



Blue Shield Medicare (PPO)

2025 Formulary

(List of Covered Drugs
or "Drug List")

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

Formulary ID: 25363 Version 19

This formulary was updated on 08/20/2025. For more recent information or other questions, please contact Blue Shield Medicare Customer Service, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit blueshieldca.com/medformulary2025.

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

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

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

This document includes Drug List (formulary) for our plan which is current as of 08/20/2025 . An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Blue Shield Medicare formulary?

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 08/20/2025 . To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at blueshieldca.com/medformulary2025.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 116. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per 30-day prescription for sumatriptan (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Plan’s formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Blue Shield Medicare’s Formulary?

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

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

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

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

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

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

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

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

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

Our transition policy applies to members who are stabilized on:

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

And are members in any of the following scenarios:

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Plan Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 116.

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

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

LEGEND

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<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 er 24h</i>	gen	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	gen	
<i>diflunisal 500 mg tab</i>	gen	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	gen	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	gen	
<i>etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)</i>	gen	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	gen	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	gen	
<i>ibuprofen (100 mg/5ml suspension, 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 er</i>	gen	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	gen	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	gen	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	gen	
<i>naproxen dr 500 mg tab dr</i>	gen	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	gen	
<i>oxaprozin 600 mg tab</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>piroxicam (10 mg cap, 20 mg cap)</i>	gen	
<i>relafen (500 mg tab, 750 mg tab)</i>	gen	
<i>salsalate (500 mg tab, 750 mg tab)</i>	gen	
<i>sulindac (150 mg tab, 200 mg tab)</i>	gen	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	gen	PA, QL (4 PER 28 OVER TIME), NDS
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	gen	PA, QL (10 PER 30 OVER TIME), NDS
<i>hydromorphone hcl er (er 8 mg tab er 24h, er 16 mg tab er 24h, er 32 mg tab er 24h)</i>	gen	PA, QL (30 PER 30 OVER TIME), NDS
<i>hydromorphone hcl er 12 mg tab er 24h</i>	gen	PA, QL (60 PER 30 OVER TIME), NDS
<i>methadone hcl (10 mg tab, 10 mg/ml conc)</i>	gen	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/5ml solution</i>	gen	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/ml solution</i>	npd	PA, NDS
<i>methadone hcl 40 mg tab sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>methadone hcl 5 mg tab</i>	gen	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg/5ml solution</i>	gen	PA, QL (900 PER 30 OVER TIME), NDS
<i>methadone hcl intensol 10 mg/ml conc</i>	gen	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadose 40 mg tab sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	gen	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab er</i>	gen	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate er 30 mg tab er</i>	gen	QL (90 PER 30 OVER TIME), NDS
<i>OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H)</i>	gen	PA, QL (2 PER 1 DAYS), NDS
<i>tramadol hcl (er biphasic) (biphasic) 100 mg tab er 24h, biphasic) 200 mg tab er 24h, biphasic) 300 mg tab er 24h)</i>	gen	PA, QL (1 PER 1 DAYS), NDS
<i>tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i>	gen	PA, QL (1 PER 1 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	gen	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	gen	QL (12 PER 1 DAYS), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	gen	QL (6 PER 1 DAYS), NDS
<i>ascomp-codeine 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	gen	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	gen	QL (336 PER 30 OVER TIME), NDS
<i>codeine sulfate 30 mg tab</i>	gen	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	gen	QL (84 PER 30 OVER TIME), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	gen	QL (168 PER 30 OVER TIME), NDS
<i>endocet 10-325 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>endocet 7.5-325 mg tab</i>	gen	QL (112 PER 30 OVER TIME), NDS
FENTANYL CITRATE 100 MCG TAB	gen	PA, QL (120 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	gen	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	gen	QL (8 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (7.5-300 mg tab, 10-300 mg tab)</i>	gen	PA, QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i>	gen	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	gen	PA, QL (8 PER 1 DAYS), NDS
<i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i>	gen	QL (5 PER 1 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	gen	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 2 mg tab</i>	gen	QL (154 PER 30 OVER TIME), NDS
HYDROMORPHONE HCL 3 MG SUPPOS	gen	QL (240 PER 30 OVER TIME), NDS, EDC
<i>hydromorphone hcl 4 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl 8 mg tab</i>	gen	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	gen	QL (120 PER 30 OVER TIME), NDS
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS)	gen	QL (84 PER 30 OVER TIME), NDS, EDC
<i>morphine sulfate (concentrate) ((concentrate) 20 mg/ml solution, (concentrate) 100 mg/5ml solution)</i>	gen	QL (70 PER 30 OVER TIME), NDS
<i>morphine sulfate 10 mg/5ml solution</i>	gen	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate 20 mg/5ml solution</i>	gen	QL (315 PER 30 OVER TIME), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	gen	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl (20 mg tab, 100 mg/5ml conc)</i>	gen	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl (5 mg cap, 5 mg tab)</i>	gen	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl 10 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	gen	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	gen	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	gen	QL (1000 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	gen	QL (112 PER 30 OVER TIME), NDS
<i>oxymorphone hcl 10 mg tab</i>	gen	PA, QL (120 PER 30 OVER TIME), NDS
<i>oxymorphone hcl 5 mg tab</i>	gen	PA, QL (180 PER 30 OVER TIME), NDS
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	gen	QL (12 PER 1 DAYS), NDS
<i>tramadol hcl 100 mg tab</i>	gen	QL (4 PER 1 DAYS), NDS
<i>tramadol hcl 50 mg tab</i>	gen	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	gen	QL (112 PER 30 OVER TIME), NDS

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine viscous hcl 2 % solution</i>	gen	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	gen	QL (30 PER 30 DAYS)
<i>lidocan 5 % patch</i>	gen	PA, QL (3 PER 1 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	npd	QL (10 PER 30 DAYS)
<i>premium lidocaine 5 % ointment</i>	gen	QL (50 PER 30 DAYS)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

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

OPIOID DEPENDENCE

<i>buprenorphine hcl 2 mg sl tab</i>	gen	QL (12 PER 1 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	gen	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film)</i>	gen	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (8-2 mg film, 8-2 mg sl tab)</i>	gen	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	gen	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	gen	QL (12 PER 1 DAYS)

OPIOID REVERSAL AGENTS

<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	gen	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	gen	QL (2 PER 30 OVER TIME)
<i>naltrexone hcl 50 mg tab</i>	gen	

SMOKING CESSATION AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline tartrate(continue) 1 mg tab</i>	gen	QL (2 PER 1 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate 500 mg/2ml solution</i>	npd	
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>	npd	
<i>neomycin sulfate 500 mg tab</i>	gen	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	npd	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	npd	

ANTIBACTERIALS, OTHER

<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	npd	
CAYSTON 75 MG RECON SOLN	spec	PA, LA, QL (84 PER 28 DAYS)
CLEOCIN 100 MG SUPPOS	brd	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	gen	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	gen	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	npd	
<i>clindamycin phosphate 2 % cream</i>	gen	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	npd	
CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	npd	
CLINDESSE 2 % CREAM	brd	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	npd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
daptomycin (350 mg recon soln, 500 mg recon soln)	spec	
fosfomycin tromethamine 3 gm packet	gen	QL (1 PER 30 DAYS)
lincomycin hcl 300 mg/ml solution	npd	
linezolid (100 mg/5ml recon susp, 600 mg tab)	gen	PA
linezolid 600 mg/300ml solution	npd	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	spec	
methenamine hippurate 1 gm tab	gen	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab)	gen	
metronidazole 500 mg/100ml solution	npd	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	gen	
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	gen	
nitrofurantoin monohyd macro 100 mg cap	gen	
polymyxin b sulfate 500000 unit recon soln	npd	
rosadan (0.75 % cream, 0.75 % gel)	gen	
tigecycline 50 mg recon soln	spec	
tinidazole (250 mg tab, 500 mg tab)	gen	
trimethoprim 100 mg tab	gen	
vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)	npd	
vancomycin hcl (125 mg cap, 250 mg cap)	gen	
vancomycin hcl (50 mg/ml recon soln, 250 mg/5ml recon soln)	gen	PA, QL (450 PER 30 OVER TIME)
vancomycin hcl 5 gm recon soln	npd	PA - PART B VS D DETERMINATION
VANDAZOLE 0.75 % GEL	brd	
XIFAXAN 200 MG TAB	npd	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	npd	PA, QL (3 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	gen	
CEFACLOR ER 500 MG TAB ER 12H	gen	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	gen	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	npd	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	gen	
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	npd	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	gen	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	npd	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	npd	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	gen	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	gen	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	npd	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	npd	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	gen	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	npd	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i>	gen	
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	npd	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	spec	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	gen	
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	gen	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	gen	
<i>ampicillin 500 mg cap</i>	gen	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	npd	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	npd	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	brd	
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	npd	
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	npd	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	npd	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	gen	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	npd	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	npd	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	npd	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	gen	
<i>pfizerpen (5000000 recon soln, 20000000 recon soln)</i>	npd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 13.5 (12-1.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	npd	

