

Group PPO

Blue Shield Medicare (PPO)

2022 Formulary

(List of Covered Drugs)

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

Formulary ID 22445, Version 20

This formulary was updated on **11/22/2022**. For more recent information or other questions, please contact Blue Shield of California Customer Care, at (888) 802-4599 or, for TTY users, 711, 7 a.m. to 8 p.m., seven days a week, year round, or visit blueshieldca.com/calpers.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of **11/22/2022**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023 and from time to time during the year.



What is the Blue Shield Medicare Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Shield Medicare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an

exception to the Blue Shield Medicare Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **11/22/2022**. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at blueshieldca.com/calpers.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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 2. 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 98. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care 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 Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your

drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Our transition policy applies to members who are stabilized on:

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

And are members in any of the following scenarios:

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

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

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

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

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

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless

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

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

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

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

For more information

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

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

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

Plan Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 98 .

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

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

LEGEND

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

SYMBOL	NAME	DESCRIPTION
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.
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"
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Care at the number on your ID card.
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
ED	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
BUTALBITAL-ASPIRIN-CAFFEINE (50-325-40 MG TAB, CAP 50-325-40 MG)	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg)</i>	gen	QL (2 PER 1 DAYS)
<i>celecoxib cap 400 mg</i>	gen	QL (1 PER 1 DAYS)
DICLOFENAC EPOLAMINE	gen	PA, QL (2 PER 1 DAYS)
<i>diclofenac potassium tab 50 mg</i>	gen	
<i>diclofenac sodium</i>	gen	
<i>diclofenac sodium (topical) (gel 1%, soln 1.5%)</i>	gen	
<i>diclofenac w/ misoprostol</i>	gen	
<i>diflunisal</i>	gen	
<i>etodolac</i>	gen	
FENOPROFEN CALCIUM (400 MG CAP, CAP 400 MG, TAB 600 MG)	gen	PA
FLURBIPROFEN (50 MG TAB, TAB 50 MG, TAB 100 MG)	gen	
<i>ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)</i>	gen	
<i>ibuprofen-famotidine</i>	gen	PA, QL (3 PER 1 DAYS)
<i>indomethacin (cap 25 mg, cap 50 mg, cap er 75 mg)</i>	gen	PA
KETOPROFEN	gen	
KETOPROFEN ER	gen	PA
<i>ketorolac tromethamine tab 10 mg</i>	gen	PA
MECLOFENAMATE SODIUM	gen	
<i>mefenamic acid</i>	gen	PA
<i>meloxicam (7.5 mg/5ml suspension, tab 7.5 mg, tab 15 mg)</i>	gen	
<i>meloxicam (cap 5 mg, cap 10 mg)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>nabumetone</i>	gen	
<i>naproxen (tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium (tab 275 mg, tab 550 mg)</i>	gen	
<i>naproxen sodium (tab er 24hr 375 mg equiv), tab er 24hr 500 mg equiv))</i>	gen	PA
<i>naproxen susp 125 mg/5ml</i>	gen	PA
<i>naproxen-esomeprazole magnesium</i>	gen	PA, QL (2 PER 1 DAYS)
<i>oxaprozin</i>	gen	
<i>piroxicam</i>	gen	
<i>salsalate</i>	gen	
<i>sulindac</i>	gen	
TOLMETIN SODIUM	gen	PA

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i>	gen	PA, QL (4 PER 28 OVER TIME), NDS
<i>fentanyl (patch 72hr 100 mcg/hr, patch 72hr 12 mcg/hr, patch 72hr 25 mcg/hr, patch 72hr 50 mcg/hr, patch 72hr 75 mcg/hr)</i>	gen	PA, QL (10 PER 30 OVER TIME), NDS
<i>hydrocodone bitartrate (cap er 10 mg, cap er 15 mg, cap er 30 mg, cap er 40 mg, cap er 50 mg)</i>	gen	PA, QL (2 PER 1 DAYS), NDS
<i>hydrocodone bitartrate (tab er 24hr deter 100 mg, tab er 24hr deter 120 mg, tab er 24hr deter 20 mg, tab er 24hr deter 30 mg, tab er 24hr deter 40 mg, tab er 24hr deter 60 mg, tab er 24hr deter 80 mg)</i>	gen	PA, QL (1 PER 1 DAYS), NDS
HYDROCODONE BITARTRATE ER	gen	PA, QL (2 PER 1 DAYS), NDS
<i>hydromorphone hcl (tab er 24hr 16 mg, tab er 24hr 32 mg, tab er 24hr 8 mg)</i>	gen	PA, QL (30 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab er 24hr 12 mg</i>	gen	PA, QL (60 PER 30 OVER TIME), NDS
<i>levorphanol tartrate</i>	gen	PA, QL (4 PER 1 DAYS), NDS
METHADONE HCL (10 MG/5ML SOLUTION, SOLN 10 MG/5ML)	gen	PA, QL (450 PER 30 OVER TIME), NDS
METHADONE HCL (10 MG/ML SOLUTION, INJ 10 MG/ML)	npd	PA, NDS
METHADONE HCL (5 MG/5ML SOLUTION, SOLN 5 MG/5ML)	gen	PA, QL (900 PER 30 OVER TIME), NDS
<i>methadone hcl (conc 10 mg/ml, tab 10 mg)</i>	gen	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl tab 5 mg</i>	gen	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl tab for oral susp 40 mg</i>	gen	QL (1 PER 1 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate (cap er 24hr 10 mg, cap er 24hr 100 mg, cap er 24hr 20 mg, cap er 24hr 30 mg, cap er 24hr 50 mg, cap er 24hr 60 mg, cap er 24hr 80 mg)</i>	gen	PA, QL (2 PER 1 DAYS), NDS
<i>morphine sulfate (tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	gen	QL (60 PER 30 OVER TIME), NDS
MORPHINE SULFATE ER	gen	PA, QL (2 PER 1 DAYS), NDS
MORPHINE SULFATE ER BEADS	gen	PA, QL (1 PER 1 DAYS), NDS
<i>morphine sulfate tab er 15 mg</i>	gen	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 30 mg</i>	gen	QL (90 PER 30 OVER TIME), NDS
OXYCODONE HCL ER	gen	PA, QL (2 PER 1 DAYS), NDS
OXYMORPHONE HCL ER	gen	PA, QL (2 PER 1 DAYS), NDS
<i>tramadol hcl (tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 300 mg)</i>	gen	PA, QL (1 PER 1 DAYS), NDS
<i>tramadol hcl (tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 300 mg)</i>	gen	PA, QL (1 PER 1 DAYS), NDS
TRAMADOL HCL ER (BIPHASIC)	gen	PA, QL (1 PER 1 DAYS), NDS
TRAMADOL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H)	gen	PA, QL (1 PER 1 DAYS), NDS
TRAMADOL HCL ER 150 MG CAP ER 24H	gen	PA, QL (2 PER 1 DAYS), NDS

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine (w/ tab 300-15 mg, w/ tab 300-30 mg)</i>	gen	QL (12 PER 1 DAYS), NDS
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	gen	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen w/ codeine tab 300-60 mg</i>	gen	QL (6 PER 1 DAYS), NDS
<i>acetaminophen-caff-dihydrocod</i>	gen	PA, QL (10 PER 1 DAYS), NDS
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	gen	PA, QL (10 PER 1 DAYS), NDS
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	gen	PA, QL (10 PER 1 DAYS), NDS
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-aspirin-caffeine w/cod</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	gen	QL (15 PER 28 OVER TIME), NDS
<i>carisoprodol w/ aspirin & codeine</i>	gen	PA, QL (8 PER 1 DAYS), NDS
CARISOPRODOL-ASPIRIN-CODEINE	gen	PA, QL (8 PER 1 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>codeine sulfate (30 mg tab, tab 30 mg)</i>	gen	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE (60 MG TAB, TAB 60 MG)	gen	QL (84 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	gen	QL (336 PER 30 OVER TIME), NDS
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, LOZENGE ON A HANDLE 200 MCG, 400 MCG TAB, LOZENGE ON A HANDLE 400 MCG, 600 MCG TAB, LOZENGE ON A HANDLE 600 MCG, 800 MCG TAB, LOZENGE ON A HANDLE 800 MCG, LOZENGE ON A HANDLE 1200 MCG, LOZENGE ON A HANDLE 1600 MCG)	gen	PA, QL (120 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (10-325 mg/15ml solution, soln 10-325 mg/15ml)</i>	gen	PA, QL (90 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (tab 7.5-300 mg, tab 10-300 mg)</i>	gen	PA, QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (tab 7.5-325 mg, tab 10-325 mg)</i>	gen	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	gen	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	gen	PA, QL (8 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	gen	QL (8 PER 1 DAYS), NDS
HYDROCODONE-IBUPROFEN (5-200 MG TAB, TAB 5-200 MG, TAB 7.5-200 MG, 10-200 MG TAB, TAB 10-200 MG)	gen	QL (5 PER 1 DAYS), NDS
HYDROMORPHONE HCL 3 MG SUPPOS	gen	QL (240 PER 30 OVER TIME), NDS
<i>hydromorphone hcl liqd 1 mg/ml</i>	gen	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 2 mg</i>	gen	QL (154 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 4 mg</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 8 mg</i>	gen	QL (42 PER 30 OVER TIME), NDS
LORTAB	gen	QL (945 PER 30 OVER TIME), NDS
<i>meperidine hcl (100 mg tab, tab 100 mg)</i>	gen	PA, QL (84 PER 30 OVER TIME), NDS
MEPERIDINE HCL (50 MG TAB, TAB 50 MG)	gen	PA, QL (168 PER 30 OVER TIME), NDS
MEPERIDINE HCL 50 MG/5ML SOLUTION	gen	PA, QL (840 PER 30 OVER TIME), NDS
MORPHINE SULFATE (15 MG TAB, TAB 15 MG, 30 MG TAB, TAB 30 MG)	gen	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (20 mg/5ml solution, oral soln 20 mg/5ml)</i>	gen	QL (315 PER 30 OVER TIME), NDS
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS)	gen	QL (84 PER 30 OVER TIME), NDS, ED

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate oral soln 10 mg/5ml</i>	gen	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	gen	QL (70 PER 30 OVER TIME), NDS
NALOCET	gen	PA, QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl (cap 5 mg, tab 5 mg)</i>	gen	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl (conc 100 mg/5ml (20 mg/ml), tab 20 mg)</i>	gen	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl (tab 15 mg, tab 30 mg)</i>	gen	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl soln 5 mg/5ml</i>	gen	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 10 mg</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen (w/ tab 2.5-325 mg, w/ tab 5-325 mg)</i>	gen	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	gen	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	gen	QL (112 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 10-300 MG TAB	gen	PA, QL (6 PER 1 DAYS), NDS
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB	gen	PA, QL (168 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-300 MG TAB	gen	PA, QL (12 PER 1 DAYS), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	gen	QL (840 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB	gen	PA, QL (8 PER 1 DAYS), NDS
<i>oxycodone-aspirin (4.8355-325 mg tab, tab 4.8355-325 mg)</i>	gen	QL (168 PER 30 OVER TIME), NDS
OXYCODONE-IBUPROFEN	gen	QL (56 PER 30 OVER TIME), NDS
<i>oxymorphone hcl tab 10 mg</i>	gen	PA, QL (120 PER 30 OVER TIME), NDS
<i>oxymorphone hcl tab 5 mg</i>	gen	PA, QL (180 PER 30 OVER TIME), NDS
<i>pentazocine w/ naloxone</i>	gen	PA, QL (12 PER 1 DAYS), NDS
PRIMLEV 10-300 MG TAB	gen	PA, QL (6 PER 1 DAYS), NDS
PRIMLEV 5-300 MG TAB	gen	PA, QL (12 PER 1 DAYS), NDS
PRIMLEV 7.5-300 MG TAB	gen	PA, QL (8 PER 1 DAYS), NDS
PROLATE 10-300 MG TAB	gen	PA, QL (6 PER 1 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROLATE 5-300 MG TAB	gen	PA, QL (12 PER 1 DAYS), NDS
PROLATE 7.5-300 MG TAB	gen	PA, QL (8 PER 1 DAYS), NDS
<i>tramadol hcl tab 100 mg</i>	gen	QL (4 PER 1 DAYS), NDS
<i>tramadol hcl tab 50 mg</i>	gen	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen</i>	gen	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (mouth-throat)</i>	gen	
LIDOCAINE HCL 4 % SOLUTION	brd	
<i>lidocaine hcl soln 4%</i>	gen	
<i>lidocaine oint 5%</i>	gen	QL (50 PER 30 OVER TIME)
<i>lidocaine patch 5%</i>	gen	PA, QL (3 PER 1 DAYS)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	gen	QL (30 PER 30 OVER TIME)
NAYZILAM	npd	QL (10 PER 30 OVER TIME)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium</i>	gen	
<i>disulfiram</i>	gen	

OPIOID DEPENDENCE

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	gen	QL (84 PER 90 OVER TIME)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	gen	QL (21 PER 90 OVER TIME)
<i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg equiv), -naloxone sl film 4-1 mg equiv))</i>	gen	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 8-2 mg equiv), -naloxone sl tab 8-2 mg equiv))</i>	gen	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	gen	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	gen	QL (12 PER 1 DAYS)
ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	npd	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZUBSOLV (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB)	npd	QL (1 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG SL TAB	npd	QL (2 PER 1 DAYS)
OPIOID REVERSAL AGENTS		
NALOXONE HCL (0.4 MG/ML SOLN CART, NASAL SPRAY 4 MG/0.1ML)	gen	QL (2 PER 30 OVER TIME)
<i>naloxone hcl (inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)</i>	gen	
NALOXONE HCL 2 MG/0.4ML SOLN A-INJ	gen	PA, QL (0.8 PER 30 OVER TIME)
<i>naltrexone hcl</i>	gen	
NARCAN	brd	QL (2 PER 30 OVER TIME)
SMOKING CESSATION AGENTS		
<i>bupropion hcl (smoking deterrent)</i>	gen	QL (2 PER 1 DAYS)
NICOTROL	brd	
NICOTROL NS	brd	
VARENICLINE TARTRATE (0.5 MG TAB, 1 MG TAB)	gen	QL (2 PER 1 DAYS)
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK	gen	QL (60 PER 30 OVER TIME)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	npd	
<i>gentamicin sulfate (topical)</i>	gen	
<i>gentamicin sulfate inj 40 mg/ml</i>	npd	
<i>neomycin sulfate</i>	gen	
<i>paromomycin sulfate</i>	gen	
STREPTOMYCIN SULFATE	npd	
<i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 2 gm/50ml solution, 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	npd	
ANTIBACTERIALS, OTHER		
<i>acetic acid (otic)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aztreonam</i>	npd	
CHLORAMPHENICOL SOD SUCCINATE	npd	
CLEOCIN 100 MG SUPPOS	brd	
<i>clindamycin hcl</i>	gen	
<i>clindamycin palmitate hydrochloride</i>	gen	
<i>clindamycin phosphate</i>	npd	
<i>clindamycin phosphate in d5w</i>	npd	
CLINDAMYCIN PHOSPHATE IN NACL	npd	
<i>clindamycin phosphate swab 1%</i>	gen	
<i>clindamycin phosphate vaginal</i>	gen	
CLINDESSE	brd	
<i>colistimethate sodium</i>	npd	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)</i>	spec	
<i>fosfomycin tromethamine</i>	gen	QL (1 PER 30 OVER TIME)
<i>lincomycin hcl</i>	npd	
<i>linezolid (for susp 100 mg/5ml, tab 600 mg)</i>	gen	PA
LINEZOLID IN SODIUM CHLORIDE	spec	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	npd	
<i>methenamine hippurate</i>	gen	
<i>metronidazole (5 mg/ml solution, iv soln 500 mg/100ml)</i>	npd	
<i>metronidazole (cap 375 mg, tab 250 mg, tab 500 mg)</i>	gen	
<i>metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)</i>	gen	
<i>metronidazole vaginal</i>	gen	
<i>nitrofurantoin</i>	gen	
<i>nitrofurantoin macrocrystal</i>	gen	
<i>nitrofurantoin monohyd macro</i>	gen	
ORBACTIV	spec	PA, QL (9 PER 30 OVER TIME)
<i>polymyxin b sulfate</i>	npd	
SYNERCID	spec	
TIGECYCLINE (50 MG RECON SOLN, FOR IV SOLN 50 MG)	spec	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tinidazole</i>	gen	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	gen	
<i>vancomycin hcl (cap 125 mg equivalent), cap 250 mg equivalent))</i>	gen	
<i>vancomycin hcl (for iv soln 1 gm (base equivalent), 1.25 gm recon soln, 1.5 gm recon soln, for iv soln 10 gm (base equivalent), 100 gm recon soln, 250 mg recon soln, for iv soln 500 mg (base equivalent), 750 mg recon soln, for iv soln 750 mg (base equivalent))</i>	npd	
VANCOMYCIN HCL 250 MG/5ML RECON SOLN	gen	PA, QL (450 PER 30 OVER TIME)
VANDAZOLE	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 (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, CAP 250 MG, 375 MG/5ML RECON SUSP, 500 MG CAP, CAP 500 MG)	gen	
CEFACLOR ER	gen	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i>	gen	
CEFAZOLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, FOR INJ 10 GM, 20 GM RECON SOLN, 100 GM RECON SOLN, 300 GM RECON SOLN, FOR INJ 500 MG)	npd	
<i>cefдинир (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	gen	
CEFDITOREN PIVOXIL	gen	
<i>cefepime hcl (1 gm/50ml solution, for inj 1 gm, 2 gm recon soln, 2 gm/100ml solution, for inj 2 gm)</i>	npd	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	gen	
CEFOTAXIME SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, 10 GM RECON SOLN, 500 MG RECON SOLN)	npd	
CEFOTETAN DISODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, FOR INJ 2 GM)	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefoxitin sodium</i>	npd	
<i>cefprozime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	gen	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	gen	
<i>ceftazidime</i>	npd	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	npd	
<i>cefuroxime axetil</i>	gen	
<i>cefuroxime sodium</i>	npd	
<i>cephalexin (250 mg tab, cap 250 mg, cap 500 mg, 750 mg cap, cap 750 mg, for susp 125 mg/5ml, for susp 250 mg/5ml, 500 mg tab)</i>	gen	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	npd	
TAZICEF (1 GM RECON SOLN, 6 GM RECON SOLN)	npd	
TEFLARO	spec	

BETA-LACTAM, PENICILLINS

<i>amoxicillin & pot clavulanate (for susp 200-28.5 mg/5ml, for susp 250-62.5 mg/5ml, for susp 400-57 mg/5ml, for susp 600-42.9 mg/5ml, tab 250-125 mg, tab 500-125 mg, tab 875-125 mg, tab er 12hr 1000-62.5 mg)</i>	gen	
<i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	gen	
AMOXICILLIN-POT CLAVULANATE	gen	
AMOXICILLIN-POT CLAVULANATE ER	gen	
AMPICILLIN	gen	
<i>ampicillin & sulbactam sodium</i>	npd	
AMPICILLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, FOR INJ 2 GM, 125 MG RECON SOLN, FOR INJ 250 MG, FOR INJ 500 MG, FOR IV SOLN 2 GM, FOR IV SOLN 10 GM)	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMPICILLIN-SULBACTAM SODIUM	npd	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	brd	
BICILLIN C-R	npd	
BICILLIN C-R 900/300	npd	
BICILLIN L-A	npd	
<i>dicloxacillin sodium</i>	gen	
NAFCILLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, FOR INJ 2 GM)	npd	
<i>nafcillin sodium for iv soln 10 gm</i>	spec	
<i>penicillin g potassium</i>	npd	
PENICILLIN G SODIUM	npd	
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN, TAB 250 MG, TAB 500 MG)	gen	
PFIZERPEN	npd	
<i>piperacillin sodium-tazobactam sodium</i>	npd	

CARBAPENEMS

<i>ertapenem sodium</i>	npd	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i>	npd	
<i>meropenem</i>	npd	
MEROPENEM-SODIUM CHLORIDE	npd	

MACROLIDES

<i>azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, tab 250 mg, tab 500 mg, tab 600 mg)</i>	gen	
<i>azithromycin iv for soln 500 mg</i>	npd	
<i>clarithromycin (125 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg, 250 mg/5ml recon susp)</i>	gen	
E.E.S. 400	gen	
ERYTHROCIN LACTOBIONATE	npd	
ERYTHROCIN STEARATE	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin base (base 250 mg cp dr part, tab 250 mg, tab 500 mg, tab delayed release 250 mg, tab delayed release 333 mg, tab delayed release 500 mg, w/ delayed release particles cap 250 mg)</i>	gen	
<i>erythromycin ethylsuccinate (for susp 200 mg/5ml, 400 mg tab, for susp 400 mg/5ml)</i>	gen	
<i>erythromycin lactobionate</i>	npd	

QUINOLONES

BESIVANCE	brd	
CILOXAN 0.3 % OINTMENT	brd	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	npd	
CIPROFLOXACIN 400 MG/40ML SOLUTION	npd	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	gen	
<i>ciprofloxacin hcl (100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	gen	
<i>ciprofloxacin hcl (ophth)</i>	gen	
CIPROFLOXACIN-CIPROFLOX HCL ER	gen	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	gen	
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	npd	
<i>levofloxacin iv soln 25 mg/ml</i>	npd	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	gen	
OFLOXACIN (300 MG TAB, TAB 400 MG)	gen	

SULFONAMIDES

AVC VAGINAL	brd	
<i>sulfacetamide sodium (acne)</i>	gen	
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	gen	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	gen	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TETRACYCLINES		
<i>demeclocycline hcl</i>	gen	
DOXYCYCLINE	gen	PA, QL (1 PER 1 DAYS)
<i>doxycycline (monohydrate) (cap 50 mg, cap 100 mg, for susp 25 mg/5ml, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	gen	
<i>doxycycline hyclate (cap 50 mg, cap 100 mg, tab 20 mg, tab 100 mg)</i>	gen	
<i>doxycycline hyclate (tab 75 mg, tab 100 mg)</i>	gen	PA
<i>doxycycline hyclate (tab 75 mg, tab 150 mg, tab delayed release 50 mg, tab delayed release 150 mg, tab delayed release 200 mg)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>doxycycline hyclate for inj 100 mg</i>	npd	
<i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	gen	
<i>minocycline hcl (tab er 24hr 105 mg, tab er 24hr 115 mg, tab er 24hr 135 mg, tab er 24hr 45 mg, tab er 24hr 55 mg, tab er 24hr 65 mg, tab er 24hr 80 mg, tab er 24hr 90 mg)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>tetracycline hcl</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	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
DIACOMIT (500 MG CAP, 500 MG PACKET)	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
<i>divalproex sodium</i>	gen	
EPIDIOLEX	spec	PA - FOR NEW STARTS ONLY, LA
EPRONTIA	npd	PA - FOR NEW STARTS ONLY, QL (16 PER 1 DAYS)
<i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>	gen	
FINTEPLA	spec	PA - FOR NEW STARTS ONLY, LA, QL (12 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	npd	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	npd	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	npd	QL (3 PER 1 DAYS)
<i>lamotrigine (orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 25 mg (42) & 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg & 14 x 100 mg starter kit, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg)</i>	gen	
<i>lamotrigine (tab er 24hr 100 mg, tab er 24hr 200 mg)</i>	gen	ST, QL (3 PER 1 DAYS)
<i>lamotrigine (tab er 24hr 25 mg, tab er 24hr 50 mg)</i>	gen	ST, QL (1 PER 1 DAYS)
<i>lamotrigine (tab er 24hr 250 mg, tab er 24hr 300 mg)</i>	gen	ST
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	gen	QL (28 PER 30 OVER TIME)
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	gen	QL (35 PER 30 OVER TIME)
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	gen	QL (56 PER 30 OVER TIME)
<i>levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg)</i>	gen	
<i>levetiracetam tab er 24hr 500 mg</i>	gen	QL (6 PER 1 DAYS)
<i>levetiracetam tab er 24hr 750 mg</i>	gen	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
SPRITAM 1000 MG TAB	npd	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
SPRITAM 750 MG TAB	npd	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
<i>topiramate (cap er 24hr 100 mg, cap er 24hr 150 mg, cap er 24hr 200 mg, cap er 24hr 25 mg, cap er 24hr 50 mg)</i>	gen	PA - FOR NEW STARTS ONLY
<i>topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	gen	
valproate sodium inj 100 mg/ml	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	gen	
<i>valproic acid</i>	gen	
XCOPRI (150 MG TAB, 200 MG TAB)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
XCOPRI (350 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
XCOPRI (50 MG TAB, 100 MG TAB)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	spec	PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	npd	PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME)
ZTALMY	spec	PA - FOR NEW STARTS ONLY, LA, QL (36 PER 1 DAYS)

CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN	brd
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	gen

