



**Blue Shield of California Medicare Rx Plan (PDP)
2026 Formulary
(List of Covered Drugs or "Drug List")**

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

Formulary ID# 26275

This formulary was updated on 04/21/2026 . For more recent information or other questions, please contact Blue Shield of California Medicare Rx Plan Customer Service, at (888) 239-6469 (TTY users should call 711), 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit blueshieldca.com/stanford.

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

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

This document includes Drug List (formulary) for our plan which is current as of 04/21/2026 . An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Blue Shield of California Medicare Rx Plan formulary?

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

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 04/21/2026 . To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at blueshieldca.com/stanford.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 147 . The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an

exception to the plan's formulary?" on page vi for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the the Blue Shield of California Medicare Rx Plan's Formulary?

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

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

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

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

04/21/2026

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

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

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

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

Our transition policy applies to members who are stabilized on:

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

And are members in any of the following scenarios:

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Plan formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 147 .

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

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

LEGEND

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	gen	PA, QL (48 PER 30 DAYS), NDS
<i>cataflam 50 mg tab</i>	gen	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	gen	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	gen	
<i>diclofenac sodium (1.5 % solution, 25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	gen	
<i>diclofenac sodium 3 % gel</i>	gen	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium er 100 mg tab 24h</i>	gen	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	gen	
<i>diflunisal 500 mg tab</i>	gen	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	gen	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	gen	
<i>etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)</i>	gen	
FLURBIPROFEN (FLURBIPROFEN 100 MG TAB, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB)	gen	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	gen	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	gen	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	gen	
<i>indomethacin er 75 mg cap</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	gen	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	gen	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	gen	
<i>naproxen dr 500 mg tab</i>	gen	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	gen	
<i>oxaprozin 600 mg tab</i>	gen	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	gen	
<i>relafen (500 mg tab, 750 mg tab)</i>	gen	
<i>salsalate (salsalate 500 mg tab, salsalate 750 mg tab, salsalate 750 mg tab, salsalate 500 mg tab)</i>	gen	
<i>sulindac (150 mg tab, 200 mg tab)</i>	gen	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	gen	PA, QL (4 PER 28 DAYS), NDS
DISKETS 40 MG TAB SOL	gen	QL (1 PER 1 DAYS), NDS
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	gen	PA, QL (10 PER 30 DAYS), NDS
<i>hydromorphone hcl er (er 8 mg tab er, er 16 mg tab er, er 32 mg tab er)</i>	gen	PA, QL (30 PER 30 DAYS), NDS
<i>hydromorphone hcl er 12 mg tab 24h</i>	gen	PA, QL (60 PER 30 DAYS), NDS
<i>methadone hcl (10 mg tab, 10 mg/ml conc)</i>	gen	PA, QL (90 PER 30 DAYS), NDS
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/5ml solution)</i>	gen	PA, QL (450 PER 30 DAYS), NDS
<i>methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)</i>	inj	PA, NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 5 mg/5ml solution)</i>	gen	PA, QL (900 PER 30 DAYS), NDS
<i>methadone hcl 40 mg tab sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>methadone hcl 5 mg tab</i>	gen	PA, QL (180 PER 30 DAYS), NDS
<i>methadone hcl intensol 10 mg/ml conc</i>	gen	PA, QL (90 PER 30 DAYS), NDS
<i>methadose 40 mg tab sol</i>	gen	QL (1 PER 1 DAYS), NDS
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	gen	QL (60 PER 30 DAYS), NDS
<i>morphine sulfate er 15 mg tab</i>	gen	QL (180 PER 30 DAYS), NDS
<i>morphine sulfate er 30 mg tab</i>	gen	QL (90 PER 30 DAYS), NDS
OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H)	gen	PA, QL (2 PER 1 DAYS), NDS
<i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i>	gen	PA, QL (1 PER 1 DAYS), NDS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	gen	QL (12 PER 1 DAYS), NDS
<i>acetaminophen-codeine (acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i>	gen	QL (1800 PER 30 DAYS), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	gen	QL (6 PER 1 DAYS), NDS
<i>ascomp-codeine 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 DAYS), NDS
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 DAYS), NDS
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	gen	PA, QL (48 PER 30 DAYS), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	gen	QL (15 PER 28 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>codeine sulfate (codeine sulfate 30 mg tab, codeine sulfate 30 mg tab)</i>	gen	QL (168 PER 30 DAYS), NDS
CODEINE SULFATE 15 MG TAB	gen	QL (336 PER 30 DAYS), NDS
CODEINE SULFATE 60 MG TAB	gen	QL (84 PER 30 DAYS), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	gen	QL (168 PER 30 DAYS), NDS
<i>endocet 10-325 mg tab</i>	gen	QL (84 PER 30 DAYS), NDS
<i>endocet 7.5-325 mg tab</i>	gen	QL (112 PER 30 DAYS), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>	gen	QL (2520 PER 30 DAYS), NDS
<i>hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)</i>	gen	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 2.5-325 mg tab)</i>	gen	QL (8 PER 1 DAYS), NDS
<i>hydrocodone-ibuprofen (hydrocodone-ibuprofen 10-200 mg tab, hydrocodone-ibuprofen 10-200 mg tab, hydrocodone-ibuprofen 7.5-200 mg tab, hydrocodone-ibuprofen 5-200 mg tab)</i>	gen	QL (5 PER 1 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	gen	QL (675 PER 30 DAYS), NDS
<i>hydromorphone hcl 2 mg tab</i>	gen	QL (154 PER 30 DAYS), NDS
HYDROMORPHONE HCL 3 MG SUPPOS	gen	QL (240 PER 30 DAYS), NDS, EDC
<i>hydromorphone hcl 4 mg tab</i>	gen	QL (84 PER 30 DAYS), NDS
<i>hydromorphone hcl 8 mg tab</i>	gen	QL (42 PER 30 DAYS), NDS
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS)	gen	QL (84 PER 30 DAYS), NDS, EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	gen	QL (70 PER 30 DAYS), NDS
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)</i>	gen	QL (630 PER 30 DAYS), NDS
<i>morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)</i>	gen	QL (315 PER 30 DAYS), NDS
<i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)</i>	gen	QL (120 PER 30 DAYS), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	gen	QL (56 PER 30 DAYS), NDS
<i>oxycodone hcl (20 mg tab, 100 mg/5ml conc)</i>	gen	QL (120 PER 30 DAYS), NDS
<i>oxycodone hcl (5 mg cap, 5 mg tab)</i>	gen	QL (168 PER 30 DAYS), NDS
<i>oxycodone hcl 10 mg tab</i>	gen	QL (84 PER 30 DAYS), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	gen	QL (840 PER 30 DAYS), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	gen	QL (168 PER 30 DAYS), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	gen	QL (84 PER 30 DAYS), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	gen	QL (60 PER 1 DAYS), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	gen	QL (112 PER 30 DAYS), NDS
<i>oxymorphone hcl 10 mg tab</i>	gen	PA, QL (120 PER 30 DAYS), NDS
<i>oxymorphone hcl 5 mg tab</i>	gen	PA, QL (180 PER 30 DAYS), NDS
<i>pentazocine-naloxone hcl (pentazocine-naloxone hcl 50-0.5 mg tab, pentazocine-naloxone hcl 50-0.5 mg tab)</i>	gen	QL (12 PER 1 DAYS), NDS
<i>tramadol hcl 100 mg tab</i>	gen	QL (4 PER 1 DAYS), NDS
<i>tramadol hcl 50 mg tab</i>	gen	QL (8 PER 1 DAYS), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	gen	QL (112 PER 30 DAYS), NDS

