | 126     |
| ADTHYZA                           | 113   | ALCOHOL SWABSTICK                                 | 126     |
| ADVAIR HFA                        | 143   | alcohol wipes                                     | 86      |
| ADVOCATE INSULIN PEN NEEDLE       | 125   | ALDURAZYME  | 97      |
| AEROCHAMBER HOLDING CHAMBER       | 125   | ALECENSA  | 35      |
| AEROCHAMBER MINI CHAMBER          | 125   | alendronate sodium                                | 123     |
| AEROCHAMBER MV                    | 125   | alfuzosin hcl er                                  | 98      |
| AEROCHAMBER PLS FLOVU MTHPIECE    | 125   | aliskiren fumarate                                | 71      |
| AEROCHAMBER PLUS FLO-VU           | 125   | allopurinol                                       | 29      |
| AEROCHAMBER PLUS FLO-VU INTERM    | 125   | alosectron hcl                                    | 94      |
| AEROCHAMBER PLUS FLO-VU LARGE     | 125   | alprazolam  | 57      |
| AEROCHAMBER PLUS FLO-VU<br>MEDIUM | 125   |   |         |

|                                     |     |                                    |     |
|-------------------------------------|-----|------------------------------------|-----|
| alprazolam er.....                  | 57  | anastrozole.....                   | 34  |
| ALPRAZOLAM INTENSOL.....            | 57  | ANORO ELLIPTA.....                 | 143 |
| alprazolam xr.....                  | 57  | ANUCORT-HC.....                    | 83  |
| altavera.....                       | 103 | ANUSOL-HC.....                     | 83  |
| ALUNBRIG.....                       | 35  | apomorphine hcl.....               | 46  |
| alyacen 1/35.....                   | 103 | apraclonidine hcl.....             | 137 |
| alyacen 7/7/7.....                  | 103 | aprepitant.....                    | 27  |
| alyq.....                           | 142 | apri.....                          | 103 |
| amabelz.....                        | 103 | APTIVUS.....                       | 55  |
| amantadine hcl.....                 | 46  | AQ INSULIN SYRINGE.....            | 126 |
| ambrisentan.....                    | 142 | AQINJECT PEN NEEDLE.....           | 126 |
| amethia.....                        | 103 | ARALAST NP.....                    | 97  |
| amethyst.....                       | 103 | ARANELLE.....                      | 103 |
| amikacin sulfate.....               | 7   | ARANESP (ALBUMIN FREE).....        | 65  |
| amiloride hcl.....                  | 74  | ARCALYST.....                      | 116 |
| amiloride-hydrochlorothiazide.....  | 72  | AREXVY.....                        | 120 |
| amiodarone hcl.....                 | 68  | arformoterol tartrate.....         | 141 |
| amitriptyline hcl.....              | 26  | ARGYLE STERILE WATER.....          | 126 |
| amlodipine besy-benazepril hcl..... | 72  | ARIKAYCE.....                      | 7   |
| amlodipine besylate.....            | 70  | aripiprazole.....                  | 48  |
| amlodipine besylate-valsartan.....  | 72  | armodafinil.....                   | 146 |
| amlodipine-atorvastatin.....        | 72  | ARMOUR THYROID.....                | 113 |
| amlodipine-olmesartan.....          | 72  | ARNUITY ELLIPTA.....               | 139 |
| amlodipine-valsartan-hctz.....      | 72  | ascomp-codeine.....                | 3   |
| ammonium lactate.....               | 83  | asenapine maleate.....             | 48  |
| amnesteem.....                      | 82  | ashlyna.....                       | 103 |
| amoxapine.....                      | 26  | ASMANEX (120 METERED DOSES).....   | 139 |
| amoxicillin.....                    | 12  | ASMANEX (14 METERED DOSES).....    | 139 |
| amoxicillin-pot clavulanate.....    | 12  | ASMANEX (30 METERED DOSES).....    | 139 |
| amoxicillin-pot clavulanate er..... | 12  | ASMANEX (60 METERED DOSES).....    | 139 |
| amphetamine sulfate.....            | 77  | ASMANEX HFA.....                   | 139 |
| amphetamine-dextroamphet er.....    | 77  | aspirin-dipyridamole er.....       | 66  |
| amphetamine-dextroamphetamine.....  | 78  | ASSURE ID DUO PRO PEN NEEDLES..... | 126 |
| AMPHOTERICIN B.....                 | 28  | ASSURE ID PRO PEN NEEDLES.....     | 126 |
| amphotericin b liposome.....        | 28  | atazanavir sulfate.....            | 55  |
| ampicillin.....                     | 12  | atenolol.....                      | 69  |
| ampicillin sodium.....              | 13  | atenolol-chlorthalidone.....       | 72  |
| ampicillin-sulbactam sodium.....    | 13  | atomoxetine hcl.....               | 79  |
| anagrelide hcl.....                 | 64  | atorvastatin calcium.....          | 75  |
| ANALPRAM HC.....                    | 86  | atovaquone.....                    | 44  |
| ANALPRAM-HC.....                    | 86  | atovaquone-proguanil hcl.....      | 44  |

|                                     |         |  |        |
|-------------------------------------|---------|--|--------|
| atropine sulfate.....               | 134     | balziva.....   | 104    |
| ATROVENT HFA.....                   | 140     | BAQSIMI ONE PACK.....                                | 61     |
| aubra.....                          | 103     | BAQSIMI TWO PACK.....                                | 61     |
| aubra eq.....                       | 103     | BARACLUDE.....                                       | 52     |
| AUGMENTIN.....                      | 13      | BCG VACCINE.....                                     | 120    |
| AUGTYRO.....                        | 33      | BD INSULIN SYRINGE.....                              | 126    |
| AUM ALCOHOL PREP PADS.....          | 126     | BD Pen Needle Mini U/F 31G X 5 MM<br>MISC.....       | 126    |
| AUM INSULIN SAFETY PEN NEEDLE.....  | 126     | BD Pen Needle Nano U/F 32G X 4 MM<br>MISC.....       | 126    |
| AURANOFIN.....                      | 116     | BD Pen Needle Original U/F 29G X 12.7MM<br>MISC..... | 126    |
| aurovela 1.5/30.....                | 103     | BD Pen Needle Short U/F 31G X 8 MM<br>MISC.....      | 126    |
| aurovela 1/20.....                  | 103     | benazepril hcl.....                                  | 67     |
| aurovela 24 fe.....                 | 103     | benazepril-hydrochlorothiazide.....                  | 72     |
| aurovela fe 1.5/30.....             | 103     | BENLYSTA.....  | 116    |
| aurovela fe 1/20.....               | 103     | BENZNIDAZOLE.....                                    | 44,45  |
| AUVELITY.....                       | 23      | benzonatate.....                                     | 143    |
| AVAR-E EMOLLIENT.....               | 86      | benzoyl peroxide-erythromycin.....                   | 82     |
| avar-e green.....                   | 86      | benztropine mesylate.....                            | 45     |
| aviane.....                         | 103     | bepotastine besilate.....                            | 135    |
| avidoxy.....                        | 16      | BESIVANCE.....                                       | 15     |
| AVMAPKI FAKZYNJA CO-PACK.....       | 34      | BESREMI.....   | 118    |
| ayuna.....                          | 103     | betaine.....   | 97     |
| AYVAKIT.....                        | 35      | betamethasone dipropionate.....                      | 83     |
| azasan.....                         | 118     | betamethasone dipropionate aug.....                  | 83     |
| azathioprine.....                   | 118     | betamethasone valerate.....                          | 84     |
| AZATHIOPRINE SODIUM.....            | 118     | BETASERON.....                                       | 81     |
| azelaic acid.....                   | 82      | betaxolol hcl.....                                   | 69,137 |
| azelastine hcl.....                 | 135,139 | bethanechol chloride.....                            | 99     |
| azelastine-fluticasone.....         | 143     | BETOPTIC-S.....                                      | 137    |
| azithromycin.....                   | 14      | bexarotene.....                                      | 44     |
| aztreonam.....                      | 8       | BEXSERO.....   | 120    |
| azurette.....                       | 103     | bicalutamide.....                                    | 32     |
| <b>B</b>                            |         | BICILLIN C-R.....                                    | 13     |
| bac (butalbital-acetamin-caff)..... | 80      | BICILLIN C-R 900/300.....                            | 13     |
| bacitra-neomycin-polymyxin-hc.....  | 134     | BICILLIN L-A.....                                    | 13     |
| BACITRACIN.....                     | 135     | BIKTARVY.....  | 52     |
| BACITRACIN-POLYMYXIN B.....         | 134     | bimatoprost.....                                     | 138    |
| baclofen.....                       | 51      | BIOGUARD GAUZE SPONGES.....                          | 126    |
| balsalazide disodium.....           | 123     |  |        |
| BALVERSA.....                       | 35      |  |        |

|                                |         |                               |        |
|--------------------------------|---------|-------------------------------|--------|
| bisoprolol fumarate            | 69      | butalbital-acetaminophen      | 80     |
| bisoprolol-hydrochlorothiazide | 72      | butalbital-apap-caff-cod      | 3      |
| BLEPHAMIDE                     | 134     | butalbital-apap-caffeine      | 80     |
| blisovi 24 fe                  | 104     | butalbital-asa-caff-codeine   | 3      |
| blisovi fe 1.5/30              | 104     | butalbital-aspirin-caffeine   | 1      |
| blisovi fe 1/20                | 104     | butorphanol tartrate          | 4      |
| BOOSTRIX                       | 120     |                               |        |
| bosentan                       | 142     | <b>C</b>                      |        |
| BOSULIF                        | 35      | CABENUVA                      | 55     |
| BRAFTOVI                       | 35      | cabergoline                   | 115    |
| BREATHE COMFORT CHAMBER/ADULT  | 126     | CABOMETYX                     | 35     |
| BREATHE COMFORT CHAMBER/CHILD  | 127     | caffeine citrate              | 142    |
| BREATHE EASE LARGE             | 127     | calcipotriene                 | 86     |
| BREATHE EASE MEDIUM            | 127     | calcipotriene-betameth diprop | 86     |
| BREATHE EASE SMALL             | 127     | calcitonin (salmon)           | 123    |
| BREATHERITE VALVED MDI CHAMBER | 127     | calcitrene                    | 86     |
| BREO ELLIPTA                   | 143     | CALCITRIOL                    | 86,124 |
| breynd                         | 143     | calcitriol                    | 124    |
| BREZTRI AEROSPHERE             | 143     | calcium acetate (phos binder) | 92     |
| briellyn                       | 104     | CALQUENCE                     | 35     |
| brimonidine tartrate           | 137     | camila                        | 112    |
| brimonidine tartrate-timolol   | 134     | camrese                       | 104    |
| brinzolamide                   | 137     | camrese lo                    | 104    |
| brivaracetam                   | 17      | candesartan cilexetil         | 67     |
| BRIVIACT                       | 17      | candesartan cilexetil-hctz    | 72     |
| bromfed dm                     | 143     | CAPLYTA                       | 48     |
| bromfenac sodium (once-daily)  | 136     | CAPRELSA                      | 35,36  |
| bromocriptine mesylate         | 46      | captopril                     | 67     |
| BRUKINSA                       | 35      | CAPTOPRIL-HYDROCHLOROTHIAZIDE | 72     |
| budesonide                     | 123,139 | carbamazepine                 | 21     |
| budesonide er                  | 123     | carbamazepine er              | 21     |
| budesonide-formoterol fumarate | 143     | carbidopa                     | 46     |
| bumetanide                     | 74      | carbidopa-levodopa            | 46     |
| buprenorphine                  | 2       | carbidopa-levodopa er         | 46     |
| buprenorphine hcl              | 6       | carbidopa-levodopa-entacapone | 46     |
| buprenorphine hcl-naloxone hcl | 6       | CARETOUCH ALCOHOL PREP        | 127    |
| bupropion hcl                  | 23      | carglumic acid                | 97     |
| bupropion hcl er (smoking det) | 7       | carisoprodol                  | 145    |
| bupropion hcl er (sr)          | 23      | CARTEOLOL HCL                 | 137    |
| bupropion hcl er (xl)          | 23      | cartia xt                     | 70     |
| bupirone hcl                   | 57      | carvedilol                    | 69     |