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam suspension 2.5 mg/ml</i>	gen	PA - FOR NEW STARTS ONLY, QL (16 PER 1 DAYS)
<i>clobazam tab 10 mg</i>	gen	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
<i>clobazam tab 20 mg</i>	gen	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
DIAZEPAM 10 MG GEL	gen	QL (20 PER 30 OVER TIME)
DIAZEPAM 2.5 MG GEL	gen	QL (5 PER 30 OVER TIME)
DIAZEPAM 20 MG GEL	gen	QL (40 PER 30 OVER TIME)
<i>gabapentin (tab 600 mg, tab 800 mg)</i>	gen	QL (4 PER 1 DAYS)
<i>gabapentin cap 100 mg</i>	gen	QL (12 PER 1 DAYS)
<i>gabapentin cap 300 mg</i>	gen	QL (8 PER 1 DAYS)
<i>gabapentin cap 400 mg</i>	gen	QL (6 PER 1 DAYS)
<i>gabapentin oral soln 250 mg/5ml</i>	gen	QL (72 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	gen	PA - FOR NEW STARTS ONLY
<i>primidone</i>	gen	
SYMPAZAN	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>tiagabine hcl</i>	gen	
VALTOCO 10 MG DOSE	spec	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE	spec	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE	spec	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE	spec	QL (10 PER 30 OVER TIME)
<i>vigabatrin</i>	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)

SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB)	npd	QL (1 PER 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	npd	QL (2 PER 1 DAYS)
<i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	gen	
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	brd	
DILANTIN INFATABS	brd	
<i>lacosamide (tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	gen	QL (2 PER 1 DAYS)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	npd	PA - Part B vs D Determination
<i>lacosamide oral solution 10 mg/ml</i>	gen	QL (40 PER 1 DAYS)
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	gen	
PEGANONE	npd	
PHENYTEK	npd	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	gen	
<i>phenytoin sodium extended</i>	gen	
<i>rufinamide susp 40 mg/ml</i>	gen	ST, QL (80 PER 1 DAYS)
<i>rufinamide tab 200 mg</i>	gen	ST, QL (16 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rufinamide tab 400 mg</i>	gen	ST, QL (8 PER 1 DAYS)
ZONISADE	npd	
<i>zonisamide</i>	gen	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

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

CHOLINESTERASE INHIBITORS

<i>donepezil hydrochloride (tab 5 mg, tab 10 mg)</i>	gen	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	gen	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	gen	
<i>donepezil hydrochloride tab 23 mg</i>	gen	ST
<i>galantamine hydrobromide (4 mg/ml solution, tab 4 mg, tab 8 mg, tab 12 mg)</i>	gen	
<i>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg)</i>	gen	QL (1 PER 1 DAYS)
<i>rivastigmine</i>	gen	QL (30 PER 30 OVER TIME)
<i>rivastigmine tartrate</i>	gen	

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

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

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>bupropion hcl (tab 100 mg, tab er 12hr 100 mg)</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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)</i>	gen	QL (3 PER 1 DAYS)
BUPROPION HCL ER (XL)	gen	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>bupropion hcl tab 75 mg</i>	gen	QL (6 PER 1 DAYS)
<i>bupropion hcl tab er 12hr 200 mg</i>	gen	QL (2 PER 1 DAYS)
<i>bupropion hcl tab er 24hr 300 mg</i>	gen	QL (1 PER 1 DAYS)
CHLORDIAZEPOXIDE-AMITRIPTYLINE	gen	PA - FOR NEW STARTS ONLY
LYBALVI	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
MAPROTILINE HCL	gen	
<i>mirtazapine</i>	gen	
<i>olanzapine-fluoxetine hcl</i>	gen	
PERPHENAZINE-AMITRIPTYLINE	gen	PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM	npd	PA - FOR NEW STARTS ONLY
MARPLAN	npd	
PHENELZINE SULFATE (15 MG TAB, TAB 15 MG)	gen	
<i>tranylcypromine sulfate</i>	gen	

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

<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	gen	
<i>desvenlafaxine succinate (tab er 24hr 25 mg equiv), tab er 24hr 50 mg equiv))</i>	gen	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	gen	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (soln 5 mg/5ml equiv), tab 5 mg equiv), tab 10 mg equiv), tab 20 mg equiv))</i>	gen	
FETZIMA	npd	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
FETZIMA TITRATION	npd	PA - FOR NEW STARTS ONLY, QL (28 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml, tab 10 mg, tab 20 mg)</i>	gen	
FLUOXETINE HCL (PMDD)	gen	
FLUOXETINE HCL 90 MG CAP DR	gen	QL (4 PER 28 OVER TIME)
<i>fluvoxamine maleate (cap er 24hr 100 mg, cap er 24hr 150 mg)</i>	gen	ST, QL (2 PER 1 DAYS)
<i>fluvoxamine maleate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	gen	
NEFAZODONE HCL	gen	
<i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)</i>	gen	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	gen	QL (30 PER 1 DAYS)
<i>paroxetine mesylate (vasomotor)</i>	gen	QL (1 PER 1 DAYS)
<i>sertraline hcl (oral concentrate for solution 20 mg/ml, tab 25 mg, tab 50 mg, tab 100 mg)</i>	gen	
<i>trazodone hcl</i>	gen	
TRINTELLIX	npd	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (cap er 24hr 150 mg equivalent), cap er 24hr 37.5 mg equivalent))</i>	gen	QL (2 PER 1 DAYS)
<i>venlafaxine hcl (cap er 24hr 75 mg equivalent), tab er 24hr 75 mg equivalent))</i>	gen	QL (3 PER 1 DAYS)
<i>venlafaxine hcl (tab 25 mg equivalent), tab 37.5 mg equivalent), tab 50 mg equivalent), tab 75 mg equivalent), tab 100 mg equivalent))</i>	gen	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	gen	QL (1 PER 1 DAYS)
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	gen	QL (6 PER 1 DAYS)
VIIBRYD STARTER PACK	npd	ST, QL (30 PER 30 OVER TIME)
<i>vilazodone hcl</i>	gen	ST, QL (1 PER 1 DAYS)

TRICYCLICS

<i>amitriptyline hcl</i>	gen	PA - FOR NEW STARTS ONLY
AMOXAPINE	gen	
<i>clomipramine hcl</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 1.

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

ANTIEMETICS

ANTIEMETICS, OTHER

<i>doxylamine-pyridoxine</i>	gen	PA, QL (4 PER 1 DAYS)
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	gen	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent), tab 10 mg equivalent))</i>	gen	
METOCLOPRAMIDE HCL 10 MG TAB DISP	gen	PA, QL (4 PER 1 DAYS)
METOCLOPRAMIDE HCL 5 MG TAB DISP	gen	PA, QL (12 PER 1 DAYS)
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	npd	
<i>perphenazine</i>	gen	
<i>prochlorperazine</i>	gen	
<i>prochlorperazine maleate</i>	gen	
<i>promethazine hcl (suppos 25 mg, suppos 50 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	gen	PA
<i>promethazine hcl suppos 12.5 mg</i>	gen	PA, ED
PROMETHEGAN	gen	PA
<i>scopolamine</i>	gen	PA
<i>trimethobenzamide hcl</i>	gen	PA

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (capsule 80 mg, capsule 125 mg, capsule therapy pack 80 & 125 mg)</i>	gen	PA - Part B vs D Determination
<i>aprepitant capsule 40 mg</i>	gen	PA, QL (1 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dronabinol</i>	gen	PA, QL (6 PER 1 DAYS)
GRANISETRON HCL (0.1 MG/ML SOLUTION, INJ 1 MG/ML, INJ 4 MG/4ML (1 MG/ML))	npd	PA - Part B vs D Determination
<i>granisetron hcl tab 1 mg</i>	gen	PA - Part B vs D Determination, QL (2 PER 1 DAYS)
<i>ondansetron</i>	gen	PA - Part B vs D Determination, QL (3 PER 1 DAYS)
<i>ondansetron hcl (24 mg tab, tab 24 mg)</i>	gen	PA - Part B vs D Determination, QL (15 PER 30 OVER TIME)
<i>ondansetron hcl (tab 4 mg, tab 8 mg)</i>	gen	PA - Part B vs D Determination, QL (3 PER 1 DAYS)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	gen	PA - Part B vs D Determination, QL (30 PER 1 DAYS)

ANTIFUNGALS

ABELCET	npd	PA - Part B vs D Determination
AMBISOME	spec	PA - Part B vs D Determination
AMPHOTERICIN B	npd	PA - Part B vs D Determination
<i>amphotericin b liposome</i>	spec	PA - Part B vs D Determination
CASPOFUNGIN ACETATE (50 MG RECON SOLN, FOR IV SOLN 50 MG)	spec	PA
<i>caspofungin acetate (70 mg recon soln, for iv soln 70 mg)</i>	npd	PA
<i>ciclopirox olamine (cream equiv, susp equiv))</i>	gen	
<i>clotrimazole</i>	gen	
<i>clotrimazole (topical) (cream, soln)</i>	gen	
CRESEMBA	spec	PA
<i>econazole nitrate</i>	gen	
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	gen	
<i>fluconazole in nacl</i>	npd	
<i>flucytosine</i>	gen	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	gen	
<i>griseofulvin ultramicrosize</i>	gen	
GYNAZOLE-1	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>itraconazole (cap 100 mg, oral soln 10 mg/ml)</i>	gen	PA
<i>ketoconazole</i>	gen	
<i>ketoconazole (topical) (cream, shampoo)</i>	gen	
<i>ketoconazole foam 2%</i>	gen	ST
LULICONAZOLE	gen	ST
<i>miconazole sodium (soln 50 mg, soln 100 mg)</i>	spec	
MICONAZOLE 3	gen	
MICONAZOLE-ZINC OXIDE-PETROLAT	gen	ST
<i>naftifine hcl (1 % cream, cream 1%, cream 2%, gel 1%)</i>	gen	ST
NOXAFIL 40 MG/ML SUSPENSION	npd	PA
<i>nystatin (mouth-throat)</i>	gen	
<i>nystatin (topical)</i>	gen	
<i>nystatin tab 500000 unit</i>	gen	
<i>oxiconazole nitrate</i>	gen	ST
<i>posaconazole</i>	gen	PA, QL (3 PER 1 DAYS)
<i>tavaborole</i>	gen	PA, QL (10 PER 30 OVER TIME)
<i>terbinafine hcl</i>	gen	QL (1 PER 1 DAYS)
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	gen	
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	gen	PA
<i>voriconazole for inj 200 mg</i>	spec	PA - Part B vs D Determination

ANTIGOUT AGENTS

<i>allopurinol (tab 100 mg, tab 300 mg)</i>	gen	
COLCHICINE (0.6 MG CAP, TAB 0.6 MG)	gen	QL (4 PER 1 DAYS)
<i>colchicine w/ probenecid</i>	gen	
COLCRYS	brd	QL (4 PER 1 DAYS)
<i>febuxostat</i>	gen	ST, QL (1 PER 1 DAYS)
KRYSTEXXA	spec	PA, LA
<i>probenecid</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
UBRELVY	spec	PA, QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	gen	PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	gen	PA, QL (8 PER 30 OVER TIME)
<i>ergotamine w/ caffeine</i>	gen	QL (40 PER 28 OVER TIME)
MIGERGOT	gen	QL (20 PER 30 OVER TIME)
PROPHYLACTIC		
AIMOVIG	brd	PA, QL (1 PER 28 OVER TIME)
AIMOVIG (140 MG DOSE)	brd	PA, QL (1 PER 28 OVER TIME)
<i>timolol maleate</i>	gen	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate</i>	gen	ST, QL (24 PER 30 OVER TIME)
<i>eletriptan hydrobromide</i>	gen	ST, QL (18 PER 30 OVER TIME)
<i>frovatriptan succinate</i>	gen	ST, QL (27 PER 30 OVER TIME)
<i>naratriptan hcl</i>	gen	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	gen	QL (24 PER 30 OVER TIME)
<i>sumatriptan</i>	gen	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution cartridge 4 mg/0.5ml, 6 mg/0.5ml soln prsyr, solution auto-injector 6 mg/0.5ml, solution cartridge 6 mg/0.5ml)</i>	gen	QL (8 PER 30 OVER TIME)
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	gen	QL (18 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE REFILL	gen	QL (8 PER 30 OVER TIME)
<i>sumatriptan-naproxen sodium</i>	gen	PA, QL (9 PER 30 OVER TIME)
<i>zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)</i>	gen	QL (18 PER 30 OVER TIME)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	gen	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
GUANIDINE HCL	gen	
<i>pyridostigmine bromide (30 mg tab, tab er 180 mg)</i>	gen	QL (6 PER 1 DAYS)
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	gen	QL (1500 PER 30 OVER TIME)
<i>pyridostigmine bromide tab 60 mg</i>	gen	QL (25 PER 1 DAYS)
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone</i>	gen	
<i>rifabutin</i>	gen	
ANTITUBERCULARS		
CAPASTAT SULFATE	npd	
<i>ethambutol hcl</i>	gen	
ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, TAB 100 MG, TAB 300 MG)	gen	
ISONIAZID 100 MG/ML SOLUTION	npd	
PASER	npd	
PRIFTIN	brd	
<i>pyrazinamide</i>	gen	
<i>rifampin (cap 150 mg, cap 300 mg)</i>	gen	
<i>rifampin for inj 600 mg</i>	npd	
RIFATER	npd	
SIRTURO 100 MG TAB	spec	PA, QL (24 PER 28 OVER TIME)
SIRTURO 20 MG TAB	spec	PA, QL (120 PER 28 OVER TIME)
TRECATOR	npd	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)</i>	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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE	brd	
LEUKERAN	brd	
MATULANE	brd	LA
<i>melphalan</i>	gen	PA - Part B vs D Determination
<i>thiotepa</i>	spec	PA - Part B vs D Determination
VALCHLOR	spec	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 OVER TIME)

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
<i>abiraterone acetate tab 500 mg</i>	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>bicalutamide</i>	gen	
ERLEADA	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
FLUTAMIDE (125 MG CAP, CAP 125 MG)	gen	
<i>nilutamide</i>	spec	QL (1 PER 1 DAYS)
NUBEQA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
XTANDI 80 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)

ANTIANGIOGENIC AGENTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIESTROGENS/MODIFIERS		
EMCYT	brd	
FULVESTRANT (250 MG/5ML SOLN PRSYR, INJ SOLN PREF SYR 250 MG/5ML)	spec	
SOLTAMOX	npd	
<i>tamoxifen citrate</i>	gen	
<i>toremifene citrate</i>	gen	
ANTIMETABOLITES		
DROXIA	brd	
<i>hydroxyurea</i>	gen	
INQOVI	spec	PA - FOR NEW STARTS ONLY, LA, QL (5 PER 28 OVER TIME)
<i>mercaptopurine</i>	gen	
PURIXAN	spec	PA - FOR NEW STARTS ONLY, LA
TABLOID	brd	
ANTINEOPLASTICS, OTHER		
AYVAKIT	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
BESREMI	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 28 OVER TIME)
BRUKINSA	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
EXKIVITY	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
FOTIVDA	spec	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 OVER TIME)
IDHIFA	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
INREBIC	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
KISQALI FEMARA (400 MG DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (70 PER 28 OVER TIME)
KISQALI FEMARA (600 MG DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (91 PER 28 OVER TIME)
KISQALI FEMARA(200 MG DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (49 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KOSELUGO 10 MG CAP	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
KOSELUGO 25 MG CAP	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
<i>leucovorin calcium (inj 100 mg, inj 350 mg)</i>	npd	
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	gen	
LONSURF 15-6.14 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (100 PER 28 OVER TIME)
LONSURF 20-8.19 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (80 PER 28 OVER TIME)
LUMAKRAS	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
LYSODREN	brd	
NINLARO	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 21 OVER TIME)
ONUREG	spec	PA - FOR NEW STARTS ONLY, QL (14 PER 28 OVER TIME)
QINLOCK	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
RETEVMO 40 MG CAP	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
RETEVMO 80 MG CAP	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
ROZLYTREK 100 MG CAP	spec	PA - FOR NEW STARTS ONLY, QL (5 PER 1 DAYS)
ROZLYTREK 200 MG CAP	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
SYNRIBO	spec	PA - Part B vs D Determination
TABRECTA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
TAZVERIK	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
WELIREG	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (20 PER 28 OVER TIME)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (16 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (12 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY)	spec	PA - FOR NEW STARTS ONLY, LA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (16 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY)	spec	PA - FOR NEW STARTS ONLY, LA, QL (32 PER 28 OVER TIME)
ZOLINZA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole</i>	gen
<i>exemestane</i>	gen
<i>letrozole</i>	gen

MOLECULAR TARGET INHIBITORS

ALECENSA	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
ALUNBRIG (90 MG TAB, 180 MG TAB)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
ALUNBRIG 30 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	spec	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 OVER TIME)
BALVERSA 3 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
BALVERSA 4 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
BALVERSA 5 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BOSULIF (400 MG TAB, 500 MG TAB)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
BOSULIF 100 MG TAB	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
BRAFTOVI 50 MG CAP	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
BRAFTOVI 75 MG CAP	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
CABOMETYX	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
CALQUENCE	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
CAPRELSA 100 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
CAPRELSA 300 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
COMETRIQ (100 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
COMETRIQ (140 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
COMETRIQ (60 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
COPIKTRA	spec	PA - FOR NEW STARTS ONLY, LA, QL (56 PER 28 OVER TIME)
COTELLIC	spec	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 OVER TIME)
DAURISMO 100 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
DAURISMO 25 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
ERIVEDGE	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
<i>erlotinib hcl (tab 100 mg equivalent), tab 150 mg equivalent))</i>	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
<i>everolimus (tab 2.5 mg, tab 5 mg)</i>	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>everolimus (tab 7.5 mg, tab 10 mg)</i>	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>everolimus (tab susp 2 mg, tab susp 3 mg, tab susp 5 mg)</i>	spec	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FARYDAK	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 21 OVER TIME)
GAVRETO	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
GILOTRIF	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
IBRANCE	spec	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 OVER TIME)
ICLUSIG	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
IMBRUVICA 140 MG CAP	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
INLYTA 1 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
INLYTA 5 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
IRESSA	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
JAKAFI	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
KISQALI (200 MG DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (21 PER 28 OVER TIME)
KISQALI (400 MG DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (42 PER 28 OVER TIME)
KISQALI (600 MG DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (63 PER 28 OVER TIME)
<i>lapatinib ditosylate</i>	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
LENVIMA (10 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
LENVIMA (12 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LENVIMA (14 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (18 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LENVIMA (20 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
LENVIMA (24 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
LORBRENA 100 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
LORBRENA 25 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LYNPARZA	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
MEKINIST 0.5 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
MEKINIST 2 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
MEKTOVI	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
NERLYNX	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
ODOMZO	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
PEMAZYRE	spec	PA - FOR NEW STARTS ONLY, LA, QL (14 PER 21 OVER TIME)
PIQRAY (200 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
PIQRAY (250 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
PIQRAY (300 MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
RUBRACA	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
RYDAPT	spec	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
SCEMBLIX 20 MG TAB	spec	PA - FOR NEW STARTS ONLY, QL (20 PER 1 DAYS)
SCEMBLIX 40 MG TAB	spec	PA - FOR NEW STARTS ONLY, QL (10 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sorafenib tosylate</i>	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
SPRYCEL (100 MG TAB, 140 MG TAB)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TAB, 80 MG TAB)	spec	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TAB	spec	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
SPRYCEL 50 MG TAB	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
STIVARGA	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
<i>sunitinib malate (cap 37.5 mg equivalent), cap 50 mg equivalent))</i>	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	spec	PA - FOR NEW STARTS ONLY, QL (7 PER 1 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	spec	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
TAFINLAR	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
TAGRISO	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
TALZENNA (0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
TALZENNA 0.25 MG CAP	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
TASIGNA	spec	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
TEPMETKO	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
TIBSOVO	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
TRUSELTIQ (100MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 OVER TIME)
TRUSELTIQ (125MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (50MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (75MG DAILY DOSE)	spec	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 OVER TIME)
TUKYSA	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TURALIO	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
UKONIQ	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
VENCLEXTA 10 MG TAB	brd	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
VENCLEXTA 100 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
VENCLEXTA 50 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
VENCLEXTA STARTING PACK	spec	PA - FOR NEW STARTS ONLY, LA, QL (84 PER 365 OVER TIME)
VERZENIO	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
VITRAKVI 100 MG CAP	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
VITRAKVI 20 MG/ML SOLUTION	spec	PA - FOR NEW STARTS ONLY, LA, QL (10 PER 1 DAYS)
VITRAKVI 25 MG CAP	spec	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
VIZIMPRO	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
VOTRIENT	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
XALKORI	spec	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
XOSPATA	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
ZEJULA	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
ZELBORAF	spec	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
ZYDELIG	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
ZYKADIA	spec	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)

RETINOIDS

<i>bexarotene</i>	spec	PA - FOR NEW STARTS ONLY, QL (10 PER 1 DAYS)
<i>bexarotene (topical)</i>	spec	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PANRETIN	npd	PA - FOR NEW STARTS ONLY
<i>tretinoin (chemotherapy)</i>	gen	

TREATMENT ADJUNCTS

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

ANTIPARASITICS

ANTHELMINTHICS

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

ANTIPROTOZOALS

ALINIA 100 MG/5ML RECON SUSP	npd	PA, QL (180 PER 3 OVER TIME)
<i>atovaquone</i>	gen	PA
<i>atovaquone-proguanil hcl</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 tab 250 mg</i>	gen	QL (50 PER 30 OVER TIME)
<i>chloroquine phosphate tab 500 mg</i>	gen	QL (25 PER 30 OVER TIME)
COARTEM	brd	QL (24 PER 2 OVER TIME)
HYDROXYCHLOROQUINE SULFATE 100 MG TAB	gen	QL (4 PER 1 DAYS)
HYDROXYCHLOROQUINE SULFATE 300 MG TAB	gen	QL (2 PER 1 DAYS)
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	gen	QL (1 PER 1 DAYS)
<i>hydroxychloroquine sulfate tab 200 mg</i>	gen	QL (3 PER 1 DAYS)
<i>mefloquine hcl</i>	gen	
<i>nitazoxanide</i>	gen	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	npd	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentamidine isethionate for soln 300 mg</i>	gen	
<i>primaquine phosphate (26.3 base) mg tab, tab 26.3 mg mg base))</i>	gen	
<i>pyrimethamine</i>	spec	PA
<i>quinine sulfate</i>	gen	QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	gen	
CARBIDOPA-LEVODOPA-ENTACAPONE (12.5-50-200 MG TAB, TABS 12.5-50-200 MG, 18.75-75-200 MG TAB, TABS 18.75-75-200 MG, TABS 25-100-200 MG, TABS 31.25-125-200 MG, 37.5-150-200 MG TAB, TABS 37.5-150-200 MG, TABS 50-200-200 MG)	gen	
<i>entacapone</i>	gen	QL (8 PER 1 DAYS)
<i>tolcapone</i>	gen	ST, QL (6 PER 1 DAYS)

DOPAMINE AGONISTS

<i>apomorphine hydrochloride</i>	spec	PA
<i>bromocriptine mesylate</i>	gen	
NEUPRO	npd	QL (30 PER 30 OVER TIME)
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	gen	
<i>pramipexole dihydrochloride (tab er 24hr 0.375 mg, tab er 24hr 0.75 mg, tab er 24hr 1.5 mg, tab er 24hr 2.25 mg, tab er 24hr 3 mg, tab er 24hr 3.75 mg, tab er 24hr 4.5 mg)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ropinirole hydrochloride (tab er 24hr 2 mg equivalent), tab er 24hr 4 mg equivalent), tab er 24hr 6 mg equivalent))</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	gen	QL (2 PER 1 DAYS)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	gen	QL (3 PER 1 DAYS)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa</i>	gen
CARBIDOPA-LEVODOPA (CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG, CARBIDOPA & LEVODOPA TAB 10-100 MG, CARBIDOPA & LEVODOPA TAB 25-100 MG, CARBIDOPA & LEVODOPA TAB 25-250 MG, CARBIDOPA & LEVODOPA TAB ER 25-100 MG, CARBIDOPA & LEVODOPA TAB ER 50-200 MG, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	gen

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate</i>	gen	QL (1 PER 1 DAYS)
<i>selegiline hcl</i>	gen	

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

CHLORPROMAZINE HCL (INJ 25 MG/ML, 50 MG/2ML SOLUTION)	npd
<i>chlorpromazine hcl (tab 10 mg, tab 25 mg, 30 mg/ml conc, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)</i>	gen
<i>fluphenazine decanoate</i>	npd
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	gen
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	npd

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol</i>	gen	
<i>haloperidol decanoate</i>	brd	
<i>haloperidol lactate inj 5 mg/ml</i>	brd	
<i>haloperidol lactate oral conc 2 mg/ml</i>	gen	
<i>loxapine succinate</i>	gen	
MOLINDONE HCL 10 MG TAB	gen	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	gen	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	gen	QL (12 PER 1 DAYS)
PIMOZIDE	gen	
<i>thioridazine hcl</i>	gen	PA - FOR NEW STARTS ONLY
<i>thiothixene</i>	gen	
<i>trifluoperazine hcl</i>	gen	