CARBAPENEMS

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

MACROLIDES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	brd	
CILOXAN 0.3 % OINTMENT	brd	
<i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>	gen	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	gen	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	npd	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	gen	
LEVOFLOXACIN 25 MG/ML SOLUTION	npd	
<i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i>	npd	
<i>moxifloxacin hcl 400 mg tab</i>	gen	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	npd	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	npd	PA - PART B VS D DETERMINATION
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	gen	
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	gen	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	gen	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	npd	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	gen	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	gen	
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	gen	
<i>doxy 100 100 mg recon soln</i>	npd	
<i>doxycycline 40 mg cap dr</i>	gen	PA, QL (1 PER 1 DAYS)
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline hyclate (50 mg tab dr, 75 mg tab, 75 mg tab dr, 100 mg tab dr, 150 mg tab, 150 mg tab dr, 200 mg tab dr)</i>	gen	PA
<i>doxycycline hyclate 100 mg recon soln</i>	npd	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	gen	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	gen	
<i>mondoxylene nl 100 mg cap</i>	gen	
<i>morgidox 100 mg cap</i>	gen	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	gen	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>topiramate (15 mg cap sprinkle, 25 mg cap sprinkle, 25 mg tab, 50 mg cap sprinkle, 50 mg tab, 100 mg tab, 200 mg tab)</i>	gen	
<i>topiramate 25 mg/ml solution</i>	gen	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cp24 sprnk)</i>	gen	PA - FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	npd	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 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)
DIAZEPAM 2.5 MG GEL	gen	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	gen	QL (40 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	gen	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	gen	QL (4 PER 1 DAYS)
<i>gabapentin 100 mg cap</i>	gen	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	gen	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	gen	QL (6 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	gen	PA - FOR NEW STARTS ONLY
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	gen	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	gen	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	spec	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	spec	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	spec	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	spec	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	spec	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	spec	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	spec	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY

SODIUM CHANNEL AGENTS

<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	gen	
<i>carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)</i>	gen	
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	brd	
DILANTIN INFATABS 50 MG CHEW TAB	brd	
DILANTIN-125 125 MG/5ML SUSPENSION	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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 solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	gen	QL (40 PER 1 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	gen	QL (2 PER 1 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	gen	
<i>phenytek (200 mg cap, 300 mg cap)</i>	gen	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	gen	
<i>phenytoin infatabs 50 mg chew tab</i>	gen	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	gen	
<i>rufinamide 200 mg tab</i>	gen	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	gen	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	gen	ST, QL (8 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	spec	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	npd	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5ML SUSPENSION	npd	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	gen	
<i>memantine hcl-donepezil hcl (14-10 mg cap er 24h, 21-10 mg cap er 24h, 28-10 mg cap er 24h)</i>	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	gen	
<i>galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	gen	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	gen	

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

<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	gen	
<i>memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)</i>	gen	

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	gen	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	gen	QL (3 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	gen	
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	gen	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	gen	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	spec	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	spec	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	npd	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	npd	
<i>phenelzine sulfate 15 mg tab</i>	gen	
<i>tranylcypromine sulfate 10 mg tab</i>	gen	

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

<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	gen	
<i>desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 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 ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)</i>	gen	
FLUOXETINE HCL (PMDD) ((PMDD) 10 MG TAB, (PMDD) 20 MG TAB)	gen	
FLUOXETINE HCL 90 MG CAP DR	gen	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	gen	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)</i>	gen	ST, QL (2 PER 1 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	gen	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	gen	
PAROXETINE HCL 10 MG/5ML SUSPENSION	gen	QL (30 PER 1 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i>	gen	
<i>paroxetine mesylate 7.5 mg cap</i>	gen	QL (1 PER 1 DAYS)
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 24h, er 150 mg cap er 24h)</i>	gen	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er (er 75 mg cap er 24h, er 75 mg tab er 24h)</i>	gen	QL (3 PER 1 DAYS)
<i>venlafaxine hcl er 150 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<i>venlafaxine hcl er 37.5 mg tab er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	ST, QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRICYCLICS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	gen	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	gen	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	gen	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	gen	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	gen	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	gen	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	gen	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	gen	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	PA - FOR NEW STARTS ONLY

ANTIEMETICS

ANTIEMETICS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>scopolamine 1 mg/3days patch 72hr</i>	gen	
<i>trimethobenzamide hcl 300 mg cap</i>	gen	

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (80 & 125 mg cap, 80 mg cap, 125 mg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	gen	PA, QL (1 PER 30 DAYS)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	gen	PA, QL (6 PER 1 DAYS)
<i>granisetron hcl 1 mg tab</i>	gen	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	gen	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	gen	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ONDANSETRON HCL 24 MG TAB	gen	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg tab</i>	gen	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	gen	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	gen	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	npd	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	npd	PA - PART B VS D DETERMINATION
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i>	npd	PA
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	gen	
<i>econazole nitrate 1 % cream</i>	gen	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	gen	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	npd	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	gen	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>miconazole sodium (50 mg recon soln, 100 mg recon soln)</i>	npd	
MICONAZOLE 3 200 MG SUPPOS	gen	
<i>naftifine hcl (1 % cream, 1 % gel, 2 % cream)</i>	gen	ST
<i>nyamyc 100000 unit/gm powder</i>	gen	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i>	gen	
<i>nystop 100000 unit/gm powder</i>	gen	
<i>oxiconazole nitrate 1 % cream</i>	gen	ST
<i>posaconazole 100 mg tab dr</i>	gen	PA, QL (3 PER 1 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	gen	PA
<i>terbinafine hcl 250 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	gen	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	gen	PA
<i>voriconazole 200 mg recon soln</i>	npd	PA - PART B VS D DETERMINATION

ANTIGOUT AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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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)
NURTEC 75 MG TAB DISP	spec	PA, QL (16 PER 30 DAYS)
UBRELVY (50 MG TAB, 100 MG TAB)	spec	PA, QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

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

SEROTONIN (5-HT) RECEPTOR AGONIST

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

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	gen	
<i>pyridostigmine bromide er 180 mg tab er</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tab, 100 mg tab)</i>	gen	
<i>rifabutin 150 mg cap</i>	gen	
ANTITUBERCULARS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	gen	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	gen	
PRIFTIN 150 MG TAB	brd	
<i>pyrazinamide 500 mg tab</i>	gen	
<i>rifampin (150 mg cap, 300 mg cap)</i>	gen	
<i>rifampin 600 mg recon soln</i>	npd	
SIRTURO (20 MG TAB, 100 MG TAB)	spec	PA
TRECTOR 250 MG TAB	npd	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	brd	PA - PART B VS D DETERMINATION
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	brd	
LEUKERAN 2 MG TAB	brd	
MATULANE 50 MG CAP	brd	LA
MELPHALAN 2 MG TAB	gen	PA - PART B VS D DETERMINATION
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	spec	PA - PART B VS D DETERMINATION
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abirtega 250 mg tab</i>	gen	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 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

ANTIANGIOGENIC AGENTS

<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (50 MG CAP, 100 MG CAP)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIESTROGENS/MODIFIERS

<i>fulvestrant 250 mg/5ml soln prsyr</i>	spec	
SOLTAMOX 10 MG/5ML SOLUTION	npd	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	gen	
<i>toremifene citrate 60 mg tab</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMETABOLITES		
<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 40 MG TAB	brd	
ANTINEOPLASTICS, OTHER		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 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
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	npd	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	gen	
LONSURF 15-6.14 MG TAB	spec	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	spec	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	brd	
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 PACK	spec	LA, QL (66 PER 28 OVER TIME), 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
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRUKINSA 80 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	spec	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	spec	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib 20 mg tab</i>	spec	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib 50 mg tab</i>	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	spec	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	spec	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG CAP	spec	QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	spec	QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 2 MG CAP	spec	QL (84 PER 28 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
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	spec	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 140 MG CAP	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	spec	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
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
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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	spec	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 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 MG TAB THPK	spec	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	spec	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	spec	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	spec	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	spec	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 100 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OJEMDA 100 MG TAB	spec	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	spec	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	spec	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	spec	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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 (100 MG TAB, 150 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VERZENIO (50 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 MG TAB THPK	spec	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	spec	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	spec	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	spec	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	spec	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	spec	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	spec	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	spec	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

RETINOIDS

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

TREATMENT ADJUNCTS

HEMADY 20 MG TAB	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>mesna 100 mg/ml solution</i>	npd	
<i>mesna 400 mg tab</i>	gen	
VONJO 100 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole 200 mg tab</i>	npd	
<i>ivermectin 3 mg tab</i>	gen	

