



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

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

Formulary ID# 26275

This formulary was updated on 10/15/2025 . For more recent information or other questions, please contact Blue Shield 65 Plus Customer Service, at (800) 776-4466 (TTY users should call 711), 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit blueshieldca.com/medformulary2026.

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

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

This document includes Drug List (formulary) for our plan which is current as of 10/15/2025. 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, 2026, and from time to time during the year.

What is the Blue Shield 65 Plus formulary?

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

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 10/15/2025. 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/medformulary2026.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 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 vi for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Blue Shield 65 Plus's formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue Shield 65 Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

Our transition policy applies to members who are stabilized on:

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

And are members in any of the following scenarios:

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Plan formulary

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<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	
<i>FLURBIPROFEN (50 MG TAB, 100 MG TAB)</i>	gen	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	gen	
<i>ibuprofen (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>	inj	PA, NDS
<i>methadone hcl 40 mg tab sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>methadone hcl 5 mg tab</i>	gen	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg/5ml solution</i>	gen	PA, QL (900 PER 30 OVER TIME), NDS
<i>methadone hcl intensol 10 mg/ml conc</i>	gen	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadose 40 mg tab sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	gen	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab er</i>	gen	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate er 30 mg tab er</i>	gen	QL (90 PER 30 OVER TIME), NDS
<i>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 (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
<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, 5-300 mg tab, 5-325 mg tab)</i>	gen	QL (8 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)</i>	gen	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i>	gen	QL (5 PER 1 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	gen	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 2 mg tab</i>	gen	QL (154 PER 30 OVER TIME), NDS
HYDROMORPHONE HCL 3 MG SUPPOS	gen	QL (240 PER 30 OVER TIME), NDS, EDC
<i>hydromorphone hcl 4 mg tab</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 8 mg tab</i>	gen	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	gen	QL (120 PER 30 OVER TIME), NDS
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS)	gen	QL (84 PER 30 OVER TIME), NDS, EDC

You 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>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 (60 PER 1 DAYS), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	gen	QL (112 PER 30 OVER TIME), NDS
<i>oxymorphone hcl 10 mg tab</i>	gen	PA, QL (120 PER 30 OVER TIME), NDS
<i>oxymorphone hcl 5 mg tab</i>	gen	PA, QL (180 PER 30 OVER TIME), NDS
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	gen	QL (12 PER 1 DAYS), NDS
<i>tramadol hcl 100 mg tab</i>	gen	QL (4 PER 1 DAYS), NDS
<i>tramadol hcl 50 mg tab</i>	gen	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	gen	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

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

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

OPIOID REVERSAL AGENTS

KLOXXADO 8 MG/0.1ML LIQUID	npd	QL (2 PER 30 OVER TIME)
<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)
<i>varenicline tartrate(continue) 1 mg tab</i>	gen	QL (2 PER 1 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

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

You 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 40 mg/ml solution</i>	inj	
<i>neomycin sulfate 500 mg tab</i>	gen	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	inj	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	inj	

ANTIBACTERIALS, OTHER

<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	inj	
CAYSTON 75 MG RECON SOLN	spec	PA, LA, QL (84 PER 28 DAYS)
CLEOCIN 100 MG SUPPOS	brd	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	gen	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	gen	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	inj	
<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>	inj	
CLINDAMYCIN PHOSPHATE IN NA _{CL} (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	inj	
CLINDESSE 2 % CREAM	brd	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	inj	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	spec	
<i>fosfomycin tromethamine 3 gm packet</i>	gen	QL (1 PER 30 DAYS)
<i>lincomycin hcl 300 mg/ml solution</i>	inj	
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	gen	PA
<i>linezolid 600 mg/300ml solution</i>	inj	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	spec	

You 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>methenamine hippurate 1 gm tab</i>	gen	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab)</i>	gen	
<i>metronidazole 500 mg/100ml solution</i>	inj	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	gen	
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	gen	
<i>polymyxin b sulfate 500000 unit recon soln</i>	inj	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	gen	
<i>tigecycline 50 mg recon soln</i>	inj	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	gen	
<i>trimethoprim 100 mg tab</i>	gen	
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i>	inj	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	gen	
<i>vancomycin hcl (50 mg/ml recon soln, 250 mg/5ml recon soln)</i>	gen	PA, QL (450 PER 30 OVER TIME)
<i>vancomycin hcl 25 mg/ml recon soln</i>	gen	PA, QL (900 PER 30 OVER TIME)
<i>vancomycin hcl 5 gm recon soln</i>	inj	PA - PART B VS D DETERMINATION
VANDAZOLE 0.75 % GEL	brd	
XIFAXAN 200 MG TAB	npd	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	npd	PA, QL (3 PER 1 DAYS)

BETA-LACTAM, CEPHALOSPORINS

CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	gen	
CEFACLOR ER 500 MG TAB ER 12H	gen	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	gen	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	inj	

You 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>cefдинир (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	gen	
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	inj	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	gen	
<i>cefотетан 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>	inj	
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)	inj	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	inj	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	gen	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	inj	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i>	gen	
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	inj	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	spec	

BETA-LACTAM, PENICILLINS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	gen	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	inj	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	inj	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	inj	
MACROLIDES		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	gen	
<i>azithromycin 500 mg recon soln</i>	inj	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	gen	
<i>clarithromycin er 500 mg tab er 24h</i>	gen	
DIFICID 200 MG TAB	spec	PA, QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	spec	PA, QL (136 PER 10 OVER TIME)
<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>	inj	
ERYTHROCIN STEARATE 250 MG TAB	brd	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	gen	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	gen	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	gen	
<i>erythromycin lactobionate 500 mg recon soln</i>	inj	
<i>fidaxomicin 200 mg tab</i>	spec	PA, QL (20 PER 10 OVER TIME)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	brd	
CILOXAN 0.3 % OINTMENT	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>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>	gen	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	gen	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	inj	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	gen	
LEVOFLOXACIN 25 MG/ML SOLUTION	inj	
<i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i>	inj	
<i>moxifloxacin hcl 400 mg tab</i>	gen	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	inj	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	inj	PA - PART B VS D DETERMINATION
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	gen	

SULFONAMIDES

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

TETRACYCLINES

<i>avidoxy 100 mg tab</i>	gen	
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	gen	
<i>doxy 100 100 mg recon soln</i>	npd	
<i>doxycycline 40 mg cap dr</i>	gen	PA, QL (1 PER 1 DAYS)
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	gen	
<i>doxycycline hyclate (50 mg tab dr, 75 mg tab, 75 mg tab dr, 100 mg tab dr, 150 mg tab, 150 mg tab dr, 200 mg tab dr)</i>	gen	PA
<i>doxycycline hyclate 100 mg recon soln</i>	npd	

You 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 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
<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 0.5 MG/ML SUSPENSION	npd	QL (24 PER 1 DAYS)
<i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lamotrigine starter kit-blue 35 x 25 mg kit	gen	
lamotrigine starter kit-green 84 x 25 mg & 14x100 mg kit	gen	
lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit	gen	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	gen	
levetiracetam er 500 mg tab er 24h	gen	QL (6 PER 1 DAYS)
levetiracetam er 750 mg tab er 24h	gen	QL (4 PER 1 DAYS)
perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	gen	QL (1 PER 1 DAYS)
perampanel 2 mg tab	gen	QL (3 PER 1 DAYS)
roweepra 500 mg tab	gen	
SPRITAM (250 MG TAB, 500 MG TAB)	npd	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	npd	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	gen	
subvenite starter kit-blue 35 x 25 mg kit	gen	
subvenite starter kit-green 84 x 25 mg & 14x100 mg kit	gen	
subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit	gen	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)	gen	
topiramate 25 mg/ml solution	gen	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cp24 sprnk)	gen	PA - FOR NEW STARTS ONLY
valproate sodium (100 mg/ml solution, 500 mg/5ml solution)	inj	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	gen	
XCOPRI (150 MG TAB, 200 MG TAB)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI (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)
<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)

You 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>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	
<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>	inj	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	gen	
<i>phenytek (200 mg cap, 300 mg cap)</i>	gen	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	gen	
<i>phenytoin infatabs 50 mg chew tab</i>	gen	

You 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>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)
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)

You 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>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	gen	

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

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

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	gen	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
<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
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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
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
<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	

You 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>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)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>compro 25 mg suppos</i>	gen	
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	gen	QL (4 PER 1 DAYS)
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	gen	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	gen	
METOCLOPRAMIDE HCL 5 MG TAB DISP	gen	PA, QL (12 PER 1 DAYS)
<i>metoclopramide hcl 5 mg/ml solution</i>	inj	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	gen	
<i>prochlorperazine 25 mg suppos</i>	gen	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	gen	
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	gen	PA
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	gen	PA
<i>scopolamine 1 mg/3days patch 72hr</i>	gen	
<i>trimethobenzamide hcl 300 mg cap</i>	gen	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (80 & 125 mg cap, 80 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

You 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>ondansetron hcl 8 mg tab</i>	gen	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

ANTIFUNGALS

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

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

ANTIGOUT AGENTS

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

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRECATOR 250 MG TAB	npd	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	brd	PA - PART B VS D DETERMINATION
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
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
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIANGIOGENIC AGENTS		
<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
THALOMID (150 MG CAP, 200 MG CAP)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	spec	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant 250 mg/5ml soln prsyr</i>	spec	
SOLTAMOX 10 MG/5ML SOLUTION	npd	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	gen	
<i>toremifene citrate 60 mg tab</i>	gen	
ANTIMETABOLITES		
<i>mercaptopurine 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IWILFIN 192 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	inj	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	gen	
LONSURF 15-6.14 MG TAB	spec	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	spec	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	brd	
MODEYSO 125 MG CAP	spec	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole 1 mg tab</i>	gen	
<i>exemestane 25 mg tab</i>	gen	
<i>letrozole 2.5 mg tab</i>	gen	

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
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	spec	LA, QL (66 PER 28 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALVERSA 3 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	spec	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	spec	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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 (20 mg tab, 50 mg tab)</i>	spec	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
<i>dasatinib (70 mg tab, 80 mg tab)</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 25 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	spec	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	spec	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG CAP	spec	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	spec	LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 2 MG CAP	spec	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IBTROZI 200 MG CAP	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	npd	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	spec	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	spec	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	spec	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 100 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	spec	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	spec	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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

You 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>sunitinib malate 12.5 mg cap</i>	spec	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	spec	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	spec	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	spec	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	spec	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	brd	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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

<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	
<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, 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)

You 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>hydroxychloroquine sulfate 400 mg tab</i>	gen	QL (1 PER 1 DAYS)
IMPAVIDO 50 MG CAP	spec	PA, QL (84 PER 28 DAYS)
<i>mefloquine hcl 250 mg tab</i>	gen	
<i>nitazoxanide 500 mg tab</i>	gen	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	npd	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	gen	
<i>pyrimethamine 25 mg tab</i>	spec	PA
<i>quinine sulfate 324 mg cap</i>	gen	QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	gen	
<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	

You 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>ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab er 24h</i>	gen	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab er 24h</i>	gen	QL (3 PER 1 DAYS)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa 25 mg tab</i>	gen	
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	gen	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	gen	

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	gen	
<i>chlorpromazine hcl (25 mg/ml solution, 50 mg/2ml solution)</i>	inj	
<i>fluphenazine decanoate 25 mg/ml solution</i>	inj	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	gen	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	inj	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	inj	
<i>haloperidol lactate 2 mg/ml conc</i>	gen	
<i>haloperidol lactate 5 mg/ml solution</i>	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)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	spec	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	spec	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	inj	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	spec	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	spec	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	spec	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	spec	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	spec	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>lurasidone hcl 80 mg tab</i>	gen	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	gen	
<i>olanzapine 10 mg recon soln</i>	inj	
OPIPZA (5 MG FILM, 10 MG FILM)	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er (er 1.5 mg tab er 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

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

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

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

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

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

ANTISPASTICITY AGENTS

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

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, 480 MG TAB)	spec	QL (200 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	gen	QL (18 PER 1 DAYS)

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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RIBAVIRIN (200 MG CAP, 200 MG TAB)	gen	
<i>ribavirin 6 gm recon soln</i>	spec	PA - PART B VS D DETERMINATION
VOSEVI 400-100-100 MG TAB	spec	PA, QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	brd	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	npd	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	npd	QL (1 PER 1 DAYS)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	brd	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	brd	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TAB	brd	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	brd	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	npd	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	brd	QL (1 PER 1 DAYS)
TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB)	brd	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	brd	QL (6 PER 1 DAYS)

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

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)

You 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>nevirapine 200 mg tab</i>	gen	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	gen	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	gen	QL (3 PER 1 DAYS)
<i>nevirapine er 400 mg tab er 24h</i>	gen	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	brd	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	npd	QL (2 PER 1 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
SYM TUZA 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>	inj	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	gen	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	gen	

ANTIVIRAL, CORONAVIRUS AGENTS

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

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)

You 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>lorazepam 0.5 mg tab</i>	gen	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	gen	QL (10 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	gen	QL (5 PER 1 DAYS)
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	gen	QL (4 PER 1 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	brd	
<i>lithium 8 meq/5ml solution</i>	gen	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	gen	
<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	gen	

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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRADJENTA 5 MG TAB	brd	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	brd	PA, QL (2 PER 28 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	brd	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	brd	QL (1 PER 1 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK 3 MG/DOSE POWDER	brd	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	brd	QL (2 PER 30 OVER TIME)
<i>diazoxide 50 mg/ml suspension</i>	gen	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	brd	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG RECON SOLN, 1 MG/ML RECON SOLN)	brd	QL (2 PER 2 OVER TIME)