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

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

OPIOID DEPENDENCE

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

OPIOID REVERSAL AGENTS

KLOXXADO 8 MG/0.1ML LIQUID	npd	QL (2 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i>	gen	
<i>naltrexone hcl 50 mg tab</i>	gen	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab 12h</i>	gen	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	brd	
NICOTROL NS 10 MG/ML SOLUTION	brd	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	gen	QL (2 PER 1 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	gen	QL (53 PER 30 DAYS)
<i>varenicline tartrate(continue) 1 mg tab</i>	gen	QL (2 PER 1 DAYS)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate 500 mg/2ml solution</i>	inj	
ARIKAYCE 590 MG/8.4ML SUSPENSION	spec	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	gen	
<i>gentamicin sulfate 40 mg/ml solution</i>	inj	
<i>neomycin sulfate 500 mg tab</i>	gen	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	inj	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin sulfate (tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 2 gm/50ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 80 mg/2ml solution)</i>	inj	
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm soln, 2 gm soln)</i>	inj	
CAYSTON 75 MG RECON SOLN	spec	PA, LA, QL (84 PER 28 DAYS)
CLEOCIN 100 MG SUPPOS	brd	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	gen	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	gen	
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	inj	
<i>clindamycin phosphate 2 % cream</i>	gen	
<i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>	inj	
CLINDAMYCIN PHOSPHATE IN NAACL (IN 300-0.9 MG/50ML-% SOLUTION, IN 600-0.9 MG/50ML-% SOLUTION, IN 900-0.9 MG/50ML-% SOLUTION)	inj	
CLINDESSE 2 % CREAM	brd	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	inj	
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)</i>	spec	
<i>fosfomycin tromethamine 3 gm packet</i>	gen	QL (1 PER 30 DAYS)
<i>lincomycin hcl 300 mg/ml solution</i>	inj	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	gen	PA
<i>linezolid 600 mg/300ml solution</i>	inj	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	spec	
<i>methenamine hippurate 1 gm tab</i>	gen	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab)</i>	gen	
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution)</i>	inj	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	gen	
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	gen	
<i>polymyxin b sulfate 500000 unit recon soln</i>	inj	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	gen	
<i>tigecycline (tigecycline 50 mg recon soln, tigecycline 50 mg recon soln)</i>	inj	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	gen	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>	gen	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	gen	
<i>vancomycin hcl (50 mg/ml soln, 250 mg/5ml soln)</i>	gen	PA, QL (450 PER 30 DAYS)

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i>	gen	
TAZICEF (TAZICEF 6 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 1 GM RECON SOLN, TAZICEF 1 GM RECON SOLN)	inj	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	gen	
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 875-125 mg tab, amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp)</i>	gen	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab 12h</i>	gen	
<i>ampicillin 500 mg cap</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 1 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 125 mg recon soln, ampicillin sodium 500 mg recon soln)</i>	inj	
<i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 3 (2-1) gm recon soln, ampicillin-sulbactam sodium 15 (10-5) gm recon soln)</i>	inj	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	brd	
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	inj	
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	inj	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	inj	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	gen	
<i>nafcillin sodium (nafcillin sodium 2 gm recon soln, nafcillin sodium 10 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	inj	
<i>penicillin g potassium (5000000 soln, 20000000 soln)</i>	inj	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	inj	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	gen	
<i>erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)</i>	inj	
ERYTHROCIN STEARATE 250 MG TAB	brd	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	gen	
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab)</i>	gen	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	gen	
<i>erythromycin lactobionate 500 mg recon soln</i>	inj	
<i>fidaxomicin 200 mg tab</i>	spec	PA, QL (20 PER 10 DAYS)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	brd	
CILOXAN 0.3 % OINTMENT	brd	
<i>ciprofloxacin (250 mg/5ml (5%), 500 mg/5ml (10%))</i>	gen	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	gen	
<i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>	inj	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	gen	
LEVOFLOXACIN 25 MG/ML SOLUTION	inj	
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	inj	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>moxifloxacin hcl 400 mg tab</i>	gen	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	inj	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	inj	PA - PART B VS D DETERMINATION
<i>ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab, ofloxacin 400 mg tab)</i>	gen	
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	gen	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	gen	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	inj	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	gen	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	gen	
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	gen	
<i>doxy 100 mg recon soln</i>	npd	
<i>doxycycline 40 mg cap dr</i>	gen	PA, QL (1 PER 1 DAYS)
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	gen	
<i>doxycycline hyclate (50 mg tab dr, 75 mg tab, 75 mg tab dr, 100 mg tab dr, 150 mg tab, 150 mg tab dr, 200 mg tab dr)</i>	gen	PA
<i>doxycycline hyclate 100 mg recon soln</i>	npd	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	gen	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	gen	

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

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

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	ST, QL (2 PER 1 DAYS)
<i>brivaracetam 10 mg/ml solution</i>	gen	ST, QL (20 ML PER 1 DAYS)
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	spec	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	npd	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	gen	
<i>divalproex sodium er (er 250 mg tab er, er 500 mg tab er)</i>	gen	
EPIDIOLEX 100 MG/ML SOLUTION	spec	LA, PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	gen	
FINTEPLA 2.2 MG/ML SOLUTION	spec	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg & 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i>	gen	
<i>lamotrigine er (er 100 mg tab er, er 200 mg tab er)</i>	gen	ST, QL (3 PER 1 DAYS)
<i>lamotrigine er (er 25 mg tab er, er 50 mg tab er)</i>	gen	ST, QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine er (er 250 mg tab er, er 300 mg tab er)</i>	gen	ST
<i>lamotrigine starter kit-blue 35 x 25 mg</i>	gen	
<i>lamotrigine starter kit-green 84 x 25 mg & 14x100 mg</i>	gen	
<i>lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg</i>	gen	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	gen	
<i>levetiracetam er 500 mg tab 24h</i>	gen	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab 24h</i>	gen	QL (4 PER 1 DAYS)
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>perampanel 0.5 mg/ml suspension</i>	gen	QL (24 ML PER 1 DAYS)
<i>perampanel 2 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>roweepra 500 mg tab</i>	gen	
SPRITAM (250 MG TAB, 500 MG TAB)	npd	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	npd	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	gen	
SUBVENITE 10 MG/ML SUSPENSION	spec	QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite starter kit-blue 35 x 25 mg</i>	gen	
<i>subvenite starter kit-green 84 x 25 mg & 14x100 mg</i>	gen	
<i>subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg</i>	gen	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>topiramate 25 mg/ml solution</i>	gen	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>topiramate er (er 25 mg, er 50 mg, er 100 mg, er 150 mg, er 200 mg)</i>	gen	PA - FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml, 500 mg/5ml)</i>	inj	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	gen	
XCOPRI (150 MG TAB, 200 MG TAB)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	gen	
<i>methsuximide 300 mg cap</i>	gen	

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 97.2 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 100 mg tab, phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	gen	PA - FOR NEW STARTS ONLY
<i>primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 250 mg tab)</i>	gen	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (tiagabine hcl 12 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 16 mg tab, tiagabine hcl 2 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	gen	
VALTOCO 10 MG DOSE /0.1ML LIQUID	spec	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK	spec	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK	spec	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE /0.1ML LIQUID	spec	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	spec	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIGAFYDE 100 MG/ML SOLUTION	spec	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	spec	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY

SODIUM CHANNEL AGENTS

<i>carbamazepine (carbamazepine 200 mg chew tab, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)</i>	gen	
<i>carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)</i>	gen	
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	brd	
DILANTIN INFATABS 50 MG CHEW	brd	
DILANTIN-125 MG/5ML SUSPENSION	brd	
<i>epitol 200 mg tab</i>	gen	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	gen	QL (2 PER 1 DAYS)
<i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</i>	gen	QL (40 PER 1 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	gen	QL (2 PER 1 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	inj	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	gen	
<i>phenytek (200 mg cap, 300 mg cap)</i>	gen	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenytoin infatabs infas 50 mg chew</i>	gen	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	gen	
<i>rufinamide 200 mg tab</i>	gen	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	gen	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	gen	ST, QL (8 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	spec	QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK	npd	QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5ML SUSPENSION	npd	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	gen	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	gen	
<i>memantine hcl-donepezil hcl (14-10 mg cap er, 21-10 mg cap er, 28-10 mg cap er)</i>	gen	QL (1 PER 1 DAYS)
<i>memantine hcl-donepezil hcl er (er 14-10 mg cap er, er 28-10 mg cap er)</i>	gen	QL (1 PER 1 DAYS)
NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK	brd	QL (28 PER 28 DAYS)
NAMZARIC 7-10 MG CAP ER 24H	brd	QL (1 PER 1 DAYS)

CHOLINESTERASE INHIBITORS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	gen	
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab)</i>	gen	
<i>galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)</i>	gen	QL (1 PER 1 DAYS)
<i>rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)</i>	gen	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	gen	

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

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

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab 12h</i>	gen	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab 12h</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab 12h</i>	gen	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab 24h</i>	gen	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab 24h</i>	gen	QL (1 PER 1 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	spec	QL (64 PER 365 DAYS), PA - FOR NEW STARTS ONLY
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	gen	
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	gen	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	gen	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	spec	QL (28 PER 365 DAYS), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	spec	QL (14 PER 365 DAYS), PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