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

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

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	gen
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	gen	
<i>entacapone 200 mg tab</i>	gen	QL (8 PER 1 DAYS)

DOPAMINE AGONISTS

<i>apomorphine hcl 30 mg/3ml soln cart</i>	spec	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	gen	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	gen	
<i>pramipexole dihydrochloride er (er 0.375 mg tab er 24h, er 0.75 mg tab er 24h, er 1.5 mg tab er 24h, er 2.25 mg tab er 24h, er 3 mg tab er 24h, er 3.75 mg tab er 24h, er 4.5 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	gen	
<i>ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab er 24h</i>	gen	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab er 24h</i>	gen	QL (3 PER 1 DAYS)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa 25 mg tab</i>	gen	
<i>CARBDOPA-LEVODOPA (10-100 MG TAB, 10-100 MG TAB DISP, 25-100 MG TAB, 25-100 MG TAB DISP, 25-250 MG TAB, 25-250 MG TAB DISP)</i>	gen	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	gen	

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	gen	
<i>chlorpromazine hcl (25 mg/ml solution, 50 mg/2ml solution)</i>	npd	
<i>fluphenazine decanoate 25 mg/ml solution</i>	npd	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	gen	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	npd	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	brd	
<i>haloperidol lactate 2 mg/ml conc</i>	gen	
<i>haloperidol lactate 5 mg/ml solution</i>	brd	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	gen	
MOLINDONE HCL 10 MG TAB	gen	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	gen	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	gen	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	gen	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	gen	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)	spec	PA - PART B VS D DETERMINATION
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	spec	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i>	gen	QL (2 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	gen	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	gen	QL (4 PER 1 DAYS)
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	spec	PA - PART B VS D DETERMINATION
ARISTADA INITIO 675 MG/2.4ML PRSYR	spec	QL (2.4 PER 42 OVER TIME), PA - PART B VS D DETERMINATION
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	gen	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	spec	QL (0.75 PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	spec	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	spec	QL (1.5 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	npd	QL (0.25 PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 78 MG/0.5ML SUSP PRSYR	spec	QL (0.5 PER 28 DAYS), PA - PART B VS D DETERMINATION
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	npd	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	npd	QL (12 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	npd	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	spec	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	spec	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	spec	QL (0.75 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	spec	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	spec	QL (1.5 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	npd	QL (0.25 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	spec	QL (0.5 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	spec	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	spec	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	spec	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	spec	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>lurasidone hcl (80 mg tab, 120 mg tab)</i>	gen	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	gen	
<i>olanzapine 10 mg recon soln</i>	npd	
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 24h, er 3 mg tab er 24h, er 9 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab er 24h</i>	gen	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	spec	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	gen	
<i>quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)</i>	gen	
REXULTI (0.25 MG TAB, 1 MG TAB)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REXULTI (0.5 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	gen	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	npd	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	spec	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	npd	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	gen	
<i>ziprasidone mesylate 20 mg recon soln</i>	npd	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	npd	PA - PART B VS D DETERMINATION

ANTIPSYCHOTICS, OTHER

COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	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

TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	gen	
VERSACLOZ 50 MG/ML SUSPENSION	spec	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTISPASTICITY AGENTS

<i>baclofen 10 mg tab</i>	gen	QL (8 PER 1 DAYS)
<i>baclofen 15 mg tab</i>	gen	QL (6 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>baclofen 20 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>baclofen 5 mg tab</i>	gen	QL (16 PER 1 DAYS)
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	gen	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY 200 MG TAB	spec	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	spec	QL (4 PER 1 DAYS)
PREVYMIS 240 MG TAB	spec	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	spec	QL (100 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	gen	QL (18 PER 1 DAYS)

ANTI-HEPATITIS B (HBV) AGENTS

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

ANTI-HEPATITIS C (HCV) AGENTS

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

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 tab</i>	gen	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	gen	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	brd	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	gen	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	gen	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	gen	QL (3 PER 1 DAYS)
<i>nevirapine er 400 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	brd	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	npd	QL (2 PER 1 DAYS)

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

<i>abacavir sulfate 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>abacavir sulfate 300 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	gen	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	brd	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	brd	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	gen	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	brd	QL (24 PER 1 DAYS)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	gen	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	gen	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	gen	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	brd	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	gen	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	npd	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	npd	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	brd	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	brd	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	brd	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	brd	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	gen	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	gen	QL (60 PER 1 DAYS)

ANTI-HIV AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS 250 MG CAP	brd	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	gen	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	gen	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	npd	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	gen	QL (4 PER 1 DAYS)
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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMTUZA 800-150-200-10 MG TAB	npd	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	brd	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	brd	QL (4 PER 1 DAYS)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg cap</i>	gen	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	gen	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	gen	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	gen	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	brd	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	gen	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	npd	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	npd	QL (1 PER 30 OVER TIME)

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	gen	
<i>acyclovir sodium 50 mg/ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	gen	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	gen	

ANTIVIRAL, CORONAVIRUS AGENTS

PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	gen	QL (20 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	gen	QL (30 PER 30 OVER TIME)
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	gen	QL (11 PER 30 OVER TIME)

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	gen	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	gen	QL (4 PER 1 DAYS)
<i>alprazolam (2 mg tab, 2 mg tab disp)</i>	gen	QL (5 PER 1 DAYS)
<i>alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 3 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>alprazolam er 2 mg tab er 24h</i>	gen	QL (5 PER 1 DAYS)
ALPRAZOLAM INTENSOL 1 MG/ML CONC	gen	QL (10 PER 1 DAYS)
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>alprazolam xr 2 mg tab er 24h</i>	gen	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i>	gen	QL (40 PER 1 DAYS)
<i>clonazepam (1 mg tab, 1 mg tab disp)</i>	gen	QL (20 PER 1 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	gen	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	gen	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	gen	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	gen	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>diazepam 2 mg tab</i>	gen	QL (30 PER 1 DAYS)
<i>diazepam 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	gen	QL (12 PER 1 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	gen	QL (5 PER 1 DAYS)
<i>lorazepam 0.5 mg tab</i>	gen	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	gen	QL (10 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	gen	QL (5 PER 1 DAYS)
<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
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium 8 meq/5ml solution</i>	gen	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	gen	
<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	gen	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	gen	
<i>glipizide (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
<i>glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	gen	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	gen	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	gen	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	gen	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	gen	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	gen	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	brd	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	brd	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	brd	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	brd	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	brd	QL (1 PER 1 DAYS)
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	gen	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	QL (3 PER 1 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	brd	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	gen	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	gen	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (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)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	brd	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	brd	QL (1 PER 1 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	brd	QL (2 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<i>glucagon emergency 1 mg kit</i>	brd	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	brd	QL (2 PER 2 OVER TIME)

INSULINS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	brd	QL (45 PER 30 DAYS), INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	brd	QL (18 PER 28 DAYS), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	brd	QL (18 PER 28 DAYS), INS
TRESIBA 100 UNIT/ML SOLUTION	brd	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	brd	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	brd	QL (27 PER 30 DAYS), INS

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	gen	QL (2 PER 1 DAYS)
ELIQUIS (2.5 MG TAB, 5 MG TAB)	brd	QL (2 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	brd	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	npd	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)</i>	npd	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	npd	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	npd	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	npd	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>	npd	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) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	gen	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rivaroxaban 1 mg/ml recon susp</i>	brd	QL (20 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)

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	gen	
ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, (FREE) 25 MCG/0.42ML SOLN PRSYR, (FREE) 25 MCG/ML SOLUTION, (FREE) 40 MCG/0.4ML SOLN PRSYR, (FREE) 40 MCG/ML SOLUTION, (FREE) 60 MCG/0.3ML SOLN PRSYR, (FREE) 60 MCG/ML SOLUTION, (FREE) 100 MCG/ML SOLUTION)	npd	PA
ARANESP (ALBUMIN FREE) (FREE) 100 MCG/0.5ML SOLN PRSYR, (FREE) 150 MCG/0.3ML SOLN PRSYR, (FREE) 200 MCG/0.4ML SOLN PRSYR, (FREE) 200 MCG/ML SOLUTION, (FREE) 300 MCG/0.6ML SOLN PRSYR)	spec	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML 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
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	spec	PA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	spec	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	spec	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	spec	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	spec	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	npd	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT 40000 UNIT/ML SOLUTION	spec	PA
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

HEMOSTASIS AGENTS

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

PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	gen	
CABLIVI 11 MG KIT	spec	PA, LA, QL (1 PER 1 DAYS)
<i>cilostazol (50 mg tab, 100 mg tab)</i>	gen	
<i>clopidogrel bisulfate 75 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	gen	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	gen	QL (2 PER 1 DAYS)