INSULINS

FIASP 100 UNIT/ML SOLUTION	brd	INS
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	brd	INS
FIASP PENFILL 100 UNIT/ML SOLN CART	brd	INS
FIASP PUMPCART 100 UNIT/ML SOLN CART	brd	INS
HUMALOG 100 UNIT/ML SOLN CART	brd	INS
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	brd	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	brd	INS
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	brd	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	brd	INS
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	brd	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	brd	INS
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	brd	INS
HUMULIN N 100 UNIT/ML SUSPENSION	brd	INS
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	brd	INS

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	brd	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	brd	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	brd	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	brd	QL (51 PER 180 OVER TIME)
ZONTIVITY 2.08 MG TAB	npd	QL (1 PER 1 DAYS)

BLOOD PRODUCTS AND MODIFIERS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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>	npd	PA, QL (18 PER 1 DAYS)
<i>droxidopa 200 mg cap</i>	spec	PA, QL (9 PER 1 DAYS)
<i>droxidopa 300 mg cap</i>	spec	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	gen	
METHYLDOPA (250 MG TAB, 500 MG TAB)	gen	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	gen	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	gen	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	gen	

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

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

You 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>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	
<i>carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)</i>	gen	ST
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	gen	
<i>metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)</i>	gen	

You 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>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	
<i>pindolol (5 mg tab, 10 mg tab)</i>	gen	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	gen	
<i>propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)</i>	gen	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
<i>felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	gen	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	gen	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	gen	
<i>nifedipine (10 mg cap, 20 mg cap)</i>	gen	
<i>nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	gen	
<i>nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i>	gen	
<i>nimodipine 30 mg cap</i>	gen	
<i>nisoldipine er (er 8.5 mg tab er 24h, er 17 mg tab er 24h, er 20 mg tab er 24h, er 25.5 mg tab er 24h, er 30 mg tab er 24h, er 34 mg tab er 24h, er 40 mg tab er 24h)</i>	gen	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

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

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

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

CARDIOVASCULAR AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	gen	
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	gen	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	gen	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	gen	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	gen	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	gen	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	gen	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	gen	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	gen	
CORLANOR 5 MG/5ML SOLUTION	npd	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	gen	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	brd	QL (8 PER 1 DAYS)
<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	

You 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>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	gen	
<i>metirosine 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	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	gen	
VECAMYL 2.5 MG TAB	gen	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	npd	PA, QL (1 PER 1 DAYS)

DIURETICS, LOOP

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

You 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>torsemide (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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	gen	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	gen	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	gen	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	gen	
<i>ezetimibe 10 mg tab</i>	gen	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	gen	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	gen	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERTENSIVE) 500 MG TAB	gen	
<i>niacin er (antihyperlipidemic) (er (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
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	brd	PA

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

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

VASODILATORS, DIRECT-ACTING ARTERIAL

<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
NITRO-BID 2 % OINTMENT	brd	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	brd	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	gen	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	gen	
<i>nitroglycerin 0.4 % ointment</i>	gen	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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

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

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

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

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

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

CENTRAL NERVOUS SYSTEM, OTHER

<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>	npd	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	spec	PA, LA, 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
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</i>	npd	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	spec	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	npd	PA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	spec	PA, QL (1 PER 1 DAYS)
<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	
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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>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>amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	
<i>azelaic acid 15 % gel</i>	gen	QL (50 PER 30 DAYS)
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	gen	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	gen	
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	gen	
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	gen	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	gen	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	gen	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	gen	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort (1 % cream, 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	

You 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>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 0.05 % liquid</i>	gen	QL (250 PER 30 DAYS)
<i>clobetasol propionate e 0.05 % cream</i>	gen	
<i>clodan 0.05 % shampoo</i>	gen	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	gen	
<i>desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % ointment)</i>	gen	
DIFLORASONE DIACETATE 0.05 % CREAM	gen	
EUCRISA 2 % OINTMENT	npd	PA, QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	gen	
<i>fluocinolone acetonide body 0.01 % oil</i>	gen	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	gen	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	gen	
<i>fluocinonide emulsified base 0.05 % cream</i>	gen	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	gen	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	gen	QL (200 PER 28 DAYS)
<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	

You 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>hydrocortisone acetate 25 mg suppos</i>	gen	EDC
HYDROCORTISONE BUTYRATE (0.1 % OINTMENT, 0.1 % SOLUTION)	gen	
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	gen	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	gen	
<i>pimecrolimus 1 % cream</i>	gen	QL (100 PER 30 DAYS)
<i>procto-med hc 2.5 % cream</i>	gen	
<i>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>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	gen	
<i>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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	gen	
<i>imiquimod 5 % cream</i>	gen	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	gen	
<i>isopropyl alcohol wipes 70 % misc</i>	gen	
<i>medpura alcohol pads 70 % misc</i>	gen	
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	
<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)

You 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>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)
<i>ERY 2 % PAD</i>	gen	
<i>erythromycin (2 % gel, 2 % solution)</i>	gen	
<i>mafenide acetate 5 % packet</i>	gen	
<i>mupirocin 2 % ointment</i>	gen	
<i>penciclovir 1 % cream</i>	gen	PA, QL (5 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

AMINOSYN II 10 % SOLUTION	inj	PA - PART B VS D DETERMINATION
AMINOSYN-PF 10 % SOLUTION	inj	PA - PART B VS D DETERMINATION
<i>dextrose (5 % solution, 10 % solution)</i>	inj	
<i>dextrose in lactated ringers 5 % solution</i>	inj	
DEXTROSE-NACL 5-0.9 % SOLUTION	inj	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	inj	
<i>effe-r-k 25 meq effe-r tab</i>	gen	EDC
<i>k-prime 25 meq effe-r tab</i>	gen	EDC
KCL (0.149%) IN NACL 20-0.9 MEQ/L-% SOLUTION	inj	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KCL (0.298%) IN NAACL 40-0.9 MEQ/L-% SOLUTION	inj	
<i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	inj	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	inj	
KLOR-CON (8 TAB ER, 20 PACKET)	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>	inj	
<i>magnesium sulfate 50 % solution</i>	inj	
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	gen	EDC
<i>nafrinse 2.2 (1 f) mg chew tab</i>	gen	
NORMOSOL-M IN D5W SOLUTION	inj	
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>	inj	
<i>potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)</i>	gen	
<i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 15 tab er, er 20 tab er)</i>	gen	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	inj	
<i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	inj	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	gen	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	inj	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMASOL 10 % SOLUTION	inj	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	brd	
<i>ringers solution</i>	inj	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	inj	
<i>sodium chloride (pf) 0.9 % solution</i>	inj	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	gen	
TPN ELECTROLYTES CONC	inj	PA - PART B VS D DETERMINATION

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET 100 MG CAP	brd	
<i>deferasirox (250 mg tab sol, 500 mg tab sol)</i>	spec	
<i>deferasirox 125 mg tab sol</i>	brd	
JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	spec	PA, LA, QL (2 PER 1 DAYS)
JYNARQUE 15 MG TAB	spec	PA, LA, QL (8 PER 1 DAYS)
JYNARQUE 30 MG TAB	spec	PA, LA, QL (4 PER 1 DAYS)
<i>trientine hcl 250 mg cap</i>	spec	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	spec	PA, QL (4 PER 1 DAYS)

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

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

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

You 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>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
<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

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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	gen	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	gen	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	gen	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr</i>	gen	
<i>esomeprazole magnesium 40 mg cap dr</i>	gen	QL (2 PER 1 DAYS)
<i>lansoprazole 15 mg cap dr</i>	gen	
<i>lansoprazole 30 mg cap dr</i>	gen	QL (2 PER 1 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr)</i>	gen	
<i>omeprazole 40 mg cap dr</i>	gen	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	gen	
<i>pantoprazole sodium 40 mg recon soln</i>	inj	
<i>pantoprazole sodium 40 mg tab dr</i>	gen	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	gen	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	spec	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	spec	
<i>carglumic acid 200 mg tab sol</i>	spec	PA, LA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	brd	
CYSTAGON (50 MG CAP, 150 MG CAP)	npd	PA, LA
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	brd	
ELAPRASE 6 MG/3ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	spec	PA, QL (6 PER 1 DAYS)

You 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>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	gen	
<i>levocarnitine sf 1 gm/10ml solution</i>	gen	
NAGLAZYME 1 MG/ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	spec	PA
REVCovi 2.4 MG/1.5ML SOLUTION	spec	PA, LA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	spec	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	spec	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	brd	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er 15 mg tab 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	brd	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	brd	
MYRBETRIQ 8 MG/ML SRER	brd	QL (10 PER 1 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	gen	
<i>oxybutynin chloride er (er 5 mg tab er 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

You 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>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	

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>varденаfil 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	gen	
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	gen	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	gen	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	gen	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	inj	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	inj	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	inj	
<i>fludrocortisone acetate 0.1 mg tab</i>	gen	
MEDROL 2 MG TAB	brd	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	gen	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	inj	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	inj	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	inj	
<i>prednisolone 15 mg/5ml solution</i>	gen	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	gen	
<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	

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

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

You 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>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	
<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)

You 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>covaryx 1.25-2.5 mg tab</i>	gen	EDC
<i>covaryx hs 0.625-1.25 mg tab</i>	gen	EDC
<i>cryselle-28 0.3-30 mg-mcg tab</i>	gen	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	gen	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>cyred 0.15-30 mg-mcg tab</i>	gen	
<i>cyred eq 0.15-30 mg-mcg tab</i>	gen	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	gen	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>delyla 0.1-20 mg-mcg tab</i>	gen	
DEPO-ESTRADIOL 5 MG/ML OIL	inj	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	gen	
<i>dolishale 90-20 mcg tab</i>	gen	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	gen	QL (16 PER 28 DAYS)
<i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i>	gen	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	gen	
<i>eemt 1.25-2.5 mg tab</i>	gen	EDC
<i>eemt hs 0.625-1.25 mg tab</i>	gen	EDC
<i>elinest 0.3-30 mg-mcg tab</i>	gen	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	gen	
<i>emoquette 0.15-30 mg-mcg tab</i>	gen	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	gen	
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	gen	
<i>enskyce 0.15-30 mg-mcg tab</i>	gen	
<i>est estrogens-methyltest (0.625-1.25 mg tab, 1.25-2.5 mg tab)</i>	gen	EDC
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	gen	EDC
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	gen	EDC

You 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>estarylla</i> 0.25-35 mg-mcg tab	gen	
<i>estradiol</i> (0.01 % cream, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)	gen	
<i>estradiol</i> (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)
<i>estradiol</i> (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)
<i>estradiol valerate</i> (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	gen	
<i>estradiol-norethindrone acet</i> (0.5-0.1 mg tab, 1-0.5 mg tab)	gen	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	brd	QL (1 PER 84 OVER TIME)
<i>ethynodiol diac-eth estradiol</i> (1-35 tab, 1-50 tab)	gen	
<i>etonogestrel-ethinyl estradiol</i> 0.12-0.015 mg/24hr ring	gen	
<i>falmina</i> 0.1-20 mg-mcg tab	gen	
<i>fayosim</i> 42-21-21-7 days tab	gen	
<i>feirza</i> 1.5/30 1.5-30 mg-mcg tab	gen	
<i>feirza</i> 1/20 1-20 mg-mcg tab	gen	
<i>femynor</i> 0.25-35 mg-mcg tab	gen	
<i>finzala</i> 1-20 mg-mcg(24) chew tab	gen	
<i>fyavolv</i> (0.5-2.5 tab, 1-5 tab)	gen	
<i>galbriela</i> 0.8-25 mg-mcg chew tab	gen	
<i>gemmily</i> 1-20 mg-mcg(24) cap	gen	
<i>hailey</i> 1.5/30 1.5-30 mg-mcg tab	gen	
<i>hailey</i> 24 fe 1-20 mg-mcg(24) tab	gen	
<i>hailey fe</i> 1.5/30 1.5-30 mg-mcg tab	gen	
<i>hailey fe</i> 1/20 1-20 mg-mcg tab	gen	
<i>haloette</i> 0.12-0.015 mg/24hr ring	gen	
<i>iclevia</i> 0.15-0.03 mg tab	gen	
<i>introvale</i> 0.15-0.03 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
<i>isibloom 0.15-30 mg-mcg tab</i>	gen	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>jasmiel 3-0.02 mg tab</i>	gen	
<i>jinteli 1-5 mg-mcg tab</i>	gen	
<i>jolessa 0.15-0.03 mg tab</i>	gen	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	gen	
<i>juleber 0.15-30 mg-mcg tab</i>	gen	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>junel 1/20 1-20 mg-mcg tab</i>	gen	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	gen	
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	gen	
<i>kalliga 0.15-30 mg-mcg tab</i>	gen	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	gen	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	gen	
<i>kurvelo 0.15-30 mg-mcg tab</i>	gen	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>larin 1/20 1-20 mg-mcg tab</i>	gen	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	gen	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>larissia 0.1-20 mg-mcg tab</i>	gen	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	gen	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)	gen	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	gen	
lillow 0.15-30 mg-mcg tab	gen	
lo-zumandimine 3-0.02 mg tab	gen	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	gen	
loestrin 1/20 (21) 1-20 mg-mcg tab	gen	
loestrin fe 1.5/30 1.5-30 mg-mcg tab	gen	
loestrin fe 1/20 1-20 mg-mcg tab	gen	
lojaimiess 0.1-0.02 & 0.01 mg tab	gen	
loryna 3-0.02 mg tab	gen	
low-ogestrel 0.3-30 mg-mcg tab	gen	
luizza 1.5/30 1.5-30 mg-mcg tab	gen	
luizza 1/20 1-20 mg-mcg tab	gen	
luteru 0.1-20 mg-mcg tab	gen	
lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	gen	QL (16 PER 28 DAYS)
marlissa 0.15-30 mg-mcg tab	gen	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	npd	
merzee 1-20 mg-mcg(24) cap	gen	
mibelas 24 fe 1-20 mg-mcg(24) chew tab	gen	
microgestin 1.5/30 1.5-30 mg-mcg tab	gen	
microgestin 1/20 1-20 mg-mcg tab	gen	
microgestin 24 fe 1-20 mg-mcg tab	gen	
microgestin fe 1.5/30 1.5-30 mg-mcg tab	gen	
microgestin fe 1/20 1-20 mg-mcg tab	gen	
mili 0.25-35 mg-mcg tab	gen	
mimvey 1-0.5 mg tab	gen	
minzoya 0.1-20 mg-mcg(21) tab	gen	
mono-lynyah 0.25-35 mg-mcg tab	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
necon 0.5/35 (28) 0.5-35 mg-mcg tab	gen	
nikki 3-0.02 mg tab	gen	
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	gen	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)	gen	
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	gen	
norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab	gen	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	gen	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	gen	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	gen	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	gen	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	gen	
nortrel 1/35 (21) 1-35 mg-mcg tab	gen	
nortrel 1/35 (28) 1-35 mg-mcg tab	gen	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	gen	
nylia 1/35 1-35 mg-mcg tab	gen	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	gen	
nymyo 0.25-35 mg-mcg tab	gen	
ocella 3-0.03 mg tab	gen	
orsythia 0.1-20 mg-mcg tab	gen	
philith 0.4-35 mg-mcg tab	gen	
pimtrea 0.15-0.02/0.01 mg (21/5) tab	gen	
pirmella 1/35 1-35 mg-mcg tab	gen	
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	gen	
portia-28 0.15-30 mg-mcg tab	gen	
PREMARIN (0.3 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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	gen	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	gen	
<i>taysofy 1-20 mg-mcg(24) cap</i>	gen	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	gen	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	gen	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	gen	
<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	