|                                 |     |                                     |        |
|---------------------------------|-----|-------------------------------------|--------|
| carvedilol phosphate er.....    | 69  | cimetidine.....                     | 96     |
| cataflam.....                   | 1   | cinacalcet hcl.....                 | 124    |
| CAYSTON.....                    | 8   | ciprofloxacin.....                  | 15     |
| caziant.....                    | 104 | ciprofloxacin hcl.....              | 15,138 |
| CEFACLOR.....                   | 10  | ciprofloxacin in d5w.....           | 15     |
| CEFACLOR ER.....                | 10  | ciprofloxacin-dexamethasone.....    | 138    |
| cefadroxil.....                 | 10  | CIPROFLOXACIN-FLUOCINOLONE PF..     | 138    |
| cefazolin sodium.....           | 10  | ciprofloxacin-hydrocortisone.....   | 138    |
| cefdinir.....                   | 10  | cialopram hydrobromide.....         | 24     |
| CEFEPIME HCL.....               | 11  | claravis.....                       | 82     |
| cefixime.....                   | 11  | clarithromycin.....                 | 14     |
| cefotetan disodium.....         | 11  | clarithromycin er.....              | 14     |
| cefoxitin sodium.....           | 11  | CLEOCIN.....                        | 8      |
| CEFPODOXIME PROXETIL.....       | 11  | CLEVER CHOICE HOLDING CHAMBER..     | 127    |
| cefprozil.....                  | 11  | CLIMARA PRO.....                    | 104    |
| ceftaroline fosamil.....        | 11  | clindacin.....                      | 88     |
| CEFTAZIDIME.....                | 11  | clindacin etz.....                  | 88     |
| ceftriaxone sodium.....         | 11  | clindacin-p.....                    | 88     |
| cefuroxime axetil.....          | 11  | clindamycin hcl.....                | 8      |
| cefuroxime sodium.....          | 11  | clindamycin palmitate hcl.....      | 8      |
| celecoxib.....                  | 1   | clindamycin phos (once-daily).....  | 88     |
| cephalexin.....                 | 12  | clindamycin phos (twice-daily)..... | 88     |
| cetirizine hcl.....             | 139 | clindamycin phos-benzoyl perox..... | 82     |
| cevimeline hcl.....             | 82  | clindamycin phosphate.....          | 8,88   |
| charlotte 24 fe.....            | 104 | clindamycin phosphate in d5w.....   | 8      |
| chateal.....                    | 104 | CLINDAMYCIN PHOSPHATE IN NAACL..... | 8      |
| chateal eq.....                 | 104 | CLINDESSE.....                      | 8      |
| CHEMET.....                     | 92  | clobazam.....                       | 19     |
| chlordiazepoxide-clidinium..... | 94  | clobetasol prop emollient base..... | 84     |
| chlorhexidine gluconate.....    | 82  | clobetasol propionate.....          | 84     |
| chloroquine phosphate.....      | 45  | clobetasol propionate e.....        | 84     |
| chlorpromazine hcl.....         | 47  | clodan.....                         | 84     |
| chlorthalidone.....             | 75  | clomipramine hcl.....               | 26     |
| cholestyramine.....             | 76  | clonazepam.....                     | 57     |
| cholestyramine light.....       | 76  | clonidine.....                      | 66     |
| ciclodan.....                   | 88  | clonidine hcl.....                  | 66     |
| ciclopirox.....                 | 88  | clonidine hcl er.....               | 79     |
| ciclopirox olamine.....         | 88  | clopidogrel bisulfate.....          | 66     |
| cilostazol.....                 | 66  | clorazepate dipotassium.....        | 58     |
| CILOXAN.....                    | 15  | clotrimazole.....                   | 28     |
| CIMDUO.....                     | 54  | clotrimazole-betamethasone.....     | 86     |

|                                |            |                               |       |
|--------------------------------|------------|-------------------------------|-------|
| clozapine                      | 51         | cryselle-28                   | 104   |
| COARTEM                        | 45         | CVS ALCOHOL PREP PADS         | 127   |
| COBENFY                        | 51         | CVS ANTIBACTERIAL GAUZE       | 127   |
| COBENFY STARTER PACK           | 51         | cvs isopropyl alcohol wipes   | 86    |
| codeine sulfate                | 4          | cyanocobalamin                | 93    |
| CODEINE SULFATE                | 4          | cyclafem 1/35                 | 104   |
| colchicine                     | 29         | cyclafem 7/7/7                | 104   |
| colchicine-probenecid          | 29         | cyclobenzaprine hcl           | 145   |
| colesevelam hcl                | 76         | CYCLOPHOSPHAMIDE              | 31    |
| colestipol hcl                 | 76         | cyclosporine                  | 118   |
| colistimethate sodium (cba)    | 8          | cyclosporine modified         | 118   |
| COMBIVENT RESPIMAT             | 143        | cyproheptadine hcl            | 139   |
| COMETRIQ (100 MG DAILY DOSE)   | 36         | cyred                         | 104   |
| COMETRIQ (140 MG DAILY DOSE)   | 36         | cyred eq                      | 104   |
| COMETRIQ (60 MG DAILY DOSE)    | 36         | CYSTAGON                      | 97    |
| COMFORT EZ INSULIN SYRINGE     | 127        | CYTRA K CRYSTALS              | 99    |
| COMFORT EZ PRO PEN NEEDLES     | 127        |                               |       |
| COMPACT SPACE CHAMBER          | 127        | <b>D</b>                      |       |
| COMPACT SPACE CHAMBER/LG MASK  | 127        | dabigatran etexilate mesylate | 63    |
| COMPACT SPACE CHAMBER/MED MASK | 127        | dalfampridine er              | 81    |
| COMPACT SPACE CHAMBER/SM MASK  | 127        | danazol                       | 102   |
| compro                         | 26         | dantrolene sodium             | 51    |
| constulose                     | 93         | DAPAGLIFLOZIN PROPANEDIOL     | 76    |
| COPIKTRA                       | 36         | dapsone                       | 31,88 |
| CORLANOR                       | 72         | DAPTACEL                      | 121   |
| CORTIFOAM                      | 123        | daptomycin                    | 8     |
| CORTISONE ACETATE              | 100        | darifenacin hydrobromide er   | 98    |
| CORTISPORIN-TC                 | 138        | darunavir                     | 55    |
| COSENTYX                       | 116        | dasatinib                     | 36    |
| COSENTYX (300 MG DOSE)         | 116        | dasetta 1/35                  | 104   |
| COSENTYX SENSOREADY (300 MG)   | 116        | dasetta 7/7/7                 | 104   |
| COSENTYX SENSOREADY PEN        | 116        | DAURISMO                      | 36    |
| COSENTYX UNOREADY              | 116        | daysee                        | 104   |
| COTELLIC                       | 36         | deblitane                     | 112   |
| COVARYX                        | 104        | deferasirox                   | 92    |
| COVARYX HS                     | 104        | DELSTRIGO                     | 53    |
| CREON                          | 97         | delyla                        | 104   |
| CRESEMBA                       | 28         | demeclocycline hcl            | 16    |
| cromolyn sodium                | 95,135,142 | DENG VAXIA                    | 121   |
| cryselle                       | 104        | DEPO-ESTRADIOL                | 104   |
|                                |            | DEPO-SUBQ PROVERA 104         | 112   |

|  |         |   |     |
|--|---------|---|-----|
| depo-testosterone.....                 | 102     | difluprednate.....  | 136 |
| DERMOTIC.....                          | 138     | digitek.....  | 68  |
| DESCOVY.....                           | 54      | digox.....  | 68  |
| desipramine hcl.....                   | 26      | digoxin.....  | 68  |
| DESLORATADINE.....                     | 139     | dihydroergotamine mesylate.....                                 | 30  |
| desloratadine.....                     | 139     | DILANTIN.....   | 21  |
| desmopressin ace spray refrig.....     | 101     | DILANTIN INFATABS.....  | 21  |
| desmopressin acetate.....              | 101,102 | DILANTIN-125.....   | 21  |
| desmopressin acetate pf.....           | 102     | dilt-xr.....  | 70  |
| desmopressin acetate spray.....        | 102     | diltiazem hcl.....  | 70  |
| desogestrel-ethinyl estradiol.....     | 104     | DILTIAZEM HCL 120 MG EXTENDED<br>RELEASE 24HR CAPSULE.....      | 70  |
| desonide.....                          | 84      | DILTIAZEM HCL 180 MG EXTENDED<br>RELEASE 24HR CAPSULE.....      | 70  |
| desoximetasone.....                    | 84      | DILTIAZEM HCL 240 MG EXTENDED<br>RELEASE 24HR CAPSULE.....      | 70  |
| desvenlafaxine succinate er.....       | 24      | DILTIAZEM HCL 300 MG EXTENDED<br>RELEASE 24HR CAPSULE.....      | 71  |
| dexamethasone.....                     | 100     | DILTIAZEM HCL 360 MG EXTENDED<br>RELEASE 24HR CAPSULE.....      | 71  |
| DEXAMETHASONE INTENSOL.....            | 100     | diltiazem hcl er.....   | 71  |
| DEXAMETHASONE SOD PHOS +RFID...        | 100     | diltiazem hcl er beads.....                                     | 71  |
| dexamethasone sod phosphate pf.....    | 100     | dimethyl fumarate.....  | 81  |
| DEXAMETHASONE SODIUM<br>PHOSPHATE..... | 100,136 | dimethyl fumarate starter pack.....                             | 81  |
| dexmethylphenidate hcl.....            | 79      | DIPENTUM.....   | 123 |
| dexmethylphenidate hcl er.....         | 79      | DIPHENOXYLATE-ATROPINE.....                                     | 94  |
| dextroamphetamine sulfate.....         | 78      | DIPHThERIA-TETANUS TOXOIDS DT.....                              | 121 |
| dextroamphetamine sulfate er.....      | 78      | dipyridamole.....   | 66  |
| dextrose.....                          | 89      | DISKETS.....  | 2   |
| dextrose in lactated ringers.....      | 89      | disopyramide phosphate.....                                     | 68  |
| DEXTROSE-NACL.....                     | 89      | disulfiram.....   | 6   |
| dextrose-sodium chloride.....          | 89      | divalproex sodium.....  | 17  |
| DIACOMIT.....                          | 17      | divalproex sodium er.....                                       | 17  |
| diazepam.....                          | 19,58   | dodex.....  | 93  |
| diazepam intensol.....                 | 58      | dofetilide.....   | 68  |
| diazoxide.....                         | 61      | dolishale.....  | 104 |
| diclofenac potassium.....              | 1       | donepezil hcl.....  | 22  |
| diclofenac sodium.....                 | 1,136   | DONEPEZIL HYDROCHLORIDE ORALLY<br>DISINTEGRATING TAB 10 MG..... | 22  |
| diclofenac sodium er.....              | 1       | DONEPEZIL HYDROCHLORIDE ORALLY<br>DISINTEGRATING TAB 5 MG.....  | 22  |
| diclofenac-misoprostol.....            | 1       |   |     |
| dicloxacillin sodium.....              | 13      |   |     |
| dicyclomine hcl.....                   | 94      |   |     |
| DIFICID.....                           | 14      |   |     |
| DIFLORASONE DIACETATE.....             | 84      |   |     |
| diflunisal.....                        | 1       |   |     |