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	gen	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	gen	
<i>droxidopa 100 mg cap</i>	spec	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa 200 mg cap</i>	spec	PA, QL (120 PER 30 DAYS)
<i>droxidopa 300 mg cap</i>	spec	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	gen	
METHYLDOPA (250 MG TAB, 500 MG TAB)	gen	
<i>midodrine hcl (2.5 mg tab, 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 ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	gen	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	gen	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	gen	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	gen	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	gen	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	gen	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	gen	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	gen	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	gen	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	gen	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	gen	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	gen	
enalapril maleate 1 mg/ml solution	gen	QL (40 PER 1 DAYS)
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	gen	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	gen	
moexipril hcl (7.5 mg tab, 15 mg tab)	gen	
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	gen	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	gen	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	gen	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	gen	
<i>digitek (125 mcg tab, 250 mcg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>digox (125 mcg tab, 250 mcg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>digoxin 62.5 mcg tab</i>	gen	QL (2 PER 1 DAYS)
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	gen	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	gen	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	gen	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	gen	
MULTAQ 400 MG TAB	brd	QL (2 PER 1 DAYS)
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	gen	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	gen	
<i>propafenone hcl er (er 225 mg cap er 12h, er 325 mg cap er 12h, er 425 mg cap er 12h)</i>	gen	
<i>quinidine gluconate er 324 mg tab er</i>	gen	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	gen	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab)</i>	gen	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	gen	
<i>sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab, (af) 160 mg tab)</i>	gen	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	gen	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	gen	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	gen	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)	gen	ST
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	gen	
metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)	gen	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	gen	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	gen	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	gen	
pindolol (5 mg tab, 10 mg tab)	gen	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)	gen	
propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)	gen	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	gen	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	gen	
felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)	gen	
isradipine (2.5 mg cap, 5 mg cap)	gen	
nicardipine hcl (20 mg cap, 30 mg cap)	gen	
nifedipine (10 mg cap, 20 mg cap)	gen	
nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)	gen	
nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)	gen	
nimodipine 30 mg cap	gen	
nisoldipine er (er 8.5 mg tab er 24h, er 17 mg tab er 24h, er 20 mg tab er 24h, er 25.5 mg tab er 24h, er 30 mg tab er 24h, er 34 mg tab er 24h, er 40 mg tab er 24h)	gen	
NYMALIZE 6 MG/ML SOLUTION	spec	QL (1260 PER 21 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	gen	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	gen	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	gen	
diltiazem hcl 120 mg extended release 24hr capsule	gen	
diltiazem hcl 180 mg extended release 24hr capsule	gen	
diltiazem hcl 240 mg extended release 24hr capsule	gen	
diltiazem hcl 300 mg extended release 24hr capsule	gen	
diltiazem hcl 360 mg extended release 24hr capsule	gen	
diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)	gen	
diltiazem hcl er beads (er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h, er beads 420 mg cap er 24h)	gen	
matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)	gen	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	gen	
tiadylt er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)	gen	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 120 MG CAP ER 24H, ER 120 MG TAB ER, ER 180 MG CAP ER 24H, ER 180 MG TAB ER, ER 200 MG CAP ER 24H, ER 240 MG CAP ER 24H, ER 240 MG TAB ER, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	gen	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (125 mg tab, 250 mg tab)	gen	
aliskiren fumarate (150 mg tab, 300 mg tab)	gen	
amiloride-hydrochlorothiazide 5-50 mg tab	gen	
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)	gen	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	gen	
amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	gen	
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	gen	
amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)	gen	
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	gen	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	gen	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	gen	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	gen	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	gen	
CORLANOR 5 MG/5ML SOLUTION	npd	PA, QL (20 PER 1 DAYS)
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	gen	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	brd	QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	brd	QL (8 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	gen	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	gen	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	gen	PA, QL (2 PER 1 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	gen	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	gen	
METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB)	gen	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	gen	
<i>metyrosine 250 mg cap</i>	spec	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	gen	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	gen	
<i>pentoxifylline er 400 mg tab er</i>	gen	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	gen	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	gen	
<i>ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)</i>	gen	QL (2 PER 1 DAYS)
<i>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	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	gen	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	gen	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	gen	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	gen	
VECAMYL 2.5 MG TAB	gen	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	npd	PA, QL (1 PER 1 DAYS)

DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	gen	
<i>bumetanide 0.25 mg/ml solution</i>	npd	
<i>furosemide (8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>furosemide 10 mg/ml solution</i>	npd	
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	gen	

DIURETICS, POTASSIUM-SPARING

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

DIURETICS, THIAZIDE

<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	gen	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	gen	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	gen	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES

<i>fenofibrate (40 mg tab, 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 120 mg tab, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)</i>	gen	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	gen	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	gen	
<i>gemfibrozil 600 mg tab</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	gen	
<i>fluvastatin sodium er 80 mg tab er 24h</i>	gen	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	gen	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	gen	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	gen	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	gen	
<i>ezetimibe 10 mg tab</i>	gen	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	gen	
<i>icosapent ethyl 0.5 gm cap</i>	gen	QL (8 PER 1 DAYS)
<i>icosapent ethyl 1 gm cap</i>	gen	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERTENSIVE) 500 MG TAB	gen	
<i>niacin er (antihyperlipidemic) (er (antihyperlipidemic) 750 mg tab er, er (antihyperlipidemic) 1000 mg tab er)</i>	gen	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	gen	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	gen	
<i>omega-3-acid ethyl esters 1 gm cap</i>	gen	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	gen	
REPATHA 140 MG/ML SOLN PRSYR	brd	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	brd	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	brd	PA

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

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

VASODILATORS, DIRECT-ACTING ARTERIAL

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

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	gen	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	gen	
<i>isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)</i>	gen	
<i>minitran (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	gen	
NITRO-BID 2 % OINTMENT	brd	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	brd	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	gen	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	gen	
<i>nitroglycerin 0.4 % ointment</i>	gen	QL (30 PER 30 DAYS)
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	brd	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine sulfate 10 mg tab</i>	gen	ST, QL (6 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphetamine sulfate 5 mg tab</i>	gen	ST, QL (8 PER 1 DAYS)
<i>amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)</i>	gen	QL (2 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i>	gen	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	gen	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	gen	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate 15 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate 20 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate 30 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>dextroamphetamine sulfate er 10 mg cap er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	gen	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	gen	QL (12 PER 1 DAYS)
<i>lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>procentra 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>zenzedi (5 mg tab, 10 mg tab)</i>	gen	QL (6 PER 1 DAYS)
<i>zenzedi 15 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>zenzedi 20 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>zenzedi 30 mg tab</i>	gen	QL (2 PER 1 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	gen	QL (4 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>clonidine hcl er 0.1 mg tab er 12h</i>	gen	
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h, er 35 mg cap er 24h, er 40 mg cap er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (10 mg chew tab, 10 mg tab)</i>	gen	QL (6 PER 1 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 20 mg tab)</i>	gen	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	gen	QL (12 PER 1 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er (cd) 10 mg cap er, er (cd) 20 mg cap er, er (cd) 40 mg cap er, er (cd) 50 mg cap er, er (cd) 60 mg cap er)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (cd) 30 mg cap er</i>	gen	QL (2 PER 1 DAYS)
<i>METHYLPHENIDATE HCL ER (ER 18 MG TAB ER, ER 18 MG TAB ER 24H, ER 27 MG TAB ER, ER 27 MG TAB ER 24H, ER 54 MG TAB ER, ER 54 MG TAB ER 24H)</i>	gen	QL (1 PER 1 DAYS)
<i>METHYLPHENIDATE HCL ER (ER 36 MG TAB ER, ER 36 MG TAB ER 24H)</i>	gen	QL (2 PER 1 DAYS)
<i>methylphenidate hcl er (la) (er (la) 20 mg cap er 24h, er (la) 30 mg cap er 24h, er (la) 40 mg cap er 24h, er (la) 60 mg cap er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (la) 10 mg cap er 24h</i>	gen	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er (osm) (er (osm) 18 mg tab er, er (osm) 27 mg tab er, er (osm) 54 mg tab er)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (osm) 36 mg tab er</i>	gen	QL (2 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab er</i>	gen	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab er</i>	gen	QL (3 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM, OTHER		
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>esgic 50-325-40 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
NUEDEXTA 20-10 MG CAP	brd	PA, QL (2 PER 1 DAYS)
<i>riluzole 50 mg tab</i>	gen	
TENCON 50-325 MG TAB	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>tetrabenazine 12.5 mg tab</i>	spec	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	spec	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	npd	PA, QL (1 PER 1 DAYS)
<i>zebutal 50-325-40 mg cap</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE 20 MG CAP DR	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP DR	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 40 MG CAP DR	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP DR	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg cp dr part, 40 mg cp dr part, 60 mg cp dr part)</i>	gen	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	gen	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	spec	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab er 12h</i>	brd	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	spec	PA, QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	spec	PA, LA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	spec	PA, QL (1 PER 1 DAYS)
<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>acutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	gen	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	gen	
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	gen	PA
<i>amnesteam (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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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, 2.5 % cream)</i>	gen	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	gen	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	gen	
<i>anucort-hc 25 mg suppos</i>	gen	EDC
<i>anusol-hc 25 mg suppos</i>	gen	EDC
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	gen	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	gen	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	gen	
<i>clobetasol prop emollient base 0.05 % cream</i>	gen	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	gen	
<i>clobetasol propionate e 0.05 % cream</i>	gen	
<i>clobetasol propionate emulsion 0.05 % foam</i>	gen	PA
<i>clodan 0.05 % shampoo</i>	gen	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	gen	
DESONIDE 0.05 % GEL	gen	PA
<i>desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % ointment)</i>	gen	
<i>desoximetasone (0.05 % gel, 0.05 % ointment)</i>	gen	ST
<i>desrx 0.05 % gel</i>	gen	PA
DIFLORASONE DIACETATE 0.05 % CREAM	gen	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide body 0.01 % oil</i>	gen	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	gen	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	gen	
<i>fluocinonide emulsified base 0.05 % cream</i>	gen	
<i>flurandrenolide (0.05 % lotion, 0.05 % ointment)</i>	gen	PA
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	gen	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	gen	QL (200 PER 28 DAYS)
<i>hemmorex-hc 25 mg suppos</i>	gen	EDC
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	gen	
<i>hydrocortisone (perianal) ((perianal) 1 % cream, (perianal) 2.5 % cream)</i>	gen	
<i>hydrocortisone acetate 25 mg suppos</i>	gen	EDC
HYDROCORTISONE BUTYRATE (0.1 % OINTMENT, 0.1 % SOLUTION)	gen	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	gen	ST
<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>nolix 0.05 % lotion</i>	gen	PA
<i>pimecrolimus 1 % cream</i>	gen	QL (100 PER 30 DAYS)
<i>procto-med hc 2.5 % cream</i>	gen	
<i>procto-pak 1 % cream</i>	gen	
<i>proctosol hc 2.5 % cream</i>	gen	
<i>proctozone-hc 2.5 % cream</i>	gen	
<i>selenium sulfide 2.5 % lotion</i>	gen	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	gen	QL (100 PER 30 DAYS)
<i>tovet 0.05 % foam</i>	gen	PA
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	gen	PA, EDC
<i>triderm (0.1 % cream, 0.5 % cream)</i>	gen	