You 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>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	gen	
<i>turqoz 0.3-30 mg-mcg tab</i>	gen	
<i>tydemy 3-0.03-0.451 mg tab</i>	gen	
<i>valtya 1/35 1-35 mg-mcg tab</i>	gen	
<i>valtya 1/50 1-50 mg-mcg tab</i>	gen	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	gen	
<i>vestura 3-0.02 mg tab</i>	gen	
<i>vienva 0.1-20 mg-mcg tab</i>	gen	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>vyfemla 0.4-35 mg-mcg tab</i>	gen	
<i>vylibra 0.25-35 mg-mcg tab</i>	gen	
<i>wera 0.5-35 mg-mcg tab</i>	gen	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	gen	
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	gen	
<i>xulane 150-35 mcg/24hr patch wk</i>	gen	
<i>yuvaferm 10 mcg tab</i>	gen	
<i>zafemy 150-35 mcg/24hr patch wk</i>	gen	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	gen	
<i>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	

You 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>jencycla 0.35 mg tab</i>	gen	
LILETTA (52 MG) 20.1 MCG/DAY IUD	brd	
<i>lyleq 0.35 mg tab</i>	gen	
<i>lyza 0.35 mg tab</i>	gen	
<i>medroxyprogesterone acetate (2.5 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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	gen	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	brd	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	gen	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	brd	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	gen	
NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	spec	PA, QL (1 PER 1 DAYS)
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	brd	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	brd	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline 0.5 mg tab</i>	gen
<i>leuprolide acetate 1 mg/0.2ml kit</i>	inj
LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT)	spec

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT (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>	inj	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	spec	PA
ORGOVYX 120 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	spec	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	spec	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	spec	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

IMMUNOGLOBULINS

GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	spec	PA
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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
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
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)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	spec	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	brd	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	spec	PA, QL (168 PER 365 OVER TIME)
RINVOQ LQ 1 MG/ML SOLUTION	spec	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYRIZI PEN 150 MG/ML SOLN A-INJ	spec	PA, QL (6 PER 365 OVER TIME)
STELARA 45 MG/0.5ML SOLUTION	spec	PA, QL (0.5 ML PER 28 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	spec	PA, QL (3.6 PER 28 DAYS)
USTEKINUMAB 45 MG/0.5ML SOLUTION	spec	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	npd	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	spec	PA, QL (1 ML PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	spec	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	spec	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	spec	PA, QL (8 PER 28 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	spec	PA, LA, QL (8 PER 28 DAYS)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	npd	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	spec	PA, QL (104 ML PER 365 OVER TIME)
YESINTEK 90 MG/ML SOLN PRSYR	spec	PA, QL (1 ML PER 28 DAYS)

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	inj	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>cyclosporine 50 mg/ml solution</i>	inj	PA - PART B VS D DETERMINATION

You 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>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)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	npd	PA - FOR NEW STARTS ONLY
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	spec	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	spec	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	spec	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	spec	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	gen	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	gen	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) ((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 2.5 mg tab</i>	gen	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 500 mg recon soln</i>	inj	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	inj	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	gen	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	gen	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	npd	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	brd	PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	spec	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	spec	PA, QL (3 PER 28 DAYS)
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	spec	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	spec	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) 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

ABRYSCO 120 MCG/0.5ML RECON SOLN	brd	VAC
ACTHIB RECON SOLN	brd	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	brd	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	brd	VAC
BCG VACCINE 50 MG RECON SOLN	brd	VAC
BEXSERO SUSP PRSYR	brd	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	brd	VAC
DAPTACEL 23-15-5 SUSPENSION	brd	
DENGVAXIA RECON SUSP	inj	
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	brd	
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	brd	PA - PART B VS D DETERMINATION, VAC
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	brd	VAC
HAVRIX (1440 U/ML SUSP PRSYR, 1440 U/ML SUSPENSION)	brd	VAC
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML 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
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	brd	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	brd	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	brd	VAC
INFANRIX 25-58-10 SUSPENSION	brd	
IPOL SUSPENSION	brd	VAC
IXIARO SUSPENSION	inj	VAC
JYNNEOS 0.5 ML SUSPENSION	brd	VAC
KINRIX 0.5 ML SUSP PRSYR	brd	
M-M-R II RECON SOLN	brd	VAC
MENACTRA SOLUTION	brd	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	brd	VAC
MENVEO (RECON SOLN, SOLUTION)	brd	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	brd	VAC
PEDIARIX SUSP PRSYR	brd	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	brd	
PENMENVY RECON SUSP	brd	
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 LF/0.5ML SUSPENSION	brd	VAC
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	brd	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	inj	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	brd	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	brd	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	brd	VAC
VAXCHORA RECON SUSP	npd	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	inj	
VIVOTIF CAP DR	npd	
YF-VAX RECON SUSP	inj	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	gen	
DIPENTUM 250 MG CAP	npd	PA
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	gen	
<i>mesalamine (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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
CALCITRIOL 1 MCG/ML SOLUTION	inj	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	inj	PA - PART B VS D DETERMINATION
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	gen	EDC
<i>ibandronate sodium 150 mg tab</i>	gen	
<i>ibandronate sodium 3 mg/3ml solution</i>	inj	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	inj	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)</i>	inj	PA - PART B VS D DETERMINATION
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	gen	
<i>teriparatide 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
WYOST 120 MG/1.7ML SOLUTION	spec	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	inj	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	brd	
AEROCHAMBER HOLDING CHAMBER DEVICE	brd	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 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
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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
DROPLET MICRON 34G X 3.5 MM MISC	brd	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	brd	
DROPSAFE 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	

You 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 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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE 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)	inj	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	gen	
<i>methergine 0.2 mg tab</i>	gen	
<i>methylergonovine maleate 0.2 mg tab</i>	gen	
MICROCHAMBER (DEVICE, MISC)	brd	EDC
MICROSPACER MISC	brd	EDC
NOVOFINE 32G X 6 MM MISC	brd	
NOVOTWIST 32G X 5 MM MISC	brd	
NUTRILIPID 20 % EMULSION	inj	PA - PART B VS D DETERMINATION
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
PRO COMFORT SPACER ADULT MISC	brd	EDC
PRO COMFORT SPACER CHILD MISC	brd	EDC
PRO COMFORT SPACER INFANT DEVICE	brd	EDC
PROCARE SPACER/ADULT MASK DEVICE	brd	EDC
PROCARE SPACER/CHILD MASK DEVICE	brd	EDC
PROCHAMBER VHC DEVICE	brd	EDC
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
PURE COMFORT SPACER CHAMBER DEVICE	brd	EDC
QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC)	brd	
<i>ringers irrigation solution</i>	gen	
RITEFLO DEVICE	brd	EDC
<i>saline bacteriostatic 0.9 % solution</i>	inj	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	inj	PA - PART B VS D DETERMINATION
<i>sodium chloride bacteriostatic 0.9 % solution</i>	inj	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	brd	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
TRUE COMFORT PRO PEN NEEDLES 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 SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	brd	
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	brd	
UNIFINE PENTIPS 32G X 4 MM MISC	brd	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	brd	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	brd	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	brd	
VERIFINE INSULIN SYRINGE (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	

You 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 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	
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)
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XDEMVIY 0.25 % SOLUTION	spec	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	brd	
ZYLET 0.5-0.3 % SUSPENSION	brd	

OPHTHALMIC ANTI-ALLERGY AGENTS

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

OPHTHALMIC ANTI-INFECTIVES

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

You 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>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	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

You 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>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	

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)
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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
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	brd	QL (1 PER 30 DAYS)
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	brd	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (DOSES) 110 MCG/ACT AER POW BA, DOSES) 220 MCG/ACT AER POW BA)	brd	QL (1 PER 30 DAYS)
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	brd	QL (1 PER 30 DAYS)
ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA	brd	QL (1 PER 30 DAYS)
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	brd	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	gen	PA - PART B VS D DETERMINATION
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	brd	QL (21.2 PER 30 DAYS)

ANTIHIISTAMINES

<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>cycloheptadine hcl 4 mg tab</i>	gen	PA
DESLOTATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	gen	ST
<i>desloratadine 5 mg tab</i>	gen	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	gen	PA
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	gen	
<i>olopatadine hcl 0.6 % solution</i>	gen	QL (30.5 PER 30 DAYS)
<i>promethazine hcl (6.25 mg/5ml solution, 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 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	
<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 ADRENALCLICK)	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)

You 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>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	gen	
<i>terbutaline sulfate 1 mg/ml solution</i>	inj	
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	spec	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	spec	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>tobramycin 300 mg/4ml nebu soln</i>	spec	PA, QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	spec	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	spec	PA, LA, QL (3 PER 1 DAYS)
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	gen	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i>	gen	
<i>elixophyllin 80 mg/15ml elixir</i>	gen	
<i>roflumilast 250 mcg tab</i>	gen	QL (28 PER 180 OVER TIME)
<i>roflumilast 500 mcg tab</i>	gen	QL (1 PER 1 DAYS)
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	brd	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	gen	
<i>theophylline er (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>	npd	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	spec	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	spec	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 32 mg tab sol</i>	spec	PA, LA, QL (4 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPSUMIT 10 MG TAB	spec	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	gen	PA, QL (12 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	npd	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	spec	PA, LA, QL (4 PER 1 DAYS)
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	spec	PA, LA, QL (2 PER 1 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	spec	PA, LA, QL (200 PER 180 OVER TIME)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	spec	PA, QL (1 PER 21 OVER TIME)

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)
<i>breynga (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	brd	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	brd	QL (10.7 PER 30 DAYS)
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	gen	EDC
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	brd	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	brd	QL (4 PER 30 DAYS)

You 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>flunisolide 25 mcg/act (0.025%) solution</i>	gen	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	gen	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	gen	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	gen	QL (1 PER 30 DAYS)
<i>g tussin ac 100-10 mg/5ml solution</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>guaiaatussin ac 100-10 mg/5ml syrup</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	gen	QL (70 PER 30 OVER TIME), NDS, EDC
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	gen	QL (42 PER 30 OVER TIME), NDS, EDC
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	gen	QL (210 PER 30 OVER TIME), NDS, EDC
<i>hydromet 5-1.5 mg/5ml solution</i>	gen	QL (210 PER 30 OVER TIME), NDS, EDC
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	gen	PA - PART B VS D DETERMINATION
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	gen	QL (420 PER 30 OVER TIME), NDS, EDC
<i>mometasone furoate 50 mcg/act suspension</i>	gen	QL (34 PER 30 DAYS)
<i>nebusal 3 % nebu soln</i>	gen	EDC
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, 15-6.25 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

You 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>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)

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)

You 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>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)

Uncategorized

Unclassified

OTEZLA XR 75 MG TAB ER 24H	spec	PA, QL (1 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.