2ND GENERATION/ATYPICAL

ABILIFY MAINTENA	spec	PA - FOR NEW STARTS ONLY
<i>aripiprazole (orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 5 mg)</i>	gen	QL (2 PER 1 DAYS)
<i>aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	gen	QL (1 PER 1 DAYS)
<i>aripiprazole oral solution 1 mg/ml</i>	gen	QL (25 PER 1 DAYS)
<i>aripiprazole tab 2 mg</i>	gen	QL (4 PER 1 DAYS)
ARISTADA	spec	PA - FOR NEW STARTS ONLY
ARISTADA INITIO	spec	PA - FOR NEW STARTS ONLY, QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	gen	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
CAPLYTA	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
FANAPT	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
FANAPT TITRATION PACK	npd	PA - FOR NEW STARTS ONLY, QL (8 PER 30 OVER TIME)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (0.75 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (1.5 PER 28 OVER TIME)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	npd	PA - FOR NEW STARTS ONLY, QL (0.25 PER 28 OVER TIME)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (0.5 PER 28 OVER TIME)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (0.88 PER 30 OVER TIME)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (1.32 PER 30 OVER TIME)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (1.75 PER 30 OVER TIME)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	spec	PA - FOR NEW STARTS ONLY, QL (2.62 PER 30 OVER TIME)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB)	npd	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
LATUDA (80 MG TAB, 120 MG TAB)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
NUPLAZID 17 MG TAB	spec	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
<i>olanzapine (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg, tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 20 mg)</i>	gen	
<i>olanzapine for im inj 10 mg</i>	npd	
<i>paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)</i>	gen	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
<i>paliperidone tab er 24hr 6 mg</i>	gen	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
PERSERIS	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
<i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg, 150 mg tab)</i>	gen	
REXULTI	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL CONSTA (25 MG, 37.5 MG, 50 MG)	spec	
RISPERDAL CONSTA 12.5 MG SRER	npd	
<i>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	gen	
SECUADO	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	spec	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	npd	PA - FOR NEW STARTS ONLY, QL (7 PER 30 OVER TIME)
<i>ziprasidone hcl</i>	gen	
<i>ziprasidone mesylate</i>	npd	
ZYPREXA RELPREVV	npd	PA - FOR NEW STARTS ONLY

TREATMENT-RESISTANT

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

ANTISPASTICITY AGENTS

<i>baclofen tab 10 mg</i>	gen	QL (8 PER 1 DAYS)
<i>baclofen tab 20 mg</i>	gen	QL (4 PER 1 DAYS)
<i>baclofen tab 5 mg</i>	gen	QL (3 PER 1 DAYS)
<i>dantrolene sodium (cap 25 mg, cap 50 mg, cap 100 mg)</i>	gen	
<i>tizanidine hcl</i>	gen	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

PREVYMIS 240 MG TAB	spec	QL (200 PER 365 OVER TIME)
---------------------	------	----------------------------

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVYMIS 480 MG TAB	spec	QL (100 PER 365 OVER TIME)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	gen	QL (18 PER 1 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	gen	QL (2 PER 1 DAYS)
ZIRGAN	npd	QL (5 PER 30 OVER TIME)

ANTI-HEPATITIS B (HBV) AGENTS

<i>adefovir dipivoxil</i>	gen	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	brd	QL (21 PER 1 DAYS)
<i>entecavir</i>	gen	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	brd	
<i>lamivudine (hbv)</i>	gen	

ANTI-HEPATITIS C (HCV) AGENTS

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

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

APRETUDE	spec	PA - Part B vs D Determination, QL (21 PER 365 OVER TIME)
BIKTARVY	brd	QL (1 PER 1 DAYS)
DOVATO	npd	QL (1 PER 1 DAYS)
GENVOYA	npd	QL (1 PER 1 DAYS)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	brd	QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISENTRESS 100 MG PACKET	brd	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TAB	brd	QL (4 PER 1 DAYS)
ISENTRESS HD	brd	QL (2 PER 1 DAYS)
JULUCA	npd	QL (1 PER 1 DAYS)
STRIBILD	brd	QL (1 PER 1 DAYS)
TIVICAY	brd	QL (2 PER 1 DAYS)
TIVICAY PD	brd	QL (6 PER 1 DAYS)

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

COMPLERA	brd	QL (1 PER 1 DAYS)
DELSTRIGO	npd	QL (1 PER 1 DAYS)
EDURANT	brd	QL (2 PER 1 DAYS)
<i>efavirenz cap 200 mg</i>	gen	QL (3 PER 1 DAYS)
<i>efavirenz cap 50 mg</i>	gen	QL (6 PER 1 DAYS)
<i>efavirenz tab 600 mg</i>	gen	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	gen	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	gen	QL (1 PER 1 DAYS)
<i>etravirine tab 100 mg</i>	gen	QL (4 PER 1 DAYS)
<i>etravirine tab 200 mg</i>	gen	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	brd	QL (12 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	gen	QL (40 PER 1 DAYS)
NEVIRAPINE ER	gen	QL (3 PER 1 DAYS)
<i>nevirapine tab 200 mg</i>	gen	QL (2 PER 1 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	gen	QL (3 PER 1 DAYS)
<i>nevirapine tab er 24hr 400 mg</i>	gen	QL (1 PER 1 DAYS)
ODEFSEY	brd	QL (1 PER 1 DAYS)
PIFELTRO	npd	QL (2 PER 1 DAYS)
RESCRIPTOR	brd	QL (6 PER 1 DAYS)

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

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	gen	QL (30 PER 1 DAYS)
--	-----	--------------------

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>abacavir sulfate tab 300 mg (base equiv)</i>	gen	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine</i>	gen	QL (1 PER 1 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine</i>	gen	QL (2 PER 1 DAYS)
CIMDUO	brd	QL (1 PER 1 DAYS)
DESCOVY	brd	QL (1 PER 1 DAYS)
DIDANOSINE	gen	QL (1 PER 1 DAYS)
<i>emtricitabine</i>	gen	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	gen	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	brd	QL (24 PER 1 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	gen	QL (30 PER 1 DAYS)
<i>lamivudine tab 150 mg</i>	gen	QL (2 PER 1 DAYS)
<i>lamivudine tab 300 mg</i>	gen	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine</i>	gen	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, CAP 15 MG, 20 MG CAP, CAP 20 MG, 30 MG CAP, CAP 30 MG, 40 MG CAP, CAP 40 MG)	gen	QL (2 PER 1 DAYS)
TEMIXYS	brd	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate</i>	gen	QL (1 PER 1 DAYS)
TRIUMEQ	npd	QL (1 PER 1 DAYS)
TRIUMEQ PD	npd	QL (6 PER 1 DAYS)
TRIZIVIR	brd	QL (2 PER 1 DAYS)
VIDEX	brd	
VIDEX EC 125 MG CAP DR	brd	QL (1 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	brd	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	brd	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	brd	QL (240 PER 30 OVER TIME)
<i>zidovudine cap 100 mg</i>	gen	QL (6 PER 1 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	gen	QL (60 PER 1 DAYS)
<i>zidovudine tab 300 mg</i>	gen	QL (2 PER 1 DAYS)

ANTI-HIV AGENTS, OTHER

CABENUVA 400 & 600 MG/2ML SUSP	spec	PA - Part B vs D Determination, QL (4 PER 30 OVER TIME)
CABENUVA 600 & 900 MG/3ML SUSP	spec	PA - Part B vs D Determination, QL (6 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FUZEON	spec	QL (60 PER 30 OVER TIME)
<i>maraviroc tab 150 mg</i>	gen	QL (2 PER 1 DAYS)
<i>maraviroc tab 300 mg</i>	gen	QL (4 PER 1 DAYS)
RUKOBIA	npd	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	brd	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	brd	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	brd	QL (2 PER 1 DAYS)
TYBOST	brd	QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS 100 MG/ML SOLUTION	brd	QL (10 PER 1 DAYS)
APTIVUS 250 MG CAP	brd	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (cap 150 mg equiv), cap 200 mg equiv))</i>	gen	QL (2 PER 1 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	gen	QL (1 PER 1 DAYS)
CRIXIVAN 200 MG CAP	brd	QL (9 PER 1 DAYS)
CRIXIVAN 400 MG CAP	brd	QL (6 PER 1 DAYS)
EVOTAZ	npd	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium</i>	gen	QL (4 PER 1 DAYS)
INVIRASE 200 MG CAP	brd	QL (10 PER 1 DAYS)
INVIRASE 500 MG TAB	brd	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	brd	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	gen	QL (13 PER 1 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	gen	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	gen	QL (4 PER 1 DAYS)
NORVIR (100 MG CAP, 100 MG PACKET)	brd	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	brd	QL (15 PER 1 DAYS)
PREZCOBIX	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 600 MG TAB	brd	QL (2 PER 1 DAYS)
PREZISTA 75 MG TAB	brd	QL (5 PER 1 DAYS)
PREZISTA 800 MG TAB	brd	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REYATAZ 50 MG PACKET	brd	QL (8 PER 1 DAYS)
<i>ritonavir</i>	gen	QL (12 PER 1 DAYS)
SYMITUZA	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 cap 30 mg (base equiv)</i>	gen	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	gen	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	gen	QL (60 PER 180 OVER TIME)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	gen	QL (1080 PER 365 OVER TIME)
RELENZA DISKHALER	brd	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL	gen	
XOFLUZA (40 MG DOSE)	npd	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	npd	QL (1 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	npd	QL (2 PER 30 OVER TIME)

ANTIHERPETIC AGENTS

<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	gen	
<i>acyclovir sodium iv soln 50 mg/ml</i>	npd	PA - Part B vs D Determination
<i>famciclovir</i>	gen	
TRIFLURIDINE	gen	
<i>valacyclovir hcl</i>	gen	

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl</i>	gen	
<i>meprobamate</i>	gen	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZODIAZEPINES		
<i>alprazolam (orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg)</i>	gen	QL (4 PER 1 DAYS)
<i>alprazolam (orally disintegrating tab 2 mg, tab 2 mg, tab er 24hr 2 mg)</i>	gen	QL (5 PER 1 DAYS)
<i>alprazolam (tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 3 mg)</i>	gen	QL (1 PER 1 DAYS)
ALPRAZOLAM INTENSOL	gen	QL (10 PER 1 DAYS)
<i>chlordiazepoxide hcl cap 10 mg</i>	gen	PA, QL (30 PER 1 DAYS)
<i>chlordiazepoxide hcl cap 25 mg</i>	gen	PA, QL (12 PER 1 DAYS)
<i>chlordiazepoxide hcl cap 5 mg</i>	gen	PA, QL (60 PER 1 DAYS)
<i>clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, tab 0.5 mg)</i>	gen	QL (40 PER 1 DAYS)
<i>clonazepam (orally disintegrating tab 1 mg, tab 1 mg)</i>	gen	QL (20 PER 1 DAYS)
<i>clonazepam (orally disintegrating tab 2 mg, tab 2 mg)</i>	gen	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium tab 15 mg</i>	gen	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium tab 3.75 mg</i>	gen	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium tab 7.5 mg</i>	gen	QL (12 PER 1 DAYS)
<i>diazepam (conc 5 mg/ml, tab 5 mg)</i>	gen	QL (12 PER 1 DAYS)
<i>diazepam oral soln 1 mg/ml</i>	gen	QL (60 PER 1 DAYS)
<i>diazepam tab 10 mg</i>	gen	QL (6 PER 1 DAYS)
<i>diazepam tab 2 mg</i>	gen	QL (30 PER 1 DAYS)
<i>lorazepam (conc 2 mg/ml, tab 2 mg)</i>	gen	QL (5 PER 1 DAYS)
<i>lorazepam tab 0.5 mg</i>	gen	QL (20 PER 1 DAYS)
<i>lorazepam tab 1 mg</i>	gen	QL (10 PER 1 DAYS)
<i>oxazepam</i>	gen	QL (4 PER 1 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

EQUETRO	brd
---------	-----

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LITHIUM	gen	
<i>lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)</i>	gen	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose</i>	gen	
ACTOPLUS MET XR	brd	QL (1 PER 1 DAYS)
ALOGLIPTIN BENZOATE	gen	PA, QL (1 PER 1 DAYS)
ALOGLIPTIN-METFORMIN HCL	gen	PA, QL (2 PER 1 DAYS)
ALOGLIPTIN-PIOGLITAZONE	gen	PA, QL (1 PER 1 DAYS)
BYETTA 10 MCG PEN	npd	QL (2.4 PER 28 OVER TIME)
BYETTA 5 MCG PEN	npd	QL (1.2 PER 28 OVER TIME)
CHLORPROPAMIDE	gen	PA
FARXIGA	brd	QL (1 PER 1 DAYS)
<i>glimepiride</i>	gen	
<i>glipizide</i>	gen	
<i>glipizide-metformin hcl</i>	gen	
<i>glyburide</i>	gen	PA
<i>glyburide micronized</i>	gen	PA
<i>glyburide-metformin</i>	gen	PA
GLYXAMBI	brd	QL (1 PER 1 DAYS)
JANUMET	brd	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	brd	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	brd	QL (2 PER 1 DAYS)
JANUVIA	brd	QL (1 PER 1 DAYS)
JARDIANCE	brd	QL (1 PER 1 DAYS)
JENTADUETO	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)
<i>metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl (tab er 24hr 1000 mg, tab er 24hr 500 mg)</i>	gen	PA
<i>metformin hcl (tab er 24hr 1000 mg, tab er 24hr 500 mg)</i>	gen	PA, QL (2 PER 1 DAYS)
<i>miglitol</i>	gen	QL (3 PER 1 DAYS)
<i>nateglinide</i>	gen	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	brd	QL (1.5 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE)	brd	QL (3 PER 28 OVER TIME)
OZEMPIC (2 MG/DOSE)	brd	QL (3 PER 28 OVER TIME)
<i>pioglitazone hcl</i>	gen	
<i>pioglitazone hcl-glimepiride</i>	gen	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	gen	
<i>repaglinide</i>	gen	
REPAGLINIDE-METFORMIN HCL	gen	
RYBELSUS	brd	QL (1 PER 1 DAYS)
SYNJARDY	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)
TOLAZAMIDE	gen	
TOLBUTAMIDE	gen	
TRADJENTA	brd	QL (1 PER 1 DAYS)
TRULICITY	brd	QL (2 PER 28 OVER TIME)
VICTOZA	brd	QL (9 PER 30 OVER TIME)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	brd	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	brd	QL (1 PER 1 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK	brd	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK	brd	QL (2 PER 30 OVER TIME)
<i>diazoxide</i>	gen	
GLUCAGEN HYPOKIT	brd	QL (2 PER 2 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glucagon (rdna)</i>	brd	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY	brd	QL (2 PER 2 OVER TIME)

INSULINS

HUMALOG	brd	
HUMALOG JUNIOR KWIKPEN	brd	
HUMALOG KWIKPEN	brd	
HUMALOG MIX 50/50	brd	
HUMALOG MIX 50/50 KWIKPEN	brd	
HUMALOG MIX 75/25	brd	
HUMALOG MIX 75/25 KWIKPEN	brd	
HUMULIN 70/30	brd	
HUMULIN 70/30 KWIKPEN	brd	
HUMULIN N	brd	
HUMULIN N KWIKPEN	brd	
HUMULIN R	brd	
HUMULIN R U-500 (CONCENTRATED)	brd	
HUMULIN R U-500 KWIKPEN	npd	
INSULIN LISPRO	brd	
INSULIN LISPRO (1 UNIT DIAL)	brd	
INSULIN LISPRO JUNIOR KWIKPEN	brd	
INSULIN LISPRO PROT & LISPRO	brd	
LANTUS	brd	QL (40 PER 30 OVER TIME)
LANTUS SOLOSTAR	brd	QL (45 PER 30 OVER TIME)
LEVEMIR	brd	QL (40 PER 30 OVER TIME)
LEVEMIR FLEXTOUCH	brd	QL (45 PER 30 OVER TIME)
LYUMJEV	brd	
LYUMJEV KWIKPEN	brd	
TOUJEO MAX SOLOSTAR	brd	QL (18 PER 28 OVER TIME)
TOUJEO SOLOSTAR	brd	QL (18 PER 28 OVER TIME)
TRESIBA	brd	QL (30 PER 30 OVER TIME)
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	brd	QL (30 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	brd	QL (27 PER 30 OVER TIME)

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i>	gen	QL (2 PER 1 DAYS)
ELIQUIS	brd	QL (2 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK	brd	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (inj 300 mg/3ml, inj soln pref syr 100 mg/ml, inj soln pref syr 150 mg/ml)</i>	npd	QL (60 PER 30 OVER TIME)
<i>enoxaparin sodium (inj soln pref 80 mg/0.8ml, inj soln pref 120 mg/0.8ml)</i>	npd	QL (48 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	npd	QL (18 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	npd	QL (24 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	npd	QL (36 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	spec	QL (24 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	npd	QL (15 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	spec	QL (12 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	spec	QL (18 PER 30 OVER TIME)
<i>heparin sodium (porcine) ((porcine) inj 1000 unit/ml, (porcine) inj 5000 unit/ml, (porcine) inj 10000 unit/ml, (porcine) inj 20000 unit/ml)</i>	gen	PA - Part B vs D Determination
PRADAXA	npd	QL (2 PER 1 DAYS)
<i>warfarin sodium</i>	gen	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	brd	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	brd	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	brd	QL (2 PER 1 DAYS)
XARELTO STARTER PACK	brd	QL (51 PER 180 OVER TIME)
ZONTIVITY	npd	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl</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)	npd	PA
ARANESP (ALBUMIN FREE) (FREE) 100 MCG/0.5ML SOLN PRSYR, FREE) 100 MCG/ML SOLUTION, FREE) 150 MCG/0.3ML SOLN PRSYR, FREE) 200 MCG/0.4ML SOLN PRSYR, FREE) 200 MCG/ML SOLUTION, FREE) 300 MCG/0.6ML SOLN PRSYR, FREE) 300 MCG/ML SOLUTION, FREE) 500 MCG/ML SOLN PRSYR)	spec	PA
MOZOBIL	spec	PA, LA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	spec	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	spec	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	spec	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	spec	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	npd	PA
RETACRIT 40000 UNIT/ML SOLUTION	spec	PA
ZARXIO	spec	PA
HEMOSTASIS AGENTS		
<i>aminocaproic acid (oral soln 0.25 gm/ml, tab 500 mg, tab 1000 mg)</i>	gen	
MEPHYTON	brd	QL (5 PER 7 OVER TIME), ED
<i>phytonadione tab 5 mg</i>	gen	QL (5 PER 7 OVER TIME), ED
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	npd	
<i>tranexamic acid tab 650 mg</i>	gen	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole</i>	gen	
BRILINTA	brd	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABLIVI	spec	PA, LA, QL (1 PER 1 DAYS)
<i>cilostazol</i>	gen	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	gen	QL (1 PER 1 DAYS)
<i>dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)</i>	gen	PA
OXBRYTA	spec	PA - FOR NEW STARTS ONLY, LA, QL (5 PER 1 DAYS)
<i>prasugrel hcl</i>	gen	QL (1 PER 1 DAYS)
TAVALISSE	spec	PA, LA, QL (2 PER 1 DAYS)

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine</i>	gen	
<i>clonidine hcl</i>	gen	
<i>droxidopa cap 100 mg</i>	spec	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa cap 200 mg</i>	spec	PA, QL (120 PER 30 OVER TIME)
<i>droxidopa cap 300 mg</i>	spec	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl</i>	gen	
METHYLDOPA (250 MG TAB, TAB 250 MG, 500 MG TAB, TAB 500 MG)	gen	
<i>midodrine hcl</i>	gen	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate</i>	gen	
<i>prazosin hcl</i>	gen	
<i>terazosin hcl</i>	gen	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i>	gen	
EPROSARTAN MESYLATE	gen	QL (1 PER 1 DAYS)
<i>irbesartan</i>	gen	
<i>losartan potassium</i>	gen	
<i>olmesartan medoxomil</i>	gen	
<i>telmisartan</i>	gen	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	gen	
<i>captopril</i>	gen	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	gen	
<i>enalapril maleate oral soln 1 mg/ml</i>	gen	QL (40 PER 1 DAYS)
<i>fosinopril sodium</i>	gen	
<i>lisinopril</i>	gen	
<i>moexipril hcl</i>	gen	
<i>perindopril erbumine</i>	gen	
<i>quinapril hcl</i>	gen	
<i>ramipril</i>	gen	
<i>trandolapril</i>	gen	
ANTIARRHYTHMICS		
<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	gen	
<i>disopyramide phosphate</i>	gen	
<i>dofetilide</i>	gen	
<i>flecainide acetate</i>	gen	
<i>mexiletine hcl</i>	gen	
MULTAQ	brd	QL (2 PER 1 DAYS)
<i>propafenone hcl</i>	gen	
<i>quinidine gluconate tab er 324 mg</i>	gen	
<i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i>	gen	
<i>sotalol hcl (afib/afl)</i>	gen	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	gen	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	gen	
<i>atenolol</i>	gen	
<i>betaxolol hcl</i>	gen	
<i>bisoprolol fumarate</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate</i>	gen	
<i>felodipine</i>	gen	
<i>isradipine</i>	gen	
<i>nicardipine hcl (cap 20 mg, cap 30 mg)</i>	gen	
<i>nifedipine</i>	gen	
<i>nimodipine</i>	gen	
<i>nisoldipine</i>	gen	
NISOLDIPINE ER	gen	
NYMALIZE 6 MG/ML SOLUTION	spec	QL (1260 PER 21 OVER TIME)

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i>	gen	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diltiazem hcl 360 mg extended release 24hr capsule	gen	
diltiazem hcl coated beads (beads cap er 24hr 120 mg, beads cap er 24hr 180 mg, beads cap er 24hr 240 mg, beads cap er 24hr 300 mg, beads tab er 24hr 180 mg, beads tab er 24hr 240 mg, beads tab er 24hr 300 mg, beads tab er 24hr 360 mg, beads tab er 24hr 420 mg)	gen	
diltiazem hcl extended release beads	gen	
verapamil hcl (cap er 24hr 100 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)	gen	
VERAPAMIL HCL ER	gen	

CARDIOVASCULAR AGENTS, OTHER

acetazolamide (tab 125 mg, tab 250 mg)	gen	
aliskiren fumarate	gen	PA
amiloride & hydrochlorothiazide	gen	
amlodipine besylate-atorvastatin calcium	gen	
amlodipine besylate-benazepril hcl	gen	
amlodipine besylate-olmesartan medoxomil	gen	
amlodipine besylate-valsartan	gen	
amlodipine-valsartan-hydrochlorothiazide	gen	
atenolol & chlorthalidone	gen	
benazepril & hydrochlorothiazide	gen	
bisoprolol & hydrochlorothiazide	gen	
candesartan cilexetil-hydrochlorothiazide	gen	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	gen	
CORLANOR (5 MG TAB, 7.5 MG TAB)	npd	PA, QL (2 PER 1 DAYS)
CORLANOR 5 MG/5ML SOLUTION	npd	PA, QL (20 PER 1 DAYS)
digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)	gen	
digoxin tab 125 mcg (0.125 mg)	gen	QL (1 PER 1 DAYS)
digoxin tab 250 mcg (0.25 mg)	gen	PA, QL (1 PER 1 DAYS)
digoxin tab 62.5 mcg (0.0625 mg)	gen	QL (2 PER 1 DAYS)
enalapril maleate & hydrochlorothiazide	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENTRESTO	brd	QL (2 PER 1 DAYS)
<i>fosinopril sodium & hydrochlorothiazide</i>	gen	
<i>irbesartan-hydrochlorothiazide</i>	gen	
<i>isosorbide dinitrate-hydralazine hcl</i>	gen	QL (6 PER 1 DAYS)
<i>lisinopril & hydrochlorothiazide</i>	gen	
<i>losartan potassium & hydrochlorothiazide</i>	gen	
METHYLDOPA-HYDROCHLOROTHIAZIDE	gen	
<i>metoprolol & hydrochlorothiazide</i>	gen	
<i>metyrosine</i>	gen	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	gen	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	gen	
<i>pentoxifylline</i>	gen	
PROPRANOLOL-HCTZ	gen	
<i>quinapril-hydrochlorothiazide</i>	gen	
<i>ranolazine</i>	gen	QL (2 PER 1 DAYS)
<i>spironolactone & hydrochlorothiazide</i>	gen	
<i>telmisartan-amlodipine</i>	gen	
<i>telmisartan-hydrochlorothiazide</i>	gen	
<i>trandolapril-verapamil hcl</i>	gen	
TRANDOLAPRIL-VERAPAMIL HCL ER	gen	
<i>triamterene & hydrochlorothiazide</i>	gen	
<i>valsartan-hydrochlorothiazide</i>	gen	
VECAMYL	gen	
VYNDAMAX	spec	PA, LA, QL (1 PER 1 DAYS)