|                                     |     |                                     |     |
|-------------------------------------|-----|-------------------------------------|-----|
| dorzolamide hcl.....                | 137 | EDURANT.....                        | 53  |
| dorzolamide hcl-timolol mal.....    | 134 | EDURANT PED.....                    | 53  |
| dorzolamide hcl-timolol mal pf..... | 134 | EEMT.....                           | 105 |
| dotti.....                          | 105 | EEMT HS.....                        | 105 |
| DOVATO.....                         | 52  | EFAVIRENZ.....                      | 53  |
| doxazosin mesylate.....             | 66  | efavirenz.....                      | 53  |
| doxepin hcl.....                    | 26  | efavirenz-emtricitab-tenofo df..... | 53  |
| doxercalciferol.....                | 124 | efavirenz-lamivudine-tenofovir..... | 53  |
| doxy 100.....                       | 16  | EFFER-K.....                        | 89  |
| doxycycline.....                    | 16  | ELAPRASE.....                       | 97  |
| doxycycline hyclate.....            | 16  | elinest.....                        | 105 |
| doxycycline monohydrate.....        | 16  | ELIQUIS.....                        | 63  |
| doxylamine-pyridoxine.....          | 26  | ELIQUIS (1.5 MG PACK).....          | 63  |
| DRIZALMA SPRINKLE.....              | 81  | ELIQUIS (2 MG PACK).....            | 63  |
| dronabinol.....                     | 27  | ELIQUIS DVT/PE STARTER PACK.....    | 63  |
| DROPLET INSULIN SYRINGE.....        | 128 | elixophyllin.....                   | 142 |
| DROPLET MICRON.....                 | 128 | ELMIRON.....                        | 99  |
| DROPLET PEN NEEDLES.....            | 128 | eltrombopag olamine.....            | 65  |
| DROPSAFE AUTOPROTECT DUO.....       | 128 | eluryng.....                        | 105 |
| DROPSAFE SAFETY SYRINGE/NEEDLE..... | 128 | EMBECTA AUTOSHIELD DUO.....         | 129 |
| drosipren-eth estrad-levomefol..... | 105 | EMBECTA INS SYR U/F 1/2 UNIT.....   | 129 |
| drosiprenone-ethinyl estradiol..... | 105 | EMBECTA INSULIN SYRINGE.....        | 129 |
| DROXIA.....                         | 97  | EMBECTA INSULIN SYRINGE U-100.....  | 129 |
| droxidopa.....                      | 66  | EMBECTA INSULIN SYRINGE U-500.....  | 129 |
| duloxetine hcl.....                 | 81  | EMBECTA INSULIN SYRINGE U/F.....    | 129 |
| DUPIXENT.....                       | 117 | EMBECTA PEN NEEDLE NANO.....        | 129 |
| dutasteride.....                    | 98  | EMBECTA PEN NEEDLE NANO 2 GEN.....  | 129 |
| dutasteride-tamsulosin hcl.....     | 99  | EMBECTA PEN NEEDLE U/F.....         | 129 |
| <b>E</b>                            |     | EMBECTA PEN NEEDLE ULTRAFINE.....   | 129 |
| e.e.s. 400.....                     | 14  | EMBRACE PEN NEEDLES.....            | 129 |
| EASIVENT.....                       | 128 | EMGALITY.....                       | 29  |
| EASIVENT MASK LARGE.....            | 128 | EMGALITY (300 MG DOSE).....         | 30  |
| EASIVENT MASK MEDIUM.....           | 128 | emoquette.....                      | 105 |
| EASIVENT MASK SMALL.....            | 128 | EMSAM.....                          | 24  |
| EASY COMFORT INSULIN SYRINGE.....   | 128 | emtricitab-rilpivir-tenofov df..... | 53  |
| EASY COMFORT PEN NEEDLES.....       | 128 | emtricitabine.....                  | 54  |
| EASY TOUCH INSULIN BARRELS.....     | 128 | emtricitabine-tenofovir df.....     | 54  |
| ec-naproxen.....                    | 1   | EMTRIVA.....                        | 54  |
| econazole nitrate.....              | 28  | emzahh.....                         | 112 |
| ed-spaz.....                        | 94  | enalapril maleate.....              | 67  |
|                                     |     | enalapril-hydrochlorothiazide.....  | 72  |

|  |       |                                     |           |
|--|-------|-------------------------------------|-----------|
| ENBREL.....  | 118   | erythromycin.....                   | 15,88,135 |
| ENBREL MINI.....                                       | 119   | erythromycin base.....              | 15        |
| ENBREL SURECLICK.....                                  | 119   | erythromycin ethylsuccinate.....    | 15        |
| endocet.....   | 4     | erythromycin lactobionate.....      | 15        |
| ENGERIX-B.....   | 121   | ERZOFRI.....                        | 48        |
| enilloring.....  | 105   | escitalopram oxalate.....           | 24        |
| enoxaparin sodium.....                                 | 63,64 | esgic.....                          | 80        |
| enpresse-28.....                                       | 105   | eslicarbazepine acetate.....        | 21        |
| ENSACOVE.....  | 34    | esomeprazole magnesium.....         | 96        |
| enskyce.....   | 105   | est estrogens-methyltest.....       | 105       |
| entacapone.....  | 46    | est estrogens-methyltest ds.....    | 105       |
| entecavir.....   | 52    | est estrogens-methyltest hs.....    | 105       |
| ENTRESTO.....  | 72    | estarylla.....                      | 105       |
| enulose.....   | 93    | estazolam.....                      | 146       |
| ENVARUSUS XR.....                                      | 119   | estradiol.....                      | 105,106   |
| EPIDIOLEX.....   | 17    | estradiol valerate.....             | 106       |
| EPIFOAM.....   | 86    | estradiol-norethindrone acet.....   | 106       |
| epinastine hcl.....                                    | 135   | estratest f.s.....                  | 106       |
| epinephrine.....                                       | 141   | ESTRATEST H.S.....                  | 106       |
| EPINEPHRINE AUTOINJECTOR (GENERIC<br>ADRENACLICK)..... | 141   | ESTRING.....                        | 106       |
| epitol.....  | 21    | estrogens conjugated.....           | 106       |
| EPIVIR HBV.....  | 52    | eszopiclone.....                    | 146       |
| eplerenone.....  | 75    | ethambutol hcl.....                 | 31        |
| EQ SPACE CHAMBER ANTI-STATIC.....                      | 129   | ethosuximide.....                   | 19        |
| EQ SPACE CHAMBER ANTI-STATIC L.....                    | 129   | ethynodiol diac-eth estradiol.....  | 106       |
| EQ SPACE CHAMBER ANTI-STATIC M.....                    | 129   | etodolac.....                       | 1         |
| EQ SPACE CHAMBER ANTI-STATIC S.....                    | 129   | etodolac er.....                    | 1         |
| EQUETRO.....   | 58    | etonogestrel-ethinyl estradiol..... | 106       |
| ergocalciferol.....                                    | 124   | etravirine.....                     | 53        |
| ERGOLOID MESYLATES.....                                | 22    | EUCRISA.....                        | 84        |
| ERGOTAMINE-CAFFEINE.....                               | 30    | EULEXIN.....                        | 32        |
| ERIVEDGE.....  | 36    | euthyrox.....                       | 113       |
| ERLEADA.....   | 32    | everolimus.....                     | 36,119    |
| erlotinib hcl.....                                     | 36    | EVEXITHROID.....                    | 114       |
| errin.....   | 112   | EVOTAZ.....                         | 55        |
| ertapenem sodium.....                                  | 14    | exemestane.....                     | 34        |
| ERY.....   | 88    | EXXUA.....                          | 23        |
| ery-tab.....   | 15    | EXXUA TITRATION PACK.....           | 24        |
| erythrocin lactobionate.....                           | 15    | ezetimibe.....                      | 76        |
| ERYTHROCIN STEARATE.....                               | 15    | ezetimibe-simvastatin.....          | 76        |

# F

|                                |     |                              |        |
|--------------------------------|-----|------------------------------|--------|
| falmina                        | 106 | flunisolide                  | 144    |
| famciclovir                    | 56  | fluocinolone acetonide       | 84,138 |
| famotidine                     | 96  | fluocinolone acetonide body  | 84     |
| FANAPT                         | 49  | fluocinolone acetonide scalp | 84     |
| FANAPT TITRATION PACK A        | 49  | fluocinonide                 | 84     |
| FANAPT TITRATION PACK B        | 49  | fluocinonide emulsified base | 84     |
| FANAPT TITRATION PACK C        | 49  | fluorometholone              | 136    |
| FARXIGA                        | 77  | fluorouracil                 | 86     |
| fayosim                        | 106 | fluoxetine hcl               | 25     |
| febuxostat                     | 29  | FLUOXETINE HCL               | 25     |
| feirza 1.5/30                  | 106 | FLUOXETINE HCL (PMDD)        | 25     |
| feirza 1/20                    | 106 | fluphenazine decanoate       | 47     |
| felbamate                      | 17  | FLUPHENAZINE HCL             | 47     |
| felodipine er                  | 70  | FLURAZEPAM HCL               | 146    |
| femynor                        | 106 | FLURBIPROFEN                 | 1      |
| fenofibrate                    | 75  | FLURBIPROFEN SODIUM          | 136    |
| fenofibrate micronized         | 75  | FLUTAMIDE                    | 32     |
| fenofibric acid                | 75  | fluticasone propionate       | 84,144 |
| fentanyl                       | 2   | fluticasone-salmeterol       | 144    |
| fesoterodine fumarate er       | 98  | FLUTICASONE-SALMETEROL       | 144    |
| FETZIMA                        | 24  | fluvastatin sodium           | 75     |
| FETZIMA TITRATION              | 24  | fluvastatin sodium er        | 75     |
| FIASP                          | 61  | fluvoxamine maleate          | 25     |
| FIASP FLEXTOUCH                | 61  | fluvoxamine maleate er       | 25     |
| FIASP PENFILL                  | 61  | FML                          | 136    |
| FIASP PUMPCART                 | 61  | FML FORTE                    | 136    |
| fidaxomicin                    | 15  | folic acid                   | 93     |
| finasteride                    | 99  | fondaparinux sodium          | 64     |
| ingolimod hcl                  | 81  | formoterol fumarate          | 141    |
| FINTEPLA                       | 17  | fosamprenavir calcium        | 55     |
| finzala                        | 106 | fosfomycin tromethamine      | 8      |
| flac                           | 138 | fosinopril sodium            | 67     |
| flavoxate hcl                  | 98  | fosinopril sodium-hctz       | 73     |
| flecainide acetate             | 68  | FOTIVDA                      | 36     |
| FLEXICHAMBER                   | 130 | FRUZAQLA                     | 33     |
| fluconazole                    | 28  | FULPHILA                     | 65     |
| fluconazole in sodium chloride | 28  | fulvestrant                  | 33     |
| flucytosine                    | 28  | furosemide                   | 74     |
| fludrocortisone acetate        | 100 | fyavolv                      | 106    |

## G

|                                  |       |
|----------------------------------|-------|
| g tussin ac.....                 | 144   |
| gabapentin.....                  | 19    |
| galantamine hydrobromide.....    | 23    |
| galantamine hydrobromide er..... | 23    |
| galbriela.....                   | 106   |
| gallifrey.....                   | 112   |
| GAMUNEX-C.....                   | 116   |
| GARDASIL 9.....                  | 121   |
| gatifloxacin.....                | 135   |
| GAUZE PADS 2.....                | 130   |
| GAVILYTE-C.....                  | 95    |
| gavilyte-g.....                  | 95    |
| gavilyte-n with flavor pack..... | 93    |
| GAVRETO.....                     | 36    |
| gefitinib.....                   | 37    |
| gemfibrozil.....                 | 75    |
| gemmily.....                     | 106   |
| GEMTESA.....                     | 98    |
| generlac.....                    | 93    |
| gengraf.....                     | 119   |
| GENTAK.....                      | 136   |
| gentamicin sulfate.....          | 7,136 |
| GENVOYA.....                     | 52    |
| GILOTRIF.....                    | 37    |
| glatiramer acetate.....          | 82    |
| glatopa.....                     | 82    |
| glimepiride.....                 | 59    |
| glipizide.....                   | 59    |
| glipizide er.....                | 59    |
| glipizide xl.....                | 59    |
| glipizide-metformin hcl.....     | 59    |
| GLUCAGEN HYPOKIT.....            | 61    |
| GLUCAGON EMERGENCY.....          | 61    |
| glyburide.....                   | 59    |
| GLYBURIDE MICRONIZED.....        | 59    |
| glyburide-metformin.....         | 59    |
| glycopyrrolate.....              | 94    |
| GLYXAMBI.....                    | 59    |
| GNP PEN NEEDLES.....             | 130   |

|                                  |     |
|----------------------------------|-----|
| GOMEKLI.....                     | 37  |
| GOODSENSE ALCOHOL SWABS.....     | 130 |
| granisetron hcl.....             | 27  |
| griseofulvin microsize.....      | 28  |
| griseofulvin ultramicrosize..... | 28  |
| guaiaatussin ac.....             | 144 |
| guaifenesin ac.....              | 144 |
| guaifenesin-codeine.....         | 144 |
| guanfacine hcl.....              | 66  |
| guanfacine hcl er.....           | 79  |
| GYNAZOLE-1.....                  | 28  |