DERMATOLOGICAL AGENTS, OTHER

<i>alcohol wipes 70 % misc</i>	gen	
ANALPRAM HC 2.5-1 % LOTION	brd	
ANALPRAM-HC 2.5-1 % LOTION	brd	
<i>avar-e emollient 10-5 % cream</i>	gen	EDC
<i>avar-e green 10-5 % cream</i>	gen	EDC
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	gen	
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	gen	PA, QL (400 PER 30 OVER TIME)
<i>calcitrene 0.005 % ointment</i>	gen	
CALCITRIOL 3 MCG/GM OINTMENT	gen	QL (800 PER 28 OVER TIME)
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	gen	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	gen	
EPIFOAM 1-1 % FOAM	brd	
<i>fluorouracil (2 % solution, 5 % cream, 5 % solution)</i>	gen	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	gen	
<i>imiquimod 5 % cream</i>	gen	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	gen	
<i>isopropyl alcohol wipes 70 % misc</i>	gen	
<i>medpura alcohol pads 70 % misc</i>	gen	
METHOXSALEN 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)
<i>podofilox 0.5 % solution</i>	gen	
PRAMOSONE (1-1 % LOTION, 1-2.5 % LOTION)	brd	
PROCTOFOAM HC 1-1 % FOAM	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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
<i>sulfacetamide sodium-sulfur (10-5 % cream, 10-5 % lotion, 10-5 % suspension)</i>	gen	EDC
TOLAK 4 % CREAM	brd	
VALCHLOR 0.016 % GEL	spec	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

PEDICULICIDES/SCABICIDES

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

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % cream</i>	gen	PA, QL (5 PER 30 DAYS)
<i>acyclovir 5 % ointment</i>	gen	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	gen	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	gen	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	gen	
<i>clindacin 1 % foam</i>	gen	
<i>clindacin etz 1 % swab</i>	gen	
<i>clindacin-p 1 % swab</i>	gen	
<i>clindamycin 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin (2 % gel, 2 % solution)</i>	gen	
<i>mafenide acetate 5 % packet</i>	gen	
<i>mupirocin 2 % ointment</i>	gen	
<i>penciclovir 1 % cream</i>	gen	PA, QL (5 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

AMINOSYN II 10 % SOLUTION	npd	PA - PART B VS D DETERMINATION
AMINOSYN-PF 10 % SOLUTION	npd	PA - PART B VS D DETERMINATION
<i>dextrose (5 % solution, 10 % solution)</i>	npd	
<i>dextrose in lactated ringers 5 % solution</i>	npd	
DEXTROSE-NACL 5-0.9 % SOLUTION	npd	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	npd	
<i>effer-k 25 meq effer tab</i>	gen	EDC
<i>k-prime 25 meq effer tab</i>	gen	EDC
KCL (0.149%) IN NACL 20-0.9 MEQ/L-% SOLUTION	npd	
KCL (0.298%) IN NACL 40-0.9 MEQ/L-% SOLUTION	npd	
<i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	npd	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	npd	
<i>klor-con (8 tab er, 20 packet)</i>	gen	
<i>klor-con 10 10 meq tab er</i>	gen	
<i>klor-con m10 10 meq tab er</i>	gen	
<i>klor-con m15 15 meq tab er</i>	gen	
<i>klor-con m20 20 meq tab er</i>	gen	
<i>klor-con/ef 25 meq effer tab</i>	gen	EDC
<i>lactated ringers solution</i>	npd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>magnesium sulfate 50 % solution</i>	npd	
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i>	gen	EDC
<i>nafrinse 2.2 (1 f) mg chew tab</i>	gen	
NORMOSOL-M IN D5W SOLUTION	npd	
PNV 27-CA/FE/FA 60-1 MG TAB	brd	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	gen	
<i>potassium chloride (2 meq/ml solution, 10 meq/100ml solution, 20 meq/100ml solution, 40 meq/100ml solution)</i>	npd	
<i>potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)</i>	gen	
<i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 15 tab er, er 20 tab er)</i>	gen	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	npd	
<i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	npd	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	gen	
PREMASOL 10 % SOLUTION	npd	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	brd	
<i>ringers solution</i>	npd	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	npd	
<i>sodium chloride (pf) 0.9 % solution</i>	npd	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	gen	
TPN ELECTROLYTES CONC	npd	PA - PART B VS D DETERMINATION

ELECTROLYTE/MINERAL/METAL MODIFIERS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>deferasirox 125 mg tab sol</i>	brd	
<i>deferiprone 1000 mg tab</i>	spec	PA
<i>deferiprone 500 mg tab</i>	spec	PA, LA
FERRIPROX 100 MG/ML SOLUTION	spec	PA, LA
<i>trientine hcl 250 mg cap</i>	spec	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	spec	PA, QL (4 PER 1 DAYS)

POTASSIUM BINDERS

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

VITAMINS

<i>cyanocobalamin 1000 mcg/ml solution</i>	gen	EDC
<i>dodex 1000 mcg/ml solution</i>	gen	EDC
<i>folic acid 1 mg tab</i>	gen	EDC

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>constulose 10 gm/15ml solution</i>	gen	
<i>enulose 10 gm/15ml solution</i>	gen	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	gen	
<i>generlac 10 gm/15ml solution</i>	gen	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	gen	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	gen	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	brd	QL (1 PER 1 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	gen	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	brd	QL (1 PER 1 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NULYTELY LEMON-LIME 420 GM RECON SOLN	brd	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	gen	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	gen	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	gen	
PEG-PREP 5-210 MG-GM KIT	gen	
PLENVU 140 GM RECON SOLN	brd	

ANTI-DIARRHEAL AGENTS

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

ANTISPASMODICS, GASTROINTESTINAL

<i>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
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	gen	EDC
<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	gen	EDC
<i>hyoscyamine sulfate sl 0.125 mg sl tab</i>	gen	EDC
<i>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	gen	EDC
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	gen	
<i>nulev 0.125 mg tab disp</i>	gen	EDC
<i>oscimin (0.125 mg sl tab, 0.125 mg tab)</i>	gen	EDC
<i>oscimin sr 0.375 mg tab er 12h</i>	gen	EDC
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	gen	EDC