DIURETICS, LOOP

<i>bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	gen	
<i>bumetanide inj 0.25 mg/ml</i>	npd	
<i>ethacrynic acid</i>	gen	PA
<i>furosemide (8 mg/ml solution, oral soln 10 mg/ml, tab 20 mg, tab 40 mg, tab 80 mg)</i>	gen	
<i>furosemide inj 10 mg/ml</i>	npd	
<i>torseamide</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	gen	
<i>eplerenone</i>	gen	
<i>spironolactone</i>	gen	
<i>triamterene</i>	gen	ST
DIURETICS, THIAZIDE		
CHLOROTHIAZIDE (250 MG TAB, 500 MG TAB, TAB 500 MG)	gen	
<i>chlorthalidone</i>	gen	
DIURIL	npd	
<i>hydrochlorothiazide</i>	gen	
<i>indapamide</i>	gen	
<i>metolazone</i>	gen	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate</i>	gen	
<i>fenofibrate (tab 40 mg, tab 48 mg, 50 mg cap, tab 54 mg, tab 120 mg, tab 145 mg, 150 mg cap, tab 160 mg)</i>	gen	
<i>fenofibrate micronized (cap 43 mg, cap 67 mg, cap 130 mg, cap 134 mg, cap 200 mg)</i>	gen	
<i>gemfibrozil</i>	gen	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	gen	
<i>fluvastatin sodium</i>	gen	
<i>lovastatin</i>	gen	
<i>pravastatin sodium</i>	gen	
<i>rosuvastatin calcium</i>	gen	
<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	gen	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	gen	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>colesevelam hcl</i>	gen	
<i>colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)</i>	gen	
<i>ezetimibe</i>	gen	
<i>ezetimibe-simvastatin</i>	gen	
<i>icosapent ethyl cap 0.5 gm</i>	gen	QL (8 PER 1 DAYS)
<i>icosapent ethyl cap 1 gm</i>	gen	QL (4 PER 1 DAYS)
JUXTAPID (40 MG CAP, 60 MG CAP)	spec	PA, LA, QL (1 PER 1 DAYS)
JUXTAPID 10 MG CAP	spec	PA, LA, QL (6 PER 1 DAYS)
JUXTAPID 20 MG CAP	spec	PA, LA, QL (3 PER 1 DAYS)
JUXTAPID 30 MG CAP	spec	PA, LA, QL (2 PER 1 DAYS)
JUXTAPID 5 MG CAP	spec	PA, LA, QL (12 PER 1 DAYS)
<i>niacin (antihyperlipidemic) (tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	gen	QL (2 PER 1 DAYS)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	gen	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	gen	QL (4 PER 1 DAYS)
NIACOR	gen	
<i>omega-3-acid ethyl esters</i>	gen	QL (4 PER 1 DAYS)
REPATHA	brd	PA, QL (2 PER 28 OVER TIME)
REPATHA PUSHTRONEX SYSTEM	brd	PA, QL (3.5 PER 28 OVER TIME)
REPATHA SURECLICK	brd	PA, QL (2 PER 28 OVER TIME)
VASCEPA 0.5 GM CAP	npd	QL (8 PER 1 DAYS)

VASODILATORS, DIRECT-ACTING ARTERIAL

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

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate</i>	gen
ISOSORBIDE DINITRATE ER	gen
<i>isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)</i>	gen
NITRO-BID	brd

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	brd	
NITRO-TIME	gen	
<i>nitroglycerin (cap er 2.5 mg, cap er 6.5 mg, cap er 9 mg, sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr, tl soln 0.4 mg/spray (400 mcg/spray))</i>	gen	
NITROSTAT	brd	
RECTIV	npd	QL (30 PER 30 OVER TIME)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine sulfate tab 10 mg</i>	gen	ST, QL (6 PER 1 DAYS)
<i>amphetamine sulfate tab 5 mg</i>	gen	ST, QL (8 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 30 mg)</i>	gen	QL (2 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg)</i>	gen	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	gen	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	gen	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, tab 5 mg, tab 10 mg)</i>	gen	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate (cap er 24hr 15 mg, tab 15 mg)</i>	gen	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	gen	QL (12 PER 1 DAYS)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	gen	QL (60 PER 1 DAYS)
<i>dextroamphetamine sulfate tab 20 mg</i>	gen	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate tab 30 mg</i>	gen	QL (2 PER 1 DAYS)
<i>methamphetamine hcl</i>	gen	PA, QL (8 PER 1 DAYS)
VYVANSE	npd	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (cap 10 mg equiv), cap 18 mg equiv), cap 25 mg equiv))</i>	gen	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (cap 60 mg equiv), cap 80 mg equiv), cap 100 mg equiv))</i>	gen	QL (1 PER 1 DAYS)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	gen	QL (2 PER 1 DAYS)
<i>clonidine hcl (adhd)</i>	gen	
<i>dexmethylphenidate hcl (cap er 24 hr 10 mg, cap er 24 hr 15 mg, cap er 24 hr 20 mg, cap er 24 hr 25 mg, cap er 24 hr 30 mg, cap er 24 hr 35 mg, cap er 24 hr 40 mg, cap er 24 hr 5 mg)</i>	gen	QL (1 PER 1 DAYS)
<i>dexmethylphenidate hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	gen	QL (2 PER 1 DAYS)
<i>guanfacine hcl (adhd)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 24hr 20 mg (la), cap er 24hr 30 mg (la), cap er 24hr 40 mg (la), cap er 24hr 60 mg (la), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), tab er 24hr 27 mg, tab er 24hr 54 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 54 mg)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (cap er 24hr 10 mg (la), chew tab 10 mg, tab 10 mg, tab er 10 mg)</i>	gen	QL (6 PER 1 DAYS)
<i>methylphenidate hcl (cap er 30 mg (cd), tab er 24hr 36 mg, tab er osmotic release (osm) 36 mg)</i>	gen	QL (2 PER 1 DAYS)
<i>methylphenidate hcl (chew tab 2.5 mg, chew tab 5 mg, tab 20 mg, tab er 20 mg)</i>	gen	QL (3 PER 1 DAYS)
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	gen	QL (1 PER 1 DAYS)
METHYLPHENIDATE HCL ER 72 MG TAB ER	gen	PA, QL (1 PER 1 DAYS)
<i>methylphenidate hcl soln 10 mg/5ml</i>	gen	QL (30 PER 1 DAYS)
<i>methylphenidate hcl soln 5 mg/5ml</i>	gen	QL (60 PER 1 DAYS)
<i>methylphenidate hcl tab 5 mg</i>	gen	QL (12 PER 1 DAYS)
RELEXXII 72 MG TAB ER	gen	PA, QL (1 PER 1 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (9 MG TAB, 12 MG TAB)	spec	PA, QL (4 PER 1 DAYS)
-------------------------------	------	-----------------------

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO 6 MG TAB	spec	PA, QL (8 PER 1 DAYS)
<i>butalbital-acetaminophen (50-300 mg cap, cap 50-300 mg, tab 50-300 mg, tab 50-325 mg)</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-acetaminophen-caffeine (cap 50-300-40 mg, cap 50-325-40 mg, tab 50-325-40 mg)</i>	gen	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i>	gen	PA, QL (720 PER 30 OVER TIME), NDS
FIORICET	gen	PA, QL (48 PER 30 OVER TIME), NDS
FIRDAPSE	spec	PA, LA, QL (8 PER 1 DAYS)
INGREZZA (60 MG CAP, 80 MG CAP)	spec	PA, LA, QL (1 PER 1 DAYS)
INGREZZA 40 & 80 MG CAP THPK	spec	PA, LA, QL (28 PER 28 OVER TIME)
INGREZZA 40 MG CAP	spec	PA, LA, QL (2 PER 1 DAYS)
NUEDEXTA	brd	PA, QL (2 PER 1 DAYS)
<i>riluzole</i>	gen	
<i>tetrabenazine tab 12.5 mg</i>	spec	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine tab 25 mg</i>	spec	PA, LA, QL (4 PER 1 DAYS)
VTOL LQ	gen	PA, QL (720 PER 30 OVER TIME), NDS

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)	npd	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>duloxetine hcl (cap 20 mg eq), cap 40 mg eq), cap 60 mg eq))</i>	gen	QL (2 PER 1 DAYS)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)</i>	gen	QL (2 PER 1 DAYS)
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg)</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin soln 20 mg/ml</i>	gen	QL (30 PER 1 DAYS)
<i>pregabalin tab er 24hr 165 mg</i>	gen	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
<i>pregabalin tab er 24hr 330 mg</i>	gen	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin tab er 24hr 82.5 mg</i>	gen	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	spec	PA, LA, QL (1 PER 1 DAYS)
BETASERON	spec	PA, QL (15 PER 30 OVER TIME)
COPAXONE 20 MG/ML SOLN PRSYR	spec	PA, QL (30 PER 30 OVER TIME)
COPAXONE 40 MG/ML SOLN PRSYR	spec	PA, QL (12 PER 28 OVER TIME)
<i>dalfampridine</i>	brd	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate</i>	spec	PA, QL (2 PER 1 DAYS)
GILENYA 0.5 MG CAP	spec	PA, QL (1 PER 1 DAYS)
TYSABRI	spec	PA, LA

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	gen	
<i>chlorhexidine gluconate (mouth-throat)</i>	gen	
KEPIVANCE	spec	PA - Part B vs D Determination
<i>pilocarpine hcl (oral)</i>	gen	
<i>triamcinolone acetonide (mouth)</i>	gen	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>acitretin</i>	gen	
<i>adapalene (cream 0.1%, gel 0.1%, gel 0.3%)</i>	gen	PA
ADAPALENE 0.1 % LOTION	gen	
ADAPALENE 0.1 % PAD	gen	PA
ADAPALENE 0.1 % SOLUTION	gen	PA
<i>adapalene-benzoyl peroxide (gel 0.1-2.5%, gel 0.3-2.5%)</i>	gen	ST
<i>azelaic acid</i>	gen	QL (50 PER 30 OVER TIME)
<i>benzoyl peroxide-erythromycin</i>	gen	
<i>clindamycin phosphate-benzoyl peroxide</i>	gen	ST
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate-tretinoin</i>	gen	ST
<i>isotretinoin</i>	gen	
<i>tazarotene cream 0.1%</i>	gen	
TAZORAC 0.05 % CREAM	npd	
<i>tretinoin</i>	gen	PA
<i>tretinoin microsphere</i>	gen	PA

DERMATITIS AND PRURITUS AGENTS

<i>alclometasone dipropionate oint 0.05%</i>	gen	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	gen	ST
ANUSOL-HC	gen	
APEXICON E	gen	ST
<i>betamethasone dipropionate (topical) (cream, lotion)</i>	gen	
BETAMETHASONE DIPROPIONATE AUG	gen	
<i>betamethasone dipropionate augmented oint 0.05%</i>	gen	
<i>betamethasone valerate (cream equivalent), lotion equivalent), oint equivalent))</i>	gen	
CAPEX	npd	
<i>clobetasol propionate (cream, gel, lotion, oint, soln)</i>	gen	
<i>clobetasol propionate emollient base</i>	gen	
<i>clobetasol propionate emulsion</i>	gen	PA
<i>clobetasol propionate foam 0.05%</i>	gen	PA
<i>clobetasol propionate shampoo 0.05%</i>	gen	ST
<i>clobetasol propionate spray 0.05%</i>	gen	ST, QL (250 PER 30 OVER TIME)
<i>desonide (cream, oint)</i>	gen	
<i>desonide gel 0.05%</i>	gen	PA
<i>desoximetasone (cream 0.05%, cream 0.25%, oint 0.25%)</i>	gen	
<i>desoximetasone (gel 0.05%, oint 0.05%, spray 0.25%)</i>	gen	ST
DIFLORASONE DIACETATE 0.05 % CREAM	gen	
DOXEPIN HCL 5 % CREAM	gen	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide (cream 0.01%, cream 0.025%, oil 0.01% (body oil), oil 0.01% (scalp oil), oint 0.025%, soln 0.01%)</i>	gen	
<i>fluocinonide (cream, gel, oint, soln)</i>	gen	
<i>fluocinonide cream 0.1%</i>	gen	ST
<i>fluocinonide emulsified base</i>	gen	
<i>flurandrenolide (cream, lotion, oint)</i>	gen	PA
<i>fluticasone propionate (cream 0.05%, oint 0.005%)</i>	gen	
<i>fluticasone propionate lotion 0.05%</i>	gen	ST
<i>halcinonide</i>	gen	PA
<i>halobetasol propionate (cream, oint)</i>	gen	QL (200 PER 28 OVER TIME)
<i>hydrocortisone (rectal)</i>	gen	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	gen	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % SOLUTION, CREAM 0.1%, LOTION 0.1%, SOLN 0.1%)	gen	ST
<i>hydrocortisone butyrate hydrophilic lipo base</i>	gen	ST
<i>hydrocortisone valerate cream 0.2%</i>	gen	ST
<i>lactic acid (ammonium lactate) (lactate) cream, lactate) lotion)</i>	gen	
<i>mometasone furoate solution 0.1% (lotion)</i>	gen	
<i>pimecrolimus</i>	gen	ST, QL (100 PER 30 OVER TIME)
PSORCON	gen	
<i>selenium sulfide lotion 2.5%</i>	gen	
<i>tacrolimus (topical)</i>	gen	ST, QL (100 PER 30 OVER TIME)
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.05%, oint 0.1%, oint 0.5%)</i>	gen	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	gen	PA

DERMATOLOGICAL AGENTS, OTHER

ANALPRAM-HC 2.5-1 % LOTION	brd	
<i>calcipotriene (cream, oint, soln (50 mcg/ml))</i>	gen	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	gen	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	gen	PA
CALCITRIOL 3 MCG/GM OINTMENT	gen	
<i>clotrimazole w/ betamethasone (w/ cream 1-0.05%, w/ lotion 1-0.05%)</i>	gen	
<i>diclofenac sodium (actinic keratoses)</i>	gen	PA, QL (300 PER 365 OVER TIME)
EPIFOAM	brd	
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	gen	
<i>fluorouracil (topical)</i>	gen	
FLUOROURACIL 0.5 % CREAM	gen	PA, QL (30 PER 30 OVER TIME)
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	gen	
<i>imiquimod cream 3.75%</i>	gen	ST, QL (7.5 PER 28 OVER TIME)
<i>imiquimod cream 5%</i>	gen	QL (24 PER 30 OVER TIME)
<i>methoxsalen rapid (10 mg cap, cap 10 mg)</i>	gen	
<i>nystatin-triamcinolone</i>	gen	
OTEZLA 30 MG TAB	spec	PA, QL (2 PER 1 DAYS)
<i>podofilox</i>	gen	
PRAMOSONE (1-1 % LOTION, 1-2.5 % LOTION)	brd	
PROCTOFOAM HC	brd	
REGRANEX	brd	PA, QL (15 PER 2 OVER TIME)
SANTYL	brd	QL (180 PER 30 OVER TIME)
<i>silver sulfadiazine</i>	gen	
SKYRIZI 600 MG/10ML SOLUTION	spec	PA
SODIUM SULFACETAMIDE-BAKUCHIOL	gen	ED
SSS 10-5	gen	ED
STELARA 130 MG/26ML SOLUTION	spec	PA
<i>sulfacetamide sodium shampoo 10%</i>	gen	ED
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	gen	ED
SULFACETAMIDE SODIUM-SULFUR (10-5 % LOTION, 10-5 % SUSPENSION)	gen	ED
TOLAK	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDICULICIDES/SCABICIDES		
<i>ivermectin (rosacea)</i>	gen	QL (45 PER 30 OVER TIME)
IVERMECTIN 0.5 % LOTION	gen	
IVERMECTIN 1 % CREAM	gen	QL (45 PER 30 OVER TIME)
LINDANE	gen	
<i>malathion</i>	gen	
<i>permethrin cream 5%</i>	gen	
SPINOSAD	gen	QL (240 PER 30 OVER TIME)
TOPICAL ANTI-INFECTIVES		
<i>acyclovir cream 5%</i>	gen	PA, QL (5 PER 30 OVER TIME)
<i>acyclovir oint 5%</i>	gen	PA, QL (30 PER 30 OVER TIME)
BACTROBAN NASAL	npd	
<i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i>	gen	
<i>clindamycin phosphate (topical) (foam, gel, lotion, soln)</i>	gen	
<i>dapsone (topical)</i>	gen	PA, QL (90 PER 30 OVER TIME)
DENAVIR	npd	PA, QL (5 PER 30 OVER TIME)
ERY	gen	
<i>erythromycin (acne aid) (gel, pads, soln)</i>	gen	
<i>mafenide acetate</i>	gen	
<i>mupirocin</i>	gen	
<i>mupirocin calcium (topical)</i>	gen	PA
SULFAMYLON 85 MG/GM CREAM	npd	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>amino acid electrolyte infusion</i>	npd	PA - Part B vs D Determination
<i>amino acid infusion</i>	npd	PA - Part B vs D Determination
AMINOSYN	npd	PA - Part B vs D Determination
AMINOSYN II	npd	PA - Part B vs D Determination
AMINOSYN-HBC	npd	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMINOSYN-PF	npd	PA - Part B vs D Determination
AMINOSYN-RF	npd	PA - Part B vs D Determination
AMINOSYN/ELECTROLYTES	npd	PA - Part B vs D Determination
<i>carglumic acid</i>	spec	PA, LA
CRYSVITA 10 MG/ML SOLUTION	spec	PA, LA, QL (2 PER 28 OVER TIME)
CRYSVITA 20 MG/ML SOLUTION	spec	PA, LA, QL (8 PER 28 OVER TIME)
CRYSVITA 30 MG/ML SOLUTION	spec	PA, LA, QL (6 PER 28 OVER TIME)
HEPATAMINE	npd	PA - Part B vs D Determination
INTRALIPID	npd	PA - Part B vs D Determination
KCL IN DEXTROSE-NACL	npd	
MULTIVITAMIN/FLUORIDE	gen	
NORMOSOL-M IN D5W	npd	
NUTRILIPID	npd	PA - Part B vs D Determination
<i>potassium chloride (cap er 8 meq, cap er 10 meq, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), powder packet 20 meq, tab er 8 meq (600 mg), tab er 10 meq, tab er 20 meq (1500 mg))</i>	gen	
POTASSIUM CHLORIDE (INJ 2 MEQ/ML, 10 MEQ/100ML SOLUTION, INJ 10 MEQ/100ML, 20 MEQ/100ML SOLUTION, INJ 20 MEQ/100ML, 40 MEQ/100ML SOLUTION, INJ 40 MEQ/100ML)	npd	
POTASSIUM CHLORIDE ER	gen	
<i>potassium chloride in dextrose & sodium chloride (20 meq/l (0.1)0.2% inj, 20 meq/l (0.1)0.4inj, 20 meq/l (0.1)0.9% inj)</i>	npd	
POTASSIUM CHLORIDE IN NACL (KCL 20 MEQ/L (0.15%)0.9% INJ, KCL 40 MEQ/L (0.3%)0.9% INJ, POTASSIUM CHLORIDE20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE40-0.9 MEQ/L-% SOLUTION)	npd	
<i>potassium chloride microencapsulated crystals er</i>	gen	
<i>potassium citrate (alkalinizer)</i>	gen	
PREMASOL	npd	PA - Part B vs D Determination
<i>sodium chloride (0.9 % solution, inj 2.5 meq/ml (14.6%), iv soln 0.45%, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)</i>	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	brd	
<i>deferasirox (tab 180 mg, tab 360 mg, tab for oral susp 250 mg, tab for oral susp 500 mg)</i>	spec	
<i>deferasirox tab 90 mg</i>	npd	
<i>deferasirox tab for oral susp 125 mg</i>	brd	
<i>deferiprone tab 1000 mg</i>	spec	PA
<i>deferiprone tab 500 mg</i>	spec	PA, LA
FERRIPROX 100 MG/ML SOLUTION	spec	PA, LA
<i>trientine hcl</i>	spec	PA, QL (8 PER 1 DAYS)
PHOSPHATE BINDERS		
AURYXIA	npd	PA, QL (12 PER 1 DAYS)
<i>calcium acetate (phosphate binder)</i>	gen	
<i>lanthanum carbonate</i>	gen	
<i>sevelamer carbonate</i>	gen	
SEVELAMER HCL (400 MG TAB, TAB 800 MG)	gen	
POTASSIUM BINDERS		
<i>sodium polystyrene sulfonate (*sodium powder**, sodium oral susp 15 gm/60ml, sodium rectal susp 30 gm/120ml)</i>	gen	
SPS	gen	
VELTASSA	brd	
VITAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	gen	
<i>dextrose (inj 5%, inj 10%)</i>	npd	
<i>dextrose in lactated ringers</i>	npd	
<i>dextrose w/ sodium chloride</i>	npd	
DEXTROSE-NACL	npd	
DEXTROSE-SODIUM CHLORIDE	npd	
<i>folic acid tab 1 mg</i>	gen	ED
KCL-LACTATED RINGERS-D5W	npd	
<i>lactated ringer's</i>	npd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lactated ringer's (irrigation)</i>	gen	
LACTATED RINGERS	npd	
<i>levocarnitine (metabolic modifiers) (oral soln 1 gm/10ml (10%), tab 330 mg)</i>	gen	
MULTI-VIT-FLOR	gen	
<i>ped multivitamins w/fl & iron</i>	gen	
<i>pediatric multivitamins w/fl (w/ chew tab 0.5 mg***, w/ soln 0.25 mg/ml***)</i>	gen	
<i>pediatric vitamins acd w/ fluoride</i>	gen	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	
POT BICARB-POT CHLORIDE	gen	
<i>potassium bicarb & chloride</i>	gen	
<i>potassium bicarbonate</i>	gen	ED
POTASSIUM CHLORIDE IN DEXTROSE (20 MEQ/L (0.15%)5% INJ, 40-5 MEQ/L-% SOLUTION)	npd	
<i>prenatal vitamins</i>	brd	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	
<i>ringer's</i>	npd	
<i>ringer's irrigation</i>	gen	
SMOFLIPID	npd	PA - Part B vs D Determination
<i>sodium fluoride (chew tab 0.25 mg f 0.55 mg naf), chew tab 0.5 mg f 1.1 mg naf), chew tab 1 mg f 2.2 mg naf), soln 0.5 mg/ml f 1.1 mg/ml naf))</i>	gen	
TPN ELECTROLYTES	npd	PA - Part B vs D Determination

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

AMITIZA	brd	QL (2 PER 1 DAYS)
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>	gen	
<i>lactulose (encephalopathy)</i>	gen	
LACTULOSE 10 GM PACKET	gen	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lactulose solution 10 gm/15ml</i>	gen	
LINZESS	brd	QL (1 PER 1 DAYS)
LUBIPROSTONE	brd	QL (2 PER 1 DAYS)
MOVANTIK	brd	QL (1 PER 1 DAYS)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	gen	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	gen	
PEG-PREP	gen	
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION)	spec	PA
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	gen	
SUPREP BOWEL PREP KIT	brd	

ANTI-DIARRHEAL AGENTS

<i>alosetron hcl</i>	gen	PA
<i>diphenoxylate w/ atropine</i>	gen	
DIPHENOXYLATE-ATROPINE	gen	
<i>loperamide hcl cap 2 mg</i>	gen	
XERMELO	spec	PA, LA, QL (3 PER 1 DAYS)

ANTISPASMODICS, GASTROINTESTINAL

ATROPINE SULFATE (0.5 MG/5ML SOLN PRSYR, SOLN PREFILL SYR 0.5 MG/5ML (0.1 MG/ML), 1 MG/10ML SOLN PRSYR, SOLN PREFILL SYR 1 MG/10ML (0.1 MG/ML))	npd	
<i>chlordiazepoxide hcl-clidinium bromide</i>	gen	PA, QL (8 PER 1 DAYS), ED
<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	gen	PA
GLYCATE	gen	PA, QL (5 PER 1 DAYS)
<i>glycopyrrolate (tab 1 mg, tab 2 mg)</i>	gen	
GLYCOPYRROLATE 1.5 MG TAB	gen	PA, QL (5 PER 1 DAYS)
<i>glycopyrrolate oral soln 1 mg/5ml</i>	gen	PA
<i>hyoscyamine sulfate (elixir 0.125 mg/5ml, sl tab 0.125 mg, soln 0.125 mg/ml, tab 0.125 mg, tab disint 0.125 mg, tab er 12hr 0.375 mg)</i>	gen	ED
<i>methscopolamine bromide</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	gen	PA, QL (40 PER 1 DAYS), ED
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	gen	ED
PROPANTHELINE BROMIDE	gen	PA

GASTROINTESTINAL AGENTS, OTHER

AMOXICILL-CLARITHRO-LANSOPRAZ	gen	QL (112 PER 14 OVER TIME)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	gen	QL (112 PER 14 OVER TIME)
GATTEX	spec	PA, LA
GAVILYTE-C	gen	
MYALEPT	spec	PA, LA, QL (60 PER 30 OVER TIME)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	gen	
SKYRIZI 360 MG/2.4ML SOLN CART	spec	PA
<i>ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)</i>	gen	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine</i>	gen	
CIMETIDINE HCL (300 MG/5ML SOLUTION, SOLN 300 MG/5ML)	gen	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	gen	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, CAP 150 MG, 300 MG CAP, CAP 300 MG)	gen	

PROTECTANTS

<i>misoprostol</i>	gen	
<i>sucralfate (susp 1 gm/10ml, tab 1 gm)</i>	gen	

PROTON PUMP INHIBITORS

DEXILANT 30 MG CAP DR	brd	ST, QL (2 PER 1 DAYS)
DEXILANT 60 MG CAP DR	brd	ST, QL (1 PER 1 DAYS)
DEXLANSOPRAZOLE 30 MG CAP DR	gen	ST, QL (2 PER 1 DAYS)
DEXLANSOPRAZOLE 60 MG CAP DR	gen	ST, QL (1 PER 1 DAYS)
<i>esomeprazole magnesium (susp packet 10 mg, susp packet 20 mg, susp packet 40 mg)</i>	gen	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	gen	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	gen	QL (2 PER 1 DAYS)
<i>lansoprazole cap delayed release 15 mg</i>	gen	
<i>lansoprazole cap delayed release 30 mg</i>	gen	QL (2 PER 1 DAYS)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	gen	ST
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	gen	ST, QL (2 PER 1 DAYS)
<i>omeprazole (cap 10 mg, cap 20 mg)</i>	gen	
<i>omeprazole cap delayed release 40 mg</i>	gen	QL (2 PER 1 DAYS)
<i>omeprazole-sodium bicarbonate (powd pack susp 20-1680 mg, powd pack susp 40-1680 mg)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>pantoprazole sodium (ec tab 40 mg (base equiv), for delayed release susp packet 40 mg)</i>	gen	QL (2 PER 1 DAYS)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	gen	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	npd	
<i>rabeprazole sodium ec tab 20 mg</i>	gen	