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

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

<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	gen	
<i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)</i>	gen	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab 24h</i>	gen	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	gen	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	npd	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	npd	QL (28 PER 30 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)</i>	gen	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	gen	
FLUOXETINE HCL 90 MG CAP DR	gen	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	gen	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>fluvoxamine maleate er (er 100 mg cap er, er 150 mg cap er)</i>	gen	ST, QL (2 PER 1 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	gen	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	gen	
PAROXETINE HCL 10 MG/5ML SUSPENSION	gen	QL (30 PER 1 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er, er 25 mg tab er, er 37.5 mg tab er)</i>	gen	
<i>paroxetine mesylate 7.5 mg cap</i>	gen	QL (1 PER 1 DAYS)
RALDESY 10 MG/ML SOLUTION	spec	QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	gen	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	npd	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	
<i>venlafaxine hcl er (er 37.5 mg cap er, er 150 mg cap er)</i>	gen	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er (er 75 mg cap er, er 75 mg tab er)</i>	gen	QL (3 PER 1 DAYS)
<i>venlafaxine hcl er 150 mg tab 24h</i>	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>venlafaxine hcl er 37.5 mg tab 24h</i>	gen	QL (6 PER 1 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	QL (1 PER 1 DAYS)

TRICYCLICS

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

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro 25 mg suppos</i>	gen	
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	gen	QL (4 PER 1 DAYS)
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	gen	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	gen	

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

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

EMETOGENIC THERAPY ADJUNCTS

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

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

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

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

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

ANTIGOUT AGENTS

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

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	brd	PA, QL (1 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	brd	PA, QL (2 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR	brd	PA, QL (3 PER 30 DAYS)
NURTEC 75 MG TAB DISP	spec	PA, QL (16 PER 30 DAYS)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	gen	PA, QL (8 PER 30 DAYS)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	gen	QL (40 PER 28 DAYS)
MIGERGOT 2-100 MG SUPPOS	npd	QL (20 PER 30 DAYS)
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	gen	QL (18 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	gen	QL (24 PER 30 DAYS)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	gen	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	gen	QL (8 PER 30 DAYS)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	gen	QL (8 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	gen	QL (18 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide (pyridostigmine bromide 30 mg tab, pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)</i>	gen	
<i>pyridostigmine bromide er 180 mg tab</i>	gen	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>abiraterone acetate 500 mg tab</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abirtega 250 mg tab</i>	gen	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	gen	
ERLEADA 240 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	gen	
FLUTAMIDE 125 MG CAP	gen	
<i>nilutamide (nilutamide 150 mg tab, nilutamide 150 mg tab)</i>	spec	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIANGIOGENIC AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)</i>	spec	
INLURIYO 200 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SOLTAMOX 10 MG/5ML SOLUTION	npd	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	gen	
<i>toremifene citrate 60 mg tab</i>	gen	
ANTIMETABOLITES		
<i>mercaptopurine 2000 mg/100ml suspension</i>	spec	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	gen	
ONUREG (200 MG TAB, 300 MG TAB)	spec	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TABLOID LOID 40 MG	brd	
ANTINEOPLASTICS, OTHER		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	spec	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	spec	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	spec	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	gen	
INQOVI 35-100 MG TAB	spec	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LEDERLE LEUCOVORIN 5 MG TAB	gen	
<i>leucovorin calcium (100 mg soln, 350 mg soln)</i>	inj	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	gen	
LONSURF 15-6.14 MG TAB	spec	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	spec	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	brd	
MODEYSO 125 MG CAP	spec	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	gen	
<i>exemestane 25 mg tab</i>	gen	
<i>letrozole 2.5 mg tab</i>	gen	
ENZYME INHIBITORS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER	spec	LA, QL (66 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 25 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALUNBRIG (90 MG TAB, 180 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	spec	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	spec	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	spec	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 KIT	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	spec	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	spec	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (20 mg tab, 50 mg tab)</i>	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab, 3 mg tab, 5 mg tab)</i>	spec	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	spec	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GOMEKLI 1 MG CAP	spec	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	spec	LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 2 MG CAP	spec	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
HYRNUO 10 MG TAB	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	spec	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE 100 MG CAP	spec	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	npd	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	spec	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	spec	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ITOVEBI 3 MG TAB	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) (TAB THPK	spec	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 TAB THPK	spec	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 TAB THPK	spec	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK	spec	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK	spec	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK	spec	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 5 MG CAP SPRINK	spec	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 7.5 MG CAP SPRINK	spec	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) CAP THPK	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) (CAP THPK	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	spec	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 240 MG TAB	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK	spec	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK	spec	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK	spec	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	spec	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NERLYNX 40 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	spec	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 100 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	spec	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	spec	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PAZOPANIB HCL 400 MG TAB	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	spec	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) (TAB THPK	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	spec	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REVUFORJ 110 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 160 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 25 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	spec	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	spec	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	spec	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	spec	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCSEMBLIX 100 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCSEMBLIX 20 MG TAB	spec	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCSEMBLIX 40 MG TAB	spec	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	spec	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	spec	PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TABRECTA (150 MG TAB, 200 MG TAB)	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	spec	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	spec	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	spec	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	brd	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	spec	LA, QL (84 PER 365 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	spec	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	spec	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	spec	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	spec	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	spec	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	spec	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	spec	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	spec	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK	spec	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	spec	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) TAB THPK	spec	QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK	spec	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	spec	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	spec	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	spec	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

RETINOIDS

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

TREATMENT ADJUNCTS

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

ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole 200 mg tab</i>	npd	
<i>ivermectin 3 mg tab</i>	gen	
<i>praziquantel 600 mg tab</i>	gen	

ANTIPROTOZOALS

<i>atovaquone 750 mg/5ml suspension</i>	gen	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	gen	
BENZNIDAZOLE 100 MG TAB	npd	QL (240 PER 365 DAYS)
BENZNIDAZOLE 12.5 MG TAB	npd	QL (720 PER 365 DAYS)
<i>chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)</i>	gen	QL (25 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COARTEM 20-120 MG TAB	brd	QL (24 PER 2 DAYS)
<i>hydroxychloroquine sulfate 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	gen	QL (3 PER 1 DAYS)
<i>hydroxychloroquine sulfate 300 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate 400 mg tab</i>	gen	QL (1 PER 1 DAYS)
IMPAVIDO 50 MG CAP	spec	PA, QL (84 PER 28 DAYS)
<i>mefloquine hcl 250 mg tab</i>	gen	
<i>nitazoxanide 500 mg tab</i>	gen	PA, QL (6 PER 3 DAYS)
<i>pentamidine isethionate 300 mg recon soln</i>	gen	PA - PART B VS D DETERMINATION
<i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)</i>	gen	
<i>pyrimethamine 25 mg tab</i>	spec	PA
<i>quinine sulfate 324 mg cap</i>	gen	QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	gen	
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You can find information on what the symbols and abbreviations on this table mean by going to page xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	gen	
<i>entacapone 200 mg tab</i>	gen	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
<i>apomorphine hcl 30 mg/3ml soln cart</i>	spec	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	gen	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	gen	
<i>pramipexole dihydrochloride er (er 0.375 mg tab er, er 0.75 mg tab er, er 1.5 mg tab er, er 2.25 mg tab er, er 3 mg tab er, er 3.75 mg tab er, er 4.5 mg tab er)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	gen	
<i>ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er)</i>	gen	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab 24h</i>	gen	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab 24h</i>	gen	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	gen	
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	gen	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	gen	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	gen	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (25 mg/ml, 50 mg/2ml)</i>	inj	
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i>	gen	
<i>fluphenazine decanoate 25 mg/ml solution</i>	inj	
FLUPHENAZINE HCL (FLUPHENAZINE HCL 1 MG TAB, FLUPHENAZINE HCL 2.5 MG TAB, FLUPHENAZINE HCL 5 MG TAB, FLUPHENAZINE HCL 10 MG TAB, FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 5 MG/ML CONC)	gen	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	inj	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	inj	
<i>haloperidol lactate 2 mg/ml conc</i>	gen	
<i>haloperidol lactate 5 mg/ml solution</i>	brd	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	gen	
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pimozide (1 mg tab, 2 mg tab)</i>	gen	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	gen	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	spec	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i>	gen	QL (2 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	gen	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	spec	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	spec	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	spec	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 351 MG/2.25ML SUSP PRSYR	spec	QL (4.5 ML PER 365 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 39 MG/0.25ML SUSP PRSYR	inj	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 78 MG/0.5ML SUSP PRSYR	spec	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A FNPT TITRTION PCK 1 & 2 & 4 & 6 MG TB	npd	QL (8 PER 30 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TA	npd	QL (12 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C PAK 1 & 2 & 6 MG TAB	npd	QL (8 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	spec	QL (3.5 PER 180 DAYS), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	spec	QL (5 PER 180 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	spec	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	spec	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	spec	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	inj	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	spec	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	spec	QL (0.88 PER 84 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	spec	QL (1.32 PER 84 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	spec	QL (1.75 PER 84 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	spec	QL (2.63 PER 84 DAYS), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>lurasidone hcl 80 mg tab</i>	gen	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	gen	
<i>olanzapine 10 mg recon soln</i>	inj	
OPIPZA (5 MG FILM, 10 MG FILM)	spec	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIPZA 2 MG FILM	spec	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	gen	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab 24h</i>	gen	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	spec	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	gen	
<i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</i>	gen	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab disp, risperidone 0.25 mg tab disp, risperidone 4 mg tab)</i>	gen	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	inj	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	spec	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	spec	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR 1.5 & 3 MG CAP THPK	npd	QL (7 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	gen	
<i>ziprasidone mesylate 20 mg recon soln</i>	inj	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	inj	PA - PART B VS D DETERMINATION