## H

|                                  |     |
|----------------------------------|-----|
| HADLIMA.....                     | 119 |
| HADLIMA PUSHTOUCH.....           | 119 |
| HAEGARDA.....                    | 116 |
| hailey 1.5/30.....               | 106 |
| hailey 24 fe.....                | 106 |
| hailey fe 1.5/30.....            | 106 |
| hailey fe 1/20.....              | 106 |
| halobetasol propionate.....      | 84  |
| haloette.....                    | 106 |
| haloperidol.....                 | 47  |
| haloperidol decanoate.....       | 47  |
| haloperidol lactate.....         | 47  |
| HAVRIX.....                      | 121 |
| heather.....                     | 112 |
| HEMMOREX-HC.....                 | 85  |
| heparin sodium (porcine).....    | 64  |
| heparin sodium (porcine) pf..... | 64  |
| HEPLISAV-B.....                  | 121 |
| HERNEXEOS.....                   | 37  |
| HIBERIX.....                     | 121 |
| HIZENTRA.....                    | 116 |
| HOMATROPAIRE.....                | 134 |
| HUMALOG.....                     | 61  |
| HUMALOG JUNIOR KWIKPEN.....      | 61  |
| HUMALOG KWIKPEN.....             | 61  |
| HUMALOG MIX 50/50 KWIKPEN.....   | 61  |
| HUMALOG MIX 75/25.....           | 61  |
| HUMALOG MIX 75/25 KWIKPEN.....   | 62  |

|                                |        |                               |       |
|--------------------------------|--------|-------------------------------|-------|
| HUMULIN 70/30                  | 62     | iclevia                       | 106   |
| HUMULIN 70/30 KWIKPEN          | 62     | ICLUSIG                       | 37    |
| HUMULIN N                      | 62     | icosapent ethyl               | 76    |
| HUMULIN N KWIKPEN              | 62     | IDHIFA                        | 37    |
| HUMULIN R                      | 62     | ILEVRO                        | 136   |
| HUMULIN R U-500 (CONCENTRATED) | 62     | imatinib mesylate             | 37    |
| HUMULIN R U-500 KWIKPEN        | 62     | IMBRUVICA                     | 37    |
| hydralazine hcl                | 77     | imipenem-cilastatin           | 14    |
| hydrochlorothiazide            | 75     | imipramine hcl                | 26    |
| hydrocod poli-chlorphe poli er | 144    | imiquimod                     | 87    |
| hydrocodone bit-homatrop mbr   | 144    | IMKELDI                       | 37    |
| hydrocodone-acetaminophen      | 4      | IMOVAX RABIES                 | 121   |
| hydrocodone-ibuprofen          | 4      | IMPAVIDO                      | 45    |
| hydrocortisone                 | 85,123 | incassia                      | 112   |
| hydrocortisone (perianal)      | 85     | INCRELEX                      | 102   |
| HYDROCORTISONE ACE-PRAMOXINE   | 87     | INCRUSE ELLIPTA               | 140   |
| hydrocortisone acetate         | 85     | indapamide                    | 75    |
| HYDROCORTISONE BUTYRATE        | 85     | indomethacin                  | 1     |
| hydrocortisone valerate        | 85     | indomethacin er               | 1     |
| hydrocortisone-acetic acid     | 138    | INFANRIX                      | 121   |
| hydromet                       | 144    | INLURIYO                      | 33    |
| hydromorphone hcl              | 4      | INLYTA                        | 37,38 |
| HYDROMORPHONE HCL              | 4      | INQOVI                        | 33    |
| hydromorphone hcl er           | 2      | INREBIC                       | 38    |
| hydroxychloroquine sulfate     | 45     | INSPIREASE                    | 130   |
| hydroxyurea                    | 33     | INSULIN ASPART                | 62    |
| hydroxyzine hcl                | 139    | INSULIN ASPART FLEXPEN        | 62    |
| hydroxyzine pamoate            | 139    | INSULIN ASPART PENFILL        | 62    |
| hyoscyamine sulfate            | 95     | INSULIN LISPRO                | 62    |
| hyoscyamine sulfate er         | 95     | INSULIN LISPRO (1 UNIT DIAL)  | 62    |
| HYOSCYAMINE SULFATE SL         | 95     | INSULIN LISPRO JUNIOR KWIKPEN | 62    |
| HYOSYNE                        | 95     | INSULIN LISPRO PROT & LISPRO  | 62    |
| HYRNUO                         | 37     | INSULIN PEN NEEDLES           | 130   |
|                                |        | INSULIN SYRINGE 0.3 ML        | 130   |
|                                |        | INSULIN SYRINGE 0.5 ML        | 130   |
|                                |        | INSULIN SYRINGE 1 ML          | 130   |
|                                |        | INSULIN SYRINGE-NEEDLE U-100  | 130   |
|                                |        | INSUPEN PEN NEEDLES           | 130   |
|                                |        | INSUPEN32G EXTR3ME            | 130   |
|                                |        | INTELENCE                     | 53    |
|                                |        | INTRALIPID                    | 130   |
| <b>I</b>                       |        |                               |       |
| ibandronate sodium             | 124    |                               |       |
| IBRANCE                        | 37     |                               |       |
| IBTROZI                        | 37     |                               |       |
| ibu                            | 1      |                               |       |
| ibuprofen                      | 1      |                               |       |
| icatibant acetate              | 116    |                               |       |

|                                |       |
|--------------------------------|-------|
| introvale                      | 107   |
| INVEGA HAFYERA                 | 49    |
| INVEGA SUSTENNA                | 49    |
| INVEGA TRINZA                  | 49    |
| IPOL                           | 121   |
| ipratropium bromide            | 140   |
| ipratropium-albuterol          | 144   |
| irbesartan                     | 67    |
| irbesartan-hydrochlorothiazide | 73    |
| ISENTRESS                      | 52,53 |
| ISENTRESS HD                   | 53    |
| isibloom                       | 107   |
| isoniazid                      | 31    |
| isopropyl alcohol              | 87    |
| isopropyl alcohol wipes        | 87    |
| isosorb dinitrate-hydralazine  | 73    |
| isosorbide dinitrate           | 77    |
| isosorbide mononitrate         | 77    |
| isosorbide mononitrate er      | 77    |
| isotretinoin                   | 83    |
| isradipine                     | 70    |
| ITOVEBI                        | 38    |
| itraconazole                   | 28    |
| ivabradine hcl                 | 73    |
| ivermectin                     | 44    |
| IWILFIN                        | 33    |
| IXIARO                         | 121   |

## J

|               |     |
|---------------|-----|
| jaimiess      | 107 |
| JAKAFI        | 38  |
| jantoven      | 64  |
| JANUMET       | 59  |
| JANUMET XR    | 59  |
| JANUVIA       | 59  |
| JARDIANCE     | 77  |
| jasmiel       | 107 |
| JAYPIRCA      | 38  |
| jencycla      | 112 |
| JENTADUETO    | 59  |
| JENTADUETO XR | 59  |

|                 |     |
|-----------------|-----|
| jinteli         | 107 |
| jolessa         | 107 |
| joyeaux         | 107 |
| JUBBONTI        | 124 |
| juleber         | 107 |
| JULUCA          | 53  |
| junel 1.5/30    | 107 |
| junel 1/20      | 107 |
| junel fe 1.5/30 | 107 |
| junel fe 1/20   | 107 |
| junel fe 24     | 107 |
| JYNNEOS         | 121 |

## K

|                              |     |
|------------------------------|-----|
| k-prime                      | 89  |
| kaitlib fe                   | 107 |
| KALETRA                      | 55  |
| kalliga                      | 107 |
| KALYDECO                     | 141 |
| kariva                       | 107 |
| kcl in dextrose-nacl         | 90  |
| KCL-LACTATED RINGERS-D5W     | 90  |
| kelnor 1/35                  | 107 |
| kelnor 1/50                  | 107 |
| KERENDIA                     | 59  |
| ketoconazole                 | 28  |
| ketorolac tromethamine       | 137 |
| KINRIX                       | 121 |
| kionex                       | 93  |
| KISQALI (200 MG DOSE)        | 38  |
| KISQALI (400 MG DOSE)        | 38  |
| KISQALI (600 MG DOSE)        | 38  |
| KISQALI FEMARA (200 MG DOSE) | 38  |
| KISQALI FEMARA (400 MG DOSE) | 38  |
| KISQALI FEMARA (600 MG DOSE) | 38  |
| klayesta                     | 28  |
| KLOR-CON                     | 90  |
| klor-con 10                  | 90  |
| klor-con m10                 | 90  |
| klor-con m15                 | 90  |
| klor-con m20                 | 90  |

|                  |     |
|------------------|-----|
| klor-con/ef..... | 90  |
| KLOXXADO.....    | 6   |
| KOSELUGO.....    | 38  |
| kourzeq.....     | 82  |
| KRAZATI.....     | 38  |
| kurvelo.....     | 107 |

## L

|                                     |        |
|-------------------------------------|--------|
| l-glutamine.....                    | 97     |
| labetalol hcl.....                  | 69     |
| lacosamide.....                     | 21     |
| lactated ringers.....               | 90,130 |
| lactulose.....                      | 93     |
| lactulose encephalopathy.....       | 93     |
| LAGEVRIO.....                       | 57     |
| lamivudine.....                     | 52,54  |
| lamivudine-zidovudine.....          | 54     |
| lamotrigine.....                    | 17     |
| lamotrigine er.....                 | 17,18  |
| lamotrigine starter kit-blue.....   | 18     |
| lamotrigine starter kit-green.....  | 18     |
| lamotrigine starter kit-orange..... | 18     |
| lansoprazole.....                   | 96     |
| LANTUS.....                         | 62     |
| LANTUS SOLOSTAR.....                | 62     |
| lapatinib ditosylate.....           | 38     |
| larin 1.5/30.....                   | 107    |
| larin 1/20.....                     | 107    |
| larin 24 fe.....                    | 107    |
| larin fe 1.5/30.....                | 107    |
| larin fe 1/20.....                  | 107    |
| larissia.....                       | 107    |
| latanoprost.....                    | 138    |
| layolis fe.....                     | 107    |
| LAZCLUZE.....                       | 34     |
| LEDERLE LEUCOVORIN.....             | 34     |
| leena.....                          | 107    |
| leflunomide.....                    | 119    |
| lenalidomide.....                   | 32     |
| LENVIMA (10 MG DAILY DOSE).....     | 39     |
| LENVIMA (12 MG DAILY DOSE).....     | 39     |