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

ALDURAZYME	spec	PA - Part B vs D Determination, LA
ARALAST NP	spec	PA - Part B vs D Determination, LA
<i>betaine</i>	npd	
BYLVAY (PELLETS) 200 MCG CAP SPRINK	spec	PA, LA, QL (30 PER 1 DAYS)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	spec	PA, LA, QL (10 PER 1 DAYS)
BYLVAY 1200 MCG CAP	spec	PA, LA, QL (5 PER 1 DAYS)
BYLVAY 400 MCG CAP	spec	PA, LA, QL (15 PER 1 DAYS)
CERDELGA	spec	PA, LA, QL (2 PER 1 DAYS)
CEREZYME	spec	PA, LA
CHOLBAM 250 MG CAP	spec	PA, QL (5 PER 1 DAYS)
CHOLBAM 50 MG CAP	spec	PA, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CREON	brd	
<i>cromolyn sodium (mastocytosis)</i>	gen	
CYSTAGON	npd	PA, LA
CYSTARAN	spec	PA, LA, QL (60 PER 28 OVER TIME)
ELAPRASE	spec	PA - Part B vs D Determination, LA
FABRAZYME	spec	PA - Part B vs D Determination, LA
GLASSIA	spec	LA
<i>miglustat</i>	spec	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME	spec	PA - Part B vs D Determination, LA
<i>nitisinone</i>	spec	PA
NITYR	spec	PA, LA
PROCYSBI	spec	PA, LA
PROLASTIN-C	spec	PA - Part B vs D Determination, LA
RAVICTI	spec	PA, LA, QL (525 PER 30 OVER TIME)
<i>sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg)</i>	spec	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	spec	PA
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	spec	PA
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION)	spec	PA, LA
STRENSIQ 80 MG/0.8ML SOLUTION	spec	PA, LA, QL (38.4 PER 28 OVER TIME)
SUCRAID	spec	PA, LA
VYNDAQEL	spec	PA, LA, QL (4 PER 1 DAYS)
ZENPEP	npd	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	gen	ST, QL (1 PER 1 DAYS)
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	gen	ST, QL (2 PER 1 DAYS)
<i>fesoterodine fumarate</i>	gen	
<i>flavoxate hcl</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	brd	
oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)	gen	
solifenacin succinate	gen	QL (1 PER 1 DAYS)
tolterodine tartrate	gen	ST
tropium chloride	gen	

BENIGN PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl	gen	
dutasteride	gen	QL (1 PER 1 DAYS)
dutasteride-tamsulosin hcl	gen	PA, QL (1 PER 1 DAYS)
finasteride	gen	
silodosin	gen	QL (1 PER 1 DAYS)
tadalafil (tab 10 mg, tab 20 mg)	gen	PA, QL (6 PER 30 OVER TIME), ED
tadalafil tab 2.5 mg	gen	PA, QL (2 PER 1 DAYS)
tadalafil tab 5 mg	gen	PA, QL (1 PER 1 DAYS)
tamsulosin hcl	gen	

GENITOURINARY AGENTS, OTHER

bethanechol chloride	gen	
CYTRA K CRYSTALS	gen	ED
ELMIRON	brd	
MUSE	brd	PA, QL (6 PER 30 OVER TIME), ED
penicillamine tab 250 mg	spec	PA
phenazopyridine hcl (tab 100 mg, tab 200 mg)	gen	ED
pot & sod citrates w/citric ac	gen	ED
potassium citrate & citric acid powder pack 3300-1002 mg	gen	
potassium citrate & citric acid soln 1100-334 mg/5ml	gen	ED
potassium phosphate monobasic	gen	
sildenafil citrate	gen	PA, QL (6 PER 30 OVER TIME), ED
sodium citrate & citric acid	gen	ED

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THIOLA EC	spec	PA, LA
<i>tiopronin</i>	spec	PA
<i>varденаfil hcl</i>	gen	PA, QL (6 PER 30 OVER TIME)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR	spec	PA, LA
<i>alclometasone dipropionate cream 0.05%</i>	gen	
<i>betamethasone dipropionate augmented (cream, lotion)</i>	gen	
<i>betamethasone dipropionate oint 0.05%</i>	gen	
CLOCORTOLONE PIVALATE (0.1 % CREAM, CREAM 0.1%)	gen	
CLOCORTOLONE PIVALATE PUMP	gen	
CORTISONE ACETATE	gen	
CORTROPHIN	spec	PA, LA
<i>desonide lotion 0.05%</i>	gen	
DEXABLISS	gen	PA
DEXAMETHASONE (0.5 MG TAB, 0.5 MG/5ML SOLUTION, ELIXIR 0.5 MG/5ML, TAB 0.5 MG, 0.75 MG TAB, TAB 0.75 MG, 1 MG TAB, TAB 1.5 MG, TAB 2 MG, TAB 4 MG, TAB 6 MG)	gen	
DEXAMETHASONE INTENSOL	gen	
<i>dexamethasone sodium phosphate (inj 4 mg/ml, inj 20 mg/5ml, inj 120 mg/30ml)</i>	npd	
<i>dexamethasone sodium phosphate (sod preservative free inj 10 mg/ml, sodium inj 10 mg/ml, sodium inj 100 mg/10ml)</i>	npd	PA - Part B vs D Determination
<i>fludrocortisone acetate</i>	gen	
HEMADY	npd	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
<i>hydrocortisone acetate suppos 25 mg</i>	gen	ED
<i>hydrocortisone butyrate oint 0.1%</i>	gen	ST
<i>hydrocortisone valerate oint 0.2%</i>	gen	
KORLYM	spec	PA, LA, QL (4 PER 1 DAYS)
MEDROL 2 MG TAB	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylprednisolone</i>	gen	
METHYLPREDNISOLONE ACETATE (40 MG/ML SUSPENSION, INJ SUSP 40 MG/ML, INJ SUSP 80 MG/ML)	npd	
<i>methylprednisolone sod succ (inj 40 mg equiv), inj 125 mg equiv)</i>	npd	
<i>mometasone furoate (cream, oint)</i>	gen	
PREDNICARBATE	gen	
<i>prednisolone</i>	gen	
<i>prednisolone sodium phosphate (sod phos orally disintegr tab 10 mg (base eq), sod phos orally disintegr tab 15 mg (base eq), sod phos orally disintegr tab 30 mg (base eq), sodium phosphate 10 mg tab disp, sodium phosphate 15 mg tab disp, sodium phosphate 30 mg tab disp)</i>	gen	PA
<i>prednisolone sodium phosphate (sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), sod phosphate oral soln 10 mg/5ml (base equiv), sod phosphate oral soln 15 mg/5ml (base equiv), sod phosphate oral soln 20 mg/5ml (base equiv), sodium phosphate 25 mg/5ml solution)</i>	gen	
<i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 5 mg, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))</i>	gen	
PREDNISONE INTENSOL	gen	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml)</i>	npd	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	gen	
<i>desmopressin acetate spray</i>	gen	
<i>desmopressin acetate spray refrigerated</i>	gen	
EGRIFTA	spec	PA, LA, QL (60 PER 30 OVER TIME)
EGRIFTA SV	spec	PA, LA, QL (30 PER 30 OVER TIME)
INCRELEX	spec	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORDITROPIN FLEXPRO	spec	PA
SEROSTIM	spec	PA, LA

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

ANABOLIC STEROIDS

ANADROL-50	npd
<i>oxandrolone</i>	gen

ANDROGENS

<i>danazol</i>	gen	
<i>methyltestosterone</i>	gen	PA
TESTOSTERONE (12.5 MG/ACT (1%) GEL, TD GEL 12.5 MG/ACT (1%), 25 MG/2.5GM (1%) GEL, TD GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%) GEL, TD GEL 50 MG/5GM (1%))	gen	PA, QL (300 PER 30 OVER TIME)
<i>testosterone (gel 20.25 mg/act (1.62%), gel 40.5 mg/2.5gm (1.62%))</i>	gen	PA, QL (150 PER 30 OVER TIME)
TESTOSTERONE CYPIONATE (100 MG/ML SOLUTION, IM INJ IN OIL 100 MG/ML, 200 MG/ML SOLUTION, IM INJ IN OIL 200 MG/ML)	gen	
TESTOSTERONE ENANTHATE (200 MG/ML SOLUTION, IM INJ IN OIL 200 MG/ML)	gen	QL (5 PER 30 OVER TIME)
<i>testosterone td gel 10mg/act (2%)</i>	gen	PA, QL (120 PER 30 OVER TIME)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	gen	PA, QL (37.5 PER 30 OVER TIME)
<i>testosterone td soln 30 mg/act</i>	gen	PA, QL (180 PER 30 OVER TIME)

ESTROGENS

CLIMARA PRO	brd	PA, QL (4 PER 28 OVER TIME)
DEPO-ESTRADIOL	npd	
<i>desogestrel & ethinyl estradiol</i>	gen	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	gen	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	gen	
<i>drospirenone-ethinyl estradiol</i>	gen	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esterified estrogens & methyltestosterone</i>	gen	ED
<i>estradiol & norethindrone acetate</i>	gen	PA
<i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>	gen	PA, QL (8 PER 28 OVER TIME)
<i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr, patch 0.05 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>	gen	PA, QL (16 PER 28 OVER TIME)
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td gel 0.25 mg/0.25gm (0.1%), td gel 0.5 mg/0.5gm (0.1%), td gel 0.75 mg/0.75gm (0.1%), td gel 1 mg/gm (0.1%), td gel 1.25 mg/1.25gm (0.1%))</i>	gen	PA
<i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>	gen	
<i>estradiol valerate</i>	gen	
ESTRING	brd	QL (1 PER 84 OVER TIME)
<i>ethynodiol diacet & eth estrad</i>	gen	
<i>etonogestrel-ethinyl estradiol</i>	gen	QL (1 PER 28 OVER TIME)
<i>levonorgestrel & eth estradiol</i>	gen	
<i>levonorgestrel-eth estradiol (triphasic)</i>	gen	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	gen	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	gen	
MENEST	npd	PA
<i>norelgestromin-ethinyl estradiol</i>	gen	
<i>norethin acet & estrad-fe</i>	gen	
<i>norethindrone & eth estradiol</i>	gen	
<i>norethindrone & ethinyl estradiol-fe</i>	gen	
<i>norethindrone acet & eth estra</i>	gen	
<i>norethindrone acetate-ethinyl estradiol</i>	gen	PA
<i>norethindrone acetate-ethinyl estradiol-fe</i>	gen	
<i>norethindrone-eth estradiol (triphasic)</i>	gen	
<i>norgestimate-ethinyl estradiol</i>	gen	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	gen	
<i>norgestrel & ethinyl estradiol</i>	gen	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	npd	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMARIN 0.625 MG/GM CREAM	brd	
PREMPHASE	brd	PA
PREMPRO	brd	PA, QL (1 PER 1 DAYS)
VELIVET	gen	

PROGESTINS

DEPO-PROVERA 400 MG/ML SUSPENSION	npd	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	spec	
<i>medroxyprogesterone acetate</i>	gen	
<i>medroxyprogesterone acetate (contraceptive)</i>	npd	
<i>megestrol acetate (appetite)</i>	gen	PA
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	gen	PA - FOR NEW STARTS ONLY
<i>norethindrone (contraceptive)</i>	gen	
<i>norethindrone acetate</i>	gen	
<i>progesterone (cap 100 mg, cap 200 mg, im in oil 50 mg/ml)</i>	gen	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

DUAVEE	brd	PA, QL (1 PER 1 DAYS)
OSPHENA	npd	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl</i>	gen	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ARMOUR THYROID	brd	PA, ED
<i>levothyroxine sodium (tab 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)</i>	gen	
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	gen	
NP THYROID	brd	PA, ED
SYNTHROID	brd	
<i>thyroid</i>	brd	PA, ED

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline</i>	gen	QL (16 PER 30 OVER TIME)
FIRMAGON	npd	
FIRMAGON (240 MG DOSE)	spec	
LANREOTIDE ACETATE	spec	PA - FOR NEW STARTS ONLY
<i>leuprolide acetate inj kit 5 mg/ml</i>	spec	
LUPRON DEPOT (1-MONTH)	spec	
LUPRON DEPOT (3-MONTH)	spec	
LUPRON DEPOT (4-MONTH)	spec	
LUPRON DEPOT (6-MONTH)	spec	
LUPRON DEPOT-PED (1-MONTH)	spec	
LUPRON DEPOT-PED (3-MONTH)	spec	
<i>octreotide acetate (50 mcg/ml soln prsyr, inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml soln prsyr, inj 100 mcg/ml (0.1 mg/ml), 200 mcg/ml solution, inj 200 mcg/ml (0.2 mg/ml))</i>	npd	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, inj 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml solution, inj 1000 mcg/ml (1 mg/ml))</i>	spec	PA
ORGOVYX	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
SANDOSTATIN LAR DEPOT	spec	PA
SIGNIFOR	spec	PA, LA, QL (60 PER 30 OVER TIME)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	spec	PA - FOR NEW STARTS ONLY
SOMAVERT	spec	PA, QL (1 PER 1 DAYS)
SYNAREL	spec	
TRELSTAR MIXJECT	spec	PA - Part B vs D Determination

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole</i>	gen
<i>propylthiouracil</i>	gen

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT	spec	PA, LA
CINRYZE	spec	PA, LA
HAEGARDA	spec	PA, LA
<i>icatibant acetate</i>	spec	PA, QL (36 PER 60 OVER TIME)
RUCONEST	spec	PA, LA
IMMUNOGLOBULINS		
BIVIGAM	spec	PA, LA
CARIMUNE NF	spec	PA
FLEBOGAMMA DIF	spec	PA
GAMMAGARD	spec	PA
GAMMAGARD S/D LESS IGA	spec	PA
GAMMAKED (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	spec	PA
GAMMAKED 1 GM/10ML SOLUTION	spec	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	spec	PA, LA
GAMMAPLEX 10 GM/200ML SOLUTION	spec	PA
GAMUNEX-C	spec	PA
HIZENTRA	spec	PA, LA
PRIVIGEN	spec	PA
VARIZIG	brd	
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	spec	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	spec	PA, LA, QL (4 PER 28 OVER TIME)
ILARIS	spec	PA, LA
OTEZLA 10 & 20 & 30 MG TAB THPK	spec	PA, QL (55 PER 28 OVER TIME)
RIDAURA	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYRIZI (150 MG DOSE)	spec	PA
SKYRIZI 150 MG/ML SOLN PRSYR	spec	PA
SKYRIZI PEN	spec	PA
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	spec	PA
TALTZ	spec	PA, LA, QL (1 PER 28 OVER TIME)
XELJANZ (5 MG TAB, 10 MG TAB)	spec	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	spec	PA, QL (10 PER 1 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	spec	PA, LA

IMMUNOSTIMULANTS

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

IMMUNOSUPPRESSANTS

<i>azathioprine</i>	gen	PA - Part B vs D Determination
AZATHIOPRINE SODIUM	npd	PA - Part B vs D Determination
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	gen	PA - Part B vs D Determination
<i>cyclosporine iv soln 50 mg/ml</i>	npd	PA - Part B vs D Determination
<i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i>	gen	PA - Part B vs D Determination
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	spec	PA
ENBREL SURECLICK	spec	PA
ENVARUSUS XR	npd	PA - FOR NEW STARTS ONLY
<i>everolimus (immunosuppressant)</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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA	spec	PA
HUMIRA PEDIATRIC CROHNS START	spec	PA
HUMIRA PEN	spec	PA
HUMIRA PEN-CD/UC/HS STARTER	spec	PA
HUMIRA PEN-PEDIATRIC UC START	spec	PA
HUMIRA PEN-PS/UV/ADOL HS START	spec	PA
HUMIRA PEN-PSOR/UVEIT STARTER	spec	PA
<i>leflunomide</i>	gen	
METHOTREXATE SODIUM (INJ 50 MG/2ML (25 MG/ML), INJ PF 50 MG/2ML (25 MG/ML), 250 MG/10ML SOLUTION, INJ PF 250 MG/10ML (25 MG/ML), INJ PF 1000 MG/40ML (25 MG/ML))	gen	PA - Part B vs D Determination
<i>methotrexate sodium for inj 1 gm</i>	npd	PA - Part B vs D Determination
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	gen	
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	gen	PA - Part B vs D Determination
<i>mycophenolate mofetil hcl</i>	npd	PA - Part B vs D Determination
<i>mycophenolate sodium</i>	gen	PA - Part B vs D Determination
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	npd	PA - FOR NEW STARTS ONLY
REZUROCK	spec	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
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 (56 PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	brd	PA - Part B vs D Determination
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	gen	PA - Part B vs D Determination
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	gen	PA - Part B vs D Determination
TREXALL	npd	
XATMEP	npd	PA - FOR NEW STARTS ONLY
XELJANZ XR	spec	PA, QL (1 PER 1 DAYS)

VACCINES

ACTHIB	brd	
ADACEL	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BCG VACCINE	brd	
BEXSERO	brd	
BIOTHRAX	npd	
BOOSTRIX	brd	
DAPTACEL	brd	
DENG VAXIA	brd	
DIPHTHERIA-TETANUS TOXOIDS DT	brd	
ENGRIX-B	brd	PA - Part B vs D Determination
GARDASIL 9	brd	
HAVRIX	brd	
HIBERIX	brd	
IMOVAX RABIES	brd	
INFANRIX	brd	
I POL	brd	
IXIARO	npd	
KINRIX	brd	
M-M-R II	brd	
MENACTRA	brd	
MENQUADFI	brd	
MENVEO RECON SOLN	brd	
PEDIARIX	brd	
PEDVAX HIB	brd	
PENTACEL	brd	
PREHEVBRIO	brd	PA - Part B vs D Determination
PRIORIX	brd	
PROQUAD	brd	
QUADRACEL	brd	
RABAVERT	brd	
RECOMBIVAX HB	brd	PA - Part B vs D Determination
ROTARIX	brd	
ROTATEQ	brd	
SHINGRIX	brd	QL (2 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TDVAX	brd	
TENIVAC	brd	
TICOVAC	brd	
TRUMENBA	brd	
TWINRIX	brd	PA - Part B vs D Determination
TYPHIM VI	npd	
VAQTA	brd	
VARIVAX	brd	
YF-VAX	npd	
ZOSTAVAX	npd	QL (1 PER 365 OVER TIME)

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	gen	
DIPENTUM	npd	PA
<i>mesalamine (cap dr 400 mg, tab delayed release 800 mg)</i>	gen	ST, QL (6 PER 1 DAYS)
<i>mesalamine (cap er 24hr 0.375 gm, tab delayed release 1.2 gm)</i>	gen	QL (4 PER 1 DAYS)
<i>mesalamine (enema 4 gm, suppos 1000 mg)</i>	gen	
<i>mesalamine cap er 500 mg</i>	gen	ST, QL (8 PER 1 DAYS)
<i>mesalamine w/ cleanser</i>	gen	
<i>sulfasalazine</i>	gen	

GLUCOCORTICOIDS

<i>budesonide delayed release particles cap 3 mg</i>	gen	PA, QL (3 PER 1 DAYS)
<i>budesonide tab er 24hr 9 mg</i>	gen	PA, QL (1 PER 1 DAYS)
CORTIFOAM	brd	
<i>hydrocortisone</i>	gen	
<i>hydrocortisone (intrarectal)</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (5 mg tab, oral soln 70 mg/75ml, tab 5 mg, tab 10 mg, tab 35 mg, 40 mg tab, 70 mg/75ml solution, tab 70 mg)</i>	gen	
<i>calcitonin (salmon) inj 200 unit/ml</i>	gen	PA - Part B vs D Determination
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	gen	QL (3.7 PER 30 OVER TIME)
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	gen	PA - Part B vs D Determination
CALCITRIOL 1 MCG/ML SOLUTION	npd	PA - Part B vs D Determination
<i>cinacalcet hcl</i>	gen	PA - Part B vs D Determination
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg)</i>	gen	PA - Part B vs D Determination
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	npd	PA - Part B vs D Determination
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	gen	ED
ETIDRONATE DISODIUM	gen	
FORTEO	spec	PA
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	npd	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	gen	
NATPARA	spec	PA, LA, QL (2 PER 28 OVER TIME)
<i>paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg)</i>	gen	PA - Part B vs D Determination
<i>paricalcitol (soln 2 mcg/ml, soln 5 mcg/ml)</i>	npd	PA - Part B vs D Determination
PROLIA	npd	PA
<i>risedronate sodium (tab 5 mg, tab 35 mg, tab 150 mg, tab delayed release 35 mg)</i>	gen	
<i>risedronate sodium tab 30 mg</i>	gen	ST
TYMLOS	spec	PA, QL (1.56 PER 28 OVER TIME)
XGEVA	spec	PA - FOR NEW STARTS ONLY, QL (1.7 PER 28 OVER TIME)
<i>zoledronic acid (4 mg recon soln, 4 mg/100ml solution, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)</i>	npd	PA - Part B vs D Determination
MISCELLANEOUS THERAPEUTIC AGENTS		
AEROCHAMBER PLUS FLO-VU MEDIUM	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AEROCHAMBER PLUS FLO-VU W/MASK	brd	
ALCOHOL 70% PADS	gen	
ALCOHOL WIPES 70 % MISC	gen	
<i>bacteriostatic sodium chloride</i>	npd	
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML 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	
CVS ISOPROPYL ALCOHOL WIPES	gen	
EQ SPACE CHAMBER ANTI-STATIC L	brd	
EQ SPACE CHAMBER ANTI-STATIC M	brd	
EQ SPACE CHAMBER ANTI-STATIC S	brd	
<i>gauze pads 2</i>	gen	
GNP ISOPROPYL ALCOHOL WIPES	gen	
INSULIN PEN NEEDLES	brd	
INSULIN SYRINGE 0.3 ML	brd	
INSULIN SYRINGE 0.5 ML	brd	
INSULIN SYRINGE 1 ML	brd	
ISOPROPYL ALCOHOL 70 % MISC	gen	
ISOPROPYL ALCOHOL WIPES	gen	
MEDPURA ALCOHOL PADS	gen	
<i>methylergonovine maleate tab 0.2 mg</i>	gen	
NOVOFINE 32G X 6 MM MISC	brd	
NOVOTWIST 32G X 5 MM MISC	brd	
NOZIN NASAL SANITIZER POPSWAB	gen	
POCKET CHAMBER	brd	
RA ISOPROPYL ALCOHOL WIPES	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RUZURGI	spec	PA, LA, QL (10 PER 1 DAYS)
<i>water for irrigation, sterile</i>	gen	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