Index of Drugs

A

abacavir sulfate.....	43	AEROCHAMBER PLUS FLO-VU SMALL.....	98
abacavir sulfate-lamivudine.....	43	AEROCHAMBER PLUS FLO-VU W/MASK.....	98
abacavir-lamivudine-zidovudine.....	43	AEROCHAMBER PLUS FLOW VU.....	98
ABELCET.....	21	AEROCHAMBER W/FLOWSIGNAL.....	98
abigale.....	79	AEROCHAMBER Z-STAT PLUS.....	98
abigale lo.....	79	AEROCHAMBER Z-STAT PLUS CHAMBR.....	98
ABILIFY MAINTENA.....	38	AEROCHAMBER Z-STAT PLUS/LARGE.....	98
abiraterone acetate.....	24	AEROCHAMBER Z-STAT PLUS/MEDIUM.....	98
abirtega.....	24	AEROCHAMBER Z-STAT PLUS/SMALL.....	98
ABRYSVO.....	94	AEROCHAMBER2GO ANTI-STATIC.....	98
acamprosate calcium.....	5	AEROVENT PLUS.....	98
acarbose.....	47	afirmelle.....	80
accutane.....	66	AIMOVIG.....	22
acebutolol hcl.....	55	ak-poly-bac.....	105
acetaminophen-codeine.....	3	AKEEGA.....	25
acetazolamide.....	57	ala-cort.....	66
acetazolamide er.....	107	albendazole.....	35
acetic acid.....	108	albuterol 90mg hfa inhaler (generic proair).....	110
acetylcysteine.....	112	albuterol 90mg hfa inhaler (generic proventil).....	110
acitretin.....	66	ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN).....	110
ACTHIB.....	94	albuterol sulfate.....	110
ACTIMMUNE.....	92	ALBUTEROL SULFATE ER.....	110
acyclovir.....	45,69	albuterol sulfate hfa.....	110
acyclovir sodium.....	45	alclometasone dipropionate.....	66
ADACEL.....	94	ALCOHOL 70% PADS.....	98
adapalene.....	66	ALCOHOL PREP.....	98
adefovir dipivoxil.....	41	ALCOHOL PREP PADS.....	98
ADEMPAS.....	111	ALCOHOL SWABS.....	98
ADTHYZA.....	88	ALCOHOL SWABSTICK.....	98
ADVAIR HFA.....	112	alcohol wipes.....	68
ADVOCATE INSULIN PEN NEEDLE.....	97	ALDURAZYME.....	75
AEROCHAMBER HOLDING CHAMBER.....	97	ALECENSA.....	26
AEROCHAMBER MINI CHAMBER.....	98	alendronate sodium.....	97
AEROCHAMBER MV.....	98	alfuzosin hcl er.....	77
AEROCHAMBER PLS FLOVU MTHPIECE.....	98	ALINIA.....	35
AEROCHAMBER PLUS FLO-VU.....	98	aliskiren fumarate.....	57
AEROCHAMBER PLUS FLO-VU INTERM.....	98	allopurinol.....	22
AEROCHAMBER PLUS FLO-VU LARGE.....	98	alosetron hcl.....	73
AEROCHAMBER PLUS FLO-VU MEDIUM.....	98	alprazolam.....	46

alprazolam er.....	46	ANALPRAM HC.....	68
ALPRAZOLAM INTENSOL.....	46	ANALPRAM-HC.....	68
alprazolam xr.....	46	anastrozole.....	26
altavera.....	80	ANORO ELLIPTA.....	112
ALUNBRIG.....	26	anucort-hc.....	67
alyacen 1/35.....	80	anusol-hc.....	67
alyacen 7/7/7.....	80	apomorphine hcl.....	36
alyq.....	111	apraclonidine hcl.....	107
amabelz.....	80	aprepitant.....	20
amantadine hcl.....	36	apri.....	80
ambrisentan.....	111	APTIVUS.....	44
amethia.....	80	AQ INSULIN SYRINGE.....	98
amethyst.....	80	AQINJECT PEN NEEDLE.....	98
amikacin sulfate.....	5	ARALAST NP.....	75
amiloride hcl.....	60	aranelle.....	80
amiloride-hydrochlorothiazide.....	57	ARANESP (ALBUMIN FREE).....	52
AMINOSYN II.....	70	ARCALYST.....	91
AMINOSYN-PF.....	70	AREXVY.....	94
amiodarone hcl.....	54	arformoterol tartrate.....	110
amitriptyline hcl.....	19	argyle sterile water.....	98
amlodipine besy-benazepril hcl.....	57	ARIKAYCE.....	5
amlodipine besylate.....	56	aripiprazole.....	38
amlodipine besylate-valsartan.....	58	armodafinil.....	115
amlodipine-atorvastatin.....	58	ARMOUR THYROID.....	88
amlodipine-olmesartan.....	58	ARNUITY ELLIPTA.....	108
amlodipine-valsartan-hctz.....	58	ascomp-codeine.....	3
ammonium lactate.....	66	asenapine maleate.....	38
amnesteem.....	66	ashlyna.....	80
amoxapine.....	19	ASMANEX (120 METERED DOSES).....	109
amoxicillin.....	8	ASMANEX (14 METERED DOSES).....	109
amoxicillin-pot clavulanate.....	9	ASMANEX (30 METERED DOSES).....	109
AMOXICILLIN-POT CLAVULANATE ER.....	9	ASMANEX (60 METERED DOSES).....	109
amphetamine sulfate.....	62	ASMANEX (7 METERED DOSES).....	109
amphetamine-dextroamphet er.....	62	ASMANEX HFA.....	109
amphetamine-dextroamphetamine.....	62	aspirin-dipyridamole er.....	53
AMPHOTERICIN B.....	21	ASSURE ID DUO PRO PEN NEEDLES.....	98
amphotericin b liposome.....	21	ASSURE ID PRO PEN NEEDLES.....	99
ampicillin.....	9	atazanavir sulfate.....	44
ampicillin sodium.....	9	atenolol.....	55
ampicillin-sulbactam sodium.....	9	atenolol-chlorthalidone.....	58
anagrelide hcl.....	52	atomoxetine hcl.....	63

atorvastatin calcium	60	baclofen	41
atovaquone	35	balsalazide disodium	96
atovaquone-proguanil hcl	35	BALVERSA	27
atropine sulfate	105	balziva	80
ATROVENT HFA	110	BAQSIMI ONE PACK	49
aubra	80	BAQSIMI TWO PACK	49
aubra eq	80	BARACLUDE	41
AUGMENTIN	9	BCG VACCINE	94
AUGTYRO	25	BD INSULIN SYRINGE	99
AUM ALCOHOL PREP PADS	99	BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	99
AUM INSULIN SAFETY PEN NEEDLE	99	BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	99
AUM PEN NEEDLE	99	BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	99
AURANOFIN	91	BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	99
aurovela 1.5/30	80	benazepril hcl	54
aurovela 1/20	80	benazepril-hydrochlorothiazide	58
aurovela 24 fe	80	BENLYSTA	91
aurovela fe 1.5/30	80	BENZNIDAZOLE	35
aurovela fe 1/20	80	benzonatate	112
AUVELITY	17	benzoyl peroxide-erythromycin	66
avar-e emollient	68	benztropine mesylate	36
avar-e green	68	bepotastine besilate	106
aviane	80	BESIVANCE	10
avidoxy	11	BESREMI	92
AVMAPKI FAKZYNJA CO-PACK	26	betaine	75
ayuna	80	betamethasone dipropionate	67
AYVAKIT	26	betamethasone dipropionate aug	67
azasan	92	betamethasone valerate	67
azathioprine	92	BETASERON	65
AZATHIOPRINE SODIUM	92	betaxolol hcl	55,107
azelaic acid	66	bethanechol chloride	77
azelastine hcl	106,109	BETOPTIC-S	107
azelastine-fluticasone	112	bexarotene	35
azithromycin	10	BEXSERO	94
aztreonam	6	bicalutamide	24
azurette	80	BICILLIN C-R	9
		BICILLIN C-R 900/300	9
		BICILLIN L-A	9
		BIKTARVY	42
B			
bac (butalbital-acetamin-caff)	64		
bacitra-neomycin-polymyxin-hc	105		
BACITRACIN	106		
bacitracin-polymyxin b	105		

bimatoprost	108
BIOGUARD GAUZE SPONGES	99
bisoprolol fumarate	55
bisoprolol-hydrochlorothiazide	58
BLEPHAMIDE	105
blisovi 24 fe	80
blisovi fe 1.5/30	80
blisovi fe 1/20	80
BOOSTRIX	94
bosentan	111
BOSULIF	27
BRAFTOVI	27
BREATHE COMFORT CHAMBER/ADULT	99
BREATHE COMFORT CHAMBER/CHILD	99
BREATHE EASE LARGE	99
BREATHE EASE MEDIUM	99
BREATHE EASE SMALL	99
BREATHERITE VALVED MDI CHAMBER	99
BREO ELLIPTA	112
breynd	112
BREZTRI AEROSPHERE	112
briellyn	80
brimonidine tartrate	107
brimonidine tartrate-timolol	105
brinzolamide	107
BRIVIACT	12
bromfed dm	112
bromfenac sodium (once-daily)	106
bromocriptine mesylate	36
BRUKINSA	27
budesonide	96,109
budesonide er	96
budesonide-formoterol fumarate	112
bumetanide	59
buprenorphine	2
buprenorphine hcl	5
buprenorphine hcl-naloxone hcl	5
bupropion hcl	17
bupropion hcl er (smoking det)	5
bupropion hcl er (sr)	17
bupropion hcl er (xl)	17

buspirone hcl	46
butalbital-acetaminophen	64
butalbital-apap-caff-cod	3
butalbital-apap-cafeine	64
butalbital-asa-caff-codeine	3
butalbital-aspirin-cafeine	1
butorphanol tartrate	3

C

CABENUVA	44
cabergoline	89
CABOMETYX	27
caffeine citrate	111
calcipotriene	68
calcipotriene-betameth diprop	68
calcitonin (salmon)	97
calcitrene	68
CALCITRIOL	68,97
calcitriol	97
CALQUENCE	27
camila	87
camrese	80
camrese lo	80
candesartan cilexetil	54
candesartan cilexetil-hctz	58
CAPLYTA	38
CAPRELSA	27
captopril	54
CAPTOPRIL-HYDROCHLOROTHIAZIDE	58
carbamazepine	15
carbamazepine er	15
carbidopa	37
carbidopa-levodopa	37
carbidopa-levodopa er	37
carbidopa-levodopa-entacapone	36
CARETOUCH ALCOHOL PREP	99
carglumic acid	75
carisoprodol	114
CARTEOLOL HCL	107
cartia xt	56
carvedilol	55

carvedilol phosphate er	55	cinacalcet hcl	97
cataflam	1	CIPRO HC	108
CAYSTON	6	ciprofloxacin	11
caziant	80	ciprofloxacin hcl	11,108
CEFACLOR	7	ciprofloxacin in d5w	11
CEFACLOR ER	7	ciprofloxacin-dexamethasone	108
cefadroxil	7	CIPROFLOXACIN-FLUOCINOLONE PF	108
cefazolin sodium	7	citalopram hydrobromide	18
cefdinir	8	claravis	66
CEFEPIME HCL	8	clarithromycin	10
cefixime	8	clarithromycin er	10
cefotetan disodium	8	CLEOCIN	6
cefoxitin sodium	8	CLEVER CHOICE HOLDING CHAMBER	99
CEFPODOXIME PROXETIL	8	CLIMARA PRO	80
cefprozil	8	clindacin	70
CEFTAZIDIME	8	clindacin etz	70
ceftriaxone sodium	8	clindacin-p	70
cefuroxime axetil	8	clindamycin hcl	6
cefuroxime sodium	8	clindamycin palmitate hcl	6
celecoxib	1	clindamycin phos (once-daily)	70
cephalexin	8	clindamycin phos (twice-daily)	70
cetirizine hcl	109	clindamycin phos-benzoyl perox	66
cevimeline hcl	65	clindamycin phosphate	6,70
charlotte 24 fe	80	clindamycin phosphate in d5w	6
chateal	80	CLINDAMYCIN PHOSPHATE IN NACL	6
chateal eq	80	CLINDESSE	6
CHEMET	72	clobazam	14
chlordiazepoxide-clidinium	73	clobetasol prop emollient base	67
chlorhexidine gluconate	66	clobetasol propionate	67
chloroquine phosphate	35	clobetasol propionate e	67
chlorpromazine hcl	37	clodan	67
chlorthalidone	60	clomipramine hcl	19
cholestyramine	61	clonazepam	46
cholestyramine light	61	clonidine	53
ciclodan	70	clonidine hcl	53
ciclopirox	70	clonidine hcl er	63
ciclopirox olamine	70	clopidogrel bisulfate	53
cilostazol	53	clorazepate dipotassium	46
CILOXAN	10	clotrimazole	21
CIMDUO	43	clotrimazole-betamethasone	68
cimetidine	74	clozapine	41

COARTEM.....	35	cvs isopropyl alcohol wipes.....	68
COBENFY.....	40	cyanocobalamin.....	72
COBENFY STARTER PACK.....	40	cyclafem 1/35.....	81
CODEINE SULFATE.....	3	cyclafem 7/7/7.....	81
codeine sulfate.....	3	cyclobenzaprine hcl.....	114
colchicine.....	22	CYCLOPHOSPHAMIDE.....	24
colchicine-probenecid.....	22	cyclosporine.....	92
colesevelam hcl.....	61	cyclosporine modified.....	93
colestipol hcl.....	61	cyproheptadine hcl.....	109
colistimethate sodium (cba).....	6	cyred.....	81
COMBIVENT RESPIMAT.....	112	cyred eq.....	81
COMETRIQ (100 MG DAILY DOSE).....	27	CYSTAGON.....	75
COMETRIQ (140 MG DAILY DOSE).....	27	CYTRA K CRYSTALS.....	77
COMETRIQ (60 MG DAILY DOSE).....	27		
COMFORT EZ INSULIN SYRINGE.....	99	D	
COMFORT EZ PRO PEN NEEDLES.....	99	dabigatran etexilate mesylate.....	51
COMPACT SPACE CHAMBER.....	99	dalfampridine er.....	65
COMPACT SPACE CHAMBER/LG MASK.....	99	danazol.....	79
COMPACT SPACE CHAMBER/MED MASK.....	99	dantrolene sodium.....	41
COMPACT SPACE CHAMBER/SM MASK.....	100	DAPAGLIFLOZIN PROPANEDIOL.....	61
compro.....	20	dapsone.....	23,70
constulose.....	73	DAPTACEL.....	94
COPIKTRA.....	27	daptomycin.....	6
CORLANOR.....	58	darifenacin hydrobromide er.....	76
CORTIFOAM.....	96	darunavir.....	44
CORTISONE ACETATE.....	78	dasatinib.....	27,28
CORTISPORIN-TC.....	108	dasetta 1/35.....	81
COSENTYX.....	91	dasetta 7/7/7.....	81
COSENTYX (300 MG DOSE).....	91	DAURISMO.....	28
COSENTYX SENSOREADY (300 MG).....	91	daysee.....	81
COSENTYX SENSOREADY PEN.....	91	deblitane.....	87
COSENTYX UNOREADY.....	91	decadron.....	78
COTELLIC.....	27	deferasirox.....	72
covaryx.....	81	DELSTRIGO.....	42
covaryx hs.....	81	delyla.....	81
CREON.....	75	demeclocycline hcl.....	11
CRESEMBA.....	21	DENGVAIXA.....	94
cromolyn sodium.....	74,106,111	DEPO-ESTRADIOL.....	81
cryselle-28.....	81	DEPO-SUBQ PROVERA 104.....	87
CVS ALCOHOL PREP PADS.....	100	depo-testosterone.....	79
CVS ANTIBACTERIAL GAUZE.....	100	DERMOTIC.....	108