|                                     |        |
|-------------------------------------|--------|
| LENVIMA (14 MG DAILY DOSE).....     | 39     |
| LENVIMA (18 MG DAILY DOSE).....     | 39     |
| LENVIMA (20 MG DAILY DOSE).....     | 39     |
| LENVIMA (24 MG DAILY DOSE).....     | 39     |
| LENVIMA (4 MG DAILY DOSE).....      | 39     |
| LENVIMA (8 MG DAILY DOSE).....      | 39     |
| lessina.....                        | 107    |
| letrozole.....                      | 34     |
| leucovorin calcium.....             | 34     |
| LEUKERAN.....                       | 31     |
| leuprolide acetate.....             | 115    |
| levalbuterol hcl.....               | 141    |
| LEVALBUTEROL TARTRATE.....          | 141    |
| levetiracetam.....                  | 18     |
| levetiracetam er.....               | 18     |
| levo-t.....                         | 114    |
| LEVOBUNOLOL HCL.....                | 137    |
| levocarnitine.....                  | 97     |
| levocarnitine sf.....               | 97     |
| levocetirizine dihydrochloride..... | 140    |
| levofloxacin.....                   | 15     |
| LEVOFLOXACIN.....                   | 15,136 |
| levofloxacin in d5w.....            | 15     |
| levonest.....                       | 107    |
| levonorg-eth estrad triphasic.....  | 107    |
| levonorgest-eth est & eth est.....  | 108    |
| levonorgest-eth estrad 91-day.....  | 108    |
| levonorgest-eth estradiol-iron..... | 108    |
| levonorgestrel-ethinyl estrad.....  | 108    |
| levora 0.15/30 (28).....            | 108    |
| levothyroxine sodium.....           | 114    |
| levoxyl.....                        | 114    |
| LEXIVA.....                         | 55     |
| lidocaine.....                      | 6      |
| lidocaine hcl.....                  | 6      |
| LIDOCAINE HCL.....                  | 6      |
| lidocaine viscous hcl.....          | 6      |
| lidocaine-prilocaine.....           | 6      |
| lidocan.....                        | 6      |
| LILETTA (52 MG).....                | 112    |
| lillow.....                         | 108    |

|                                     |     |                                  |       |
|-------------------------------------|-----|----------------------------------|-------|
| lincomycin hcl.....                 | 8   | LUPRON DEPOT (3-MONTH).....      | 115   |
| linezolid.....                      | 9   | LUPRON DEPOT (4-MONTH).....      | 115   |
| LINEZOLID IN SODIUM CHLORIDE.....   | 9   | LUPRON DEPOT (6-MONTH).....      | 115   |
| LINZESS.....                        | 93  | lurasidone hcl.....              | 49    |
| liothyronine sodium.....            | 114 | lutura.....                      | 108   |
| lisdexamfetamine dimesylate.....    | 78  | lyleq.....                       | 112   |
| lisinopril.....                     | 67  | lyllana.....                     | 108   |
| lisinopril-hydrochlorothiazide..... | 73  | LYNPARZA.....                    | 39    |
| lithium.....                        | 58  | LYSODREN.....                    | 34    |
| lithium carbonate.....              | 58  | LYTGOBI (12 MG DAILY DOSE).....  | 39    |
| lithium carbonate er.....           | 58  | LYTGOBI (16 MG DAILY DOSE).....  | 39    |
| LIVTENCITY.....                     | 52  | LYTGOBI (20 MG DAILY DOSE).....  | 39    |
| lo-zumandimine.....                 | 108 | lyza.....                        | 112   |
| loestrin 1.5/30 (21).....           | 108 |                                  |       |
| loestrin 1/20 (21).....             | 108 | <b>M</b>                         |       |
| loestrin fe 1.5/30.....             | 108 | M-M-R II.....                    | 121   |
| loestrin fe 1/20.....               | 108 | mafenide acetate.....            | 88    |
| lojaimiess.....                     | 108 | magnesium sulfate.....           | 90    |
| LOKELMA.....                        | 93  | malathion.....                   | 88    |
| lomustine.....                      | 31  | maraviroc.....                   | 55    |
| LONSURF.....                        | 34  | marlissa.....                    | 108   |
| loperamide hcl.....                 | 94  | MARPLAN.....                     | 24    |
| lopinavir-ritonavir.....            | 55  | MATULANE.....                    | 31    |
| lorazepam.....                      | 58  | matzim la.....                   | 71    |
| lorazepam intensol.....             | 58  | MAVYRET.....                     | 52    |
| LORBRENA.....                       | 39  | maxi-tuss ac.....                | 144   |
| loryna.....                         | 108 | MAXIDEX.....                     | 137   |
| losartan potassium.....             | 67  | meclizine hcl.....               | 26    |
| losartan potassium-hctz.....        | 73  | medpura alcohol pads.....        | 87    |
| loteprednol etabonate.....          | 137 | MEDROL.....                      | 100   |
| loteprednol-tobramycin.....         | 134 | medroxyprogesterone acetate..... | 112   |
| lovastatin.....                     | 75  | mefloquine hcl.....              | 45    |
| low-ogestrel.....                   | 108 | megestrol acetate.....           | 113   |
| loxapine succinate.....             | 47  | MEKINIST.....                    | 39,40 |
| lubiprostone.....                   | 93  | MEKTOVI.....                     | 40    |
| luizza 1.5/30.....                  | 108 | meleya.....                      | 113   |
| luizza 1/20.....                    | 108 | meloxicam.....                   | 2     |
| LULICONAZOLE.....                   | 28  | MELPHALAN.....                   | 31    |
| LUMAKRAS.....                       | 39  | memantine hcl.....               | 23    |
| LUMIGAN.....                        | 138 | memantine hcl er.....            | 23    |
| LUPRON DEPOT (1-MONTH).....         | 115 | memantine hcl-donepezil hcl..... | 22    |

|                                     |     |                                     |        |
|-------------------------------------|-----|-------------------------------------|--------|
| MENACTRA.....                       | 121 | methylprednisolone sodium succ..... | 101    |
| MENEST.....                         | 108 | methyltestosterone.....             | 102    |
| MENQUADFI.....                      | 121 | metoclopramide hcl.....             | 26,27  |
| MENVEO.....                         | 121 | METOCLOPRAMIDE HCL.....             | 27     |
| MEPHYTON.....                       | 66  | metolazone.....                     | 75     |
| meprobamate.....                    | 57  | metoprolol succinate er.....        | 69     |
| mercaptapurine.....                 | 33  | metoprolol tartrate.....            | 69     |
| meropenem.....                      | 14  | metoprolol-hydrochlorothiazide..... | 73     |
| MEROPENEM-SODIUM CHLORIDE.....      | 14  | metronidazole.....                  | 9      |
| merzee.....                         | 108 | metyrosine.....                     | 73     |
| mesalamine.....                     | 123 | mexiletine hcl.....                 | 68     |
| mesalamine er.....                  | 123 | mibelas 24 fe.....                  | 108    |
| mesna.....                          | 44  | micafungin sodium.....              | 28     |
| metaxalone.....                     | 145 | MICONAZOLE 3.....                   | 29     |
| metformin hcl.....                  | 59  | MICROCHAMBER.....                   | 130    |
| metformin hcl er.....               | 59  | microgestin 1.5/30.....             | 108    |
| methadone hcl.....                  | 2,3 | microgestin 1/20.....               | 109    |
| methadone hcl intensol.....         | 3   | microgestin 24 fe.....              | 109    |
| methadose.....                      | 3   | microgestin fe 1.5/30.....          | 109    |
| methazolamide.....                  | 138 | microgestin fe 1/20.....            | 109    |
| methenamine hippurate.....          | 9   | MICROSPACER.....                    | 130    |
| methergine.....                     | 130 | midodrine hcl.....                  | 66     |
| methimazole.....                    | 115 | mifepristone.....                   | 115    |
| methocarbamol.....                  | 145 | MIGERGOT.....                       | 30     |
| METHOTREXATE SODIUM.....            | 119 | miglitol.....                       | 60     |
| methotrexate sodium.....            | 119 | mili.....                           | 109    |
| methotrexate sodium (pf).....       | 119 | mimvey.....                         | 109    |
| METHOXSALEN RAPID.....              | 87  | minocycline hcl.....                | 16     |
| methscopolamine bromide.....        | 95  | minoxidil.....                      | 77     |
| methsuximide.....                   | 19  | minzoya.....                        | 109    |
| METHYLDOPA.....                     | 66  | mirtazapine.....                    | 24     |
| methylergonovine maleate.....       | 130 | misoprostol.....                    | 96     |
| methylphenidate hcl.....            | 79  | modafinil.....                      | 146    |
| METHYLPHENIDATE HCL ER.....         | 80  | MODEYSO.....                        | 34     |
| methylphenidate hcl er.....         | 80  | moexipril hcl.....                  | 67     |
| methylphenidate hcl er (cd).....    | 79  | MOLINDONE HCL.....                  | 48     |
| methylphenidate hcl er (la).....    | 79  | mometasone furoate.....             | 85,144 |
| methylphenidate hcl er (osm).....   | 80  | mondoxyne nl.....                   | 17     |
| methylphenidate hcl er(diffus)..... | 80  | mono-lynyah.....                    | 109    |
| methylprednisolone.....             | 100 | montelukast sodium.....             | 140    |
| methylprednisolone acetate.....     | 101 | MORPHINE SULFATE.....               | 4      |

|                                |        |                                |     |
|--------------------------------|--------|--------------------------------|-----|
| morphine sulfate               | 5      | NAYZILAM                       | 6   |
| morphine sulfate (concentrate) | 5      | nebivolol hcl                  | 69  |
| morphine sulfate er            | 3      | NEBUSAL                        | 144 |
| MOUNJARO                       | 60     | necon 0.5/35 (28)              | 109 |
| MOVANTIK                       | 93     | NEFAZODONE HCL                 | 25  |
| moxifloxacin hcl               | 16,136 | neo-polycin                    | 134 |
| MOXIFLOXACIN HCL               | 16     | neo-polycin hc                 | 134 |
| MOXIFLOXACIN HCL (2X DAY)      | 136    | neomycin sulfate               | 7   |
| MOXIFLOXACIN HCL IN NAACL      | 16     | neomycin-bacitracin zn-polymyx | 134 |
| MRESVIA                        | 121    | neomycin-polymyxin-dexameth    | 135 |
| MULTAQ                         | 68     | NEOMYCIN-POLYMYXIN-GRAMICIDIN  | 135 |
| MULTI-VIT-FLOR                 | 90     | NEOMYCIN-POLYMYXIN-HC          | 135 |
| MULTI-VITAMIN/FLUORIDE         | 90     | neomycin-polymyxin-hc          | 138 |
| MULTI-VITAMIN/FLUORIDE/IRON    | 90     | NERLYNX                        | 40  |
| MULTIVITAMIN W/FLUORIDE        | 90     | nevirapine                     | 53  |
| MULTIVITAMIN/FLUORIDE          | 90     | NEVIRAPINE                     | 53  |
| mupirocin                      | 88     | NEVIRAPINE ER                  | 53  |
| mycophenolate mofetil          | 119    | nevirapine er                  | 53  |
| mycophenolate mofetil hcl      | 119    | NEXPLANON                      | 113 |
| mycophenolate sodium           | 119    | NIACIN (ANTIHYPERLIPIDEMIC)    | 76  |
| mycophenolic acid              | 120    | niacin er (antihyperlipidemic) | 76  |
| myorisan                       | 83     | NIACOR                         | 76  |
| MYRBETRIQ                      | 98     | nicardipine hcl                | 70  |
| <b>N</b>                       |        |                                |     |
| na sulfate-k sulfate-mg sulf   | 94     | NICOTROL                       | 7   |
| nabumetone                     | 2      | NICOTROL NS                    | 7   |
| nadolol                        | 69     | nifedipine                     | 70  |
| nafcillin sodium               | 13     | nifedipine er                  | 70  |
| nafrinse                       | 91     | nifedipine er osmotic release  | 70  |
| naftifine hcl                  | 29     | nikki                          | 109 |
| NAGLAZYME                      | 97     | nilotinib hcl                  | 40  |
| naloxone hcl                   | 7      | nilutamide                     | 32  |
| naltrexone hcl                 | 7      | nimodipine                     | 70  |
| NAMZARIC                       | 22     | NINLARO                        | 40  |
| naproxen                       | 2      | nisoldipine er                 | 70  |
| naproxen dr                    | 2      | nitazoxanide                   | 45  |
| naproxen sodium                | 2      | nitisinone                     | 97  |
| naratriptan hcl                | 30     | NITRO-BID                      | 77  |
| NATACYN                        | 136    | NITRO-DUR                      | 77  |
| nateglinide                    | 60     | NITRO-TIME                     | 77  |
|                                |        | nitrofurantoin                 | 9   |
|                                |        | nitrofurantoin macrocrystal    | 9   |