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

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

GASTROINTESTINAL AGENTS, OTHER

<i>cromolyn sodium 100 mg/5ml conc</i>	gen	
GAVILYTE-C 240 GM RECON SOLN	gen	
<i>gavilyte-g 236 gm recon soln</i>	gen	
GOLYTELY 236 GM RECON SOLN	brd	
OMNITROPE 10 MG/1.5ML SOLN CART	spec	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	gen	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	gen	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	gen	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	gen	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	gen	

PROTECTANTS

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

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium 20 mg cap dr</i>	gen	
<i>esomeprazole magnesium 40 mg cap dr</i>	gen	QL (2 PER 1 DAYS)
<i>lansoprazole 15 mg cap dr</i>	gen	
<i>lansoprazole 30 mg cap dr</i>	gen	QL (2 PER 1 DAYS)

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

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

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

ALDURAZYME 2.9 MG/5ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<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
CYSTARAN 0.44 % SOLUTION	spec	PA, LA, QL (60 PER 28 DAYS)
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	brd	
ELAPRASE 6 MG/3ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	spec	PA, QL (6 PER 1 DAYS)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	gen	
<i>levocarnitine sf 1 gm/10ml solution</i>	gen	
NAGLAZYME 1 MG/ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	spec	PA
PROLASTIN-C 1000 MG RECON SOLN	spec	LA, PA - PART B VS D DETERMINATION
PROLASTIN-C 1000 MG/20ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	spec	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	spec	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er 15 mg tab er 24h</i>	gen	ST, QL (1 PER 1 DAYS)
<i>darifenacin hydrobromide er 7.5 mg tab er 24h</i>	gen	ST, QL (2 PER 1 DAYS)
<i>fesoterodine fumarate er (er 4 mg tab er 24h, er 8 mg tab er 24h)</i>	gen	
<i>flavoxate hcl 100 mg tab</i>	gen	
GEMTESA 75 MG TAB	npd	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	brd	
MYRBETRIQ 8 MG/ML SRER	brd	QL (10 PER 1 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	gen	
<i>oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)</i>	gen	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	gen	ST
<i>tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)</i>	gen	ST
<i>trospium chloride 20 mg tab</i>	gen	
<i>trospium chloride er 60 mg cap er 24h</i>	gen	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	gen	
<i>dutasteride 0.5 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	gen	
<i>silodosin (4 mg cap, 8 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>tadalafil (10 mg tab, 20 mg tab)</i>	gen	QL (8 PER 30 DAYS), EDC
<i>tadalafil 2.5 mg tab</i>	gen	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	gen	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	gen	
CYTRA K CRYSTALS 3300-1002 MG PACKET	gen	EDC
ELMIRON 100 MG CAP	brd	
<i>penicillamine 250 mg tab</i>	spec	PA
<i>phenazo 200 mg tab</i>	gen	EDC
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	gen	EDC
<i>phospho-trin k500 500 mg tab</i>	gen	EDC
<i>pot & sod cit-cit ac 550-500-334 mg/5ml solution</i>	gen	EDC
<i>potassium citrate-citric acid 1100-334 mg/5ml solution</i>	gen	EDC
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	QL (8 PER 30 DAYS), EDC
<i>sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)</i>	gen	EDC
<i>tricitrates 550-500-334 mg/5ml solution</i>	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	
CORTROPHIN 80 UNIT/ML GEL	spec	PA, LA
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	gen	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	gen	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	gen	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	npd	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	npd	PA - PART B VS D DETERMINATION

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

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

MUSE (250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT)	brd	PA, QL (6 PER 30 DAYS), EDC
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANDROGENS

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	gen	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	gen	
<i>methyltestosterone 10 mg cap</i>	gen	PA
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	gen	PA, QL (150 PER 30 DAYS)
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	gen	PA, QL (300 PER 30 DAYS)
<i>testosterone 10 mg/act (2%) gel</i>	gen	PA, QL (120 PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	gen	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	gen	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	gen	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	gen	QL (5 PER 30 DAYS)

ESTROGENS

<i>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 & 0.01 mg tab</i>	gen	
<i>amethyst 90-20 mcg tab</i>	gen	
<i>apri 0.15-30 mg-mcg tab</i>	gen	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	gen	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>aubra 0.1-20 mg-mcg tab</i>	gen	

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	gen	
<i>estratest h.s. 0.625-1.25 mg tab</i>	gen	EDC
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	brd	QL (1 PER 84 OVER TIME)
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	gen	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	gen	
<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(24) tab</i>	gen	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>haloette 0.12-0.015 mg/24hr ring</i>	gen	
<i>iclevia 0.15-0.03 mg tab</i>	gen	
<i>introvale 0.15-0.03 mg tab</i>	gen	
<i>isibloom 0.15-30 mg-mcg tab</i>	gen	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>jasmiel 3-0.02 mg tab</i>	gen	
<i>jinteli 1-5 mg-mcg tab</i>	gen	
<i>jolessa 0.15-0.03 mg tab</i>	gen	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	gen	
<i>juleber 0.15-30 mg-mcg tab</i>	gen	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>junel 1/20 1-20 mg-mcg tab</i>	gen	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>june1 fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>june1 fe 24 1-20 mg-mcg(24) tab</i>	gen	
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	gen	
<i>kalliga 0.15-30 mg-mcg tab</i>	gen	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	gen	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	gen	
<i>kurvelo 0.15-30 mg-mcg tab</i>	gen	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>larin 1/20 1-20 mg-mcg tab</i>	gen	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	gen	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>larissia 0.1-20 mg-mcg tab</i>	gen	
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	gen	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	gen	
<i>lessina 0.1-20 mg-mcg tab</i>	gen	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	gen	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	gen	
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	gen	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	gen	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	gen	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	gen	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	gen	
<i>lillow 0.15-30 mg-mcg tab</i>	gen	
<i>lo-zumandimine 3-0.02 mg tab</i>	gen	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	gen	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	gen	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	gen	
<i>loryna 3-0.02 mg tab</i>	gen	
<i>low-ogestrel 0.3-30 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(24) chew tab</i>	gen	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	gen	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	gen	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>mili 0.25-35 mg-mcg tab</i>	gen	
<i>mimvey 1-0.5 mg tab</i>	gen	
<i>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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	gen	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	gen	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	gen	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	gen	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	gen	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>nylia 1/35 1-35 mg-mcg tab</i>	gen	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>nymyo 0.25-35 mg-mcg tab</i>	gen	
<i>ocella 3-0.03 mg tab</i>	gen	
<i>orsythia 0.1-20 mg-mcg tab</i>	gen	
<i>philith 0.4-35 mg-mcg tab</i>	gen	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	gen	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>portia-28 0.15-30 mg-mcg tab</i>	gen	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	npd	
PREMARIN 0.625 MG/GM CREAM	brd	
PREMPHASE 0.625-5 MG TAB	brd	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	brd	
<i>previfem 0.25-35 mg-mcg tab</i>	gen	
<i>reclipsen 0.15-30 mg-mcg tab</i>	gen	
<i>rivelsa 42-21-21-7 days tab</i>	gen	
<i>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 & 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	gen	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	gen	
<i>taysofy 1-20 mg-mcg(24) cap</i>	gen	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>tri-lynyah 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-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	gen	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	gen	
<i>turqoz 0.3-30 mg-mcg tab</i>	gen	
<i>tydemy 3-0.03-0.451 mg tab</i>	gen	
<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	
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>zovia 1/35e (28) 1-35 mg-mcg tab</i>	gen	
<i>zumandimine 3-0.03 mg tab</i>	gen	

PROGESTINS

<i>camila 0.35 mg tab</i>	gen	
<i>deblitane 0.35 mg tab</i>	gen	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	brd	
<i>emzahh 0.35 mg tab</i>	gen	
<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	PA - PART B VS D DETERMINATION
<i>lyleq 0.35 mg tab</i>	gen	
<i>lyza 0.35 mg tab</i>	gen	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	gen	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	gen	PA - FOR NEW STARTS ONLY
<i>megestrol acetate 625 mg/5ml suspension</i>	gen	PA
<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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	brd	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	brd	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline 0.5 mg tab</i>	gen	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	spec	
FIRMAGON 80 MG RECON SOLN	npd	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	npd	
LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT)	spec	
LUPRON DEPOT (3-MONTH) ((3-MONTH) 11.25 MG KIT, (3-MONTH) 22.5 MG KIT)	spec	
LUPRON DEPOT (4-MONTH) 30 MG KIT	spec	
LUPRON DEPOT (6-MONTH) 45 MG KIT	spec	
<i>mifepristone 300 mg tab</i>	spec	PA, LA, QL (4 PER 1 DAYS)
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	npd	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	spec	PA
ORGOVYX 120 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	npd	PA - PART B VS D DETERMINATION

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	spec	PA, LA
<i>icatibant acetate 30 mg/3ml soln prsyrr</i>	spec	PA, QL (36 PER 60 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyrr</i>	spec	PA, QL (36 PER 60 OVER TIME)