ANTIPSYCHOTICS, OTHER

COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	spec	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	spec	QL (112 PER 365 DAYS), PA - FOR NEW STARTS ONLY

TREATMENT-RESISTANT

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

ANTISPASTICITY AGENTS

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

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY 200 MG TAB	spec	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	spec	QL (4 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVYMIS (240 MG TAB, 480 MG TAB)	spec	QL (200 PER 365 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	gen	QL (18 PER 1 DAYS)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	gen	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	brd	QL (21 PER 1 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	gen	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	brd	
<i>lamivudine 100 mg tab</i>	gen	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	spec	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	spec	PA, QL (6 PER 1 DAYS)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	gen	
<i>ribavirin 6 gm recon soln</i>	spec	PA - PART B VS D DETERMINATION
VOSEVI 400-100-100 MG TAB	spec	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	brd	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	npd	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	npd	QL (1 PER 1 DAYS)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	brd	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	brd	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TAB	brd	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	brd	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	npd	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	brd	QL (1 PER 1 DAYS)
TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB)	brd	QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIVICAY PD 5 MG TAB SOL	brd	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	npd	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	brd	QL (2 PER 1 DAYS)
EDURANT PED 2.5 MG TAB SOL	brd	QL (6 PER 1 DAYS)
EFAVIRENZ 200 MG CAP	gen	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	gen	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg</i>	gen	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg</i>	gen	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	gen	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	brd	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	gen	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	gen	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB 24H	gen	QL (3 PER 1 DAYS)
<i>nevirapine er 400 mg tab 24h</i>	gen	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	brd	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	npd	QL (2 PER 1 DAYS)
<i>rilpivirine hcl 25 mg tab</i>	gen	QL (2 PER 1 DAYS)

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

<i>abacavir sulfate 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	gen	QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	gen	QL (1 PER 1 DAYS)
CIMDUO 300-300 MG TAB	brd	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	brd	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	gen	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	brd	QL (24 PER 1 DAYS)
<i>lamivudine (10 mg/ml, 300 mg/30ml)</i>	gen	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	gen	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	gen	QL (2 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	gen	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	npd	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	npd	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	brd	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	brd	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	brd	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	brd	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	gen	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	gen	QL (60 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	spec	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	spec	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>maraviroc 150 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	gen	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	npd	QL (2 PER 1 DAYS)
SELZENTRY (25 MG TAB, 75 MG TAB)	brd	QL (8 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	brd	QL (60 PER 1 DAYS)
SUNLENCA 300 MG TAB	spec	LA, QL (24 PER 168 DAYS)
SUNLENCA 4 X 300 MG TAB THPK	spec	QL (4 PER 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	spec	QL (3 PER 180 DAYS), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	spec	QL (5 PER 180 DAYS)
TYBOST 150 MG TAB	brd	QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS 250 MG CAP	brd	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	gen	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	gen	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	npd	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	gen	QL (4 PER 1 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	npd	QL (13 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	brd	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	gen	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	gen	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	brd	
NORVIR 100 MG PACKET	brd	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	brd	QL (15 PER 1 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	brd	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZISTA 100 MG/ML SUSPENSION	brd	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	brd	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	brd	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	brd	QL (8 PER 1 DAYS)
<i>ritonavir 100 mg tab</i>	gen	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	npd	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	brd	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	brd	QL (4 PER 1 DAYS)

ANTI-INFLUENZA AGENTS

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

ANTIHERPETIC AGENTS

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

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO 200 MG CAP	spec	QL (40 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page xi.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PAXLOVID (150/100) MG & OMG TAB THPK	gen	QL (20 PER 30 DAYS)
PAXLOVID (300/100 & 150/100) 6 10 MG 100MG TAB THPK	gen	QL (11 PER 30 DAYS)
PAXLOVID (300/100) 20 150 MG & OMG TAB THPK	gen	QL (30 PER 30 DAYS)

ANXIOLYTICS

ANXIOLYTICS, OTHER

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

BENZODIAZEPINES

<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	gen	QL (4 PER 1 DAYS)
<i>alprazolam (2 mg tab, 2 mg tab disp)</i>	gen	QL (5 PER 1 DAYS)
<i>alprazolam er (er 0.5 mg tab er, er 1 mg tab er, er 3 mg tab er)</i>	gen	QL (1 PER 1 DAYS)
<i>alprazolam er 2 mg tab 24h</i>	gen	QL (5 PER 1 DAYS)
ALPRAZOLAM INTENSOL 1 MG/ML CONC	gen	QL (10 PER 1 DAYS)
<i>alprazolam xr (0.5 mg tab er, 1 mg tab er, 3 mg tab er)</i>	gen	QL (1 PER 1 DAYS)
<i>alprazolam xr 2 mg tab er 24h</i>	gen	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i>	gen	QL (40 PER 1 DAYS)
<i>clonazepam (1 mg tab, 1 mg tab disp)</i>	gen	QL (20 PER 1 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	gen	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	gen	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	gen	QL (12 PER 1 DAYS)

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

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

BIPOLAR AGENTS

MOOD STABILIZERS

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	gen	
<i>glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	gen	
<i>glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)</i>	gen	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	gen	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	gen	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	gen	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	gen	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	brd	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	brd	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	brd	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	brd	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB)	brd	QL (1 PER 1 DAYS)
JANUVIA 100 MG TAB	brd	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	brd	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	brd	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	brd	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	npd	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	gen	
<i>metformin hcl er (er 500 mg tab er, er 750 mg tab er)</i>	gen	
<i>miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 25 mg tab, miglitol 100 mg tab, miglitol 100 mg tab, miglitol 50 mg tab)</i>	gen	QL (3 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	brd	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	gen	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	brd	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	brd	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	gen	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	gen	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	gen	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	brd	PA, QL (1 PER 1 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	brd	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	brd	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	brd	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	brd	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	brd	PA, QL (2 PER 28 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	brd	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	brd	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	brd	QL (2 PER 30 DAYS)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	brd	QL (2 PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	gen	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	brd	QL (2 PER 2 DAYS)
GLUCAGON EMERGENCY (GLUCAGON EMERGENCY 1 MG RECON SOLN, GLUCAGON EMERGENCY 1 MG RECON SOLN, GLUCAGON EMERGENCY 1 MG/ML RECON SOLN)	brd	QL (2 PER 2 DAYS)
INSULINS		
FIASP 100 UNIT/ML SOLUTION	brd	INS
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	brd	INS
FIASP PENFILL 100 UNIT/ML SOLN CART	brd	INS
FIASP PUMPCART 100 UNIT/ML SOLN	brd	INS
HUMALOG 100 UNIT/ML SOLN CART	brd	INS
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	brd	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	brd	INS
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	brd	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	brd	INS
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	brd	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	brd	INS
HUMULIN 70/30 KWIKPEN KWIK(70-30) 100 UNIT/ML SUSP	brd	INS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN N 100 UIT/ML SUSPESIO	brd	INS
HUMULIN N KWIKPEN KWIK100 UIT/ML SUSP	brd	INS
HUMULIN R 100 UNIT/ML SOLUTION	brd	INS
HUMULIN R U-500 (CONCENTRATED) (CONCENTATED) UNIT/ML SOLUTION	brd	PA - PART B VS D DETERMINATION, INS
HUMULIN R U-500 KWIKPEN KWIKUNIT/ML SOLN	brd	INS
INSULIN ASPART 100 UNIT/ML SOLUTION	brd	INS
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	brd	INS
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	brd	INS
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	brd	INS
INSULIN LISPRO 100 UNIT/ML SOLUTION	brd	INS
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	brd	INS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	brd	INS
LANTUS 100 UNIT/ML SOLUTION	brd	QL (40 PER 30 DAYS), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	brd	QL (45 PER 30 DAYS), INS
NOVOLIN R FLEXPEN FLEX100 UNIT/ML SOLN	brd	INS
NOVOLIN R FLEXPEN RELION FLEXELION 100 UNIT/ML SOLN	brd	INS
NOVOLOG 100 UNIT/ML SOLUTION	brd	INS
NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN	brd	INS
NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN	brd	INS
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	brd	INS