|                                     |     |                                  |            |
|-------------------------------------|-----|----------------------------------|------------|
| nitrofurantoin monohyd macro.....   | 9   | nylia 1/35.....                  | 110        |
| nitroglycerin.....                  | 77  | nylia 7/7/7.....                 | 110        |
| NIVA THYROID.....                   | 114 | nymyo.....                       | 110        |
| NIVESTYM.....                       | 65  | nystatin.....                    | 29         |
| NIZATIDINE.....                     | 96  | nystatin-triamcinolone.....      | 87         |
| nora-be.....                        | 113 | nystop.....                      | 29         |
| norelgestromin-eth estradiol.....   | 109 | <b>O</b>                         |            |
| norethin ace-eth estrad-fe.....     | 109 | ocella.....                      | 110        |
| norethin-eth estradiol-fe.....      | 109 | octreotide acetate.....          | 115        |
| norethindron-ethinyl estrad-fe..... | 109 | OCTREOTIDE ACETATE.....          | 115        |
| norethindrone.....                  | 113 | ODEFSEY.....                     | 53         |
| norethindrone acet-ethinyl est..... | 109 | ODOMZO.....                      | 40         |
| norethindrone acetate.....          | 113 | OFEV.....                        | 143        |
| norethindrone-eth estradiol.....    | 109 | ofloxacin.....                   | 16,136,139 |
| norgestim-eth estrad triphasic..... | 109 | OGSIVEO.....                     | 40         |
| norgestimate-eth estradiol.....     | 109 | OJEMDA.....                      | 40         |
| norlyda.....                        | 113 | OJJAARA.....                     | 34         |
| norlyroc.....                       | 113 | olanzapine.....                  | 50         |
| nortrel 0.5/35 (28).....            | 109 | olanzapine-fluoxetine hcl.....   | 24         |
| nortrel 1/35 (21).....              | 109 | olmesartan medoxomil.....        | 67         |
| nortrel 1/35 (28).....              | 109 | olmesartan medoxomil-hctz.....   | 73         |
| nortrel 7/7/7.....                  | 109 | olmesartan-amlodipine-hctz.....  | 73         |
| nortriptyline hcl.....              | 26  | olopatadine hcl.....             | 140        |
| NORVIR.....                         | 56  | omega-3-acid ethyl esters.....   | 76         |
| NovoFine 32G X 6 MM MISC.....       | 130 | omeprazole.....                  | 96         |
| NOVOLIN R FLEXPEN.....              | 62  | OMNITROPE.....                   | 96,102     |
| NOVOLIN R FLEXPEN RELION.....       | 62  | ondansetron.....                 | 27         |
| NOVOLOG.....                        | 62  | ONDANSETRON HCL.....             | 27         |
| NOVOLOG FLEXPEN.....                | 63  | ondansetron hcl.....             | 27         |
| NOVOLOG FLEXPEN RELION.....         | 63  | ONUREG.....                      | 33         |
| NOVOLOG PENFILL.....                | 63  | OPIPZA.....                      | 50         |
| NOVOLOG RELION.....                 | 63  | OPSUMIT.....                     | 142        |
| NovoTwist 32G X 5 MM MISC.....      | 130 | OPTICHAMBER DIAMOND.....         | 131        |
| NP THYROID.....                     | 114 | OPTICHAMBER DIAMOND-LG MASK..... | 131        |
| NUBEQA.....                         | 32  | OPTICHAMBER DIAMOND-MD MASK..... | 131        |
| NUDEXTA.....                        | 81  | OPTICHAMBER DIAMOND-SM MASK..... | 131        |
| NULEV.....                          | 95  | OPVEE.....                       | 131        |
| NUPLAZID.....                       | 49  | oralone.....                     | 82         |
| NURTEC.....                         | 30  | ORGOVYX.....                     | 115        |
| NUTRILIPID.....                     | 130 | orquidea.....                    | 113        |
| nyamyc.....                         | 29  |                                  |            |

|                                     |        |                                     |     |
|-------------------------------------|--------|-------------------------------------|-----|
| ORSERDU.....                        | 32     | peg 3350-kcl-na bicarb-nacl.....    | 94  |
| orsythia.....                       | 110    | peg-3350/electrolytes.....          | 96  |
| OSCIMIN.....                        | 95     | peg-3350/electrolytes/ascorbat..... | 94  |
| oseltamivir phosphate.....          | 56     | peg-kcl-nacl-nasulf-na asc-c.....   | 94  |
| OSPHENA.....                        | 113    | PEG-PREP.....                       | 94  |
| OTEZLA.....                         | 87,117 | PEGASYS.....                        | 118 |
| OTEZLA XR.....                      | 87     | PEMAZYRE.....                       | 40  |
| OTEZLA/OTEZLA XR INITIATION PK..... | 117    | PEN NEEDLE/5-BEVEL TIP.....         | 131 |
| oxaprozin.....                      | 2      | PEN NEEDLES.....                    | 131 |
| oxazepam.....                       | 58     | PENBRAYA.....                       | 131 |
| oxcarbazepine.....                  | 21     | penciclovir.....                    | 88  |
| oxiconazole nitrate.....            | 29     | penicillamine.....                  | 99  |
| oxybutynin chloride.....            | 98     | penicillin g potassium.....         | 13  |
| oxybutynin chloride er.....         | 98     | PENICILLIN G SODIUM.....            | 13  |
| oxycodone hcl.....                  | 5      | penicillin v potassium.....         | 14  |
| oxycodone-acetaminophen.....        | 5      | PENMENVY.....                       | 121 |
| OXYCODONE-ACETAMINOPHEN.....        | 5      | PENTACEL.....                       | 121 |
| oxymorphone hcl.....                | 5      | pentamidine isethionate.....        | 45  |
| OXYMORPHONE HCL ER.....             | 3      | pentazocine-naloxone hcl.....       | 5   |
| OZEMPIC (0.25 OR 0.5 MG/DOSE).....  | 60     | pentoxifylline er.....              | 73  |
| OZEMPIC (1 MG/DOSE).....            | 60     | perampanel.....                     | 18  |
| OZEMPIC (2 MG/DOSE).....            | 60     | PERINDOPRIL ERBUMINE.....           | 67  |
| <b>P</b>                            |        | periogard.....                      | 82  |
| pacerone.....                       | 68     | permethrin.....                     | 88  |
| paliperidone er.....                | 50     | perphenazine.....                   | 27  |
| PANRETIN.....                       | 44     | PERPHENAZINE-AMITRIPTYLINE.....     | 24  |
| pantoprazole sodium.....            | 96     | PERSERIS.....                       | 50  |
| paricalcitol.....                   | 124    | pfizerpen.....                      | 14  |
| paroxetine hcl.....                 | 25     | phenazo.....                        | 99  |
| PAROXETINE HCL.....                 | 25     | phenazopyridine hcl.....            | 99  |
| paroxetine hcl er.....              | 25     | PHENELZINE SULFATE.....             | 24  |
| paroxetine mesylate.....            | 25     | phenobarbital.....                  | 20  |
| PAXLOVID (150/100).....             | 57     | phenobarbital-belladonna alk.....   | 95  |
| PAXLOVID (300/100 & 150/100).....   | 57     | PHENOHYTRO.....                     | 95  |
| PAXLOVID (300/100).....             | 57     | phenytek.....                       | 21  |
| pazopanib hcl.....                  | 40     | phenytoin.....                      | 21  |
| PAZOPANIB HCL.....                  | 40     | phenytoin infatabs.....             | 22  |
| PB-HYOSCY-ATROPINE-SCOPOLAMINE..... | 95     | phenytoin sodium extended.....      | 22  |
| PEDIARIX.....                       | 121    | philith.....                        | 110 |
| PEDVAX HIB.....                     | 121    | PHOSPHO-TRIN K500.....              | 99  |
|                                     |        | phytonadione.....                   | 66  |

|                                     |        |                                    |     |
|-------------------------------------|--------|------------------------------------|-----|
| PIFELTRO.....                       | 54     | PRAMOSONE.....                     | 87  |
| pilocarpine hcl.....                | 82,138 | prasugrel hcl.....                 | 66  |
| pimecrolimus.....                   | 85     | pravastatin sodium.....            | 75  |
| PIMOZIDE.....                       | 48     | praziquantel.....                  | 44  |
| pimtrea.....                        | 110    | prazosin hcl.....                  | 67  |
| pindolol.....                       | 69     | prednisolone.....                  | 101 |
| pioglitazone hcl.....               | 60     | prednisolone acetate.....          | 137 |
| pioglitazone hcl-glimepiride.....   | 60     | prednisolone sodium phosphate..... | 101 |
| pioglitazone hcl-metformin hcl..... | 60     | PREDNISOLONE SODIUM PHOSPHATE..... | 137 |
| piperacillin sod-tazobactam so..... | 14     | prednisone.....                    | 101 |
| PIQRAY (200 MG DAILY DOSE).....     | 40     | PREDNISONE INTENSOL.....           | 101 |
| PIQRAY (250 MG DAILY DOSE).....     | 40     | pregabalin.....                    | 81  |
| PIQRAY (300 MG DAILY DOSE).....     | 40     | PREMARIN.....                      | 110 |
| pirfenidone.....                    | 143    | PREMASOL.....                      | 91  |
| PIRFENIDONE.....                    | 143    | PREMIUM LIDOCAINE.....             | 6   |
| pirmella 1/35.....                  | 110    | PREMPHASE.....                     | 110 |
| pirmella 7/7/7.....                 | 110    | PREMPRO.....                       | 110 |
| piroxicam.....                      | 2      | Prenatal vitamins.....             | 92  |
| PNV 27-CA/FE/FA.....                | 91     | prevalite.....                     | 76  |
| POCKET CHAMBER.....                 | 131    | previfem.....                      | 110 |
| POCKET SPACER.....                  | 131    | PREVYMIS.....                      | 52  |
| podofilox.....                      | 87     | PREZCOBIX.....                     | 56  |
| POLY-VI-FLOR.....                   | 91     | PREZISTA.....                      | 56  |
| polycin.....                        | 135    | PRIFTIN.....                       | 31  |
| polymyxin b sulfate.....            | 9      | primaquine phosphate.....          | 45  |
| polymyxin b-trimethoprim.....       | 136    | primidone.....                     | 20  |
| pomalidomide.....                   | 32     | PRIORIX.....                       | 122 |
| POMALYST.....                       | 32     | PRO COMFORT ALCOHOL.....           | 131 |
| portia-28.....                      | 110    | PRO COMFORT INSULIN SYRINGE.....   | 131 |
| posaconazole.....                   | 29     | PRO COMFORT SPACER ADULT.....      | 131 |
| pot & sod cit-cit ac.....           | 99     | PRO COMFORT SPACER CHILD.....      | 131 |
| potassium chloride.....             | 91     | PRO COMFORT SPACER INFANT.....     | 131 |
| potassium chloride crys er.....     | 91     | probenecid.....                    | 29  |
| potassium chloride er.....          | 91     | PROCARE SPACER/ADULT MASK.....     | 131 |
| potassium chloride in dextrose..... | 91     | PROCARE SPACER/CHILD MASK.....     | 131 |
| potassium chloride in nacl.....     | 91     | procentra.....                     | 78  |
| potassium citrate er.....           | 91     | PROCHAMBER VHC.....                | 131 |
| potassium citrate-citric acid.....  | 99     | prochlorperazine.....              | 27  |
| POTASSIUM CL IN DEXTROSE 5%.....    | 91     | prochlorperazine maleate.....      | 27  |
| pramipexole dihydrochloride.....    | 46     | procto-med hc.....                 | 85  |
| pramipexole dihydrochloride er..... | 46     | PROCTOFOAM HC.....                 | 87  |

|                                |        |
|--------------------------------|--------|
| proctosol hc                   | 85     |
| proctozone-hc                  | 85     |
| progesterone                   | 113    |
| PROGRAF                        | 120    |
| promethazine hcl               | 27,140 |
| PROMETHAZINE VC                | 144    |
| PROMETHAZINE VC/CODEINE        | 144    |
| promethazine-codeine           | 145    |
| promethazine-dm                | 145    |
| promethazine-phenyleph-codeine | 145    |
| promethazine-phenylephrine     | 145    |
| promethegan                    | 27     |
| propafenone hcl                | 68     |
| propafenone hcl er             | 68     |
| proparacaine hcl               | 135    |
| propranolol hcl                | 69     |
| propranolol hcl er             | 69     |
| propylthiouracil               | 116    |
| PROQUAD                        | 122    |
| protriptyline hcl              | 26     |
| pseudoeph-bromphen-dm          | 145    |
| PULMOSAL                       | 145    |
| PULMOZYME                      | 141    |
| PURE COMFORT SAFETY PEN NEEDLE | 131    |
| PURE COMFORT SPACER CHAMBER    | 131    |
| pyrazinamide                   | 31     |
| pyridostigmine bromide         | 30     |
| pyridostigmine bromide er      | 30     |
| pyrimethamine                  | 45     |