DESCOVY.....	43	digitek.....	54
desipramine hcl.....	19	digox.....	54
DESLORATADINE.....	109	digoxin.....	55
desloratadine.....	109	dihydroergotamine mesylate.....	22
desmopressin ace spray refrig.....	78	DILANTIN.....	15
desmopressin acetate.....	79	DILANTIN INFATABS.....	15
desmopressin acetate pf.....	79	DILANTIN-125.....	15
desmopressin acetate spray.....	79	dilt-xr.....	56
desogestrel-ethinyl estradiol.....	81	diltiazem hcl.....	56
desonide.....	67	diltiazem hcl 120 mg extended release 24hr capsule.....	56
desoximetasone.....	67	diltiazem hcl 180 mg extended release 24hr capsule.....	57
desvenlafaxine succinate er.....	18	diltiazem hcl 240 mg extended release 24hr capsule.....	57
dexamethasone.....	78	diltiazem hcl 300 mg extended release 24hr capsule.....	57
DEXAMETHASONE INTENSOL.....	78	diltiazem hcl 360 mg extended release 24hr capsule.....	57
DEXAMETHASONE SOD PHOS +RFID.....	78	diltiazem hcl er.....	57
dexamethasone sod phosphate pf.....	78	diltiazem hcl er beads.....	57
DEXAMETHASONE SODIUM PHOSPHATE.....	78,106	dimethyl fumarate.....	65
dexmethylphenidate hcl.....	63	dimethyl fumarate starter pack.....	65
dexmethylphenidate hcl er.....	63	DIPENTUM.....	96
dextroamphetamine sulfate.....	62,63	DIPHENOXYLATE-ATROPINE.....	73
dextroamphetamine sulfate er.....	63	DIPHTHERIA-TETANUS TOXOIDS DT.....	94
dextrose.....	70	dipyridamole.....	53
dextrose in lactated ringers.....	70	disopyramide phosphate.....	55
DEXTROSE-NACL.....	70	disulfiram.....	5
dextrose-sodium chloride.....	70	divalproex sodium.....	12
DIACOMIT.....	12	divalproex sodium er.....	12
diazepam.....	14,46	dodex.....	72
DIAZEPAM.....	14	dofetilide.....	55
diazepam intensol.....	46	dolishale.....	81
diazoxide.....	49	donepezil hcl.....	16
diclofenac potassium.....	1	donepezil hydrochloride orally disintegrating tab 10 mg.....	16
diclofenac sodium.....	1,107	donepezil hydrochloride orally disintegrating tab 5 mg.....	16
diclofenac sodium er.....	1	dorzolamide hcl.....	107
diclofenac-misoprostol.....	1	dorzolamide hcl-timolol mal.....	105
dicloxacillin sodium.....	9		
dicyclomine hcl.....	73		
DIFICID.....	10		
DIFLORASONE DIACETATE.....	67		
diflunisal.....	1		
difluprednate.....	107		

dorzolamide hcl-timolol mal pf.	105
dotti.	81
DOVATO	42
doxazosin mesylate	53
doxepin hcl	19
doxercalciferol	97
doxy 100	11
doxycycline	11
doxycycline hyclate	11
doxycycline monohydrate	12
doxylamine-pyridoxine	20
DRIZALMA SPRINKLE	65
dronabinol	20
DROPLET INSULIN SYRINGE	100
DROPLET MICRON	100
DROPLET PEN NEEDLES	100
DROPSAFE SAFETY SYRINGE/NEEDLE	100
drospiren-eth estrad-levomefol	81
drospirenone-ethinyl estradiol	81
DROXIA	75
droxidopa	53
duloxetine hcl	65
DUPIXENT	91
dutasteride	77
dutasteride-tamsulosin hcl	77

E

e.e.s. 400	10	eemt hs	81
EASIVENT	100	EFAVIRENZ	42
EASIVENT MASK LARGE	100	efavirenz	42
EASIVENT MASK MEDIUM	100	efavirenz-emtricitab-tenofo df	42
EASIVENT MASK SMALL	100	efavirenz-lamivudine-tenofovir	42
EASY COMFORT INSULIN SYRINGE	100	effer-k	70
EASY COMFORT PEN NEEDLES	100	ELAPRASE	75
EASY TOUCH INSULIN BARRELS	100	elinest	81
ec-naproxen	1	ELIQUIS	51
econazole nitrate	21	ELIQUIS (1.5 MG PACK)	51
ed-spaz	73	ELIQUIS (2 MG PACK)	51
EDURANT	42	ELIQUIS DVT/PE STARTER PACK	51
EDURANT PED	42	elixophyllin	111
eemt	81	ELMIRON	77
		eltrombopag olamine	52
		eluryng	81
		EMBECTA AUTOSHIELD DUO	100
		EMBECTA INS SYR U/F 1/2 UNIT	100
		EMBECTA INSULIN SYRINGE	101
		EMBECTA INSULIN SYRINGE U-100	101
		EMBECTA INSULIN SYRINGE U-500	101
		EMBECTA INSULIN SYRINGE U/F	101
		EMBECTA PEN NEEDLE NANO	101
		EMBECTA PEN NEEDLE NANO 2 GEN	101
		EMBECTA PEN NEEDLE U/F	101
		EMBRACE PEN NEEDLES	101
		EMGALITY	22
		EMGALITY (300 MG DOSE)	22
		emoquette	81
		EMSAM	17
		emtricitab-rilpivir-tenofov df	42
		emtricitabine	43
		emtricitabine-tenofovir df	43
		EMTRIVA	43
		emzabh	87
		enalapril maleate	54
		enalapril-hydrochlorothiazide	58
		ENBREL	93
		ENBREL MINI	93
		ENBREL SURECLICK	93
		endocet	3

ENGERIX-B.....	94	ERZOFRI.....	38
enilloring.....	81	escitalopram oxalate.....	18
enoxaparin sodium.....	51	esgic.....	64
enpresse-28.....	81	eslicarbazepine acetate.....	15
ENSACOVE.....	28	esomeprazole magnesium.....	75
enskyce.....	81	est estrogens-methyltest.....	81
entacapone.....	36	est estrogens-methyltest ds.....	81
entecavir.....	41	est estrogens-methyltest hs.....	81
ENTRESTO.....	58	estarylla.....	82
enulose.....	73	estazolam.....	114
ENVARUSUS XR.....	93	estradiol.....	82
EPIDIOLEX.....	12	estradiol valerate.....	82
EPIFOAM.....	68	estradiol-norethindrone acet.....	82
epinastine hcl.....	106	ESTRING.....	82
epinephrine.....	110	eszopiclone.....	114
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK).....	110	ethambutol hcl.....	23
epitol.....	15	ethosuximide.....	14
EPIVIR HBV.....	41	ethynodiol diac-eth estradiol.....	82
eplerenone.....	60	etodolac.....	1
EQ SPACE CHAMBER ANTI-STATIC.....	101	etodolac er.....	1
EQ SPACE CHAMBER ANTI-STATIC L.....	101	etonogestrel-ethinyl estradiol.....	82
EQ SPACE CHAMBER ANTI-STATIC M.....	101	etravirine.....	42
EQ SPACE CHAMBER ANTI-STATIC S.....	101	EUCRISA.....	67
EQUETRO.....	47	EULEXIN.....	24
ergocalciferol.....	97	euthyrox.....	89
ERGOLOID MESYLATES.....	16	everolimus.....	28,93
ERGOTAMINE-CAFFEINE.....	22	EVOTAZ.....	44
ERIVEDGE.....	28	exemestane.....	26
ERLEADA.....	24	ezetimibe.....	61
erlotinib hcl.....	28	ezetimibe-simvastatin.....	61
errin.....	87		
ertapenem sodium.....	10	F	
ERY.....	70	falmina.....	82
ery-tab.....	10	famciclovir.....	45
erythrocin lactobionate.....	10	famotidine.....	74
ERYTHROCIN STEARATE.....	10	FANAPT.....	38
erythromycin.....	10,70,106	FANAPT TITRATION PACK A.....	38
erythromycin base.....	10	FANAPT TITRATION PACK B.....	38
erythromycin ethylsuccinate.....	10	FANAPT TITRATION PACK C.....	39
erythromycin lactobionate.....	10	FARXIGA.....	61
		fayosim.....	82

febuxostat.....	22	fluphenazine decanoate.....	37
feirza 1.5/30.....	82	FLUPHENAZINE HCL.....	37
feirza 1/20.....	82	FLURAZEPAM HCL.....	114
felbamate.....	12	FLURBIPROFEN.....	1
felodipine er.....	56	FLURBIPROFEN SODIUM.....	107
femynor.....	82	FLUTAMIDE.....	24
fenofibrate.....	60	fluticasone propionate.....	67,113
fenofibrate micronized.....	60	fluticasone-salmeterol.....	113
fenofibric acid.....	60	FLUTICASONE-SALMETEROL.....	113
fentanyl.....	2	fluvastatin sodium.....	60
fesoterodine fumarate er.....	76	fluvastatin sodium er.....	60
FETZIMA.....	18	fluvoxamine maleate.....	18
FETZIMA TITRATION.....	18	fluvoxamine maleate er.....	18
FIASP.....	49	FML.....	107
FIASP FLEXTOUCH.....	49	FML FORTE.....	107
FIASP PENFILL.....	49	folic acid.....	72
FIASP PUMPCART.....	49	fondaparinux sodium.....	51
fidaxomicin.....	10	formoterol fumarate.....	110
finasteride.....	77	fosamprenavir calcium.....	44
fingolimod hcl.....	65	fosfomycin tromethamine.....	6
FINTEPLA.....	12	fosinopril sodium.....	54
finzala.....	82	fosinopril sodium-hctz.....	58
flac.....	108	FOTIVDA.....	28
flavoxate hcl.....	76	FRUZAQLA.....	25
flecainide acetate.....	55	FULPHILA.....	52
FLEXICHAMBER.....	101	fulvestrant.....	25
fluconazole.....	21	furosemide.....	59
fluconazole in sodium chloride.....	21	fyavolv.....	82
flucytosine.....	21	FYCOMPA.....	12
fludrocortisone acetate.....	78		
flunisolide.....	113	G	
fluocinolone acetonide.....	67,108	g tussin ac.....	113
fluocinolone acetonide body.....	67	gabapentin.....	14
fluocinolone acetonide scalp.....	67	galantamine hydrobromide.....	16
fluocinonide.....	67	galantamine hydrobromide er.....	16
fluocinonide emulsified base.....	67	galbriela.....	82
fluorometholone.....	107	gallifrey.....	87
fluorouracil.....	68	GAMUNEX-C.....	90
fluoxetine hcl.....	18	GARDASIL 9.....	94
FLUOXETINE HCL.....	18	gatifloxacin.....	106
FLUOXETINE HCL (PMDD).....	18	gauze pads 2.....	101

GAVILYTE-C.....	74
gavilyte-g.....	74
gavilyte-n with flavor pack.....	73
GAVRETO.....	28
gefitinib.....	28
gemfibrozil.....	60
gemmily.....	82
GEMTESA.....	76
generlac.....	73
gengraf.....	93
GENTAK.....	106
gentamicin sulfate.....	5,6,106
GENVOYA.....	42
GILOTRIF.....	28
glatiramer acetate.....	65
glatopa.....	65
GLEOSTINE.....	24
glimepiride.....	47
glipizide.....	47
glipizide er.....	47
glipizide xl.....	47
glipizide-metformin hcl.....	47
GLUCAGEN HYPOKIT.....	49
GLUCAGON EMERGENCY.....	49
glyburide.....	47
GLYBURIDE MICRONIZED.....	47
glyburide-metformin.....	47
glycopyrrolate.....	74
GLYXAMBI.....	47
GNP PEN NEEDLES.....	101
GOMEKLI.....	28
GOODSENSE ALCOHOL SWABS.....	101
granisetron hcl.....	20
griseofulvin microsize.....	21
griseofulvin ultramicrosize.....	21
guaiaatussin ac.....	113
guaifenesin ac.....	113
guaifenesin-codeine.....	113
guanfacine hcl.....	53
guanfacine hcl er.....	63
GYNAZOLE-1.....	21