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

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

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	gen	QL (2 PER 1 DAYS)
ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB)	brd	QL (2 PER 1 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 TAB SOL	brd	QL (12 PER 1 DAYS)
ELIQUIS (2 MG PACK) 4 X 0.5 TAB SOL	brd	QL (16 PER 1 DAYS)
ELIQUIS 0.5 MG TAB SOL	brd	QL (4 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	brd	QL (74 PER 180 DAYS)
<i>enoxaparin sodium (100 mg/ml soln prsy, 150 mg/ml soln prsy, 300 mg/3ml solution)</i>	inj	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)</i>	inj	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	inj	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	inj	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	inj	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	spec	QL (24 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	inj	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	spec	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	spec	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</i>	gen	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	gen	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	gen	
<i>rivaroxaban 1 mg/ml recon susp</i>	brd	QL (20 ML PER 1 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	brd	QL (2 PER 1 DAYS)
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	gen	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	brd	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	brd	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	brd	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	brd	QL (51 PER 180 DAYS)
ZONTIVITY 2.08 MG TAB	npd	QL (1 PER 1 DAYS)

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	gen	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/ML SOLUTION)	inj	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR)	spec	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	spec	PA
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab)</i>	spec	PA, QL (1 PER 1 DAYS)
<i>eltrombopag olamine (25 mg tab, 50 mg tab)</i>	spec	PA, QL (3 PER 1 DAYS)
<i>eltrombopag olamine 25 mg packet</i>	spec	PA, QL (6 PER 1 DAYS)
<i>eltrombopag olamine 75 mg tab</i>	spec	PA, QL (2 PER 1 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	spec	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	spec	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	npd	PA
RETACRIT 40000 UNIT/ML SOLUTION	spec	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	spec	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	spec	PA
HEMOSTASIS AGENTS		
MEPHYTON 5 MG TAB	brd	QL (5 PER 7 DAYS), EDC
<i>phytonadione 5 mg tab</i>	gen	QL (5 PER 7 DAYS), EDC
<i>tranexamic acid 650 mg tab</i>	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap 12h</i>	gen	
<i>cilostazol (50 mg tab, 100 mg tab)</i>	gen	
<i>clopidogrel bisulfate 75 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	gen	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	gen	QL (2 PER 1 DAYS)
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	gen	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	gen	
<i>droxidopa 100 mg cap</i>	npd	PA, QL (18 PER 1 DAYS)
<i>droxidopa 200 mg cap</i>	spec	PA, QL (9 PER 1 DAYS)
<i>droxidopa 300 mg cap</i>	spec	PA, QL (84 PER 90 DAYS)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	gen	
METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB, METHYLDOPA 250 MG TAB)	gen	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	gen	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	gen	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	gen	

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	gen	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	gen	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	gen	
<i>carvedilol phosphate er (er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 80 mg cap er)</i>	gen	ST
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	gen	
<i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	gen	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	gen	
<i>pindolol (5 mg tab, 10 mg tab)</i>	gen	
<i>propranolol hcl (propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 80 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 60 mg tab)</i>	gen	
<i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i>	gen	
<i>timolol maleate (timolol maleate 20 mg tab, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab, timolol maleate 5 mg tab)</i>	gen	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
<i>felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	gen	

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

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

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)</i>	gen	
<i>dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	gen	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	gen	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	gen	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	gen	
<i>diltiazem hcl er beads 420 mg cap 24h</i>	gen	
<i>matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)</i>	gen	
<i>taztia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er, 360 mg cap er)</i>	gen	
<i>tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i>	gen	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	gen	
VERAPAMIL HCL ER (VERAPAMIL HCL ER 120 MG CAP ER 24H, VERAPAMIL HCL ER 120 MG TAB ER, VERAPAMIL HCL ER 180 MG TAB ER, VERAPAMIL HCL ER 240 MG TAB ER, VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 180 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H, VERAPAMIL HCL ER 360 MG CAP ER 24H, VERAPAMIL HCL ER 240 MG CAP ER 24H)	gen	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	gen	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	gen	
<i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, amiloride-hydrochlorothiazide 5-50 mg tab)</i>	gen	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	gen	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	gen	QL (6 PER 1 DAYS)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	gen	PA, QL (2 PER 1 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	gen	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	gen	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	gen	
<i>metyrosine 250 mg cap</i>	spec	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	gen	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	gen	
<i>pentoxifylline er 400 mg tab</i>	gen	
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	gen	
<i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i>	gen	QL (2 PER 1 DAYS)
<i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>	brd	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>telmisartan-amlodipine (telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 80-10 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-10 mg tab)</i>	gen	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	gen	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	gen	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	gen	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	gen	
VECAMYL 2.5 MG TAB	gen	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	npd	PA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	gen	
<i>bumetanide 0.25 mg/ml solution</i>	inj	
<i>furosemide (furosemide 10 mg/ml solution, furosemide 10 mg/ml solution)</i>	inj	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	gen	
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	gen	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	gen	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>triamterene (50 mg cap, 100 mg cap)</i>	gen	ST
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	gen	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	gen	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	gen	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (fenofibrate 120 mg tab, fenofibrate 50 mg cap, fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 150 mg cap, fenofibrate 40 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	gen	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	gen	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	gen	
<i>gemfibrozil 600 mg tab</i>	gen	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	gen	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	gen	
<i>fluvastatin sodium er 80 mg tab 24h</i>	gen	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	gen	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	brd	QL (1 PER 1 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	brd	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	brd	QL (1 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	gen	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	gen	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	gen	
<i>isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er, er 120 mg tab er)</i>	gen	
<i>nitro-bid 2 % ointment</i>	brd	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	brd	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	gen	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	gen	
<i>nitroglycerin 0.4 % ointment</i>	gen	QL (30 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine sulfate 10 mg tab</i>	gen	ST, QL (6 PER 1 DAYS)
<i>amphetamine sulfate 5 mg tab</i>	gen	ST, QL (8 PER 1 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zenzedi 30 mg tab</i>	gen	QL (2 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	gen	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>clonidine hcl er 0.1 mg tab 12h</i>	gen	
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	gen	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er)</i>	gen	QL (1 PER 1 DAYS)
<i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (10 mg chew tab, 10 mg tab)</i>	gen	QL (6 PER 1 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 20 mg tab)</i>	gen	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	gen	QL (30 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	gen	QL (12 PER 1 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	gen	QL (60 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (cd) 30 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>methylphenidate hcl er (la) (er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 60 mg cap er)</i>	gen	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (la) 10 mg cap 24h</i>	gen	QL (6 PER 1 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUEDEXTA 20-10 MG CAP	brd	PA, QL (2 PER 1 DAYS)
<i>riluzole 50 mg tab</i>	gen	
TENCON 50-325 MG TAB	gen	PA, QL (48 PER 30 DAYS), NDS
<i>tetrabenazine 12.5 mg tab</i>	npd	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	spec	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	npd	PA, QL (1 PER 1 DAYS)
<i>zebutal 50-325-40 mg cap</i>	gen	PA, QL (48 PER 30 DAYS), NDS

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE 20 MG CAP	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP	npd	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 40 MG CAP	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP	npd	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg dr, 40 mg dr, 60 mg dr)</i>	gen	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	gen	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	gen	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	gen	QL (30 PER 1 DAYS)

MULTIPLE SCLEROSIS AGENTS

BETASERON 0.3 MG KIT	spec	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab 12h</i>	brd	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	npd	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	spec	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	npd	PA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	spec	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	spec	PA, QL (30 PER 30 DAYS)

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

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

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg cap</i>	gen	
<i>chlorhexidine gluconate 0.12 % solution</i>	gen	
<i>kourzeq 0.1 % paste</i>	gen	
<i>oralone 0.1 % paste</i>	gen	
<i>periogard 0.12 % solution</i>	gen	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	gen	
<i>triamcinolone acetonide 0.1 % paste</i>	gen	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	gen	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	gen	
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	gen	PA
<i>amnestem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	
<i>azelaic acid 15 % gel</i>	gen	QL (50 PER 30 DAYS)
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	gen	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	gen	
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	gen	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	gen	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	gen	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	gen	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	gen	