ATROPINE SULFATE 1 % SOLUTION	gen	
<i>atropine sulfate ophth soln 1%</i>	gen	
<i>bacitracin-poly-neomycin-hc</i>	gen	
<i>bacitracin-polymyxin b (ophth)</i>	gen	
BLEPHAMIDE	brd	
<i>brimonidine tartrate-timolol maleate</i>	gen	
DORZOLAMIDE HCL-TIMOLOL MAL	gen	
<i>dorzolamide hcl-timolol maleate (sol 22.3-6.8 mg/ml pf, soln 22.3-6.8 mg/ml)</i>	gen	
HOMATROPAIRE	gen	ED
<i>homatropine hbr</i>	gen	ED
<i>neomycin-bacitracin zn-polymyxin</i>	gen	
<i>neomycin-polymy-dexameth (oint, susp)</i>	gen	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	gen	
NEOMYCIN-POLYMYXIN-HC	gen	
<i>phenylephrine hcl (mydriatic) (soln 2.5%, soln 10%)</i>	gen	
<i>proparacaine hcl</i>	gen	
RESTASIS	brd	QL (60 PER 30 OVER TIME)
RESTASIS MULTIDOSE	brd	QL (5.5 PER 30 OVER TIME)
ROCKLATAN	npd	QL (2.5 PER 25 OVER TIME)
<i>sulfacetamide sod-prednisolone</i>	gen	
SULFACETAMIDE-PREDNISOLONE	gen	
TOBRADEX 0.3-0.1 % OINTMENT	brd	
<i>tobramycin-dexamethasone</i>	gen	
ZYLET	brd	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl (ophth)</i>	gen	
<i>bepotastine besilate</i>	gen	
<i>cromolyn sodium (ophth)</i>	gen	
<i>epinastine hcl (ophth)</i>	gen	
LASTACAFT	npd	
<i>olopatadine hcl</i>	gen	
PAZEO	brd	QL (2.5 PER 30 OVER TIME)
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	gen	
<i>erythromycin (ophth)</i>	gen	
<i>gatifloxacin (ophth)</i>	gen	QL (2.5 PER 30 OVER TIME)
GENTAK	gen	
<i>gentamicin sulfate (ophth)</i>	gen	
<i>levofloxacin (ophth)</i>	gen	
LEVOFLOXACIN 1.5 % SOLUTION	gen	
MOXIFLOXACIN HCL (2X DAY)	gen	
<i>moxifloxacin hcl (ophth)</i>	gen	
NATACYN	brd	
<i>ofloxacin (ophth)</i>	gen	
<i>polymyxin b-trimethoprim</i>	gen	
<i>sulfacetamide sodium (ophth)</i>	gen	
SULFACETAMIDE SODIUM 10 % OINTMENT	gen	
<i>tobramycin (ophth)</i>	gen	
TOBREX 0.3 % OINTMENT	brd	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	brd	
<i>bromfenac sodium (ophth)</i>	gen	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	gen	
<i>diclofenac sodium (ophth)</i>	gen	
<i>difluprednate</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluorometholone (ophth)</i>	gen	
<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	gen	
FML	brd	
FML FORTE	npd	
ILEVRO	brd	QL (1.7 PER 30 OVER TIME)
<i>ketorolac tromethamine (ophth)</i>	gen	
<i>loteprednol etabonate (gel, susp)</i>	gen	
MAXIDEX	npd	
PREDNISOLONE ACETATE	gen	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	gen	
PROLENSA	brd	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl (ophth)</i>	gen	
BETIMOL	brd	
BETOPTIC-S	brd	
CARTEOLOL HCL	gen	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	gen	
METIPRANOLOL	gen	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.25%, preservative free soln 0.5%, soln 0.25%, soln 0.5%, soln 0.5% (once-daily))</i>	gen	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide cap er 12hr 500 mg</i>	gen	
ALPHAGAN P 0.1 % SOLUTION	brd	
<i>apraclonidine hcl</i>	gen	
<i>brimonidine tartrate</i>	gen	
<i>brinzolamide</i>	gen	
<i>dorzolamide hcl ophth soln 2%</i>	gen	
IOPIDINE 1 % SOLUTION	brd	
<i>methazolamide</i>	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHOSPHOLINE IODIDE	npd	
<i>pilocarpine hcl</i>	gen	
RHOPRESSA	brd	QL (2.5 PER 25 OVER TIME)
SIMBRINZA	brd	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost</i>	gen	ST, QL (5 PER 30 OVER TIME)
LATANOPROST (0.005 % SOLUTION, OPTH SOLN 0.005%)	gen	
LUMIGAN	brd	QL (5 PER 30 OVER TIME)
<i>travoprost</i>	gen	QL (5 PER 30 OVER TIME)

OTIC AGENTS

CIPRO HC	npd	
CIPROFLOXACIN HCL 0.2 % SOLUTION	gen	
<i>ciprofloxacin-dexamethasone</i>	gen	
CIPROFLOXACIN-FLUOCINOLONE PF	gen	QL (2 PER 1 DAYS)
COLY-MYCIN S	brd	
CORTISPORIN-TC	brd	
DERMOTIC	brd	
<i>fluocinolone acetoneide (otic)</i>	gen	
<i>hydrocortisone w/acetic acid</i>	gen	
<i>neomycin-polymyxin-hc (otic)</i>	gen	
<i>ofloxacin (otic)</i>	gen	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA	brd	QL (30 PER 30 OVER TIME)
<i>budesonide (inhalation)</i>	gen	PA - Part B vs D Determination
FLOVENT DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	brd	QL (60 PER 30 OVER TIME)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	brd	QL (240 PER 30 OVER TIME)
FLOVENT HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	brd	QL (24 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLOVENT HFA 44 MCG/ACT AEROSOL	brd	QL (22 PER 30 OVER TIME)
<i>flunisolide (nasal)</i>	gen	ST, QL (50 PER 30 OVER TIME)
<i>fluticasone propionate (nasal)</i>	gen	QL (16 PER 30 OVER TIME)
<i>mometasone furoate (nasal)</i>	gen	ST, QL (34 PER 30 OVER TIME)
PULMICORT FLEXHALER	brd	QL (2 PER 30 OVER TIME)

ANTIHISTAMINES

<i>azelastine hcl</i>	gen	QL (30 PER 25 OVER TIME)
<i>azelastine hcl-fluticasone propionate</i>	gen	QL (23 PER 30 OVER TIME)
CARBINOXAMINE MALEATE (4 MG/5ML SOLUTION, SOLN 4 MG/5ML, TAB 4 MG)	gen	PA
CARBINOXAMINE MALEATE 6 MG TAB	gen	PA, QL (4 PER 1 DAYS)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	gen	
CLEMASTINE FUMARATE (0.67 MG/5ML SYRUP, 2.68 MG TAB)	gen	PA
<i>cyproheptadine hcl (syrup 2 mg/5ml, tab 4 mg)</i>	gen	PA
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	gen	ST
<i>desloratadine tab 5 mg</i>	gen	
DEXCHLORPHENIRAMINE MALEATE	gen	PA
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	gen	PA
<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, 100 mg cap)</i>	gen	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	gen	
<i>olopatadine hcl (nasal)</i>	gen	QL (30.5 PER 30 OVER TIME)
<i>promethazine hcl (inj 25 mg/ml, inj 50 mg/ml)</i>	npd	PA
<i>promethazine hcl syrup 6.25 mg/5ml</i>	gen	PA
RYCLORA	gen	PA

ANTILEUKOTRIENES

<i>montelukast sodium</i>	gen	QL (1 PER 1 DAYS)
<i>zafirlukast</i>	gen	QL (2 PER 1 DAYS)
<i>zileuton</i>	gen	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	brd	QL (25.8 PER 30 OVER TIME)
INCRUSE ELLIPTA	brd	QL (30 PER 30 OVER TIME)
<i>ipratropium bromide</i>	gen	PA - Part B vs D Determination
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	gen	QL (30 PER 30 OVER TIME)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	gen	QL (45 PER 30 OVER TIME)
SPIRIVA HANDIHALER	brd	QL (30 PER 30 OVER TIME)
SPIRIVA RESPIMAT	brd	QL (4 PER 30 OVER TIME)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol 90mg hfa inhaler (generic proair)</i>	gen	QL (17 PER 30 OVER TIME)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	gen	QL (13.4 PER 30 OVER TIME)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	gen	QL (36 PER 30 OVER TIME)
<i>albuterol sulfate (soln nebu 0.083% (2.5 mg/3ml), soln nebu 0.5% (5 mg/ml), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv))</i>	gen	PA - Part B vs D Determination
<i>albuterol sulfate (syrup 2 mg/5ml, tab 2 mg, tab 4 mg)</i>	gen	
ALBUTEROL SULFATE ER	gen	
<i>arformoterol tartrate</i>	gen	PA - Part B vs D Determination
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	gen	QL (24 PER 365 OVER TIME)
<i>epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))</i>	gen	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENALCLICK)	gen	QL (24 PER 365 OVER TIME)
<i>formoterol fumarate</i>	gen	PA - Part B vs D Determination
<i>levalbuterol hcl (soln nebu 0.31 mg/3ml equiv), soln nebu 0.63 mg/3ml equiv, soln nebu 1.25 mg/3ml equiv, soln nebu conc 1.25 mg/0.5ml equiv)</i>	gen	PA
LEVALBUTEROL TARTRATE	gen	QL (30 PER 30 OVER TIME)
METAPROTERENOL SULFATE (10 MG TAB, 10 MG/5ML SYRUP, 20 MG TAB)	gen	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEREVENT DISKUS	brd	QL (60 PER 30 OVER TIME)
<i>terbutaline sulfate (tab 2.5 mg, tab 5 mg)</i>	gen	
<i>terbutaline sulfate inj 1 mg/ml</i>	npd	

CYSTIC FIBROSIS AGENTS

CAYSTON	spec	PA, LA, QL (84 PER 28 OVER TIME)
KALYDECO	spec	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME	spec	PA - Part B vs D Determination, QL (150 PER 30 OVER TIME)
SYMDEKO	spec	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER	spec	PA, LA, QL (224 PER 28 OVER TIME)
<i>tobramycin nebu soln 300 mg/4ml</i>	spec	PA, QL (224 PER 28 OVER TIME)
<i>tobramycin nebu soln 300 mg/5ml</i>	spec	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA	spec	PA, LA, QL (3 PER 1 DAYS)

MAST CELL STABILIZERS

<i>cromolyn sodium</i>	gen	PA - Part B vs D Determination
------------------------	-----	--------------------------------

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	gen	
DALIRESP 250 MCG TAB	npd	PA, QL (28 PER 180 OVER TIME)
DALIRESP 500 MCG TAB	npd	PA, QL (1 PER 1 DAYS)
ELIXOPHYLLIN	gen	
<i>roflumilast tab 250 mcg</i>	gen	PA, QL (28 PER 180 OVER TIME)
<i>roflumilast tab 500 mcg</i>	gen	PA, QL (1 PER 1 DAYS)
THEO-24	brd	
<i>theophylline (elixir 80 mg/15ml, soln 80 mg/15ml, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	gen	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS	spec	PA, LA, QL (3 PER 1 DAYS)
<i>ambrisentan</i>	spec	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan tab 125 mg</i>	spec	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan tab 62.5 mg</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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPSUMIT	spec	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate for suspension 10 mg/ml</i>	spec	PA, QL (6 PER 1 DAYS)
<i>sildenafil citrate tab 20 mg</i>	gen	PA, QL (3 PER 1 DAYS)
<i>tadalafil (pulmonary hypertension)</i>	spec	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	spec	PA, LA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/ML SOLUTION	spec	PA - Part B vs D Determination, LA, QL (270 PER 30 OVER TIME)
VENTAVIS 20 MCG/ML SOLUTION	spec	PA - Part B vs D Determination, LA, QL (90 PER 30 OVER TIME)

PULMONARY FIBROSIS AGENTS

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

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine</i>	gen	PA - Part B vs D Determination
ANORO ELLIPTA	brd	QL (60 PER 30 OVER TIME)
<i>benzonatate</i>	gen	ED
BEVESPI AEROSPHERE	brd	QL (10.7 PER 28 OVER TIME)
BREO ELLIPTA	brd	QL (60 PER 30 OVER TIME)
COMBIVENT RESPIMAT	brd	QL (4 PER 30 OVER TIME)
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 OVER TIME)
<i>fluticasone-salmeterol (aer powder ba 100-50 mcg/act, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i>	gen	QL (60 PER 30 OVER TIME)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	gen	QL (420 PER 30 OVER TIME), NDS, ED
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	gen	QL (210 PER 30 OVER TIME), NDS, ED
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	gen	QL (42 PER 30 OVER TIME), NDS, ED
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	gen	QL (70 PER 30 OVER TIME), NDS, ED

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYDROCODONE-GUAIFENESIN	gen	PA, QL (420 PER 30 OVER TIME), NDS
<i>ipratropium-albuterol</i>	gen	PA - Part B vs D Determination
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	spec	PA, LA, QL (3 PER 30 OVER TIME)
NUCALA 40 MG/0.4ML SOLN PRSYR	spec	PA, LA, QL (0.4 PER 28 OVER TIME)
<i>promethazine & phenylephrine</i>	gen	PA
<i>promethazine w/codeine</i>	gen	PA, QL (240 PER 30 OVER TIME), NDS, ED
PROMETHAZINE-DM (6.25-15 MG/5ML SOLUTION, SYRUP 6.25-15 MG/5ML)	gen	PA, ED
<i>promethazine-phenylephrine-codeine</i>	gen	PA, QL (240 PER 30 OVER TIME), NDS, ED
PSEUDOEPH-CHLORPHEN-HYDROCOD	gen	QL (140 PER 30 OVER TIME), NDS, ED
<i>pseudoephed-bromphen-dm</i>	gen	ED
<i>ribavirin</i>	spec	PA - Part B vs D Determination
<i>sodium chloride (inhalant) (soln nebu 3%, soln nebu 7%, soln nebu 10%)</i>	gen	ED
SYMBICORT	brd	QL (10.2 PER 30 OVER TIME)
TRELEGY ELLIPTA	brd	QL (60 PER 30 OVER TIME)

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol</i>	gen	PA, QL (4 PER 1 DAYS)
<i>carisoprodol w/ aspirin</i>	gen	PA, QL (8 PER 1 DAYS)
CARISOPRODOL-ASPIRIN	gen	PA, QL (8 PER 1 DAYS)
<i>chlorzoxazone (tab 250 mg, tab 375 mg, tab 750 mg)</i>	gen	PA, QL (4 PER 1 DAYS)
<i>chlorzoxazone tab 500 mg</i>	gen	PA, QL (6 PER 1 DAYS)
<i>cyclobenzaprine hcl (tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	gen	PA
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	gen	PA, QL (2 PER 1 DAYS)
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	gen	PA, QL (1 PER 1 DAYS)
<i>metaxalone (400 mg tab, tab 400 mg, tab 800 mg)</i>	gen	PA, QL (4 PER 1 DAYS)
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	gen	PA
<i>orphenadrine citrate tab er 12hr 100 mg</i>	gen	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	gen	PA, QL (4 PER 1 DAYS)
ORPHENADRINE-ASPIRIN-CAFFEINE	gen	PA, QL (4 PER 1 DAYS)
ORPHENGESIC FORTE	gen	PA, QL (4 PER 1 DAYS)

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>estazolam</i>	gen	QL (1 PER 1 DAYS)
<i>eszopiclone</i>	gen	QL (1 PER 1 DAYS)
FLURAZEPAM HCL	gen	QL (1 PER 1 DAYS)
HETLIOZ	spec	PA, LA, QL (1 PER 1 DAYS)
QUAZEPAM	gen	PA
<i>ramelteon</i>	gen	QL (1 PER 1 DAYS)
<i>temazepam (cap 22.5 mg, cap 30 mg)</i>	gen	QL (1 PER 1 DAYS)
<i>temazepam cap 15 mg</i>	gen	QL (2 PER 1 DAYS)
<i>temazepam cap 7.5 mg</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam tab 0.125 mg</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam tab 0.25 mg</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon cap 10 mg</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon cap 5 mg</i>	gen	QL (4 PER 1 DAYS)
<i>zolpidem tartrate (1.75 mg sl tab, sl tab 1.75 mg, 3.5 mg sl tab, sl tab 3.5 mg, tab 10 mg, tab er 12.5 mg)</i>	gen	QL (1 PER 1 DAYS)
<i>zolpidem tartrate (tab 5 mg, tab er 6.25 mg)</i>	gen	QL (2 PER 1 DAYS)

WAKEFULNESS PROMOTING AGENTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Index of Drugs

A

abacavir sulfate.....	42,43	alclometasone dipropionate.....	63,75
abacavir sulfate-lamivudine.....	43	ALCOHOL 70% PADS.....	87
abacavir sulfate-lamivudine-zidovudine.....	43	ALCOHOL WIPES.....	87
ABELCET.....	22	ALDURAZYME.....	72
ABILIFY MAINTENA.....	38	ALECENSA.....	29
abiraterone acetate.....	26	alendronate sodium.....	86
acamprosate calcium.....	7	alfuzosin hcl.....	74
acarbose.....	47	ALINIA.....	35
acebutolol hcl.....	53	aliskiren fumarate.....	55
acetaminophen w/ codeine.....	4	allopurinol.....	23
acetaminophen-caff-dihydrocod.....	4	almotriptan malate.....	24
acetazolamide.....	55,90	ALOGLIPTIN BENZOATE.....	47
acetic acid (otic).....	8	ALOGLIPTIN-METFORMIN HCL.....	47
acetylcysteine.....	95	ALOGLIPTIN-PIOGLITAZONE.....	47
acitretin.....	62	alosetron hcl.....	70
ACTHAR.....	75	ALPHAGAN P.....	90
ACTHIB.....	83	alprazolam.....	46
ACTIMMUNE.....	82	ALPRAZOLAM INTENSOL.....	46
ACTOPLUS MET XR.....	47	ALREX.....	89
acyclovir.....	45	ALUNBRIG.....	29
acyclovir sodium.....	45	amantadine hcl.....	36
acyclovir topical.....	66	AMBISOME.....	22
ADACEL.....	83	ambrisentan.....	94
adapalene.....	62	AMCINONIDE.....	63
ADAPALENE.....	62	amikacin sulfate.....	8
adapalene-benzoyl peroxide.....	62	amiloride & hydrochlorothiazide.....	55
adefovir dipivoxil.....	41	amiloride hcl.....	57
ADEMPAS.....	94	amino acid electrolyte infusion.....	66
AEROCHAMBER PLUS FLO-VU MEDIUM....	86	amino acid infusion.....	66
AEROCHAMBER PLUS FLO-VU W/MASK....	87	aminocaproic acid.....	51
AIMOVIG.....	24	AMINOSYN.....	66
AIMOVIG (140 MG DOSE).....	24	AMINOSYN II.....	66
albendazole.....	35	AMINOSYN-HBC.....	66
albuterol 90mg hfa inhaler (generic proair)...	93	AMINOSYN-PF.....	67
albuterol 90mg hfa inhaler (generic proventil)93		AMINOSYN-RF.....	67
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN).....	93	AMINOSYN/ELECTROLYTES.....	67
albuterol sulfate.....	93	amiodarone hcl.....	53
ALBUTEROL SULFATE ER.....	93	AMITIZA.....	69
		amitriptyline hcl.....	20
		amlodipine besylate.....	54
		amlodipine besylate-atorvastatin calcium...	55

amlodipine besylate-benazepril hcl	55	ARMOUR THYROID	79
amlodipine besylate-olmesartan medoxomil	55	ARNUITY ELLIPTA	91
amlodipine besylate-valsartan	55	asenapine maleate	38
amlodipine-valsartan-hydrochlorothiazide	55	aspirin-dipyridamole	51
AMOXAPINE	20	atazanavir sulfate	44
AMOXICILL-CLARITHRO-LANSOPRAZ	71	atenolol	53
amoxicillin	11	atenolol & chlorthalidone	55
amoxicillin & pot clavulanate	11	atomoxetine hcl	60
amoxicillin-clarithromycin w/ lansoprazole	71	atorvastatin calcium	57
AMOXICILLIN-POT CLAVULANATE	11	atovaquone	35
AMOXICILLIN-POT CLAVULANATE ER	11	atovaquone-proguanil hcl	35
amphetamine sulfate	59	ATROPINE SULFATE	70,88
amphetamine-dextroamphetamine	59	atropine sulfate (ophthalmic)	88
AMPHOTERICIN B	22	ATROVENT HFA	93
amphotericin b liposome	22	AUBAGIO	62
AMPICILLIN	11	AUGMENTIN	12
ampicillin & sulbactam sodium	11	AURYXIA	68
AMPICILLIN SODIUM	11	AUSTEDO	60,61
AMPICILLIN-SULBACTAM SODIUM	12	AUVELITY	18
ANADROL-50	77	AVC VAGINAL	13
anagrelide hcl	51	AYVAKIT	27
ANALPRAM-HC	64	azathioprine	82
anastrozole	29	AZATHIOPRINE SODIUM	82
ANORO ELLIPTA	95	azelaic acid	62
ANUSOL-HC	63	azelastine hcl	92
APAP-CAFF-DIHYDROCODEINE	4	azelastine hcl (ophth)	89
APEXICON E	63	azelastine hcl-fluticasone propionate	92
apomorphine hydrochloride	36	azithromycin	12
apraclonidine hcl	90	aztreonam	9
aprepitant	21		
APRETUDE	41	B	
APTIOM	17	BACITRACIN	89
APTIVUS	44	bacitracin-poly-neomycin-hc	88
ARALAST NP	72	bacitracin-polymyxin b (ophth)	88
ARANESP (ALBUMIN FREE)	51	baclofen	40
ARCALYST	81	bacteriostatic sodium chloride	87
arformoterol tartrate	93	BACTROBAN NASAL	66
aripiprazole	38	balsalazide disodium	85
ARISTADA	38	BALVERSA	29
ARISTADA INITIO	38	BAQSIMI ONE PACK	48
armodafinil	97	BAQSIMI TWO PACK	48

BARACLUDE.....	41	BIKTARVY.....	41
BCG VACCINE.....	84	bimatoprost.....	91
BD ECLIPSE SYRINGE.....	87	BIOGUARD GAUZE SPONGES.....	87
BD INSULIN SYRINGE.....	87	BIOTHRAX.....	84
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	87	bisacodyl-peg 3350-pot chloride-sod bicarb-	
BD PEN NEEDLE NANO U/F 32G X 4 MM		sod chloride.....	69
MISC.....	87	bisoprolol & hydrochlorothiazide.....	55
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM		bisoprolol fumarate.....	53
MISC.....	87	BIVIGAM.....	81
BD PEN NEEDLE SHORT U/F 31G X 8 MM		BLEPHAMIDE.....	88
MISC.....	87	BOOSTRIX.....	84
benazepril & hydrochlorothiazide.....	55	bosentan.....	94
benazepril hcl.....	53	BOSULIF.....	30
BENLYSTA.....	81	BRAFTOVI.....	30
BENZNIDAZOLE.....	35	BREO ELLIPTA.....	95
benzonatate.....	95	BRILINTA.....	51
benzoyl peroxide-erythromycin.....	62	brimonidine tartrate.....	90
benztropine mesylate.....	36	brimonidine tartrate-timolol maleate.....	88
bepotastine besilate.....	89	brinzolamide.....	90
BERINERT.....	81	BRIVIACT.....	14
BESIVANCE.....	13	bromfenac sodium (ophth).....	89
BESREMI.....	27	bromocriptine mesylate.....	36
betaine.....	72	BRUKINSA.....	27
betamethasone dipropionate (topical)....	63,75	budesonide.....	85
BETAMETHASONE DIPROPIONATE AUG....	63	budesonide (inhalation).....	91
betamethasone dipropionate augmented.	63,75	bumetanide.....	56
betamethasone valerate.....	63	buprenorphine.....	3
BETASERON.....	62	buprenorphine hcl.....	7
betaxolol hcl.....	53	buprenorphine hcl-naloxone hcl dihydrate....	7
betaxolol hcl (ophth).....	90	bupropion hcl.....	18,19
bethanechol chloride.....	74	bupropion hcl (smoking deterrent).....	8
BETIMOL.....	90	BUPROPION HCL ER (XL).....	19
BETOPTIC-S.....	90	buspirone hcl.....	45
BEVESPI AEROSPHERE.....	95	butalbital-acetaminophen.....	61
bexarotene.....	34	butalbital-acetaminophen-caffeine.....	61
bexarotene (topical).....	34	butalbital-acetaminophen-caffeine w/	
BEXSERO.....	84	codeine.....	4
bicalutamide.....	26	BUTALBITAL-ASPIRIN-CAFFEINE.....	2
BICILLIN C-R.....	12	butalbital-aspirin-caffeine w/cod.....	4
BICILLIN C-R 900/300.....	12	butorphanol tartrate.....	4
BICILLIN L-A.....	12	BYETTA 10 MCG PEN.....	47

BYETTA 5 MCG PEN.....	47
BYLVAY.....	72
BYLVAY (PELLETS).....	72

C

CABENUVA.....	43
cabergoline.....	80
CABLIV.....	52
CABOMETYX.....	30
caffeine citrate.....	94
calcipotriene.....	64
calcipotriene-betamethasone dipropionate.....	64,65
calcitonin (salmon).....	86
CALCITRIOL.....	65,86
calcitriol.....	86
calcium acetate (phosphate binder).....	68
CALQUENCE.....	30
candesartan cilexetil.....	52
candesartan cilexetil-hydrochlorothiazide.....	55
CAPASTAT SULFATE.....	25
CAPEX.....	63
CAPLYTA.....	38
CAPRELSA.....	30
captopril.....	53
CAPTOPRIL-HYDROCHLOROTHIAZIDE.....	55
carbamazepine.....	17
carbidopa.....	37
CARBIDOPA-LEVODOPA.....	37
CARBIDOPA-LEVODOPA-ENTACAPONE.....	36
CARBINOXAMINE MALEATE.....	92
carglumic acid.....	67
CARIMUNE NF.....	81
carisoprodol.....	96
carisoprodol w/ aspirin.....	96
carisoprodol w/ aspirin & codeine.....	4
CARISOPRODOL-ASPIRIN.....	96
CARISOPRODOL-ASPIRIN-CODEINE.....	4
CARTEOLOL HCL.....	90
carvedilol.....	54
carvedilol phosphate.....	54