H

HADLIMA.....	93
HADLIMA PUSH TOUCH.....	93
HAEGARDA.....	90
hailey 1.5/30.....	82
hailey 24 fe.....	82
hailey fe 1.5/30.....	82
hailey fe 1/20.....	82
halobetasol propionate.....	67
haloette.....	82
haloperidol.....	37
haloperidol decanoate.....	37
haloperidol lactate.....	37
HAVRIX.....	94
heather.....	87
hemmorex-hc.....	67
heparin sodium (porcine).....	51
heparin sodium (porcine) pf.....	51
HEPLISAV-B.....	95
HERNEXEOS.....	28
HIBERIX.....	95
HIZENTRA.....	91
HOMATROPAIRE.....	105
HUMALOG.....	49
HUMALOG JUNIOR KWIKPEN.....	49
HUMALOG KWIKPEN.....	49
HUMALOG MIX 50/50 KWIKPEN.....	49
HUMALOG MIX 75/25.....	49
HUMALOG MIX 75/25 KWIKPEN.....	49
HUMULIN 70/30.....	49
HUMULIN 70/30 KWIKPEN.....	49
HUMULIN N.....	49
HUMULIN N KWIKPEN.....	49
HUMULIN R.....	50
HUMULIN R U-500 (CONCENTRATED).....	50
HUMULIN R U-500 KWIKPEN.....	50
hydralazine hcl.....	61
hydrochlorothiazide.....	60
hydrocod poli-chlorphe poli er.....	113
hydrocodone bit-homatrop mbr.....	113

hydrocodone-acetaminophen.....	3	IMPAVIDO.....	36
hydrocodone-ibuprofen.....	3	incassia.....	87
hydrocortisone.....	67,96	INCRELEX.....	79
hydrocortisone (perianal).....	67	INCRUSE ELLIPTA.....	110
HYDROCORTISONE ACE-PRAMOXINE.....	69	indapamide.....	60
hydrocortisone acetate.....	68	indomethacin.....	1
HYDROCORTISONE BUTYRATE.....	68	indomethacin er.....	1
hydrocortisone valerate.....	68	INFANRIX.....	95
hydrocortisone-acetic acid.....	108	INLYTA.....	29
hydromet.....	113	INQOVI.....	25
hydromorphone hcl.....	3	INREBIC.....	29
HYDROMORPHONE HCL.....	3	INSPIREASE.....	101
hydromorphone hcl er.....	2	INSULIN ASPART.....	50
hydroxychloroquine sulfate.....	35,36	INSULIN ASPART FLEXPEN.....	50
hydroxyurea.....	25	INSULIN ASPART PENFILL.....	50
hydroxyzine hcl.....	109	INSULIN LISPRO.....	50
hydroxyzine pamoate.....	109	INSULIN LISPRO (1 UNIT DIAL).....	50
hyoscyamine sulfate.....	74	INSULIN LISPRO JUNIOR KWIKPEN.....	50
hyoscyamine sulfate er.....	74	INSULIN LISPRO PROT & LISPRO.....	50
hyoscyamine sulfate sl.....	74	INSULIN PEN NEEDLES.....	101
hyosyne.....	74	INSULIN SYRINGE 0.3 ML.....	102
I		INSULIN SYRINGE 0.5 ML.....	102
ibandronate sodium.....	97	INSULIN SYRINGE 1 ML.....	102
IBRANCE.....	28	INSULIN SYRINGE-NEEDLE U-100.....	102
IBTROZI.....	29	INSUPEN PEN NEEDLES.....	102
ibu.....	1	INSUPEN32G EXTR3ME.....	102
ibuprofen.....	1	INTELENCE.....	42
icatibant acetate.....	90	INTRALIPID.....	102
iclevia.....	82	introvale.....	82
ICLUSIG.....	29	INVEGA HAFYERA.....	39
icosapent ethyl.....	61	INVEGA SUSTENNA.....	39
IDHIFA.....	29	INVEGA TRINZA.....	39
ILEVRO.....	107	IPOL.....	95
imatinib mesylate.....	29	ipratropium bromide.....	110
IMBRUVICA.....	29	ipratropium-albuterol.....	113
imipenem-cilastatin.....	10	irbesartan.....	54
imipramine hcl.....	19	irbesartan-hydrochlorothiazide.....	58
imiquimod.....	69	ISENTRESS.....	42
IMKELDI.....	29	ISENTRESS HD.....	42
IMOVAX RABIES.....	95	isibloom.....	83
		isoniazid.....	23

isopropyl alcohol	69
isopropyl alcohol wipes	69
isosorb dinitrate-hydralazine	58
isosorbide dinitrate	62
isosorbide mononitrate	62
isosorbide mononitrate er	62
isotretinoin	66
isradipine	56
ITOVEBI	29
itraconazole	21
ivabradine hcl	58
ivermectin	35
IWILFIN	26
IXIARO	95

J

jaimiess	83
JAKAFI	29
jantoven	51
JANUMET	47
JANUMET XR	47,48
JANUVIA	48
JARDIANCE	61
jasmiel	83
JAYPIRCA	29
jencycla	88
JENTADUETO	48
JENTADUETO XR	48
jinteli	83
jolessa	83
joyeaux	83
JUBBONTI	97
juleber	83
JULUCA	42
junel 1.5/30	83
junel 1/20	83
junel fe 1.5/30	83
junel fe 1/20	83
junel fe 24	83
JYNARQUE	72
JYNNEOS	95

K

k-prime	70
kaitlib fe	83
KALETRA	44
kalliga	83
KALYDECO	111
kariva	83
KCL (0.149%) IN NACL	70
KCL (0.298%) IN NACL	71
kcl in dextrose-nacl	71
KCL-LACTATED RINGERS-D5W	71
kelnor 1/35	83
kelnor 1/50	83
KERENDIA	48
ketoconazole	21
ketorolac tromethamine	107
KINRIX	95
kionex	72
KISQALI (200 MG DOSE)	29
KISQALI (400 MG DOSE)	29
KISQALI (600 MG DOSE)	29
KISQALI FEMARA (200 MG DOSE)	29
KISQALI FEMARA (400 MG DOSE)	30
KISQALI FEMARA (600 MG DOSE)	30
klayesta	21
KLOR-CON	71
klor-con 10	71
klor-con m10	71
klor-con m15	71
klor-con m20	71
klor-con/ef	71
KLOXXADO	5
KOSELUGO	30
kourzeq	66
KRAZATI	30
kurvelo	83

L

l-glutamine	75
labetalol hcl	55

lacosamide.....	15	LEVALBUTEROL TARTRATE.....	110
lactated ringers.....	71,102	levetiracetam.....	13
lactulose.....	73	levetiracetam er.....	13
lactulose encephalopathy.....	73	levo-t.....	89
lamivudine.....	41,43	LEVOBUNOLOL HCL.....	107
lamivudine-zidovudine.....	43	levocarnitine.....	76
lamotrigine.....	12	levocarnitine sf.....	76
lamotrigine er.....	12	levocetirizine dihydrochloride.....	109
lamotrigine starter kit-blue.....	13	levofloxacin.....	11
lamotrigine starter kit-green.....	13	LEVOFLOXACIN.....	11,106
lamotrigine starter kit-orange.....	13	levofloxacin in d5w.....	11
lansoprazole.....	75	levonest.....	83
LANTUS.....	50	levonorg-eth estrad triphasic.....	83
LANTUS SOLOSTAR.....	50	levonorgest-eth est & eth est.....	83
lapatinib ditosylate.....	30	levonorgest-eth estrad 91-day.....	83
larin 1.5/30.....	83	levonorgest-eth estradiol-iron.....	84
larin 1/20.....	83	levonorgestrel-ethinyl estrad.....	84
larin 24 fe.....	83	levora 0.15/30 (28).....	84
larin fe 1.5/30.....	83	levothyroxine sodium.....	89
larin fe 1/20.....	83	levoxyl.....	89
larissia.....	83	LEXIVA.....	44
latanoprost.....	108	lidocaine.....	4
layolis fe.....	83	lidocaine hcl.....	4
LAZCLUZE.....	30	LIDOCAINE HCL.....	4
leena.....	83	lidocaine viscous hcl.....	4
leflunomide.....	93	lidocaine-prilocaine.....	4
lenalidomide.....	25	lidocan.....	4
LENVIMA (10 MG DAILY DOSE).....	30	LILETTA (52 MG).....	88
LENVIMA (12 MG DAILY DOSE).....	30	lillow.....	84
LENVIMA (14 MG DAILY DOSE).....	30	lincomycin hcl.....	6
LENVIMA (18 MG DAILY DOSE).....	30	linezolid.....	6
LENVIMA (20 MG DAILY DOSE).....	30	LINEZOLID IN SODIUM CHLORIDE.....	6
LENVIMA (24 MG DAILY DOSE).....	30	LINZESS.....	73
LENVIMA (4 MG DAILY DOSE).....	30	liothyronine sodium.....	89
LENVIMA (8 MG DAILY DOSE).....	30	lisdexamphetamine dimesylate.....	63
lessina.....	83	lisinopril.....	54
letrozole.....	26	lisinopril-hydrochlorothiazide.....	58
leucovorin calcium.....	26	lithium.....	47
LEUKERAN.....	24	lithium carbonate.....	47
leuprolide acetate.....	89	lithium carbonate er.....	47
levalbuterol hcl.....	110	LIVTENCITY.....	41

lo-zumandimine	84
loestrin 1.5/30 (21)	84
loestrin 1/20 (21)	84
loestrin fe 1.5/30	84
loestrin fe 1/20	84
lojaimiess	84
LOKELMA	72
LONSURF	26
loperamide hcl	73
lopinavir-ritonavir	44
lorazepam	46,47
lorazepam intensol	47
LORBRENA	30
loryna	84
losartan potassium	54
losartan potassium-hctz	58
loteprednol etabonate	107
lovastatin	60
low-ogestrel	84
loxapine succinate	37
lubiprostone	73
luizza 1.5/30	84
luizza 1/20	84
LULICONAZOLE	21
LUMAKRAS	30
LUMIGAN	108
LUPRON DEPOT (1-MONTH)	89
LUPRON DEPOT (3-MONTH)	90
LUPRON DEPOT (4-MONTH)	90
LUPRON DEPOT (6-MONTH)	90
lurasidone hcl	39
lutra	84
lyleq	88
lyllana	84
LYNPARZA	31
LYSODREN	26
LYTGOBI (12 MG DAILY DOSE)	31
LYTGOBI (16 MG DAILY DOSE)	31
LYTGOBI (20 MG DAILY DOSE)	31
lyza	88

M

M-M-R II	95
mafenide acetate	70
magnesium sulfate	71
malathion	69
maraviroc	44
marlissa	84
MARPLAN	18
MATULANE	24
matzim la	57
MAVYRET	41
maxi-tuss ac	113
MAXIDEX	107
meclizine hcl	20
medpura alcohol pads	69
MEDROL	78
medroxyprogesterone acetate	88
mefloquine hcl	36
megestrol acetate	88
MEKINIST	31
MEKTOVI	31
meleya	88
meloxicam	1
MELPHALAN	24
memantine hcl	17
memantine hcl er	17
memantine hcl-donepezil hcl	16
MENACTRA	95
MENEST	84
MENQUADFI	95
MENVEO	95
MEPHYTON	53
meprobamate	46
mercaptopurine	25
meropenem	10
MEROPENEM-SODIUM CHLORIDE	10
merzee	84
mesalamine	96
mesalamine er	96
mesna	35

metaxalone.....	114	MICONAZOLE 3.....	21
metformin hcl.....	48	MICROCHAMBER.....	102
metformin hcl er.....	48	microgestin 1.5/30.....	84
methadone hcl.....	2	microgestin 1/20.....	84
methadone hcl intensol.....	2	microgestin 24 fe.....	84
methadose.....	2	microgestin fe 1.5/30.....	84
methazolamide.....	108	microgestin fe 1/20.....	84
methenamine hippurate.....	7	MICROSPACER.....	102
methergine.....	102	midodrine hcl.....	53
methimazole.....	90	mifepristone.....	90
methocarbamol.....	114	MIGERGOT.....	22
METHOTREXATE SODIUM.....	93	miglitol.....	48
methotrexate sodium.....	93	mili.....	84
methotrexate sodium (pf).....	93	mimvey.....	84
METHOXSALEN RAPID.....	69	minocycline hcl.....	12
methscopolamine bromide.....	74	minoxidil.....	61
methsuximide.....	14	minzoya.....	84
METHYLDOPA.....	53	mirtazapine.....	17
METHYLDOPA-HYDROCHLOROTHIAZIDE.....	58	misoprostol.....	75
methylergonovine maleate.....	102	modafinil.....	115
methylphenidate hcl.....	63,64	MODEYSO.....	26
METHYLPHENIDATE HCL ER.....	64	moexipril hcl.....	54
methylphenidate hcl er.....	64	MOLINDONE HCL.....	37,38
methylphenidate hcl er (cd).....	64	mometasone furoate.....	68,113
methylphenidate hcl er (la).....	64	mondoxylene nl.....	12
methylphenidate hcl er (osm).....	64	mono-lynyah.....	84
methylprednisolone.....	78	montelukast sodium.....	109
methylprednisolone acetate.....	78	morgidox.....	12
methylprednisolone sodium succ.....	78	morphine sulfate.....	3,4
methyltestosterone.....	79	MORPHINE SULFATE.....	3
metoclopramide hcl.....	20	morphine sulfate (concentrate).....	4
METOCLOPRAMIDE HCL.....	20	morphine sulfate er.....	2
metolazone.....	60	MOUNJARO.....	48
metoprolol succinate er.....	55	MOVANTIK.....	73
metoprolol tartrate.....	56	moxifloxacin hcl.....	11,106
metoprolol-hydrochlorothiazide.....	59	MOXIFLOXACIN HCL.....	11
metronidazole.....	7	MOXIFLOXACIN HCL (2X DAY).....	106
metyrosine.....	59	MOXIFLOXACIN HCL IN NACL.....	11
mexiletine hcl.....	55	MRESVIA.....	95
mibelas 24 fe.....	84	MULTAQ.....	55
micafungin sodium.....	21	MULTI-VITAMIN/FLUORIDE/IRON.....	71

mupirocin.....	70
MUSE.....	79
mycophenolate mofetil.....	93
mycophenolate mofetil hcl.....	93
mycophenolate sodium.....	93
mycophenolic acid.....	93
myorisan.....	66
MYRBETRIQ.....	76