IMMUNOGLOBULINS

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

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST 220 MG RECON SOLN	spec	PA, LA
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 MG/ML SOLN PRSYR	spec	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	spec	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	spec	PA, LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	spec	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	spec	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	spec	PA
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	spec	PA, QL (55 PER 28 OVER TIME)
REZUROCK 200 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RIDAURA 3 MG CAP	brd	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	spec	PA, QL (168 PER 365 OVER TIME)
RINVOQ LQ 1 MG/ML SOLUTION	spec	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	spec	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	spec	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	spec	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	spec	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	spec	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	spec	PA, QL (6 PER 365 OVER TIME)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	spec	PA, QL (0.5 PER 28 DAYS)
STELARA 130 MG/26ML SOLUTION	spec	PA, QL (104 PER 365 OVER TIME)
STELARA 90 MG/ML SOLN PRSYR	spec	PA, QL (1 PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	spec	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	spec	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	spec	PA, QL (8 PER 28 DAYS)
XOLAIR 150 MG/ML SOLN A-INJ	spec	PA, QL (2 PER 28 DAYS)
XOLAIR 150 MG/ML SOLN PRSYR	spec	PA, LA, QL (2 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN A-INJ	spec	PA, QL (5 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOLAIR 75 MG/0.5ML SOLN PRSYR	spec	PA, LA, QL (5 PER 28 DAYS)
IMMUNOSTIMULANTS		
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)
IMMUNOSUPPRESSANTS		
<i>azasan (75 mg tab, 100 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	npd	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>cyclosporine 50 mg/ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	spec	PA, QL (8 PER 28 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)
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	gen	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) ((pf) 1 gm/40ml solution, (pf) 50 mg/2ml solution, (pf) 250 mg/10ml solution, (pf) 1000 mg/40ml solution)</i>	gen	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 1 gm recon soln</i>	npd	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	gen	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 500 mg recon soln</i>	npd	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	npd	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	gen	PA - PART B VS D DETERMINATION
<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 (2 PER 28 DAYS)
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	spec	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	spec	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	spec	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY 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

VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	brd	VAC
ACTHIB RECON SOLN	brd	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	brd	VAC

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

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

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

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

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	gen
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You can find information on what the symbols and abbreviations on this table mean by going to page ix.

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

GLUCOCORTICOIDS

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

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	gen	
<i>calcitonin (salmon) 200 unit/act solution</i>	gen	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
CALCITRIOL 1 MCG/ML SOLUTION	npd	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	gen	EDC
<i>ibandronate sodium 150 mg tab</i>	gen	
<i>ibandronate sodium 3 mg/3ml solution</i>	npd	PA - PART B VS D DETERMINATION
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)</i>	npd	PA - PART B VS D DETERMINATION
PROLIA 60 MG/ML SOLN PRSYR	npd	PA
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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) ((ergocalciferol) 1.25 mg (50000 ut) cap, (ergocalciferol) 50000 unit cap)</i>	gen	EDC
XGEVA 120 MG/1.7ML SOLUTION	spec	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	npd	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AEROCHAMBER Z-STAT PLUS/SMALL MISC	brd	EDC
AEROCHAMBER2GO ANTI-STATIC DEVICE	brd	EDC
AEROVENT PLUS DEVICE	brd	EDC
ALCOHOL 70% PADS	gen	
ALCOHOL PREP PAD	gen	
ALCOHOL PREP PADS 70 % PAD	gen	
ALCOHOL SWABS 70 % PAD	gen	
ALCOHOL SWABSTICK PAD	gen	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	brd	
<i>argyle sterile water solution</i>	gen	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	brd	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	brd	
AUM ALCOHOL PREP PADS 70 % PAD	gen	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	brd	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	brd	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	brd	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	brd	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	brd	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	brd	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	brd	
BIOGUARD GAUZE SPONGES 2"X2" PAD	gen	
BREATHE COMFORT CHAMBER/ADULT DEVICE	brd	EDC
BREATHE COMFORT CHAMBER/CHILD DEVICE	brd	EDC
BREATHE EASE LARGE DEVICE	brd	EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BREATHE 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 (15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC)	brd	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	brd	
COMPACT SPACE CHAMBER DEVICE	brd	EDC
COMPACT SPACE CHAMBER/LG MASK DEVICE	brd	EDC
COMPACT SPACE CHAMBER/MED MASK DEVICE	brd	EDC
COMPACT SPACE CHAMBER/SM MASK DEVICE	brd	EDC
CVS ALCOHOL PREP PADS 70 % PAD	gen	
CVS ANTIBACTERIAL GAUZE 2"X2" PAD	gen	
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 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
DROPLET MICRON 34G X 3.5 MM MISC	brd	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	brd	
EASIVENT MISC	brd	EDC
EASIVENT MASK LARGE MISC	brd	EDC
EASIVENT MASK MEDIUM MISC	brd	EDC
EASIVENT MASK SMALL MISC	brd	EDC
EASY COMFORT INSULIN SYRINGE (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)	brd	
EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC)	brd	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	brd	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	brd	
EMBECTA INS SYR U/F 1/2 UNIT (U/F 1/2 15/64" 0.3 ML MISC, U/F 1/2 5/16" 0.3 ML MISC)	brd	
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	brd	
EMBECTA INSULIN SYRINGE U-100 (27G 5/8" 1 ML MISC, 28G 1/2" 1 ML MISC)	brd	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	brd	
EMBECTA INSULIN SYRINGE U/F (U/F 30G 1/2" 0.3 ML MISC, U/F 30G 1/2" 0.5 ML MISC, U/F 30G 1/2" 1 ML MISC, U/F 31G 15/64" 0.3 ML MISC, U/F 31G 15/64" 0.5 ML MISC, U/F 31G 15/64" 1 ML MISC, U/F 31G 5/16" 0.3 ML MISC, U/F 31G 5/16" 0.5 ML MISC, U/F 31G 5/16" 1 ML MISC)	brd	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	brd	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMBECTA PEN NEEDLE U/F (PEN U/F 29G 12.7MM MISC, PEN U/F 31G 5 MM MISC, PEN U/F 31G 8 MM MISC, PEN U/F 32G 6 MM MISC)	brd	
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	brd	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	brd	EDC
FLEXICHAMBER DEVICE	brd	EDC
<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 32G X 6 MM MISC	brd	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	npd	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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	npd	PA - PART B VS D DETERMINATION
OPTICHAMBER DIAMOND (DEVICE, MISC)	brd	EDC
OPTICHAMBER DIAMOND-LG MASK DEVICE	brd	EDC
OPTICHAMBER DIAMOND-MD MASK MISC	brd	EDC
OPTICHAMBER DIAMOND-SM MASK MISC	brd	EDC
OPVEE 2.7 MG/0.1ML SOLUTION	npd	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (PEN NEEDLE/5-BEVEL 31G 8 MISC, PEN NEEDLE/5-BEVEL 32G 4 MISC)	brd	
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
PENBRAYA RECON SUSP	brd	VAC
POCKET CHAMBER DEVICE	brd	EDC
POCKET SPACER DEVICE	brd	EDC
PRO COMFORT 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 ix.

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 solution</i>	gen	
RITEFLO DEVICE	brd	EDC
<i>saline bacteriostatic 0.9 % solution</i>	npd	EDC
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	brd	
SILIGENTLE FOAM DRESSING 2"X2" PAD	gen	
SMOFLIPID 20 % EMULSION	npd	PA - PART B VS D DETERMINATION
<i>sodium chloride bacteriostatic 0.9 % solution</i>	npd	EDC
<i>sterile water for irrigation solution</i>	gen	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	brd	
<i>tis-u-sol solution</i>	gen	
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	brd	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	brd	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
ULTIGUARD SAFEPAK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	brd	
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	brd	
UNIFINE PENTIPS 32G X 4 MM MISC	brd	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	brd	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	brd	
VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	brd	EDC
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	brd	EDC
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	brd	EDC
VORTEX VALVED HOLDING CHAMBER DEVICE	brd	EDC
VOWST CAP	spec	PA, LA, QL (12 PER 30 DAYS)
<i>water for irrigation, sterile solution</i>	gen	
WEBCOL ALCOHOL PREP LARGE 70 % PAD	gen	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	gen	
<i>atropine sulfate 1 % solution</i>	gen	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	gen	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	gen	
BLEPHAMIDE 10-0.2 % SUSPENSION	brd	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	gen	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	gen	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HOMATROPAIRE 5 % SOLUTION	gen	EDC
<i>neo-polycin 3.5-400-10000 ointment</i>	gen	
<i>neo-polycin hc 1 % ointment</i>	gen	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	gen	
<i>neomycin-polymyxin-dexameth (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)
RESTASIS MULTIDOSE 0.05 % EMULSION	brd	QL (5.5 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	npd	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	gen	
TOBRADEX 0.3-0.1 % OINTMENT	brd	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	gen	
XDEMVY 0.25 % SOLUTION	spec	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	brd	
ZYLET 0.5-0.3 % SUSPENSION	brd	

OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl 0.05 % solution</i>	gen
<i>bepotastine besilate 1.5 % solution</i>	gen
<i>cromolyn sodium 4 % solution</i>	gen
<i>epinastine hcl 0.05 % solution</i>	gen

OPHTHALMIC ANTI-INFECTIVES

BACITRACIN 500 UNIT/GM OINTMENT	gen	
<i>erythromycin 5 mg/gm ointment</i>	gen	
<i>gatifloxacin 0.5 % solution</i>	gen	QL (2.5 PER 30 DAYS)
GENTAK 0.3 % OINTMENT	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gentamicin sulfate 0.3 % solution</i>	gen	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	gen	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	gen	
<i>moxifloxacin hcl 0.5 % solution</i>	gen	
NATACYN 5 % SUSPENSION	brd	
<i>ofloxacin 0.3 % solution</i>	gen	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	gen	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	gen	
<i>tobramycin 0.3 % solution</i>	gen	
TOBREX 0.3 % OINTMENT	brd	
TRIFLURIDINE 1 % SOLUTION	gen	
ZIRGAN 0.15 % GEL	npd	QL (5 PER 30 DAYS)

OPHTHALMIC ANTI-INFLAMMATORIES

<i>bromfenac sodium (once-daily) 0.09 % solution</i>	gen	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	gen	
<i>diclofenac sodium 0.1 % solution</i>	gen	
<i>difluprednate 0.05 % emulsion</i>	gen	
<i>fluorometholone 0.1 % suspension</i>	gen	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	gen	
FML 0.1 % OINTMENT	npd	
FML FORTE 0.25 % SUSPENSION	npd	
ILEVRO 0.3 % SUSPENSION	brd	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	gen	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % solution</i>	gen	
BETIMOL 0.25 % SOLUTION	brd	
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 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	gen	
<i>timolol maleate (once-daily) 0.5 % solution</i>	gen	
<i>timolol maleate ocudose 0.5 % solution</i>	gen	
<i>timolol maleate pf (0.25 % solution, 0.5 % solution)</i>	gen	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	gen	
<i>apraclonidine hcl 0.5 % solution</i>	gen	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	gen	
<i>brinzolamide 1 % suspension</i>	gen	
<i>dorzolamide hcl 2 % solution</i>	gen	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	gen	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	gen	
RHOPRESSA 0.02 % SOLUTION	brd	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	brd	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	gen	ST, QL (5 PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	gen	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	gen	
CIPRO HC 0.2-1 % SUSPENSION	npd	
<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)
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	brd	
DERMOTIC 0.01 % OIL	brd	
<i>flac 0.01 % oil</i>	gen	
<i>fluocinolone acetonide 0.01 % oil</i>	gen	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	gen	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	gen	
<i>ofloxacin 0.3 % solution</i>	gen	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	brd	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	gen	PA - PART B VS D DETERMINATION
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	brd	QL (2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	gen	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	gen	
<i>cyproheptadine hcl 4 mg tab</i>	gen	PA
DESLO RATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	gen	ST

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desloratadine 5 mg tab</i>	gen	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	gen	PA
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	gen	
<i>olopatadine hcl 0.6 % solution</i>	gen	QL (30.5 PER 30 DAYS)
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	gen	PA

ANTILEUKOTRIENES

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

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA 17 MCG/ACT AERO SOLN	brd	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	brd	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	gen	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	gen	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	gen	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	brd	QL (4 PER 30 DAYS)
<i>tiotropium bromide monohydrate 18 mcg cap</i>	brd	QL (30 PER 30 DAYS)

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol 90mg hfa inhaler (generic proair)</i>	gen	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	gen	QL (13.4 PER 30 DAYS)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	gen	QL (36 PER 30 DAYS)
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	gen	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	gen	
ALBUTEROL SULFATE ER (ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H)	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	gen	QL (17 PER 30 DAYS)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	gen	PA - PART B VS D DETERMINATION
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	gen	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENALINE)	gen	QL (24 PER 365 OVER TIME)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	gen	PA - PART B VS D DETERMINATION
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	gen	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	gen	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	brd	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	gen	
<i>terbutaline sulfate 1 mg/ml solution</i>	npd	

CYSTIC FIBROSIS AGENTS

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

MAST CELL STABILIZERS

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

<i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i>	gen	
<i>elixophyllin 80 mg/15ml elixir</i>	gen	
<i>roflumilast 250 mcg tab</i>	gen	PA, QL (28 PER 180 OVER TIME)
<i>roflumilast 500 mcg tab</i>	gen	PA, QL (1 PER 1 DAYS)
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	brd	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	gen	
<i>theophylline er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)</i>	gen	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	spec	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	spec	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	spec	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan (32 mg tab sol, 62.5 mg tab)</i>	spec	PA, LA, QL (4 PER 1 DAYS)
<i>bosentan 125 mg tab</i>	spec	PA, LA, QL (2 PER 1 DAYS)
OPSUMIT 10 MG TAB	spec	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 10 mg/ml recon susp</i>	spec	PA, QL (12 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	gen	PA, QL (12 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	spec	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	spec	PA, LA, QL (4 PER 1 DAYS)

PULMONARY FIBROSIS AGENTS

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

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 % solution, 20 % solution)</i>	gen	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	brd	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	brd	QL (60 PER 30 DAYS)
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	gen	QL (23 PER 30 DAYS)
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	gen	EDC
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	brd	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brey-na (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	brd	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	brd	QL (10.7 PER 30 DAYS)
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	gen	EDC
<i>bromphen-pseudoeph-dm 2-30-10 mg/5ml syrup</i>	gen	EDC
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	brd	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	brd	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	gen	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	gen	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	gen	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	gen	QL (1 PER 30 DAYS)
<i>g tussin ac 100-10 mg/5ml solution</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>guaia-tussin ac 100-10 mg/5ml syrup</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	gen	QL (70 PER 30 OVER TIME), NDS, EDC
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	gen	QL (42 PER 30 OVER TIME), NDS, EDC
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	gen	QL (210 PER 30 OVER TIME), NDS, EDC
<i>hydromet 5-1.5 mg/5ml solution</i>	gen	QL (210 PER 30 OVER TIME), NDS, EDC
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	gen	PA - PART B VS D DETERMINATION
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mometasone furoate 50 mcg/act suspension</i>	gen	QL (34 PER 30 DAYS)
<i>nebusal 3 % nebu soln</i>	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
<i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	gen	PA, QL (240 PER 30 OVER TIME), NDS, EDC
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	gen	PA, EDC
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i>	gen	PA, QL (240 PER 30 OVER TIME), NDS, EDC
<i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i>	gen	PA
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	gen	EDC
<i>pulmosal 7 % nebu soln</i>	gen	EDC
<i>sodium chloride (3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	gen	EDC
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	brd	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	brd	QL (60 PER 30 DAYS)
<i>virtussin a/c 100-10 mg/5ml solution</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>virtussin ac w/alc 100-10 mg/5ml liquid</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	gen	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
<i>estazolam (1 mg tab, 2 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	gen	QL (1 PER 1 DAYS)
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	gen	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	spec	PA, QL (1 PER 1 DAYS)
<i>temazepam (22.5 mg cap, 30 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>temazepam 7.5 mg cap</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	gen	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zolpidem tartrate er 12.5 mg tab er</i>	gen	QL (1 PER 1 DAYS)
<i>zolpidem tartrate er 6.25 mg tab er</i>	gen	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	gen	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	gen	PA, QL (2 PER 1 DAYS)
SODIUM OXYBATE 500 MG/ML SOLUTION	spec	PA, LA, QL (540 PER 30 DAYS)

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

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XOSPATA	44
XPOVIO (100 MG ONCE WEEKLY)	44
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XPOVIO (40 MG TWICE WEEKLY)	45
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XPOVIO (60 MG TWICE WEEKLY)	45
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NONDISCRIMINATION NOTICE

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

Blue Shield of California provides:

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

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

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

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

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

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

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

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

Multi-Language Insert Multi-Language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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

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

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

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

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

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

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

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

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

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

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

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

Armenian Մեզ քնն հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ծառայությունը համար 1-800-776-4466-ը կապված է հետախույզումների համար: Թարգմանիչ ծառայությունը: Ձեր կողմից հարցերին իմացող թարգմանիչը: Ծառայություններ անվճար է:

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

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

This formulary was updated on 08/20/2025 . For more recent information or other questions, please contact Blue Shield Medicare Customer Service, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit blueshieldca.com/medformulary2025.

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