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort 1 % cream</i>	gen	
<i>alclometasone dipropionate (alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)</i>	gen	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	gen	
ANUCORT-HC 25 MG SUPPOS	gen	EDC
ANUSOL-HC 25 MG SUPPOS	gen	EDC
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	gen	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	gen	
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)</i>	gen	
<i>clobetasol prop emollient base 0.05 % cream</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	gen	
<i>clobetasol propionate 0.05 % liquid</i>	gen	QL (250 PER 30 DAYS)
<i>clobetasol propionate e clobetasol propionat0.05 % cram</i>	gen	
<i>clodan 0.05 % shampoo</i>	gen	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	gen	
<i>desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % ointment)</i>	gen	
DIFLORASONE DIACETATE 0.05 % CREAM	gen	
EUCRISA 2 % OINTMENT	npd	PA, QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	gen	
<i>fluocinolone acetonide body 0.01 % oil</i>	gen	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	gen	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	gen	
<i>fluocinonide emulsified base 0.05 % cream</i>	gen	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	gen	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	gen	QL (200 PER 28 DAYS)
HEMMOREX-HC 25 MG SUPPOS	gen	EDC
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone (perianal)</i> <i>(hydrocortisone (perianal) 1 % cream,</i> <i>hydrocortisone (perianal) 2.5 %</i> <i>cream)</i>	gen	
<i>hydrocortisone acetate</i> <i>(hydrocortisone acetate 25 mg</i> <i>suppos, hydrocortisone acetate 25</i> <i>mg suppos)</i>	gen	EDC
HYDROCORTISONE BUTYRATE (HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, HYDROCORTISONE BUTYRATE 0.1 % SOLUTION, HYDROCORTISONE BUTYRATE 0.1 % OINTMENT)	gen	
<i>hydrocortisone valerate (0.2 %</i> <i>cream, 0.2 % ointment)</i>	gen	
<i>mometasone furoate (0.1 % cream,</i> <i>0.1 % ointment, 0.1 % solution)</i>	gen	
<i>pimecrolimus 1 % cream</i>	gen	QL (100 PER 30 DAYS)
<i>procto-med hc 2.5 % cream</i>	gen	
<i>proctosol hc 2.5 % cream</i>	gen	
<i>proctozone-hc 2.5 % cream</i>	gen	
<i>selenium sulfide (selenium sulfide 2.5</i> <i>% lotion, selenium sulfide 2.5 %</i> <i>lotion)</i>	gen	
<i>tacrolimus (0.03 %, 0.1 %)</i>	gen	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide</i> <i>(triamcinolone acetonide 0.025 %</i> <i>cream, triamcinolone acetonide</i> <i>0.025 % lotion, triamcinolone</i> <i>acetonide 0.025 % ointment,</i> <i>triamcinolone acetonide 0.1 % cream,</i> <i>triamcinolone acetonide 0.1 % lotion,</i> <i>triamcinolone acetonide 0.1 %</i> <i>ointment, triamcinolone acetonide</i> <i>0.5 % cream, triamcinolone</i> <i>acetonide 0.5 % ointment,</i> <i>triamcinolone acetonide 0.025 %</i> <i>lotion)</i>	gen	
<i>triderm 0.5 % cream</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DERMATOLOGICAL AGENTS, OTHER		
<i>alcohol wipes 70 % misc</i>	gen	
ANALPRAM HC 2.5-1 % LOTION	brd	
ANALPRAM-HC 2.5-1 % LOTION	brd	
AVAR-E EMOLLIENT 10-5 % CREAM	gen	EDC
<i>avar-e green 10-5 % cream</i>	gen	EDC
<i>calcipotriene (calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	gen	
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	gen	PA, QL (400 PER 30 DAYS)
<i>calcitrene 0.005 % ointment</i>	gen	
CALCITRIOL 3 MCG/GM OINTMENT	gen	QL (800 PER 28 DAYS)
<i>clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion)</i>	gen	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	gen	
EPIFOAM 1	brd	
<i>fluorouracil (fluorouracil 5 % cream, fluorouracil 2 % solution, fluorouracil 5 % solution)</i>	gen	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	gen	
<i>imiquimod 5 % cream</i>	gen	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	gen	
<i>isopropyl alcohol wipes 70 % misc</i>	gen	
<i>medpura alcohol pads 70 % misc</i>	gen	
METHOXSALEN RAPID 10 MG CAP	gen	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTEZLA (20 MG TAB, 30 MG TAB)	spec	PA, QL (2 PER 1 DAYS)
OTEZLA XR 75 MG TAB ER 24H	spec	PA, QL (1 PER 1 DAYS)
<i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i>	gen	
PRAMOSONE (1-1 % LOTION, 1-2.5 % LOTION)	brd	
PROCTOFOAM HC PROCTO1	brd	
<i>qc alcohol 70 % misc</i>	gen	
<i>ra isopropyl alcohol wipes 70 % misc</i>	gen	
REGRANEX 0.01 % GEL	brd	PA, QL (15 PER 2 DAYS)
SANTYL 250 UNIT/GM OINTMENT	brd	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	gen	
<i>ssd 1 % cream</i>	gen	
SSS 10-5 (10-5 10-5 % CREAM, 10-5 10-5 % FOAM)	gen	EDC
SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION, SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION)	gen	EDC
TOLAK 4 % CREAM	brd	
VALCHLOR 0.016 % GEL	spec	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PEDICULICIDES/SCABICIDES		
<i>malathion 0.5 % lotion</i>	gen	
<i>permethrin (permethrin 5 % cream, permethrin 5 % cream)</i>	gen	
SPINOSAD 0.9 % SUSPENSION	gen	QL (240 PER 30 DAYS)
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % cream</i>	gen	PA, QL (5 PER 30 DAYS)
<i>acyclovir 5 % ointment</i>	gen	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	gen	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	gen	
<i>clindacin 1 % foam</i>	gen	
<i>clindacin etz 1 % swab</i>	gen	
<i>clindacin-p 1 % swab</i>	gen	
<i>clindamycin phos (once-daily) 1 % gel</i>	gen	
<i>clindamycin phos (twice-daily) 1 % gel</i>	gen	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	gen	
<i>dapsone (5 % gel, 7.5 % gel)</i>	gen	PA, QL (90 PER 30 DAYS)
ERY 2 % PAD	gen	
<i>erythromycin (erythromycin 2 % gel, erythromycin 2 % gel, erythromycin 2 % solution)</i>	gen	
<i>mafenide acetate (mafenide acetate 5 % packet, mafenide acetate 5 % packet)</i>	gen	
<i>mupirocin 2 % ointment</i>	gen	
<i>penciclovir 1 % cream</i>	gen	PA, QL (5 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>dextrose (dextrose 10 % solution, dextrose 5 % solution, dextrose 5 % solution, dextrose 10 % solution)</i>	inj	
<i>dextrose in lactated ringers in 5 % solution</i>	inj	
DEXTROSE-NACL 5-0.9 % SOLUTION	inj	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.3 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	inj	
EFFER-K 25 MEQ TAB	gen	EDC
<i>k-prime 25 meq effer tab</i>	gen	EDC
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	inj	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	inj	
<i>klor-con (klor-con 8 meq tab er, klor-con 20 meq packet, klor-con 8 meq tab er)</i>	gen	
<i>klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)</i>	gen	
<i>klor-con m10 meq tab er</i>	gen	
<i>klor-con m15 meq tab er</i>	gen	
<i>klor-con m20 meq tab er</i>	gen	
<i>klor-con/ef 25 meq effer tab</i>	gen	EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lactated ringers (lactated ringers solution, lactated ringers solution)</i>	inj	
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>	inj	
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	EDC
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	gen	EDC
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	gen	EDC
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	EDC
MULTIVITAMIN/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	EDC
<i>nafrinse 2.2 (1 f) mg chew tab</i>	gen	
PNV 27-CA/FE/FA 60-1 MG TAB	brd	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	EDC
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	gen	
<i>potassium chloride (potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 2 meq/ml solution, potassium chloride 10 meq/100ml solution)</i>	inj	
<i>potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	gen	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	inj	
<i>potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i>	inj	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	gen	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	inj	
PREMASOL 10 % SOLUTION	inj	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	brd	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	gen	EDC
<i>ringers solution</i>	inj	
<i>sodium chloride (pf) 0.9 % solution</i>	inj	
<i>sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 2.5 meq/ml solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution)</i>	inj	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium fluoride (sodium fluoride 1.1 (0.5 f) mg/ml solution, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab)</i>	gen	
TPN ELECTROLYTES CONC	inj	PA - PART B VS D DETERMINATION
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET 100 MG CAP	brd	
<i>deferasirox (250 mg tab, 500 mg tab)</i>	spec	
<i>deferasirox 125 mg tab sol</i>	brd	
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	spec	PA, LA, QL (2 PER 1 DAYS)
<i>tolvaptan 15 mg tab</i>	spec	PA, LA, QL (8 PER 1 DAYS)
<i>tolvaptan 30 mg tab</i>	spec	PA, LA, QL (4 PER 1 DAYS)
<i>trientine hcl 250 mg cap</i>	spec	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	spec	PA, QL (4 PER 1 DAYS)
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder) 667 mg cap</i>	gen	PA - PART B VS D DETERMINATION
<i>sevelamer carbonate 800 mg tab</i>	gen	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	gen	
LOKELMA (5 GM PACKET, 10 GM PACKET)	brd	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION)	gen	