N

na sulfate-k sulfate-mg sulf.....	73	NEVIRAPINE.....	43
nabumetone.....	1	NEVIRAPINE ER.....	43
nadolol.....	56	nevirapine er.....	43
nafcillin sodium.....	9	NEXPLANON.....	88
nafrinse.....	71	NIACIN (ANTIHYPERLIPIDEMIC).....	61
naftifine hcl.....	21	niacin er (antihyperlipidemic).....	61
NAGLAZYME.....	76	NIACOR.....	61
naloxone hcl.....	5	nicardipine hcl.....	56
naltrexone hcl.....	5	NICOTROL.....	5
NAMZARIC.....	16	NICOTROL NS.....	5
naproxen.....	1	nifedipine.....	56
naproxen dr.....	1	nifedipine er.....	56
naproxen sodium.....	1	nifedipine er osmotic release.....	56
naratriptan hcl.....	23	nikki.....	85
NATACYN.....	106	nilotinib hcl.....	31
nateglinide.....	48	nilutamide.....	24
NAYZILAM.....	4	nimodipine.....	56
nebivolol hcl.....	56	NINLARO.....	31
nebusal.....	113	nisoldipine er.....	56
necon 0.5/35 (28).....	85	nitazoxanide.....	36
NEFAZODONE HCL.....	18	nitisinone.....	76
neo-polycin.....	105	NITRO-BID.....	62
neo-polycin hc.....	105	NITRO-DUR.....	62
neomycin sulfate.....	6	NITRO-TIME.....	62
neomycin-bacitracin zn-polymyx.....	105	nitrofurantoin.....	7
neomycin-polymyxin-dexameth.....	105	nitrofurantoin macrocrystal.....	7
NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	105	nitrofurantoin monohyd macro.....	7
NEOMYCIN-POLYMYXIN-HC.....	105	nitroglycerin.....	62
neomycin-polymyxin-hc.....	108	NIVA THYROID.....	89
NERLYNX.....	31	NIVESTYM.....	52
nevirapine.....	43	NIZATIDINE.....	75
		nora-be.....	88
		norelgestromin-eth estradiol.....	85
		norethin ace-eth estrad-fe.....	85
		norethin-eth estradiol-fe.....	85
		norethindron-ethinyl estrad-fe.....	85
		norethindrone.....	88
		norethindrone acet-ethinyl est.....	85
		norethindrone acetate.....	88
		norethindrone-eth estradiol.....	85
		norgestim-eth estrad triphasic.....	85

norgestimate-eth estradiol	85	ofloxacin	11,106,108
norlyda	88	OGSIVEO	31
norlyroc	88	OJEMDA	31
NORMOSOL-M IN D5W	71	OJJAARA	26
nortrel 0.5/35 (28)	85	olanzapine	39
nortrel 1/35 (21)	85	olanzapine-fluoxetine hcl	17
nortrel 1/35 (28)	85	olmesartan medoxomil	54
nortrel 7/7/7	85	olmesartan medoxomil-hctz	59
nortriptyline hcl	19	olmesartan-amlodipine-hctz	59
NORVIR	45	olopatadine hcl	109
NOVOFINE 32G X 6 MM MISC	102	omega-3-acid ethyl esters	61
NOVOLIN R FLEXPEN	50	omeprazole	75
NOVOLIN R FLEXPEN RELION	50	OMNITROPE	74,79
NOVOLOG	50	ondansetron	20
NOVOLOG FLEXPEN	50	ONDANSETRON HCL	20
NOVOLOG FLEXPEN RELION	50	ondansetron hcl	20,21
NOVOLOG PENFILL	50	ONUREG	25
NOVOLOG RELION	50	OPIPZA	39
NOVOTWIST 32G X 5 MM MISC	102	OPSUMIT	112
NP THYROID	89	OPTICHAMBER DIAMOND	102
NUBEQA	24	OPTICHAMBER DIAMOND-LG MASK	102
NUDEXTA	64	OPTICHAMBER DIAMOND-MD MASK	102
nulev	74	OPTICHAMBER DIAMOND-SM MASK	102
NUPLAZID	39	OPVEE	102
NURTEC	22	oralone	66
NUTRILIPID	102	ORGOVYX	90
nyamyc	21	orquidea	88
nylia 1/35	85	ORSERDU	24
nylia 7/7/7	85	orsythia	85
nymyo	85	oscimin	74
nystatin	21	oscimin sr	74
nystatin-triamcinolone	69	oseltamivir phosphate	45
nystop	22	OSPHENA	88
O		OTEZLA	69,91
ocella	85	OTEZLA XR	115
octreotide acetate	90	OTEZLA/OTEZLA XR INITIATION PK	91
OCTREOTIDE ACETATE	90	oxaprozin	1
ODEFSEY	43	oxazepam	47
ODOMZO	31	oxcarbazepine	15
OFEV	112	oxiconazole nitrate	22
		oxybutynin chloride	76

oxybutynin chloride er.....	76
oxycodone hcl.....	4
oxycodone-acetaminophen.....	4
OXYCODONE-ACETAMINOPHEN.....	4
oxymorphone hcl.....	4
OXYMORPHONE HCL ER.....	2
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	48
OZEMPIC (1 MG/DOSE).....	48
OZEMPIC (2 MG/DOSE).....	48

P

pacerone.....	55
paliperidone er.....	39
PANRETIN.....	35
pantoprazole sodium.....	75
paricalcitol.....	97
paroxetine hcl.....	18
PAROXETINE HCL.....	18
paroxetine hcl er.....	18
paroxetine mesylate.....	19
PAXLOVID.....	46
PAXLOVID (150/100).....	45
PAXLOVID (300/100).....	46
pazopanib hcl.....	31
pb-hyoscy-atropine-scopolamine.....	74
PEDIARIX.....	95
PEDVAX HIB.....	95
peg 3350-kcl-na bicarb-nacl.....	73
peg-3350/electrolytes.....	74
peg-3350/electrolytes/ascorbat.....	73
peg-kcl-nacl-nasulf-na asc-c.....	73
PEG-PREP.....	73
PEGASYS.....	92
PEMAZYRE.....	31
PEN NEEDLE/5-BEVEL TIP.....	102
PEN NEEDLES.....	102
PENBRAYA.....	102
penciclovir.....	70
penicillamine.....	77
penicillin g potassium.....	9
PENICILLIN G SODIUM.....	9
penicillin v potassium.....	9
PENMENVY.....	95
PENTACEL.....	95
pentamidine isethionate.....	36
pentazocine-naloxone hcl.....	4
pentoxifylline er.....	59
perampanel.....	13
perindopril erbumine.....	54
periogard.....	66
permethrin.....	69
perphenazine.....	20
PERPHENAZINE-AMITRIPTYLINE.....	17
PERSERIS.....	40
pfizerpen.....	9
phenazo.....	77
phenazopyridine hcl.....	77
phenelzine sulfate.....	18
phenobarbital.....	14
phenobarbital-belladonna alk.....	74
phenohydro.....	74
phenytek.....	15
phenytoin.....	15
phenytoin infatabs.....	15
phenytoin sodium extended.....	16
philith.....	85
phospho-trin k500.....	77
phytonadione.....	53
PIFELTRO.....	43
pilocarpine hcl.....	66,108
pimecrolimus.....	68
PIMOZIDE.....	38
pimtrea.....	85
pindolol.....	56
pioglitazone hcl.....	48
pioglitazone hcl-glimepiride.....	48
pioglitazone hcl-metformin hcl.....	48
piperacillin sod-tazobactam so.....	9
PIQRAY (200 MG DAILY DOSE).....	31
PIQRAY (250 MG DAILY DOSE).....	31
PIQRAY (300 MG DAILY DOSE).....	32
pirfenidone.....	112

PIRFENIDONE.....	112	PREMPRO.....	86
pirmella 1/35.....	85	prenatal vitamins.....	72
pirmella 7/7/7.....	85	prevalite.....	61
piroxicam.....	2	previfem.....	86
PNV 27-CA/FE/FA.....	71	PREVYMIS.....	41
POCKET CHAMBER.....	102	PREZCOBIX.....	45
POCKET SPACER.....	102	PREZISTA.....	45
podofilox.....	69	PRIFTIN.....	23
polycin.....	105	primaquine phosphate.....	36
polymyxin b sulfate.....	7	primidone.....	14
polymyxin b-trimethoprim.....	106	PRIORIX.....	95
POMALYST.....	25	PRO COMFORT INSULIN SYRINGE.....	103
portia-28.....	85	PRO COMFORT SPACER ADULT.....	103
posaconazole.....	22	PRO COMFORT SPACER CHILD.....	103
pot & sod cit-cit ac.....	77	PRO COMFORT SPACER INFANT.....	103
potassium chloride.....	71	probenecid.....	22
potassium chloride crys er.....	71	PROCARE SPACER/ADULT MASK.....	103
potassium chloride er.....	71	PROCARE SPACER/CHILD MASK.....	103
potassium chloride in dextrose.....	71	procentra.....	63
potassium chloride in nacl.....	71	PROCHAMBER VHC.....	103
potassium citrate er.....	71	prochlorperazine.....	20
potassium citrate-citric acid.....	77	prochlorperazine maleate.....	20
POTASSIUM CL IN DEXTROSE 5%.....	71	procto-med hc.....	68
pramipexole dihydrochloride.....	36	procto-pak.....	68
pramipexole dihydrochloride er.....	36	PROCTOFOAM HC.....	69
PRAMOSONE.....	69	proctosol hc.....	68
prasugrel hcl.....	53	proctozone-hc.....	68
pravastatin sodium.....	60	progesterone.....	88
praziquantel.....	35	PROGRAF.....	93
prazosin hcl.....	53	promethazine hcl.....	20,109
prednisolone.....	78	PROMETHAZINE VC.....	113
prednisolone acetate.....	107	PROMETHAZINE VC/CODEINE.....	113
PREDNISOLONE SODIUM PHOSPHATE.....	107	promethazine-codeine.....	113
prednisone.....	78	promethazine-dm.....	113
PREDNISONONE INTENSOL.....	78	promethazine-phenyleph-codeine.....	113
pregabalin.....	65	promethazine-phenylephrine.....	114
PREMARIN.....	85	promethegan.....	20
PREMASOL.....	72	propafenone hcl.....	55
premium lidocaine.....	5	propafenone hcl er.....	55
PREMPHASE.....	86	proparacaine hcl.....	105
		propranolol hcl.....	56

propranolol hcl er.....	56
PROPRANOLOL-HCTZ.....	59
propylthiouracil.....	90
PROQUAD.....	95
protriptyline hcl.....	19
pseudoeph-bromphen-dm.....	114
pulmosal.....	114
PULMOZYME.....	111
PURE COMFORT SAFETY PEN NEEDLE.....	103
PURE COMFORT SPACER CHAMBER.....	103
pyrazinamide.....	23
pyridostigmine bromide.....	23
pyridostigmine bromide er.....	23
pyrimethamine.....	36

Q

qc alcohol.....	69
QINLOCK.....	26
QUADRACEL.....	95
quetiapine fumarate.....	40
quetiapine fumarate er.....	40
QUICK TOUCH INSULIN PEN NEEDLE.....	103
quinapril hcl.....	54
quinapril-hydrochlorothiazide.....	59
quinidine gluconate er.....	55
quinidine sulfate.....	55
quinine sulfate.....	36
QVAR REDHALER.....	109

R

ra isopropyl alcohol wipes.....	69
RABAVERT.....	95
rabeprazole sodium.....	75
RALDESY.....	19
raloxifene hcl.....	88
ramelteon.....	114
ramipril.....	54
ranolazine er.....	59
rasagiline mesylate.....	37
reclipsen.....	86
RECOMBIVAX HB.....	95

REGRANEX.....	69
relafen.....	2
RELENZA DISKHALER.....	45
RENTHYROID.....	89
repaglinide.....	48
REPATHA.....	61
REPATHA PUSHTRONEX SYSTEM.....	61
REPATHA SURECLICK.....	61
RESTASIS.....	105
RETACRIT.....	52
RETEVMO.....	32
REVCovi.....	76
REVUFORJ.....	32
REXULTI.....	40
REYATAZ.....	45
REZDIFFRA.....	89
REZLIDHIA.....	32
RHOPRESSA.....	108
RIBAVIRIN.....	42
ribavirin.....	42
RIDAURA.....	91
rifabutin.....	23
rifampin.....	23
riluzole.....	64
RIMANTADINE HCL.....	45
ringers.....	72
ringers irrigation.....	103
RINVOQ.....	91
RINVOQ LQ.....	91
risedronate sodium.....	97
risperidone.....	40
risperidone microspheres er.....	40
RITEFLO.....	103
ritonavir.....	45
rivaroxaban.....	51
rivastigmine.....	16
rivastigmine tartrate.....	17
rivelsa.....	86
rizatriptan benzoate.....	23
ROCKLATAN.....	105
roflumilast.....	111