## Q

|                                |     |
|--------------------------------|-----|
| qc alcohol                     | 87  |
| QINLOCK                        | 34  |
| QUADRACEL                      | 122 |
| quetiapine fumarate            | 50  |
| quetiapine fumarate er         | 50  |
| QUFLORA PEDIATRIC              | 92  |
| QUICK TOUCH INSULIN PEN NEEDLE | 132 |
| quinapril hcl                  | 67  |
| quinapril-hydrochlorothiazide  | 73  |
| quinidine gluconate er         | 68  |

|                   |     |
|-------------------|-----|
| QUINIDINE SULFATE | 68  |
| quinine sulfate   | 45  |
| QVAR REDHALER     | 139 |

## R

|                            |       |
|----------------------------|-------|
| ra isopropyl alcohol wipes | 87    |
| RABAVERT                   | 122   |
| rabeprazole sodium         | 97    |
| RALDESY                    | 25    |
| raloxifene hcl             | 113   |
| ramelteon                  | 146   |
| ramipril                   | 68    |
| ranolazine er              | 73    |
| rasagiline mesylate        | 47    |
| reclipsen                  | 110   |
| RECOMBIVAX HB              | 122   |
| REGRANEX                   | 87    |
| relafen                    | 2     |
| RELENZA DISKHALER          | 56    |
| RENTHYROID                 | 114   |
| repaglinide                | 60    |
| REPATHA                    | 76    |
| REPATHA PUSHTRONEX SYSTEM  | 76    |
| REPATHA SURECLICK          | 76    |
| RESTASIS                   | 135   |
| RETACRIT                   | 65    |
| RETEVMO                    | 40,41 |
| REVCOVI                    | 97    |
| REVUFORJ                   | 41    |
| REXULTI                    | 50    |
| REYATAZ                    | 56    |
| REZDIFFRA                  | 114   |
| REZLIDHIA                  | 41    |
| RHOPRESSA                  | 138   |
| RIBAVIRIN                  | 52    |
| ribavirin                  | 52    |
| RIDAURA                    | 117   |
| rifabutin                  | 31    |
| rifampin                   | 31    |
| rilpivirine hcl            | 54    |
| riluzole                   | 81    |

|                                  |     |                                     |        |
|----------------------------------|-----|-------------------------------------|--------|
| RIMANTADINE HCL.....             | 56  | SCEMBLIX.....                       | 41     |
| ringers.....                     | 92  | scopolamine.....                    | 27     |
| ringers irrigation.....          | 132 | SECUADO.....                        | 51     |
| RINVOQ.....                      | 117 | SECURESAFE INSULIN SYRINGE.....     | 132    |
| RINVOQ LQ.....                   | 117 | selegiline hcl.....                 | 47     |
| risedronate sodium.....          | 124 | selenium sulfide.....               | 85     |
| risperidone.....                 | 50  | SELZENTRY.....                      | 55     |
| risperidone microspheres er..... | 50  | SEREVENT DISKUS.....                | 141    |
| RITEFLO.....                     | 132 | sertraline hcl.....                 | 25     |
| ritonavir.....                   | 56  | setlakin.....                       | 110    |
| rivaroxaban.....                 | 64  | sevelamer carbonate.....            | 93     |
| rivastigmine.....                | 23  | sharobel.....                       | 113    |
| rivastigmine tartrate.....       | 23  | SHINGRIX.....                       | 122    |
| rivelsa.....                     | 110 | SIGNIFOR.....                       | 115    |
| rizatriptan benzoate.....        | 30  | sildenafil citrate.....             | 99,142 |
| ROCKLATAN.....                   | 135 | SILIGENTLE FOAM DRESSING.....       | 132    |
| roflumilast.....                 | 142 | silodosin.....                      | 99     |
| ROMVIMZA.....                    | 41  | silver sulfadiazine.....            | 87     |
| ropinirole hcl.....              | 46  | SIMBRINZA.....                      | 138    |
| ropinirole hcl er.....           | 46  | SIMLANDI (1 PEN).....               | 120    |
| rosadan.....                     | 9   | SIMLANDI (1 SYRINGE).....           | 120    |
| rosuvastatin calcium.....        | 76  | SIMLANDI (2 PEN).....               | 120    |
| rosyrah.....                     | 110 | SIMLANDI (2 SYRINGE).....           | 120    |
| ROTARIX.....                     | 122 | simliya.....                        | 110    |
| ROTATEQ.....                     | 122 | simpesse.....                       | 110    |
| roweepra.....                    | 18  | simvastatin.....                    | 76     |
| ROZLYTREK.....                   | 41  | sirolimus.....                      | 120    |
| RUBRACA.....                     | 41  | SIRTURO.....                        | 31     |
| rufinamide.....                  | 22  | SKYRIZI.....                        | 117    |
| RUKOBIA.....                     | 55  | SKYRIZI (150 MG DOSE).....          | 117    |
| RYBELSUS.....                    | 60  | SKYRIZI PEN.....                    | 117    |
| RYDAPT.....                      | 41  | SMOFLIPID.....                      | 132    |
| <b>S</b>                         |     | sod citrate-citric acid.....        | 100    |
| sacubitril-valsartan.....        | 73  | sodium chloride.....                | 92     |
| sajazir.....                     | 116 | SODIUM CHLORIDE.....                | 145    |
| SALINE BACTERIOSTATIC.....       | 132 | sodium chloride (pf).....           | 92     |
| salsalate.....                   | 2   | SODIUM CHLORIDE BACTERIOSTATIC..... | 132    |
| SANDIMMUNE.....                  | 120 | SODIUM CITRATE-CITRIC ACID.....     | 100    |
| SANTYL.....                      | 87  | sodium fluoride.....                | 92     |
| sapropterin dihydrochloride..... | 97  | sodium oxybate.....                 | 146    |
|                                  |     | sodium phenylbutyrate.....          | 97     |

|                                    |     |                                   |        |
|------------------------------------|-----|-----------------------------------|--------|
| sodium polystyrene sulfonate.....  | 93  | sumatriptan succinate.....        | 30     |
| solifenacin succinate.....         | 98  | SUMATRIPTAN SUCCINATE REFILL..... | 30     |
| SOLTAMOX.....                      | 33  | sunitinib malate.....             | 41,42  |
| SOMAVERT.....                      | 115 | SUNLENCA.....                     | 55     |
| sorafenib tosylate.....            | 41  | SURE COMFORT PEN NEEDLES.....     | 132    |
| sorine.....                        | 68  | syeda.....                        | 110    |
| sotalol hcl.....                   | 68  | SYMPAZAN.....                     | 20     |
| sotalol hcl (af).....              | 68  | SYMTUZA.....                      | 56     |
| SPINOSAD.....                      | 88  | SYNAREL.....                      | 115    |
| SPIRIVA RESPIMAT.....              | 140 | SYNJARDY.....                     | 60     |
| spironolactone.....                | 75  | SYNJARDY XR.....                  | 60     |
| spironolactone-hctz.....           | 73  | SYNRIBO.....                      | 42     |
| sprintec 28.....                   | 110 | SYNTHROID.....                    | 114    |
| SPRITAM.....                       | 18  |                                   |        |
| SPS (SODIUM POLYSTYRENE SULF)..... | 93  | <b>T</b>                          |        |
| sronyx.....                        | 110 | TABLOID.....                      | 33     |
| ssd.....                           | 87  | TABRECTA.....                     | 42     |
| SSS 10-5.....                      | 87  | tacrolimus.....                   | 85,120 |
| STAVUDINE.....                     | 54  | tadalafil.....                    | 99     |
| STELARA.....                       | 117 | tadalafil (pah).....              | 99,142 |
| sterile water for irrigation.....  | 132 | TAFINLAR.....                     | 42     |
| STIOLTO RESPIMAT.....              | 145 | tafluprost (pf).....              | 138    |
| STIVARGA.....                      | 41  | TAGRISSE.....                     | 42     |
| STREPTOMYCIN SULFATE.....          | 7   | TALZENNA.....                     | 42     |
| STRIBILD.....                      | 53  | tamoxifen citrate.....            | 33     |
| subvenite.....                     | 18  | tamsulosin hcl.....               | 99     |
| SUBVENITE.....                     | 18  | tarina 24 fe.....                 | 110    |
| subvenite starter kit-blue.....    | 18  | tarina fe 1/20.....               | 110    |
| subvenite starter kit-green.....   | 18  | tarina fe 1/20 eq.....            | 110    |
| subvenite starter kit-orange.....  | 18  | tasimelteon.....                  | 146    |
| sucralfate.....                    | 96  | taysofy.....                      | 110    |
| sulfacetamide sodium.....          | 136 | tazarotene.....                   | 83     |
| sulfacetamide sodium (acne).....   | 83  | TAZICEF.....                      | 12     |
| SULFACETAMIDE SODIUM-SULFUR.....   | 87  | taztia xt.....                    | 71     |
| SULFACETAMIDE-PREDNISOLONE.....    | 135 | TAZVERIK.....                     | 42     |
| sulfadiazine.....                  | 16  | TDVAX.....                        | 122    |
| sulfamethoxazole-trimethoprim..... | 16  | TECHLITE PLUS PEN NEEDLES.....    | 132    |
| sulfasalazine.....                 | 123 | TEFLARO.....                      | 12     |
| sulfatrim pediatric.....           | 16  | telmisartan.....                  | 67     |
| sulindac.....                      | 2   | telmisartan-amlodipine.....       | 74     |
| sumatriptan.....                   | 30  | telmisartan-hctz.....             | 74     |

|                                    |        |                                    |         |
|------------------------------------|--------|------------------------------------|---------|
| temazepam.....                     | 146    | TOBRADEX.....                      | 135     |
| TENCON.....                        | 81     | tobramycin.....                    | 136,141 |
| TENIVAC.....                       | 122    | tobramycin sulfate.....            | 8       |
| tenofovir disoproxil fumarate..... | 54     | tobramycin-dexamethasone.....      | 135     |
| TEPMETKO.....                      | 42     | TOBREX.....                        | 136     |
| terazosin hcl.....                 | 67     | TOLAK.....                         | 87      |
| terbinafine hcl.....               | 29     | tolterodine tartrate.....          | 98      |
| terbutaline sulfate.....           | 141    | tolterodine tartrate er.....       | 98      |
| terconazole.....                   | 29     | tolvaptan.....                     | 92      |
| teriflunomide.....                 | 82     | topiramate.....                    | 18,19   |
| teriparatide.....                  | 124    | topiramate er.....                 | 19      |
| testosterone.....                  | 102    | toremifene citrate.....            | 33      |
| testosterone cypionate.....        | 103    | toremide.....                      | 74      |
| TESTOSTERONE ENANTHATE.....        | 103    | TOUJEO MAX SOLOSTAR.....           | 63      |
| tetrabenazine.....                 | 81     | TOUJEO SOLOSTAR.....               | 63      |
| tetracycline hcl.....              | 17     | TPN ELECTROLYTES.....              | 92      |
| THALOMID.....                      | 32,33  | TRADJENTA.....                     | 60      |
| THEO-24.....                       | 142    | tramadol hcl.....                  | 5,6     |
| theophylline.....                  | 142    | tramadol hcl er.....               | 3       |
| theophylline er.....               | 142    | tramadol-acetaminophen.....        | 6       |
| thioridazine hcl.....              | 48     | trandolapril.....                  | 68      |
| thiothixene.....                   | 48     | TRANDOLAPRIL-VERAPAMIL HCL ER..... | 74      |
| THYROID.....                       | 114    | tranexamic acid.....               | 66      |
| tiadylt er.....                    | 71     | tranylcypromine sulfate.....       | 24      |
| tiagabine hcl.....                 | 20     | travoprost (bak free).....         | 138     |
| TIBSOVO.....                       | 42     | trazodone hcl.....                 | 25      |
| ticagrelor.....                    | 66     | TRECATOR.....                      | 31      |
| TICOVAC.....                       | 122    | TRELEGY ELLIPTA.....               | 145     |
| tigecycline.....                   | 9      | TRESIBA.....                       | 63      |
| tilia fe.....                      | 110    | TRESIBA FLEXTOUCH.....             | 63      |
| timolol hemihydrate.....           | 137    | tretinoin.....                     | 44,83   |
| timolol maleate.....               | 69,137 | TREXALL.....                       | 120     |
| timolol maleate (once-daily).....  | 137    | tri femynor.....                   | 111     |
| timolol maleate ocudose.....       | 137    | tri-estarylla.....                 | 111     |
| timolol maleate pf.....            | 137    | tri-legest fe.....                 | 111     |
| tinidazole.....                    | 9      | tri-linyah.....                    | 111     |
| tiotropium bromide.....            | 140    | tri-lo-estarylla.....              | 111     |
| tis-u-sol.....                     | 132    | tri-lo-marzia.....                 | 111     |
| TIVICAY.....                       | 53     | tri-lo-mili.....                   | 111     |
| TIVICAY PD.....                    | 53     | tri-lo-sprintec.....               | 111     |
| tizanidine hcl.....                | 51     | tri-mili.....                      | 111     |