CASPOFUNGIN ACETATE.....	22
caspofungin acetate.....	22
CAYSTON.....	94
CEFACLOR.....	10
CEFACLOR ER.....	10
cefadroxil.....	10
CEFAZOLIN SODIUM.....	10
cefdinir.....	10
CEFDITOREN PIVOXIL.....	10
cefepime hcl.....	10
cefixime.....	10
CEFOTAXIME SODIUM.....	10
CEFOTETAN DISODIUM.....	10
cefoxitin sodium.....	11
cefpodoxime proxetil.....	11
cefprozil.....	11
ceftazidime.....	11
ceftriaxone sodium.....	11
cefuroxime axetil.....	11
cefuroxime sodium.....	11
celecoxib.....	2
CELONTIN.....	16
cephalexin.....	11
CERDELGA.....	72
CEREZYME.....	72
cetirizine hcl.....	92
cevimeline hcl.....	62
CHEMET.....	68
CHLORAMPHENICOL SOD SUCCINATE.....	9
chlordiazepoxide hcl.....	46
chlordiazepoxide hcl-clidinium bromide.....	70
CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	19
chlorhexidine gluconate (mouth-throat).....	62
chloroquine phosphate.....	35
CHLOROTHIAZIDE.....	57
CHLORPROMAZINE HCL.....	37
chlorpromazine hcl.....	37
CHLORPROPAMIDE.....	47
chlorthalidone.....	57
chlorzoxazone.....	96
CHOLBAM.....	72

cholestyramine.....	57	clobetasol propionate emollient base.....	63
cholestyramine light.....	57	clobetasol propionate emulsion.....	63
choline fenofibrate.....	57	CLOCORTOLONE PIVALATE.....	75
ciclopirox.....	66	CLOCORTOLONE PIVALATE PUMP.....	75
ciclopirox olamine.....	22	clomipramine hcl.....	20
cilostazol.....	52	clonazepam.....	46
CILOXAN.....	13	clonidine.....	52
CIMDUO.....	43	clonidine hcl.....	52
cimetidine.....	71	clonidine hcl (adhd).....	60
CIMETIDINE HCL.....	71	clopidogrel bisulfate.....	52
cinacalcet hcl.....	86	clorazepate dipotassium.....	46
CINRYZE.....	81	clotrimazole.....	22
CIPRO HC.....	91	clotrimazole (topical).....	22
CIPROFLOXACIN.....	13	clotrimazole w/ betamethasone.....	65
ciprofloxacin.....	13	clozapine.....	40
ciprofloxacin hcl.....	13	COARTEM.....	35
CIPROFLOXACIN HCL.....	91	codeine sulfate.....	5
ciprofloxacin hcl (ophth).....	13	CODEINE SULFATE.....	5
ciprofloxacin in d5w.....	13	COLCHICINE.....	23
CIPROFLOXACIN-CIPROFLOX HCL ER.....	13	colchicine w/ probenecid.....	23
ciprofloxacin-dexamethasone.....	91	COLCRYS.....	23
CIPROFLOXACIN-FLUOCINOLONE PF.....	91	colesevelam hcl.....	58
citalopram hydrobromide.....	19	colestipol hcl.....	58
clarithromycin.....	12	colistimethate sodium.....	9
CLEMASTINE FUMARATE.....	92	COLY-MYCIN S.....	91
CLEOCIN.....	9	COMBIVENT RESPIMAT.....	95
CLIMARA PRO.....	77	COMETRIQ (100 MG DAILY DOSE).....	30
clindamycin hcl.....	9	COMETRIQ (140 MG DAILY DOSE).....	30
clindamycin palmitate hydrochloride.....	9	COMETRIQ (60 MG DAILY DOSE).....	30
clindamycin phosphate.....	9	COMPLERA.....	42
clindamycin phosphate (topical).....	9,66	COPAXONE.....	62
clindamycin phosphate in d5w.....	9	COPIKTRA.....	30
CLINDAMYCIN PHOSPHATE IN NACL.....	9	CORLANOR.....	55
clindamycin phosphate vaginal.....	9	CORTIFOAM.....	85
clindamycin phosphate-benzoyl peroxide....	62	CORTISONE ACETATE.....	75
clindamycin phosphate-benzoyl peroxide (refrigerate).....	62	CORTISPORIN-TC.....	91
clindamycin phosphate-tretinoin.....	63	CORTROPHIN.....	75
CLINDESSE.....	9	COTELLIC.....	30
clobazam.....	16	CREON.....	73
clobetasol propionate.....	63	CRESEMBA.....	22
		CRIXIVAN.....	44

cromolyn sodium	94
cromolyn sodium (mastocytosis)	73
cromolyn sodium (ophth)	89
CRYSVITA	67
CVS ISOPROPYL ALCOHOL WIPES	87
cyanocobalamin	68
cyclobenzaprine hcl	96
cyclophosphamide	25
cyclosporine	82
cyclosporine modified (for microemulsion)	82
cyproheptadine hcl	92
CYSTAGON	73
CYSTARAN	73
CYTRA K CRYSTALS	74

D

dabigatran etexilate mesylate	50	desmopressin acetate spray	76
dalfampridine	62	desmopressin acetate spray refrigerated	76
DALIRESP	94	desogestrel & ethinyl estradiol	77
danazol	77	desogestrel-ethinyl estradiol (biphasic)	77
dantrolene sodium	40	desogestrel-ethinyl estradiol (triphasic)	77
dapsone	25	desonide	63,75
dapsone (topical)	66	desoximetasone	63
DAPTACEL	84	desvenlafaxine succinate	19
daptomycin	9	DEXABLISS	75
darifenacin hydrobromide	73	DEXAMETHASONE	75
DAURISMO	30	DEXAMETHASONE INTENSOL	75
deferasirox	68	dexamethasone sodium phosphate	75
deferiprone	68	DEXAMETHASONE SODIUM PHOSPHATE	89
DELSTRIGO	42	DEXCHLORPHENIRAMINE MALEATE	92
demeclocycline hcl	14	DEXILANT	71
DENAVIR	66	DEXLANSOPRAZOLE	71
DENG VAXIA	84	dexmethylphenidate hcl	60
DEPO-ESTRADIOL	77	dextroamphetamine sulfate	59
DEPO-PROVERA	79	dextrose	68
DERMOTIC	91	dextrose in lactated ringers	68
DESCOVY	43	dextrose w/ sodium chloride	68
desipramine hcl	21	DEXTROSE-NACL	68
DES Loratadine	92	DEXTROSE-SODIUM CHLORIDE	68
desloratadine	92	DIACOMIT	14
desmopressin acetate	76	DIAZEPAM	16
		diazepam	46
		diazoxide	48
		DICLOFENAC EPOLAMINE	2
		diclofenac potassium	2
		diclofenac sodium	2
		diclofenac sodium (actinic keratoses)	65
		diclofenac sodium (ophth)	89
		diclofenac sodium (topical)	2
		diclofenac w/ misoprostol	2
		dicloxacin sodium	12
		dicyclomine hcl	70
		DIDANOSINE	43
		DIFLORASONE DIACETATE	63
		diflunisal	2
		difluprednate	89
		digoxin	55

dihydroergotamine mesylate.....	24
DILANTIN.....	17
DILANTIN INFATABS.....	17
diltiazem hcl.....	54
diltiazem hcl 120 mg extended release 24hr capsule	54
diltiazem hcl 180 mg extended release 24hr capsule	54
diltiazem hcl 240 mg extended release 24hr capsule	54
diltiazem hcl 300 mg extended release 24hr capsule	54
diltiazem hcl 360 mg extended release 24hr capsule	55
diltiazem hcl coated beads.....	55
diltiazem hcl extended release beads.....	55
dimethyl fumarate.....	62
DIPENTUM.....	85
diphenoxylate w/ atropine.....	70
DIPHENOXYLATE-ATROPINE.....	70
DIPHThERIA-TETANUS TOXOIDS DT.....	84
dipyridamole.....	52
disopyramide phosphate.....	53
disulfiram.....	7
DIURIL.....	57
divalproex sodium.....	14
dofetilide.....	53
donepezil hydrochloride.....	18
donepezil hydrochloride orally disintegrating tab 10 mg.....	18
donepezil hydrochloride orally disintegrating tab 5 mg.....	18
dorzolamide hcl.....	90
DORZOLAMIDE HCL-TIMOLOL MAL.....	88
dorzolamide hcl-timolol maleate.....	88
DOVATO.....	41
doxazosin mesylate.....	52
doxepin hcl.....	21
DOXEPIN HCL.....	63
doxercalciferol.....	86
DOXYCYCLINE.....	14

doxycycline (monohydrate).....	14
doxycycline hyclate.....	14
doxylamine-pyridoxine.....	21
DRIZALMA SPRINKLE.....	61
dronabinol.....	22
drospirenone-ethinyl estradiol.....	77
drospirenone-ethinyl estradiol-levomefolate calcium.....	77
DROXIA.....	27
droxidopa.....	52
DUAVEE.....	79
duloxetine hcl.....	61
dutasteride.....	74
dutasteride-tamsulosin hcl.....	74

E

E.E.S. 400.....	12
econazole nitrate.....	22
EDURANT.....	42
efavirenz.....	42
efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	42
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	42
EGRIFTA.....	76
EGRIFTA SV.....	76
ELAPRASE.....	73
eletriptan hydrobromide.....	24
ELIQUIS.....	50
ELIQUIS DVT/PE STARTER PACK.....	50
ELIXOPHYLLIN.....	94
ELMIRON.....	74
EMCYT.....	27
EMSAM.....	19
emtricitabine.....	43
emtricitabine-tenofovir disoproxil fumarate.....	43
EMTRIVA.....	43
enalapril maleate.....	53
enalapril maleate & hydrochlorothiazide.....	55
ENBREL.....	82
ENBREL SURECLICK.....	82

ENGERIX-B.....	84	esterified estrogens & methyltestosterone....	78
enoxaparin sodium.....	50	estradiol.....	78
entacapone.....	36	estradiol & norethindrone acetate.....	78
entecavir.....	41	estradiol vaginal.....	78
ENTRESTO.....	56	estradiol valerate.....	78
ENVARUSUS XR.....	82	ESTRING.....	78
EPCLUSA.....	41	eszopiclone.....	97
EPIDIOLEX.....	14	ethacrynic acid.....	56
EPIFOAM.....	65	ethambutol hcl.....	25
epinastine hcl (ophth).....	89	ethosuximide.....	16
EPINEPHRINE.....	93	ethynodiol diacet & eth estrad.....	78
epinephrine (anaphylaxis).....	93	ETIDRONATE DISODIUM.....	86
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK).....	93	etodolac.....	2
EPIVIR HBV.....	41	etonogestrel-ethinyl estradiol.....	78
eplerenone.....	57	etravirine.....	42
EPRONTIA.....	14	everolimus.....	30
EPROSARTAN MESYLATE.....	52	everolimus (immunosuppressant).....	82
EQ SPACE CHAMBER ANTI-STATIC L.....	87	EVOTAZ.....	44
EQ SPACE CHAMBER ANTI-STATIC M.....	87	exemestane.....	29
EQ SPACE CHAMBER ANTI-STATIC S.....	87	EXKIVITY.....	27
EQUETRO.....	46	ezetimibe.....	58
ergocalciferol.....	86	ezetimibe-simvastatin.....	58
ERGOLOID MESYLATES.....	18	F	
ergotamine w/ caffeine.....	24	FABRAZYME.....	73
ERIVEDGE.....	30	famciclovir.....	45
ERLEADA.....	26	famotidine.....	71
erlotinib hcl.....	30	FANAPT.....	38
ertapenem sodium.....	12	FANAPT TITRATION PACK.....	38
ERY.....	66	FARXIGA.....	47
ERYTHROCIN LACTOBIONATE.....	12	FARYDAK.....	31
ERYTHROCIN STEARATE.....	12	febuxostat.....	23
erythromycin (acne aid).....	66	felbamate.....	14
erythromycin (ophth).....	89	felodipine.....	54
erythromycin base.....	13	fenofibrate.....	57
erythromycin ethylsuccinate.....	13	fenofibrate micronized.....	57
erythromycin lactobionate.....	13	FENOPROFEN CALCIUM.....	2
ESBRIET.....	95	fentanyl.....	3
escitalopram oxalate.....	19	FENTANYL CITRATE.....	5
esomeprazole magnesium.....	71,72	FERRIPROX.....	68
estazolam.....	97	fesoterodine fumarate.....	73

FETZIMA.....	19	fluvoxamine maleate.....	20
FETZIMA TITRATION.....	19	FML.....	90
finasteride.....	74	FML FORTE.....	90
FINTEPLA.....	14	folic acid.....	68
FIORICET.....	61	fondaparinux sodium.....	50
FIRDAPSE.....	61	formoterol fumarate.....	93
FIRMAGON.....	80	FORTEO.....	86
FIRMAGON (240 MG DOSE).....	80	fosamprenavir calcium.....	44
flavoxate hcl.....	73	fosfomycin tromethamine.....	9
FLEBOGAMMA DIF.....	81	fosinopril sodium.....	53
flecainide acetate.....	53	fosinopril sodium & hydrochlorothiazide.....	56
FLOVENT DISKUS.....	91	FOTIVDA.....	27
FLOVENT HFA.....	91,92	frovatriptan succinate.....	24
fluconazole.....	22	FULVESTRANT.....	27
fluconazole in nacl.....	22	furosemide.....	56
flucytosine.....	22	FUZEON.....	44
fludrocortisone acetate.....	75	FYCOMPA.....	15
flunisolide (nasal).....	92		
fluocinolone acetonide.....	64	G	
fluocinolone acetonide (otic).....	91	gabapentin.....	16
fluocinonide.....	64	galantamine hydrobromide.....	18
fluocinonide emulsified base.....	64	GAMMAGARD.....	81
fluorometholone (ophth).....	90	GAMMAGARD S/D LESS IGA.....	81
FLUOROURACIL.....	65	GAMMAKED.....	81
fluorouracil (topical).....	65	GAMMAPLEX.....	81
fluoxetine hcl.....	20	GAMUNEX-C.....	81
FLUOXETINE HCL.....	20	GARDASIL 9.....	84
FLUOXETINE HCL (PMDD).....	20	gatifloxacin (ophth).....	89
fluphenazine decanoate.....	37	GATTEX.....	71
fluphenazine hcl.....	37	gauze pads 2.....	87
FLUPHENAZINE HCL.....	37	GAVILYTE-C.....	71
flurandrenolide.....	64	GAVRETO.....	31
FLURAZEPAM HCL.....	97	gemfibrozil.....	57
FLURBIPROFEN.....	2	GENTAK.....	89
flurbiprofen sodium.....	90	gentamicin sulfate.....	8
FLUTAMIDE.....	26	gentamicin sulfate (ophth).....	89
fluticasone propionate.....	64	gentamicin sulfate (topical).....	8
fluticasone propionate (nasal).....	92	GENVOYA.....	41
FLUTICASONE-SALMETEROL.....	95	GILENYA.....	62
fluticasone-salmeterol.....	95	GILOTTRIF.....	31
fluvastatin sodium.....	57	GLASSIA.....	73

GLEOSTINE.....	26	homatropine hbr.....	88
glimepiride.....	47	HUMALOG.....	49
glipizide.....	47	HUMALOG JUNIOR KWIKPEN.....	49
glipizide-metformin hcl.....	47	HUMALOG KWIKPEN.....	49
GLUCAGEN HYPOKIT.....	48	HUMALOG MIX 50/50.....	49
glucagon (rdna).....	49	HUMALOG MIX 50/50 KWIKPEN.....	49
GLUCAGON EMERGENCY.....	49	HUMALOG MIX 75/25.....	49
glyburide.....	47	HUMALOG MIX 75/25 KWIKPEN.....	49
glyburide micronized.....	47	HUMIRA.....	83
glyburide-metformin.....	47	HUMIRA PEDIATRIC CROHNS START.....	83
GLYCATE.....	70	HUMIRA PEN.....	83
glycopyrrolate.....	70	HUMIRA PEN-CD/UC/HS STARTER.....	83
GLYCOPYRROLATE.....	70	HUMIRA PEN-PEDIATRIC UC START.....	83
GLYXAMBI.....	47	HUMIRA PEN-PS/UV/ADOL HS START.....	83
GNP ISOPROPYL ALCOHOL WIPES.....	87	HUMIRA PEN-PSOR/UEIT STARTER.....	83
GRANISETRON HCL.....	22	HUMULIN 70/30.....	49
granisetron hcl.....	22	HUMULIN 70/30 KWIKPEN.....	49
griseofulvin microsize.....	22	HUMULIN N.....	49
griseofulvin ultramicrosize.....	22	HUMULIN N KWIKPEN.....	49
guaifenesin-codeine.....	95	HUMULIN R.....	49
guanfacine hcl.....	52	HUMULIN R U-500 (CONCENTRATED).....	49
guanfacine hcl (adhd).....	60	HUMULIN R U-500 KWIKPEN.....	49
GUANIDINE HCL.....	25	hydralazine hcl.....	58
GYNAZOLE-1.....	22	hydrochlorothiazide.....	57
H		hydrocodone bitartrate.....	3
HAEGARDA.....	81	HYDROCODONE BITARTRATE ER.....	3
halcinonide.....	64	hydrocodone bitartrate-homatropine	
halobetasol propionate.....	64	methylbromide.....	95
haloperidol.....	38	hydrocodone polistirex-chlorpheniramine	
haloperidol decanoate.....	38	polistirex.....	95
haloperidol lactate.....	38	hydrocodone-acetaminophen.....	5
HARVONI.....	41	HYDROCODONE-GUAIFENESIN.....	96
HAVRIX.....	84	HYDROCODONE-IBUPROFEN.....	5
HEMADY.....	75	hydrocortisone.....	85
heparin sodium (porcine).....	50	hydrocortisone (intrarectal).....	85
HEPATAMINE.....	67	hydrocortisone (rectal).....	64
HETLIOZ.....	97	hydrocortisone (topical).....	64
HIBERIX.....	84	hydrocortisone acetate (rectal).....	75
HIZENTRA.....	81	hydrocortisone acetate w/ pramoxine.....	65
HOMATROPAIRE.....	88	HYDROCORTISONE BUTYRATE.....	64
		hydrocortisone butyrate.....	75

hydrocortisone butyrate hydrophilic lipo base	64
hydrocortisone valerate	64,75
hydrocortisone w/ acetic acid	91
hydromorphone hcl	3,5
HYDROMORPHONE HCL	5
HYDROXYCHLOROQUINE SULFATE	35
hydroxychloroquine sulfate	35
HYDROXYPROGESTERONE CAPROATE	79
hydroxyurea	27
hydroxyzine hcl	92
hydroxyzine pamoate	92
hyoscyamine sulfate	70

I	
ibandronate sodium	86
IBRANCE	31
ibuprofen	2
ibuprofen-famotidine	2
icatibant acetate	81
ICLUSIG	31
icosapent ethyl	58
IDHIFA	27
ILARIS	81
ILEVRO	90
imatinib mesylate	31
IMBRUVICA	31
imipenem-cilastatin	12
imipramine hcl	21
imipramine pamoate	21
imiquimod	65
IMOVAX RABIES	84
INCRELEX	76
INCRUSE ELLIPTA	93
indapamide	57
indomethacin	2
INFANRIX	84
INGREZZA	61
INLYTA	31
INQOVI	27
INREBIC	27
INSULIN LISPRO	49

INSULIN LISPRO (1 UNIT DIAL)	49
INSULIN LISPRO JUNIOR KWIKPEN	49
INSULIN LISPRO PROT & LISPRO	49
INSULIN PEN NEEDLES	87
INSULIN SYRINGE 0.3 ML	87
INSULIN SYRINGE 0.5 ML	87
INSULIN SYRINGE 1 ML	87
INTELENCE	42
INTRALIPID	67
INTRON A	82
INVEGA HAFYERA	38
INVEGA SUSTENNA	38,39
INVEGA TRINZA	39
INVIRASE	44
IOPIDINE	90
IPOL	84
ipratropium bromide	93
ipratropium bromide (nasal)	93
ipratropium-albuterol	96
irbesartan	52
irbesartan-hydrochlorothiazide	56
IRESSA	31
ISENTRESS	41,42
ISENTRESS HD	42
ISONIAZID	25
ISOPROPYL ALCOHOL	87
ISOPROPYL ALCOHOL WIPES	87
isosorbide dinitrate	58
ISOSORBIDE DINITRATE ER	58
isosorbide dinitrate-hydralazine hcl	56
isosorbide mononitrate	58
isotretinoin	63
isradipine	54
itraconazole	23
ivermectin	35
IVERMECTIN	66
ivermectin (rosacea)	66
IXIARO	84

J	
JAKAFI	31

JANUMET.....	47
JANUMET XR.....	47
JANUVIA.....	47
JARDIANCE.....	47
JENTADUETO.....	47
JENTADUETO XR.....	47
JULUCA.....	42
JUXTAPID.....	58

K

KALYDECO.....	94
KCL IN DEXTROSE-NACL.....	67
KCL-LACTATED RINGERS-D5W.....	68
KEPIVANCE.....	62
ketoconazole.....	23
ketoconazole (topical).....	23
KETOPROFEN.....	2
KETOPROFEN ER.....	2
ketorolac tromethamine.....	2
ketorolac tromethamine (ophth).....	90
KINRIX.....	84
KISQALI (200 MG DOSE).....	31
KISQALI (400 MG DOSE).....	31
KISQALI (600 MG DOSE).....	31
KISQALI FEMARA (400 MG DOSE).....	27
KISQALI FEMARA (600 MG DOSE).....	27
KISQALI FEMARA(200 MG DOSE).....	27
KORLYM.....	75
KOSELUGO.....	28
KRYSTEXXA.....	23

L

labetalol hcl.....	54
lacosamide.....	17
lactated ringer's.....	68
lactated ringer's (irrigation).....	69
LACTATED RINGERS.....	69
lactic acid (ammonium lactate).....	64
LACTULOSE.....	69
lactulose.....	70
lactulose (encephalopathy).....	69

lamivudine.....	43
lamivudine (hbv).....	41
lamivudine-zidovudine.....	43
lamotrigine.....	15
LANREOTIDE ACETATE.....	80
lansoprazole.....	72
lanthanum carbonate.....	68
LANTUS.....	49
LANTUS SOLOSTAR.....	49
lapatinib ditosylate.....	31
LASTACRAFT.....	89
LATANOPROST.....	91
LATUDA.....	39
LEDIPASVIR-SOFOSBUVIR.....	41
leflunomide.....	83
lenalidomide.....	26
LENVIMA (10 MG DAILY DOSE).....	31
LENVIMA (12 MG DAILY DOSE).....	31
LENVIMA (14 MG DAILY DOSE).....	31
LENVIMA (18 MG DAILY DOSE).....	32
LENVIMA (20 MG DAILY DOSE).....	32
LENVIMA (24 MG DAILY DOSE).....	32
LENVIMA (4 MG DAILY DOSE).....	32
LENVIMA (8 MG DAILY DOSE).....	32
letrozole.....	29
leucovorin calcium.....	28
LEUKERAN.....	26
leuprolide acetate.....	80
levalbuterol hcl.....	93
LEVALBUTEROL TARTRATE.....	93
LEVEMIR.....	49
LEVEMIR FLEXTOUCH.....	49
levetiracetam.....	15
levobunolol hcl.....	90
levocarnitine (metabolic modifiers).....	69
levocetirizine dihydrochloride.....	92
levofloxacin.....	13
LEVOFLOXACIN.....	89
levofloxacin (ophth).....	89
levofloxacin in d5w.....	13
levonorgestrel & eth estradiol.....	78

levonorgestrel-eth estradiol (triphasic)	78	LUPRON DEPOT-PED (3-MONTH)	80
levonorgestrel-ethinyl estradiol (91-day)	78	LYBALVI	19
levonorgestrel-ethinyl estradiol (continuous)	78	LYNPARZA	32
levorphanol tartrate	3	LYSODREN	28
levothyroxine sodium	79	LYUMJEV	49
LEXIVA	44	LYUMJEV KWIKPEN	49
lidocaine	7		
LIDOCAINE HCL	7	M	
lidocaine hcl	7	M-M-R II	84
lidocaine hcl (mouth-throat)	7	mafenide acetate	66
lidocaine-prilocaine	7	malathion	66
lincomycin hcl	9	MAPROTILINE HCL	19
LINDANE	66	maraviroc	44
linezolid	9	MARPLAN	19
LINEZOLID IN SODIUM CHLORIDE	9	MATULANE	26
LINZESS	70	MAVYRET	41
liothyronine sodium	79	MAXIDEX	90
lisinopril	53	meclizine hcl	21
lisinopril & hydrochlorothiazide	56	MECLOFENAMATE SODIUM	2
LITHIUM	47	MEDPURA ALCOHOL PADS	87
lithium carbonate	47	MEDROL	75
LONSURF	28	medroxyprogesterone acetate	79
loperamide hcl	70	medroxyprogesterone acetate (contraceptive)	79
lopinavir-ritonavir	44	mefenamic acid	2
lorazepam	46	mefloquine hcl	35
LORBRENA	32	megestrol acetate	79
LORTAB	5	megestrol acetate (appetite)	79
losartan potassium	52	MEKINIST	32
losartan potassium & hydrochlorothiazide	56	MEKTOVI	32
loteprednol etabonate	90	meloxicam	2
lovastatin	57	melphalan	26
loxapine succinate	38	memantine hcl	18
LUBIPROSTONE	70	MENACTRA	84
LULICONAZOLE	23	MENEST	78
LUMAKRAS	28	MENQUADFI	84
LUMIGAN	91	MENVEO	84
LUPRON DEPOT (1-MONTH)	80	mepерidine hcl	5
LUPRON DEPOT (3-MONTH)	80	MEPERIDINE HCL	5
LUPRON DEPOT (4-MONTH)	80	MEPHYTON	51
LUPRON DEPOT (6-MONTH)	80	meprobamate	45
LUPRON DEPOT-PED (1-MONTH)	80		