ROMVIMZA.....	32
ropinirole hcl.....	36
ropinirole hcl er.....	37
rosadan.....	7
rosuvastatin calcium.....	60
rosyrah.....	86
ROTARIX.....	95
ROTATEQ.....	95
roweepra.....	13
ROZLYTREK.....	32
RUBRACA.....	32
rufinamide.....	16
RUKOBIA.....	44
RYBELSUS.....	48
RYDAPT.....	32

S

sacubitril-valsartan.....	59
sajazir.....	90
saline bacteriostatic.....	103
salsalate.....	2
SANDIMMUNE.....	93
SANTYL.....	69
sapropterin dihydrochloride.....	76
SCEMBLIX.....	32
scopolamine.....	20
SECUADO.....	40
SECURESAFE INSULIN SYRINGE.....	103
selegiline hcl.....	37
selenium sulfide.....	68
SELZENTRY.....	44
SEREVENT DISKUS.....	110
sertraline hcl.....	19
setlakin.....	86
sharobel.....	88
SHINGRIX.....	95
SIGNIFOR.....	90
sildenafil citrate.....	77,112
SILIGENTLE FOAM DRESSING.....	103
silodosin.....	77
silver sulfadiazine.....	69

SIMBRINZA.....	108
SIMLANDI (1 PEN).....	94
SIMLANDI (1 SYRINGE).....	94
SIMLANDI (2 PEN).....	94
SIMLANDI (2 SYRINGE).....	94
simliya.....	86
simpesse.....	86
simvastatin.....	60
sirolimus.....	94
SIRTURO.....	23
SKYRIZI.....	91
SKYRIZI (150 MG DOSE).....	91
SKYRIZI PEN.....	92
SMOFLIPID.....	103
sod citrate-citric acid.....	77
sodium chloride.....	72,114
sodium chloride (pf).....	72
sodium chloride bacteriostatic.....	103
sodium fluoride.....	72
SODIUM OXYBATE.....	115
sodium phenylbutyrate.....	76
sodium polystyrene sulfonate.....	72
solifenacin succinate.....	76
SOLTAMOX.....	25
SOMAVERT.....	90
sorafenib tosylate.....	32
sorine.....	55
sotalol hcl.....	55
sotalol hcl (af).....	55
SPINOSAD.....	69
SPIRIVA RESPIMAT.....	110
spironolactone.....	60
spironolactone-hctz.....	59
sprintec 28.....	86
SPRITAM.....	13
SPS (SODIUM POLYSTYRENE SULF).....	72
sronyx.....	86
ssd.....	69
SSS 10-5.....	69
STAVUDINE.....	43
STELARA.....	92

sterile water for irrigation.....	103	tafluprost (pf).....	108
STIOLTO RESPIMAT.....	114	TAGRISSO.....	33
STIVARGA.....	32	TALZENNA.....	33
STREPTOMYCIN SULFATE.....	6	tamoxifen citrate.....	25
STRIBILD.....	42	tamsulosin hcl.....	77
subvenite.....	13	tarina 24 fe.....	86
subvenite starter kit-blue.....	13	tarina fe 1/20.....	86
subvenite starter kit-green.....	13	tarina fe 1/20 eq.....	86
subvenite starter kit-orange.....	13	tasimelteon.....	114
sucralfate.....	75	taysofy.....	86
sulfacetamide sodium.....	106	tazarotene.....	66
sulfacetamide sodium (acne).....	66	TAZICEF.....	8
sulfacetamide sodium-sulfur.....	69	taztia xt.....	57
SULFACETAMIDE-PREDNISOLONE.....	105	TAZVERIK.....	33
sulfadiazine.....	11	TDVAX.....	95
sulfamethoxazole-trimethoprim.....	11	TECHLITE PLUS PEN NEEDLES.....	103
sulfasalazine.....	96	TEFLARO.....	8
sulfatrim pediatric.....	11	telmisartan.....	54
sulindac.....	2	telmisartan-amlodipine.....	59
sumatriptan.....	23	telmisartan-hctz.....	59
sumatriptan succinate.....	23	temazepam.....	114,115
sumatriptan succinate refill.....	23	TEMIXYS.....	43
sunitinib malate.....	32,33	TENCON.....	64
SUNLENCA.....	44	TENIVAC.....	95
SURE COMFORT PEN NEEDLES.....	103	tenofovir disoproxil fumarate.....	43
syeda.....	86	TEPMETKO.....	33
SYMPAZAN.....	14	terazosin hcl.....	53
SYMTUZA.....	45	terbinafine hcl.....	22
SYNAREL.....	90	terbutaline sulfate.....	111
SYNJARDY.....	48	terconazole.....	22
SYNJARDY XR.....	48	teriflunomide.....	65
SYNRIBO.....	33	teriparatide.....	97
SYNTHROID.....	89	testosterone.....	79
		testosterone cypionate.....	79
T		TESTOSTERONE ENANTHATE.....	79
TABLOID.....	25	TETANUS-DIPHTHERIA TOXOIDS TD.....	95
TABRECTA.....	33	tetrabenazine.....	64
tacrolimus.....	68,94	tetracycline hcl.....	12
tadalafil.....	77	THALOMID.....	25
tadalafil (pah).....	112	THEO-24.....	111
TAFINLAR.....	33	theophylline.....	111

theophylline er	111	tramadol-acetaminophen	4
thioridazine hcl	38	trandolapril	54
thiothixene	38	TRANDOLAPRIL-VERAPAMIL HCL ER	59
THYROID	89	tranexamic acid	53
tiadylt er	57	tranylcypromine sulfate	18
tiagabine hcl	14	travoprost (bak free)	108
TIBSOVO	33	trazodone hcl	19
ticagrelor	53	TRECATOR	24
TICOVAC	95,96	TRELEGY ELLIPTA	114
tigecycline	7	TRESIBA	50
tilia fe	86	TRESIBA FLEXTouch	50
timolol hemihydrate	107	tretinoin	35,66
timolol maleate	56,107	TREXALL	94
timolol maleate (once-daily)	107	tri femynor	86
timolol maleate ocudose	107	tri-estarylla	86
timolol maleate pf	107	tri-legest fe	86
tinidazole	7	tri-lynyah	86
tiotropium bromide	110	tri-lo-estarylla	86
tis-u-sol	103	tri-lo-marzia	86
TIVICAY	42	tri-lo-mili	86
TIVICAY PD	42	tri-lo-sprintec	86
tizanidine hcl	41	tri-mili	86
TOBRADEX	105	tri-nymyo	86
tobramycin	106,111	tri-previfem	86
tobramycin sulfate	6	tri-sprintec	86
tobramycin-dexamethasone	105	tri-vylibra	86
TOBEX	106	tri-vylibra lo	86
TOLAK	69	triamcinolone acetonide	66,68
tolterodine tartrate	76	triamterene	60
tolterodine tartrate er	76	triamterene-hctz	59
topiramate	13	triazolam	115
topiramate er	13	tricitrates	77
toremifene citrate	25	triderm	68
torseamide	60	trientine hcl	72
TOUJEO MAX SOLOSTAR	50	TRIENTINE HCL	72
TOUJEO SOLOSTAR	50	trifluoperazine hcl	38
TPN ELECTROLYTES	72	TRIFLURIDINE	106
TRACLEER	112	trihexyphenidyl hcl	36
TRADJENTA	49	TRIKAFTA	111
tramadol hcl	4	trimethobenzamide hcl	20
tramadol hcl er	2	trimethoprim	7

trimipramine maleate.....	19
TRINTELLIX.....	19
TRIUMEQ.....	43
TRIUMEQ PD.....	43
trivora (28).....	87
TRIZIVIR.....	43
tropium chloride.....	77
tropium chloride er.....	77
TRUE COMFORT INSULIN SYRINGE.....	104
TRUE COMFORT PEN NEEDLES.....	104
TRUE COMFORT PRO PEN NEEDLES.....	104
TRUE COMFORT SAFETY PEN NEEDLE.....	104
TRULICITY.....	49
TRUMENBA.....	96
TRUQAP.....	33
TUKYSA.....	33
tulana.....	88
TURALIO.....	33
turqoz.....	87
TWINRIX.....	96
TYBOST.....	44
tydemy.....	87
TYENNE.....	92
TYMLOS.....	97
TYPHIM VI.....	96

U

UDENYCA.....	52
ULTIGUARD SAFEPAK PEN NEEDLE.....	104
UNIFINE OTC PEN NEEDLES.....	104
UNIFINE PENTIPS.....	104
UNIFINE PROTECT PEN NEEDLE.....	104
UNIFINE SAFECONTROL PEN NEEDLE.....	104
unithroid.....	89
UPTRAVI.....	112
ursodiol.....	74
USTEKINUMAB.....	92
USTEKINUMAB-AEKN.....	92

V

valacyclovir hcl.....	45
-----------------------	----

VALCHLOR.....	69
valganciclovir hcl.....	41
valproate sodium.....	13
valproic acid.....	13
valsartan.....	54
valsartan-hydrochlorothiazide.....	59
VALTOCO 10 MG DOSE.....	14
VALTOCO 15 MG DOSE.....	14
VALTOCO 20 MG DOSE.....	14
VALTOCO 5 MG DOSE.....	14
valtya 1/35.....	87
valtya 1/50.....	87
vanadom.....	114
vancomycin hcl.....	7
VANDAZOLE.....	7
VANFLYTA.....	33
VAQTA.....	96
vardenafil hcl.....	77
varenicline tartrate.....	5
varenicline tartrate (starter).....	5
varenicline tartrate(continue).....	5
VARIVAX.....	96
VAXCHORA.....	96
VECAMYL.....	59
VELIVET.....	87
VENCLEXTA.....	33
VENCLEXTA STARTING PACK.....	33
venlafaxine hcl.....	19
venlafaxine hcl er.....	19
VEOZAH.....	65
verapamil hcl.....	57
VERAPAMIL HCL ER.....	57
VERIFINE INSULIN PEN NEEDLE.....	104
VERIFINE INSULIN SYRINGE.....	104
VERIFINE PLUS PEN NEEDLE.....	104
VERQUVO.....	59
VERSACLOZ.....	41
VERZENIO.....	34
vestura.....	87
vienna.....	87
vigabatrin.....	15

vigadrone	15
VIGAFYDE	15
vigpoder	15
vilazodone hcl	19
VIMKUNYA	96
viorele	87
VIRACEPT	45
VIREAD	43,44
virtussin a/c	114
virtussin ac w/alc	114
vitamin d (ergocalciferol)	97
VITRAKVI	34
VIVOTIF	96
VIZIMPRO	34
volnea	87
VONJO	35
VORANIGO	34
voriconazole	22
VORTEX HOLD CHMBR/MASK/CHILD	104
VORTEX HOLD CHMBR/MASK/TODDLER	104
VORTEX VALVE CHAMBER-PEDI MASK	104
VORTEX VALVED HOLDING CHAMBER	104
VOSEVI	42
VOWST	104
VRAYLAR	40
vyfemla	87
vylibra	87
VYZULTA	108

W

warfarin sodium	51
water for irrigation, sterile	104
WEBCOL ALCOHOL PREP LARGE	104
WELIREG	26
wera	87
WINREVAIR	112
wixela inhub	114
wymzya fe	87
WYOST	97

X

XALKORI	34
xarah fe	87
XARELTO	52
XARELTO STARTER PACK	52
XATMEP	94
XCOPRI	13,14,16
XCOPRI (250 MG DAILY DOSE)	16
XCOPRI (350 MG DAILY DOSE)	16
XDEMVY	106
XELJANZ	92
XELJANZ XR	92
xelria fe	87
XERMELO	73
XIFAXAN	7
XIGDUO XR	49
XIIDRA	106
XOFLUZA (40 MG DOSE)	45
XOFLUZA (80 MG DOSE)	45
XOLAIR	92
XOSPATA	34
XPOVIO (100 MG ONCE WEEKLY)	34
XPOVIO (40 MG ONCE WEEKLY)	34
XPOVIO (40 MG TWICE WEEKLY)	34
XPOVIO (60 MG ONCE WEEKLY)	34
XPOVIO (60 MG TWICE WEEKLY)	34
XPOVIO (80 MG ONCE WEEKLY)	34
XPOVIO (80 MG TWICE WEEKLY)	34
XTANDI	24
xulane	87

Y

YESINTEK	92
YF-VAX	96
yuvaferm	87

Z

zafemy	87
zafirlukast	109
zaleplon	115

ZARXIO	53
zebutal	65
ZEJULA	34
ZELBORAF	34
zenatane	66
ZENPEP	76
zenzedi	63
zidovudine	44
ziprasidone hcl	40
ziprasidone mesylate	40
ZIRGAN	106
zoledronic acid	97
ZOLINZA	26
zolmitriptan	23
zolpidem tartrate	115
zolpidem tartrate er	115
ZONISADE	16
zonisamide	16
ZONTIVITY	52
zovia 1/35 (28)	87
zovia 1/35e (28)	87
ZTALMY	15
zumandimine	87
ZURZUVAE	17
ZYDELIG	35
ZYKADIA	35
ZYLET	106
ZYPREXA RELPREVV	40



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

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

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

ՀԱՅԵՐԵՆ

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

中文

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

हिंदी

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

Lus Hmoob

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

日本語

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

한국어

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

ລາວ

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

ភាសាខ្មែរ

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

فارسی

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

ਪੰਜਾਬੀ

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

РУССКИЙ

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

Español

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

Tagalog

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

ไทย

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

українська мова

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

Việt

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



NONDISCRIMINATION NOTICE

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

Blue Shield of California provides:

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

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

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

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

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

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

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

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

This formulary was updated on 10/15/2025 . For more recent information or other questions, please contact Blue Shield of California Customer Service, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit blueshieldca.com/medformulary2026.

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

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

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