VITAMINS

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>constulose 10 gm/15ml solution</i>	gen	
<i>enulose 10 gm/15ml solution</i>	gen	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	gen	
<i>generlac 10 gm/15ml solution</i>	gen	
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	gen	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	gen	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	brd	QL (1 PER 1 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	gen	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	brd	QL (1 PER 1 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5- 3.13-1.6 gm/177ml solution</i>	gen	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	gen	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	gen	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEG-PREP 5-210 MG-GM KIT	gen	
ANTI-DIARRHEAL AGENTS		
<i>alose tron hcl (0.5 mg tab, 1 mg tab)</i>	npd	PA
DIPHENOXYLATE-ATROPINE (DIPHENOXYLATE-ATROPINE 2.5- 0.025 MG TAB, DIPHENOXYLATE- ATROPINE 2.5-0.025 MG/5ML LIQUID)	gen	
<i>loperamide hcl 2 mg cap</i>	gen	
XERMELO 250 MG TAB	spec	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>chl ordiazepoxide-clidinium (chl ordiazepoxide-clidinium 5-2.5 mg cap, chl ordiazepoxide-clidinium 5-2.5 mg cap)</i>	gen	QL (8 PER 1 DAYS)
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	gen	PA
<i>ed-spaz 0.125 mg tab disp</i>	gen	EDC
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	gen	
<i>glycopyrrolate 1 mg/5ml solution</i>	gen	PA
<i>hyoscyamine sulfate (hyoscyamine sulfate 0.125 mg sl tab, hyoscyamine sulfate 0.125 mg tab disp, hyoscyamine sulfate 0.125 mg/5ml elixir, hyoscyamine sulfate 0.125 mg sl tab, hyoscyamine sulfate 0.125 mg tab, hyoscyamine sulfate 0.125 mg tab disp, hyoscyamine sulfate 0.125 mg/5ml elixir, hyoscyamine sulfate 0.125 mg/ml solution, hyoscyamine sulfate 0.125 mg tab, hyoscyamine sulfate 0.125 mg/ml solution)</i>	gen	EDC
<i>hyoscyamine sulfate er (hyoscyamine sulfate er 0.375 mg tab er 12h, hyoscyamine sulfate er 0.375 mg tab er 12h)</i>	gen	EDC
HYOSCYAMINE SULFATE SL 0.125 MG TAB	gen	EDC
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	gen	EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	gen	
NULEV 0.125 MG TAB DISP	gen	EDC
OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB)	gen	EDC
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG TAB	gen	EDC
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG/5ML ELIXIR	gen	QL (40 PER 1 DAYS), EDC
<i>phenobarbital-belladonna alk 16.2 mg tab</i>	gen	EDC
<i>phenobarbital-belladonna alk 16.2 mg/5ml elixir</i>	gen	QL (40 PER 1 DAYS), EDC
PHENOHYTRO 16.2 MG TAB	gen	EDC
PHENOHYTRO 16.2 MG/5ML ELIXIR	gen	QL (40 PER 1 DAYS), EDC
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 100 mg/5ml conc</i>	gen	
GAVILYTE-C 240 GM RECON SOLN	gen	
<i>gavilyte-g 236 gm recon soln</i>	gen	
OMNITROPE 10 MG/1.5ML SOLN CART	spec	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	gen	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	gen	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	gen	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	gen	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 15 MG/ML SOLUTION, NIZATIDINE 300 MG CAP)	gen	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYSTAGON (50 MG CAP, 150 MG CAP)	npd	PA, LA
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	brd	
ELAPRASE 6 MG/3ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	spec	PA, QL (6 PER 1 DAYS)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	gen	
<i>levocarnitine sf 1 gm/10ml solution</i>	gen	
NAGLAZYME 1 MG/ML SOLUTION	spec	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	spec	PA
REVCIVI 2.4 MG/1.5ML SOLUTION	spec	PA, LA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	spec	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	spec	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	brd	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er 15 mg tab 24h</i>	gen	ST, QL (1 PER 1 DAYS)
<i>darifenacin hydrobromide er 7.5 mg tab 24h</i>	gen	ST, QL (2 PER 1 DAYS)
<i>fesoterodine fumarate er (er 4 mg tab er, er 8 mg tab er)</i>	gen	
<i>flavoxate hcl 100 mg tab</i>	gen	
GEMTESA 75 MG TAB	brd	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	brd	
MYRBETRIQ 8 MG/ML SRER	brd	QL (10 PER 1 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	gen	
<i>oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)</i>	gen	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	gen	ST
<i>tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)</i>	gen	ST
<i>trospium chloride 20 mg tab</i>	gen	
<i>trospium chloride er 60 mg cap 24h</i>	gen	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab 24h</i>	gen	
<i>dutasteride 0.5 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	gen	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	gen	
<i>silodosin (4 mg cap, 8 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>tadalafil (10 mg tab, 20 mg tab)</i>	gen	QL (8 PER 30 DAYS), EDC
<i>tadalafil (pah) 20 mg tab</i>	npd	PA, QL (2 PER 1 DAYS)
<i>tadalafil 2.5 mg tab</i>	gen	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	gen	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	gen	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	gen	
CYTRA K CRYSTALS 3300-1002 MG PACET	gen	EDC
ELMIRON 100 MG CAP	brd	
<i>penicillamine 250 mg tab</i>	spec	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenazo 200 mg tab</i>	gen	EDC
<i>phenazopyridine hcl (phenazopyridine hcl 200 mg tab, phenazopyridine hcl 100 mg tab, phenazopyridine hcl 200 mg tab, phenazopyridine hcl 100 mg tab)</i>	gen	EDC
PHOSPHO-TRIN K500 KMG TAB	gen	EDC
<i>pot & sod cit-cit ac (pot sod cit-cit ac 550-500-334 mg/5ml solution, pot sod cit-cit ac 550-500-334 mg/5ml solution)</i>	gen	EDC
<i>potassium citrate-citric acid (potassium citrate-citric acid 1100- 334 mg/5ml solution, potassium citrate-citric acid 1100-334 mg/5ml solution)</i>	gen	EDC
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	gen	QL (8 PER 30 DAYS), EDC
<i>sod citrate-citric acid (sod citrate- citric acid 1.5-1 gm/15ml solution, sod citrate-citric acid 500-334 mg/5ml solution, sod citrate-citric acid 1.5-1 gm/15ml solution, sod citrate-citric acid 3-2 gm/30ml solution, sod citrate-citric acid 500-334 mg/5ml solution, sod citrate-citric acid 3-2 gm/30ml solution)</i>	gen	EDC
SODIUM CITRATE-CITRIC ACID (1500-1002 MG/15ML SOLUTION, 3000-2004 MG/30ML SOLUTION)	gen	
TRICITRATES 550-500-334 MG/5ML SOLUTION	gen	EDC
<i>varafenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i>	gen	PA, QL (8 PER 30 DAYS), EDC