mercaptopurine.....	27	mexiletine hcl.....	53
meropenem.....	12	micafungin sodium.....	23
MEROPENEM-SODIUM CHLORIDE.....	12	MICONAZOLE 3.....	23
mesalamine.....	85	MICONAZOLE-ZINC OXIDE-PETROLAT.....	23
mesalamine w/ cleanser.....	85	midodrine hcl.....	52
mesna.....	35	MIGERGOT.....	24
MESNEX.....	35	miglitol.....	48
METAPROTERENOL SULFATE.....	93	miglustat.....	73
metaxalone.....	96	minocycline hcl.....	14
metformin hcl.....	47,48	minoxidil.....	58
METHADONE HCL.....	3	mirtazapine.....	19
methadone hcl.....	3	misoprostol.....	71
methamphetamine hcl.....	59	modafinil.....	97
methazolamide.....	90	moexipril hcl.....	53
methenamine hippurate.....	9	MOLINDONE HCL.....	38
methimazole.....	80	mometasone furoate.....	64,76
methocarbamol.....	96	mometasone furoate (nasal).....	92
METHOTREXATE SODIUM.....	83	montelukast sodium.....	92
methotrexate sodium.....	83	morphine sulfate.....	4,5,6
methoxsalen rapid.....	65	MORPHINE SULFATE.....	5
methscopolamine bromide.....	70	MORPHINE SULFATE ER.....	4
METHYLDOPA.....	52	MORPHINE SULFATE ER BEADS.....	4
METHYLDOPA-HYDROCHLOROTHIAZIDE.....	56	MOVANTIK.....	70
methylergonovine maleate.....	87	moxifloxacin hcl.....	13
methylphenidate hcl.....	60	MOXIFLOXACIN HCL (2X DAY).....	89
METHYLPHENIDATE HCL ER.....	60	moxifloxacin hcl (ophth).....	89
methylprednisolone.....	76	MOZOBIL.....	51
METHYLPREDNISOLONE ACETATE.....	76	MULTAQ.....	53
methylprednisolone sod succ.....	76	MULTI-VIT-FLOR.....	69
methyltestosterone.....	77	MULTIVITAMIN/FLUORIDE.....	67
METIPRANOLOL.....	90	mupirocin.....	66
metoclopramide hcl.....	21	mupirocin calcium (topical).....	66
METOCLOPRAMIDE HCL.....	21	MUSE.....	74
metolazone.....	57	MYALEPT.....	71
metoprolol & hydrochlorothiazide.....	56	mycophenolate mofetil.....	83
metoprolol succinate.....	54	mycophenolate mofetil hcl.....	83
metoprolol tartrate.....	54	mycophenolate sodium.....	83
metronidazole.....	9	MYRBETRIQ.....	74
metronidazole (topical).....	9		
metronidazole vaginal.....	9		
metyrosine.....	56		
		N	
		nabumetone.....	2

nadolol	54	NINLARO	28
NAFCILLIN SODIUM	12	nisoldipine	54
nafcillin sodium	12	NISOLDIPINE ER	54
naftifine hcl	23	nitazoxanide	35
NAGLAZYME	73	nitisinone	73
NALOCET	6	NITRO-BID	58
NALOXONE HCL	8	NITRO-DUR	59
naloxone hcl	8	NITRO-TIME	59
naltrexone hcl	8	nitrofurantoin	9
NAMZARIC	18	nitrofurantoin macrocrystal	9
naproxen	2,3	nitrofurantoin monohyd macro	9
naproxen sodium	3	nitroglycerin	59
naproxen-esomeprazole magnesium	3	NITROSTAT	59
naratriptan hcl	24	NITYR	73
NARCAN	8	NIZATIDINE	71
NATACYN	89	NORDITROPIN FLEXPOR	77
nateglinide	48	norelgestromin-ethinyl estradiol	78
NATPARA	86	norethin acet & estrad-fe	78
NAYZILAM	7	norethindrone & eth estradiol	78
nebivolol hcl	54	norethindrone & ethinyl estradiol-fe	78
NEFAZODONE HCL	20	norethindrone (contraceptive)	79
neomycin sulfate	8	norethindrone acet & eth estra	78
neomycin-bacitracin zn-polymyxin	88	norethindrone acetate	79
neomycin-polymy-dexameth	88	norethindrone acetate-ethinyl estradiol	78
NEOMYCIN-POLYMYXIN-GRAMICIDIN	88	norethindrone acetate-ethinyl estradiol-fe	78
NEOMYCIN-POLYMYXIN-HC	88	norethindrone-eth estradiol (triphasic)	78
neomycin-polymyxin-hc (otic)	91	norgestimate-ethinyl estradiol	78
NERLYNX	32	norgestimate-ethinyl estradiol (triphasic)	78
NEUPRO	36	norgestrel & ethinyl estradiol	78
NEVIRAPINE	42	NORMOSOL-M IN D5W	67
nevirapine	42	nortriptyline hcl	21
NEVIRAPINE ER	42	NORVIR	44
niacin (antihyperlipidemic)	58	NOVOFINE 32G X 6 MM MISC	87
NIACIN (ANTHYPERLIPIDEMIC)	58	NOVOTWIST 32G X 5 MM MISC	87
NIACOR	58	NOXAFIL	23
nicardipine hcl	54	NOZIN NASAL SANITIZER POPSWAB	87
NICOTROL	8	NP THYROID	79
NICOTROL NS	8	NUBEQA	26
nifedipine	54	NUCALA	96
nilutamide	26	NUDEXTA	61
nimodipine	54	NUPLAZID	39

NUTRILIPID.....	67
NYMALIZE.....	54
nystatin.....	23
nystatin (mouth-throat).....	23
nystatin (topical).....	23
nystatin-triamcinolone.....	65

O

octreotide acetate.....	80
ODEFSEY.....	42
ODOMZO.....	32
OFEV.....	95
OFLOXACIN.....	13
ofloxacin (ophth).....	89
ofloxacin (otic).....	91
olanzapine.....	39
olanzapine-fluoxetine hcl.....	19
olmesartan medoxomil.....	52
olmesartan medoxomil-amlodipine- hydrochlorothiazide.....	56
olmesartan medoxomil-hydrochlorothiazide.....	56
olopatadine hcl.....	89
olopatadine hcl (nasal).....	92
omega-3-acid ethyl esters.....	58
omeprazole.....	72
omeprazole-sodium bicarbonate.....	72
ondansetron.....	22
ondansetron hcl.....	22
ONUREG.....	28
OPSUMIT.....	95
ORBACTIV.....	9
ORGOVYX.....	80
orphenadrine citrate.....	96
orphenadrine w/ aspirin & caff.....	97
ORPHENADRINE-ASPIRIN-CAFFEINE.....	97
ORPHENGESIC FORTE.....	97
oseltamivir phosphate.....	45
OSPHENA.....	79
OTEZLA.....	65,81
oxandrolone.....	77
oxaprozin.....	3

oxazepam.....	46
OXBRYTA.....	52
oxcarbazepine.....	17
oxiconazole nitrate.....	23
oxybutynin chloride.....	74
oxycodone hcl.....	6
OXYCODONE HCL ER.....	4
oxycodone w/ acetaminophen.....	6
OXYCODONE-ACETAMINOPHEN.....	6
oxycodone-aspirin.....	6
OXYCODONE-IBUPROFEN.....	6
oxymorphone hcl.....	6
OXYMORPHONE HCL ER.....	4
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	48
OZEMPIC (1 MG/DOSE).....	48
OZEMPIC (2 MG/DOSE).....	48

P

paliperidone.....	39
PANRETIN.....	35
pantoprazole sodium.....	72
paricalcitol.....	86
paromomycin sulfate.....	8
paroxetine hcl.....	20
paroxetine mesylate (vasomotor).....	20
PASER.....	25
PAZEO.....	89
ped multivitamins w/fl & iron.....	69
PEDIARIX.....	84
pediatric multivitamins w/fl.....	69
pediatric vitamins acid w/ fluoride.....	69
PEDVAX HIB.....	84
peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid.....	70
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	71
peg 3350-potassium chloride-sod bicarbonate- sod chloride.....	70
PEG-PREP.....	70
PEGANONE.....	17
PEGASYS.....	82

PEGASYS PROCLICK.....	82	pirfenidone.....	95
PEMAZYRE.....	32	piroxicam.....	3
penicillamine.....	74	POCKET CHAMBER.....	87
penicillin g potassium.....	12	podofilox.....	65
PENICILLIN G SODIUM.....	12	POLY-VI-FLOR.....	69
PENICILLIN V POTASSIUM.....	12	polymyxin b sulfate.....	9
PENTACEL.....	84	polymyxin b-trimethoprim.....	89
pentamidine isethionate.....	35,36	POMALYST.....	26
pentazocine w/ naloxone.....	6	posaconazole.....	23
pentoxifylline.....	56	pot & sod citrates w/citric ac.....	74
perindopril erbumine.....	53	POT BICARB-POT CHLORIDE.....	69
permethrin.....	66	potassium bicarb & chloride.....	69
perphenazine.....	21	potassium bicarbonate.....	69
PERPHENAZINE-AMITRIPTYLINE.....	19	potassium chloride.....	67
PERSERIS.....	39	POTASSIUM CHLORIDE.....	67
PFIZERPEN.....	12	POTASSIUM CHLORIDE ER.....	67
phenazopyridine hcl.....	74	POTASSIUM CHLORIDE IN DEXTROSE.....	69
PHENELZINE SULFATE.....	19	potassium chloride in dextrose & sodium chloride.....	67
phenobarbital.....	17	POTASSIUM CHLORIDE IN NACL.....	67
phenobarbital-hyoscyamine-atropine- scopolamine.....	71	potassium chloride microencapsulated crystals er.....	67
phenylephrine hcl (mydriatic).....	88	potassium citrate (alkalinizer).....	67
PHENYTEK.....	17	potassium citrate-citric acid.....	74
phenytoin.....	17	potassium phosphate monobasic.....	74
phenytoin sodium extended.....	17	PRADAXA.....	50
PHOSPHOLINE IODIDE.....	91	pramipexole dihydrochloride.....	36
phytonadione.....	51	PRAMOSONE.....	65
PIFELTRO.....	42	prasugrel hcl.....	52
pilocarpine hcl.....	91	pravastatin sodium.....	57
pilocarpine hcl (oral).....	62	praziquantel.....	35
pimecrolimus.....	64	prazosin hcl.....	52
PIMOZIDE.....	38	PREDNICARBATE.....	76
pindolol.....	54	prednisolone.....	76
pioglitazone hcl.....	48	PREDNISOLONE ACETATE.....	90
pioglitazone hcl-glimepiride.....	48	prednisolone sodium phosphate.....	76
pioglitazone hcl-metformin hcl.....	48	PREDNISOLONE SODIUM PHOSPHATE.....	90
piperacillin sodium-tazobactam sodium.....	12	prednisone.....	76
PIQRAY (200 MG DAILY DOSE).....	32	PREDNISONE INTENSOL.....	76
PIQRAY (250 MG DAILY DOSE).....	32	pregabalin.....	61
PIQRAY (300 MG DAILY DOSE).....	32	pregabalin (once-daily).....	61,62
PIRFENIDONE.....	95		

PREHEVBRIO	84
PREMARIN	78,79
PREMASOL	67
PREMPHASE	79
PREMPRO	79
prenatal vitamins	69
PREVYMIS	40,41
PREZCOBIX	44
PREZISTA	44
PRIFTIN	25
primaquine phosphate	36
primidone	17
PRIMLEV	6
PRIORIX	84
PRIVIGEN	81
probenecid	23
prochlorperazine	21
prochlorperazine maleate	21
PROCTOFOAM HC	65
PROCYSBI	73
progesterone	79
PROGRAF	83
PROLASTIN-C	73
PROLATE	6,7
PROLENSA	90
PROLIA	86
PROMACTA	51
promethazine & phenylephrine	96
promethazine hcl	21,92
promethazine w/codeine	96
PROMETHAZINE-DM	96
promethazine-phenylephrine-codeine	96
PROMETHEGAN	21
propafenone hcl	53
PROPANTHELINE BROMIDE	71
proparacaine hcl	88
propranolol hcl	54
PROPRANOLOL-HCTZ	56
propylthiouracil	80
PROQUAD	84
protriptyline hcl	21

PSEUDOEPH-CHLORPHEN-HYDROCOD	96
pseudoephed-bromphen-dm	96
PSORCON	64
PULMICORT FLEXHALER	92
PULMOZYME	94
PURIXAN	27
pyrazinamide	25
pyridostigmine bromide	25
pyrimethamine	36

Q

QINLOCK	28
QUADRACEL	84
QUAZEPAM	97
quetiapine fumarate	39
QUFLORA PEDIATRIC	69
quinapril hcl	53
quinapril-hydrochlorothiazide	56
quinidine gluconate	53
quinidine sulfate	53
quinine sulfate	36

R

RA ISOPROPYL ALCOHOL WIPES	87
RABAVERT	84
rabeprazole sodium	72
raloxifene hcl	79
ramelteon	97
ramipril	53
ranolazine	56
rasagiline mesylate	37
RAVICTI	73
RECOMBIVAX HB	84
RECTIV	59
REGRANEX	65
RELENZA DISKHALER	45
RELEXXII	60
RELISTOR	70
repaglinide	48
REPAGLINIDE-METFORMIN HCL	48
REPATHA	58

REPATHA PUSHTRONEX SYSTEM	58
REPATHA SURECLICK	58
RESCRIPTOR	42
RESTASIS	88
RESTASIS MULTIDOSE	88
RETACRIT	51
RETEVMO	28
REVLIMID	26
REXULTI	39
REYATAZ	45
REZUROCK	83
RHOPRESSA	91
RIBASPHERE	41
ribavirin	96
ribavirin (hepatitis c)	41
RIDAURA	81
rifabutin	25
rifampin	25
RIFATER	25
riluzole	61
RIMANTADINE HCL	45
ringer's	69
ringer's irrigation	69
RINVOQ	83
risedronate sodium	86
RISPERDAL CONSTA	40
risperidone	40
ritonavir	45
rivastigmine	18
rivastigmine tartrate	18
rizatriptan benzoate	24
ROCKLATAN	88
roflumilast	94
ropinirole hydrochloride	36,37
rosuvastatin calcium	57
ROTARIX	84
ROTATEQ	84
ROZLYTREK	28
RUBRACA	32
RUCONEST	81
rufinamide	17,18

RUKOBIA	44
RUZURGI	88
RYBELSUS	48
RYCLORA	92
RYDAPT	32

S

salsalate	3
SANDIMMUNE	83
SANDOSTATIN LAR DEPOT	80
SANTYL	65
sapropterin dihydrochloride	73
SCSEMBLIX	32
scopolamine	21
SECUADO	40
selegiline hcl	37
selenium sulfide	64
SELZENTRY	44
SEREVENT DISKUS	94
SEROSTIM	77
sertraline hcl	20
sevelamer carbonate	68
SEVELAMER HCL	68
SHINGRIX	84
SIGNIFOR	80
sildenafil citrate	74
sildenafil citrate (pulmonary hypertension)	95
silodosin	74
silver sulfadiazine	65
SIMBRINZA	91
simvastatin	57
sirolimus	83
SIRTURO	25
SKYRIZI	65,71,82
SKYRIZI (150 MG DOSE)	82
SKYRIZI PEN	82
SMOFLIPID	69
sodium chloride	67
sodium chloride (inhalant)	96
sodium citrate & citric acid	74
sodium fluoride	69

sodium phenylbutyrate	73	sulfasalazine	85
sodium polystyrene sulfonate	68	sulindac	3
SODIUM SULFACETAMIDE-BAKUCHIOL	65	sumatriptan	24
sodium sulfate-potassium sulfate-magnesium sulfate	70	sumatriptan succinate	24
SOFOSBUVIR-VELPATASVIR	41	SUMATRIPTAN SUCCINATE REFILL	24
solifenacin succinate	74	sumatriptan-naproxen sodium	24
SOLTAMOX	27	sunitinib malate	33
SOMATULINE DEPOT	80	SUPRAX	11
SOMAVERT	80	SUPREP BOWEL PREP KIT	70
sorafenib tosylate	33	SYLATRON	82
sotalol hcl	53	SYMBICORT	96
sotalol hcl (afib/afib)	53	SYMDEKO	94
SPINOSAD	66	SYMPAZAN	17
SPIRIVA HANDIHALER	93	SYMTUZA	45
SPIRIVA RESPIMAT	93	SYNAREL	80
spironolactone	57	SYNERCID	9
spironolactone & hydrochlorothiazide	56	SYNJARDY	48
SPRITAM	15	SYNJARDY XR	48
SPRYCEL	33	SYNRIBO	28
SPS	68	SYNTHROID	79
SSS 10-5	65		
STAVUDINE	43	T	
STELARA	65,82	TABLOID	27
STIVARGA	33	TABRECTA	28
STRENSIQ	73	tacrolimus	83
STREPTOMYCIN SULFATE	8	tacrolimus (topical)	64
STRIBILD	42	tadalafil	74
SUCRAID	73	tadalafil (pulmonary hypertension)	95
sucrafate	71	TAFINLAR	33
sulfacetamide sod-prednisolone	88	TAGRISSO	33
sulfacetamide sodium	65	TALTZ	82
SULFACETAMIDE SODIUM	89	TALZENNA	33
sulfacetamide sodium (acne)	13	tamoxifen citrate	27
sulfacetamide sodium (ophth)	89	tamsulosin hcl	74
sulfacetamide sodium w/ sulfur	65	TASIGNA	33
SULFACETAMIDE SODIUM-SULFUR	65	tavaborole	23
SULFACETAMIDE-PREDNISOLONE	88	TAVALISSE	52
sulfadiazine	13	tazarotene	63
sulfamethoxazole-trimethoprim	13	TAZICEF	11
SULFAMYLON	66	TAZORAC	63
		TAZVERIK	28

TDVAX.....	85	tobramycin.....	94
TEFLARO.....	11	tobramycin (ophth).....	89
telmisartan.....	52	tobramycin sulfate.....	8
telmisartan-amlodipine.....	56	tobramycin-dexamethasone.....	88
telmisartan-hydrochlorothiazide.....	56	TOBREX.....	89
temazepam.....	97	TOLAK.....	65
TEMIXYS.....	43	TOLAZAMIDE.....	48
TENIVAC.....	85	TOLBUTAMIDE.....	48
tenofovir disoproxil fumarate.....	43	tolcapone.....	36
TEPMETKO.....	33	TOLMETIN SODIUM.....	3
terazosin hcl.....	52	tolterodine tartrate.....	74
terbinafine hcl.....	23	topiramate.....	15
terbutaline sulfate.....	94	toremifene citrate.....	27
terconazole vaginal.....	23	torsemide.....	56
TESTOSTERONE.....	77	TOUJEO MAX SOLOSTAR.....	49
testosterone.....	77	TOUJEO SOLOSTAR.....	49
TESTOSTERONE CYPIONATE.....	77	TPN ELECTROLYTES.....	69
TESTOSTERONE ENANTHATE.....	77	TRACLEER.....	95
tetrabenazine.....	61	TRADJENTA.....	48
tetracycline hcl.....	14	tramadol hcl.....	4,7
THALOMID.....	26	TRAMADOL HCL ER.....	4
THEO-24.....	94	TRAMADOL HCL ER (BIPHASIC).....	4
theophylline.....	94	tramadol-acetaminophen.....	7
THIOLA EC.....	75	trandolapril.....	53
thioridazine hcl.....	38	trandolapril-verapamil hcl.....	56
thiotepa.....	26	TRANDOLAPRIL-VERAPAMIL HCL ER.....	56
thiothixene.....	38	tranexamic acid.....	51
thyroid.....	79	tranylcypromine sulfate.....	19
tiagabine hcl.....	17	travoprost.....	91
TIBSOVO.....	33	trazodone hcl.....	20
TICOVAC.....	85	TRECTOR.....	25
TIGECYCLINE.....	9	TRELEGY ELLIPTA.....	96
timolol maleate.....	24	TRELSTAR MIXJECT.....	80
timolol maleate (ophth).....	90	TRESIBA.....	49
tinidazole.....	10	TRESIBA FLEXTOUCH.....	49,50
tiopronin.....	75	tretinoin.....	63
TIVICAY.....	42	tretinoin (chemotherapy).....	35
TIVICAY PD.....	42	tretinoin microsphere.....	63
tizanidine hcl.....	40	TREXALL.....	83
TOBI PODHALER.....	94	triamcinolone acetonide (mouth).....	62
TOBRADEX.....	88	triamcinolone acetonide (topical).....	64

triamterene.....	57
triamterene & hydrochlorothiazide.....	56
triazolam.....	97
trientine hcl.....	68
trifluoperazine hcl.....	38
TRIFLURIDINE.....	45
trihexyphenidyl hcl.....	36
TRIKAFTA.....	94
trimethobenzamide hcl.....	21
trimethoprim.....	10
trimipramine maleate.....	21
TRINTELLIX.....	20
TRIUMEQ.....	43
TRIUMEQ PD.....	43
TRIZIVIR.....	43
tropium chloride.....	74
TRULICITY.....	48
TRUMENBA.....	85
TRUSELTIQ (100MG DAILY DOSE).....	33
TRUSELTIQ (125MG DAILY DOSE).....	33
TRUSELTIQ (50MG DAILY DOSE).....	33
TRUSELTIQ (75MG DAILY DOSE).....	33
TUKYSA.....	33
TURALIO.....	34
TWINRIX.....	85
TYBOST.....	44
TYMLOS.....	86
TYPHIM VI.....	85
TYSABRI.....	62

U

UBRELVY.....	24
UKONIQ.....	34
ursodiol.....	71

V

valacyclovir hcl.....	45
VALCHLOR.....	26
valganciclovir hcl.....	41
valproate sodium.....	15,16
valproic acid.....	16

valsartan.....	52
valsartan-hydrochlorothiazide.....	56
VALTOCO 10 MG DOSE.....	17
VALTOCO 15 MG DOSE.....	17
VALTOCO 20 MG DOSE.....	17
VALTOCO 5 MG DOSE.....	17
vancomycin hcl.....	10
VANCOMYCIN HCL.....	10
VANDAZOLE.....	10
VAQTA.....	85
vardenafil hcl.....	75
VARENICLINE TARTRATE.....	8
VARIVAX.....	85
VARIZIG.....	81
VASCEPA.....	58
VECAMYL.....	56
VELIVET.....	79
VELTASSA.....	68
VENCLEXTA.....	34
VENCLEXTA STARTING PACK.....	34
venlafaxine hcl.....	20
VENTAVIS.....	95
verapamil hcl.....	55
VERAPAMIL HCL ER.....	55
VERSACLOZ.....	40
VERZENIO.....	34
VICTOZA.....	48
VIDEX.....	43
VIDEX EC.....	43
vigabatrin.....	17
VIIBRYD STARTER PACK.....	20
vilazodone hcl.....	20
VIRACEPT.....	45
VIREAD.....	43
VITRAKVI.....	34
VIZIMPRO.....	34
VONJO.....	35
voriconazole.....	23
VOSEVI.....	41
VOTRIENT.....	34
VRAYLAR.....	40

VTOL LQ.....	61
VYNDAMAX.....	56
VYNDAQEL.....	73
VYVANSE.....	59

W

warfarin sodium.....	50
water for irrigation, sterile.....	88
WELIREG.....	28

X

XALKORI.....	34
XARELTO.....	50
XARELTO STARTER PACK.....	50
XATMEP.....	83
XCOPRI.....	16
XCOPRI (250 MG DAILY DOSE).....	16
XCOPRI (350 MG DAILY DOSE).....	16
XELJANZ.....	82
XELJANZ XR.....	83
XERMELO.....	70
XGEVA.....	86
XIFAXAN.....	10
XIGDUO XR.....	48
XOFLUZA (40 MG DOSE).....	45
XOFLUZA (80 MG DOSE).....	45
XOLAIR.....	82
XOSPATA.....	34
XPOVIO (100 MG ONCE WEEKLY).....	28
XPOVIO (40 MG ONCE WEEKLY).....	28,29
XPOVIO (40 MG TWICE WEEKLY).....	29
XPOVIO (60 MG ONCE WEEKLY).....	29
XPOVIO (60 MG TWICE WEEKLY).....	29
XPOVIO (80 MG ONCE WEEKLY).....	29
XPOVIO (80 MG TWICE WEEKLY).....	29
XTANDI.....	26
XYREM.....	97

Y

YF-VAX.....	85
-------------	----

Z

zafirlukast.....	92
zaleplon.....	97
ZARXIO.....	51
ZEJULA.....	34
ZELBORAF.....	34
ZENPEP.....	73
zidovudine.....	43
zileuton.....	92
ziprasidone hcl.....	40
ziprasidone mesylate.....	40
ZIRGAN.....	41
zoledronic acid.....	86
ZOLINZA.....	29
zolmitriptan.....	24
zolpidem tartrate.....	97
ZONISADE.....	18
zonisamide.....	18
ZONTIVITY.....	50
ZOSTAVAX.....	85
ZTALMY.....	16
ZUBSOLV.....	7,8
ZYDELIG.....	34
ZYKADIA.....	34
ZYLET.....	88
ZYPREXA RELPREVV.....	40

This formulary was updated on **11/22/2022** . For more recent information or other questions, please contact Blue Shield of California Customer Care, at (888) 802-4599 or, for TTY users, 711, 7 a.m. – 8 p.m., seven days a week, year round or visit blueshieldca.com/calpers.

Blue Shield of California's pharmacy network includes limited lower-cost, preferred pharmacies in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call (888) 802-4599 [TTY: 711], 7 a.m. to 8 p.m., seven days a week, year round or consult the online pharmacy directory at blueshieldca.com/calpers

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, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻 狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

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