|                                |       |
|--------------------------------|-------|
| tri-nymyo                      | 111   |
| tri-sprintec                   | 111   |
| TRI-VITE/FLUORIDE              | 93    |
| tri-vylibra                    | 111   |
| tri-vylibra lo                 | 111   |
| triamcinolone acetoneide       | 82,86 |
| triamterene                    | 75    |
| triamterene-hctz               | 74    |
| triazolam                      | 146   |
| TRICITRATES                    | 100   |
| triderm                        | 86    |
| trientine hcl                  | 92    |
| TRIENTINE HCL                  | 92    |
| trifluoperazine hcl            | 48    |
| TRIFLURIDINE                   | 136   |
| trihexyphenidyl hcl            | 45    |
| TRIKAFTA                       | 142   |
| trimethobenzamide hcl          | 27    |
| trimethoprim                   | 9     |
| trimipramine maleate           | 26    |
| TRINTELLIX                     | 25    |
| TRIUMEQ                        | 54    |
| TRIUMEQ PD                     | 54    |
| trivora (28)                   | 111   |
| TRIZIVIR                       | 54    |
| tropium chloride               | 98    |
| tropium chloride er            | 98    |
| TRUE COMFORT INSULIN SYRINGE   | 132   |
| TRUE COMFORT PEN NEEDLES       | 132   |
| TRUE COMFORT PRO PEN NEEDLES   | 133   |
| TRUE COMFORT SAFETY PEN NEEDLE | 133   |
| TRULICITY                      | 60    |
| TRUMENBA                       | 122   |
| TRUQAP                         | 42    |
| TUKYSA                         | 42    |
| tulana                         | 113   |
| TURALIO                        | 42    |
| turqoz                         | 111   |
| TWINRIX                        | 122   |
| TYBOST                         | 55    |
| tydemy                         | 111   |

|           |     |
|-----------|-----|
| TYENNE    | 117 |
| TYMLOS    | 124 |
| TYPHIM VI | 122 |

## U

|                                |         |
|--------------------------------|---------|
| UDENYCA                        | 65      |
| ULTIGUARD SAFEPAK PEN NEEDLE   | 133     |
| UNIFINE OTC PEN NEEDLES        | 133     |
| UNIFINE PENTIPS                | 133     |
| UNIFINE PROTECT PEN NEEDLE     | 133     |
| UNIFINE SAFECONTROL PEN NEEDLE | 133     |
| unithroid                      | 114     |
| UPTRAVI                        | 142,143 |
| ursodiol                       | 96      |
| USTEKINUMAB                    | 117     |
| USTEKINUMAB-AEKN               | 117     |

## V

|                                |      |
|--------------------------------|------|
| valacyclovir hcl               | 57   |
| VALCHLOR                       | 87   |
| valganciclovir hcl             | 52   |
| valproate sodium               | 19   |
| valproic acid                  | 19   |
| valsartan                      | 67   |
| valsartan-hydrochlorothiazide  | 74   |
| VALTOCO 10 MG DOSE             | 20   |
| VALTOCO 15 MG DOSE             | 20   |
| VALTOCO 20 MG DOSE             | 20   |
| VALTOCO 5 MG DOSE              | 20   |
| valtya 1/35                    | 111  |
| valtya 1/50                    | 111  |
| vanadom                        | 145  |
| vancomycin hcl                 | 9,10 |
| VANDAZOLE                      | 10   |
| VANFLYTA                       | 42   |
| VAQTA                          | 122  |
| vardenafil hcl                 | 100  |
| varenicline tartrate           | 7    |
| varenicline tartrate (starter) | 7    |
| varenicline tartrate(continue) | 7    |
| VARIVAX                        | 122  |

|  |       |
|--|-------|
| VAXCHORA.....                          | 122   |
| VECAMYL.....                           | 74    |
| VELIVET.....                           | 111   |
| VENCLEXTA.....                         | 42,43 |
| VENCLEXTA STARTING PACK.....           | 43    |
| venlafaxine hcl.....                   | 25    |
| venlafaxine hcl er.....                | 25,26 |
| VEOZAH.....                            | 81    |
| verapamil hcl.....                     | 71    |
| VERAPAMIL HCL ER.....                  | 71    |
| VERIFINE INSULIN PEN NEEDLE.....       | 133   |
| VERIFINE INSULIN SYRINGE.....          | 133   |
| VERIFINE PLUS PEN NEEDLE.....          | 133   |
| VERQUVO.....                           | 74    |
| VERSACLOZ.....                         | 51    |
| VERZENIO.....                          | 43    |
| vestura.....                           | 111   |
| vienva.....                            | 111   |
| vigabatrin.....                        | 20    |
| vigadrone.....                         | 20    |
| VIGAFYDE.....                          | 21    |
| vigpoder.....                          | 21    |
| vilazodone hcl.....                    | 26    |
| VIMKUNYA.....                          | 123   |
| violele.....                           | 112   |
| VIRACEPT.....                          | 56    |
| VIREAD.....                            | 54    |
| vitamin d (ergocalciferol).....        | 124   |
| VITRAKVI.....                          | 43    |
| VIVOTIF.....                           | 123   |
| VIZIMPRO.....                          | 43    |
| volnea.....                            | 112   |
| VONJO.....                             | 44    |
| VORANIGO.....                          | 43    |
| voriconazole.....                      | 29    |
| VORTEX HOLD CHMBR/MASK/CHILD.....      | 133   |
| VORTEX HOLD<br>CHMBR/MASK/TODDLER..... | 133   |
| VORTEX VALVE CHAMBER-PEDI MASK.....    | 133   |
| VORTEX VALVED HOLDING CHAMBER.....     | 133   |
| VOSEVI.....                            | 52    |

|              |     |
|--------------|-----|
| VOWST.....   | 133 |
| VRAYLAR..... | 51  |
| vyfemla..... | 112 |
| vylibra..... | 112 |
| VYZULTA..... | 138 |

## W

|                                |     |
|--------------------------------|-----|
| warfarin sodium.....           | 64  |
| WEBCOL ALCOHOL PREP LARGE..... | 134 |
| WELIREG.....                   | 34  |
| wera.....                      | 112 |
| WINREVAIR.....                 | 143 |
| wixela inhub.....              | 145 |
| wymzya fe.....                 | 112 |
| WYOST.....                     | 124 |

## X

|                                  |       |
|----------------------------------|-------|
| XALKORI.....                     | 43    |
| xarah fe.....                    | 112   |
| XARELTO.....                     | 64    |
| XARELTO STARTER PACK.....        | 64    |
| XATMEP.....                      | 120   |
| XCOPRI.....                      | 19,22 |
| XCOPRI (250 MG DAILY DOSE).....  | 22    |
| XCOPRI (350 MG DAILY DOSE).....  | 22    |
| XDEMVI.....                      | 135   |
| XELJANZ.....                     | 117   |
| XELJANZ XR.....                  | 117   |
| xelria fe.....                   | 112   |
| XERMELO.....                     | 94    |
| XIFAXAN.....                     | 10    |
| XIGDUO XR.....                   | 61    |
| XIIDRA.....                      | 135   |
| XOFLUZA (40 MG DOSE).....        | 56    |
| XOFLUZA (80 MG DOSE).....        | 56    |
| XOLAIR.....                      | 118   |
| XOSPATA.....                     | 43    |
| XPOVIO (100 MG ONCE WEEKLY)..... | 43    |
| XPOVIO (40 MG ONCE WEEKLY).....  | 43    |
| XPOVIO (40 MG TWICE WEEKLY)..... | 43    |
| XPOVIO (60 MG ONCE WEEKLY).....  | 43    |

|                                  |       |                       |    |
|----------------------------------|-------|-----------------------|----|
| XPOVIO (60 MG TWICE WEEKLY)..... | 43    | ZYPREXA RELPREVV..... | 51 |
| XPOVIO (80 MG ONCE WEEKLY).....  | 43,44 |                       |    |
| XPOVIO (80 MG TWICE WEEKLY)..... | 44    |                       |    |
| XTANDI.....                      | 32    |                       |    |
| xulane.....                      | 112   |                       |    |

## Y

|               |     |
|---------------|-----|
| YESINTEK..... | 118 |
| YF-VAX.....   | 123 |
| yuvafem.....  | 112 |

## Z

|                           |       |
|---------------------------|-------|
| zafemy.....               | 112   |
| zafirlukast.....          | 140   |
| zaleplon.....             | 146   |
| ZARXIO.....               | 65    |
| zebutal.....              | 81    |
| ZEJULA.....               | 44    |
| ZELBORAF.....             | 44    |
| zenatane.....             | 83    |
| ZENPEP.....               | 98    |
| zenzedi.....              | 78    |
| zidovudine.....           | 54,55 |
| ziprasidone hcl.....      | 51    |
| ziprasidone mesylate..... | 51    |
| ZIRGAN.....               | 136   |
| zoledronic acid.....      | 124   |
| ZOLINZA.....              | 34    |
| zolmitriptan.....         | 30    |
| zolpidem tartrate.....    | 146   |
| zolpidem tartrate er..... | 146   |
| ZONISADE.....             | 22    |
| zonisamide.....           | 22    |
| ZONTIVITY.....            | 64    |
| zovia 1/35 (28).....      | 112   |
| ZTALMY.....               | 21    |
| zumandimine.....          | 112   |
| ZURZUVAE.....             | 24    |
| ZYDELIG.....              | 44    |
| ZYKADIA.....              | 44    |
| ZYLET.....                | 135   |



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### Lus Hmoob

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

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## ភាសាខ្មែរ

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរសេវាកម្មជំនួយភាសាភតិកភ្លែតមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយភតិកភ្លែតផងដែរ។ ហៅទូរសព្ទទៅ 1-800-776-4466 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

## فارسي

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-776-4466 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

## ਪੰਜਾਬੀ

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

## РУССКИЙ

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

## Español

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

## Tagalog

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

## Việt

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



## NONDISCRIMINATION NOTICE

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

Blue Shield of California provides:

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

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

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

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

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

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

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

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

This formulary was updated on 03/24/2026 . For more recent information or other questions, please contact Blue Shield of California Customer Service, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026).

Blue Shield of California's pharmacy network includes limited lower-cost, pharmacies with preferred cost-sharing in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m. Pacific time, seven days a week, or consult the online pharmacy directory at [blueshieldca.com/medformulary2026](https://blueshieldca.com/medformulary2026).

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

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