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

CORTISONE ACETATE 25 MG TAB	gen	
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You can find information on what the symbols and abbreviations on this table mean by going to page xi.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	gen	
<i>prednisone (prednisone 5 mg/5ml solution, prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</i>	gen	
PREDNISONE INTENSOL 5 MG/ML CONC	gen	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	gen	
<i>depo-testosterone (100 mg/ml, 200 mg/ml)</i>	gen	
<i>methyltestosterone 10 mg cap</i>	gen	PA
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	gen	PA, QL (150 PER 30 DAYS)
<i>testosterone (testosterone 10 mg/act (2%) gel, testosterone 10 mg/act (2%) gel)</i>	gen	PA, QL (120 PER 30 DAYS)
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	gen	PA, QL (300 PER 30 DAYS)
<i>testosterone (testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)</i>	gen	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	gen	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	gen	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	gen	QL (5 PER 30 DAYS)
ESTROGENS		
<i>abigale 1-0.5 mg tab</i>	gen	
<i>abigale lo 0.5-0.1 mg tab</i>	gen	
<i>afirmelle 0.1-20 mg-mcg tab</i>	gen	
<i>altavera 0.15-30 mg-mcg tab</i>	gen	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	gen	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>amethyst 90-20 mcg tab</i>	gen	
<i>apri 0.15-30 mg-mcg tab</i>	gen	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	gen	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>aubra 0.1-20 mg-mcg tab</i>	gen	
<i>aubra eq 0.1-20 mg-mcg tab</i>	gen	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	gen	
<i>aurovela 24 fe 1-20 mg-mcg() tab</i>	gen	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>aviane 0.1-20 mg-mcg tab</i>	gen	
<i>ayuna 0.15-30 mg-mcg tab</i>	gen	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>balziva 0.4-35 mg-mcg tab</i>	gen	
<i>blisovi 24 fe 1-20 mg-mcg() tab</i>	gen	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>briellyn 0.4-35 mg-mcg tab</i>	gen	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	gen	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	gen	
<i>charlotte 24 fe 1-20 mg-mcg() chew tab</i>	gen	
<i>chateal 0.15-30 mg-mcg tab</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chateal eq 0.15-30 mg-mcg tab</i>	gen	
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	brd	QL (4 PER 28 DAYS)
COVARYX 1.25-2.5 MG TAB	gen	EDC
COVARYX HS 0.625-1.25 MG TAB	gen	EDC
<i>cryselle 0.3-30 mg-mcg tab</i>	gen	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	gen	
<i>cyred 0.15-30 mg-mcg tab</i>	gen	
<i>cyred eq 0.15-30 mg-mcg tab</i>	gen	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	gen	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	gen	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>delyla 0.1-20 mg-mcg tab</i>	gen	
DEPO-ESTRADIOL 5 MG/ML OIL	inj	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	gen	
<i>dolishale 90-20 mcg tab</i>	gen	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	gen	QL (16 PER 28 DAYS)
<i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i>	gen	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	gen	
EEMT 1.25-2.5 MG TAB	gen	EDC
EEMT HS 0.625-1.25 MG TAB	gen	EDC
<i>elinest 0.3-30 mg-mcg tab</i>	gen	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	gen	
<i>emoquette 0.15-30 mg-mcg tab</i>	gen	
<i>enilloring 0.12-0.015 mg/24hr</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enpresse-28 50-30/75-40/125-30 mcg tab</i>	gen	
<i>enskyce 0.15-30 mg-mcg tab</i>	gen	
<i>est estrogens-methyltest (est estrogens-methyltest 1.25-2.5 mg tab, est estrogens-methyltest 1.25-2.5 mg tab)</i>	gen	EDC
<i>est estrogens-methyltest ds (est estrogens-methyltest ds 1.25-2.5 mg tab, est estrogens-methyltest ds 1.25-2.5 mg tab)</i>	gen	EDC
<i>est estrogens-methyltest hs (est estrogens-methyltest hs 0.625-1.25 mg tab, est estrogens-methyltest hs 0.625-1.25 mg tab)</i>	gen	EDC
<i>estarylla 0.25-35 mg-mcg tab</i>	gen	
<i>estradiol (0.01 % cream, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)</i>	gen	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	gen	QL (16 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	gen	QL (8 PER 28 DAYS)
<i>estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)</i>	gen	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	gen	
<i>estratest f.s. 1.25-2.5 mg tab</i>	gen	EDC
ESTRATEST H.S. 0.625-1.25 MG TAB	gen	EDC
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	brd	QL (1 PER 84 DAYS)
<i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	gen	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	gen	
<i>falmina 0.1-20 mg-mcg tab</i>	gen	
<i>fayosim 42-21-21-7 days tab</i>	gen	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>feirza 1/20 1-20 mg-mcg tab</i>	gen	
<i>femynor 0.25-35 mg-mcg tab</i>	gen	
<i>finzala 1-20 mg-mcg(24) chew tab</i>	gen	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	gen	
<i>galbriela 0.8-25 mg-mcg chew tab</i>	gen	
<i>gemmily 1-20 mg-mcg(24) cap</i>	gen	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>hailey 24 fe 1-20 mg-mcg() tab</i>	gen	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>haloette 0.12-0.015 mg/24hr ring</i>	gen	
<i>iclevia 0.15-0.03 mg tab</i>	gen	
<i>introvale 0.15-0.03 mg tab</i>	gen	
<i>isibloom 0.15-30 mg-mcg tab</i>	gen	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>jasmiel 3-0.02 mg tab</i>	gen	
<i>jinteli 1-5 mg-mcg tab</i>	gen	
<i>jolessa 0.15-0.03 mg tab</i>	gen	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	gen	
<i>juleber 0.15-30 mg-mcg tab</i>	gen	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>junel 1/20 1-20 mg-mcg tab</i>	gen	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	gen	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	gen	

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>portia-28 0.15-30 mg-mcg tab</i>	gen	
PREMARIN 0.625 MG/GM CREAM	brd	
PREMPHASE 0.625-5 MG TAB	brd	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	brd	
<i>previfem 0.25-35 mg-mcg tab</i>	gen	
<i>reclipsen 0.15-30 mg-mcg tab</i>	gen	
<i>rivelsa 42-21-21-7 days tab</i>	gen	
<i>rosyrah 42-21-21-7 days tab</i>	gen	
<i>setlakin 0.15-0.03 mg tab</i>	gen	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	gen	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	gen	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	gen	
<i>sronyx 0.1-20 mg-mcg tab</i>	gen	
<i>syeda 3-0.03 mg tab</i>	gen	
<i>tarina 24 fe 1-20 mg-mcg() tab</i>	gen	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	gen	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	gen	
<i>taysofy 1-20 mg-mcg(24) cap</i>	gen	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	gen	
<i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i>	gen	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	gen	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	gen	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	gen	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zumandimine 3-0.03 mg tab</i>	gen	
PROGESTINS		
<i>camila 0.35 mg tab</i>	gen	
<i>deblitane 0.35 mg tab</i>	gen	
DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR	brd	
<i>emzahh 0.35 mg tab</i>	gen	
<i>errin 0.35 mg tab</i>	gen	
<i>gallifrey 5 mg tab</i>	gen	
<i>heather 0.35 mg tab</i>	gen	
<i>incassia 0.35 mg tab</i>	gen	
<i>jencycla 0.35 mg tab</i>	gen	
LILETTA (52 MG) 20.1 MCG/DAY IUD	brd	
<i>lyleq 0.35 mg tab</i>	gen	
<i>lyza 0.35 mg tab</i>	gen	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsy, 150 mg/ml suspension)</i>	gen	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	gen	PA - FOR NEW STARTS ONLY
<i>megestrol acetate (megestrol acetate 625 mg/5ml suspension, megestrol acetate 625 mg/5ml suspension)</i>	gen	PA
<i>meleya 0.35 mg tab</i>	gen	
NEXPLANON 68 MG IMPLANT	brd	
<i>nora-be 0.35 mg tab</i>	gen	
<i>norethindrone 0.35 mg tab</i>	gen	
<i>norethindrone acetate 5 mg tab</i>	gen	
<i>norlyda 0.35 mg tab</i>	gen	
<i>norlyroc 0.35 mg tab</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>orquidea 0.35 mg tab</i>	gen	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	gen	
<i>sharobel 0.35 mg tab</i>	gen	
<i>tulana 0.35 mg tab</i>	gen	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHENA 60 MG TAB	npd	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl 60 mg tab</i>	gen	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	brd	EDC
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	brd	EDC
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	gen	
EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	brd	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	brd	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	gen	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	brd	

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

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

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline 0.5 mg tab</i>	gen	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	inj	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	spec	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	spec	
LUPRON DEPOT (4-MONTH) 30 MG KIT	spec	
LUPRON DEPOT (6-MONTH) 45 MG KIT	spec	
<i>mifepristone 300 mg tab</i>	spec	PA, LA, QL (4 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution, octreotide acetate 50 mcg/ml soln prsy, octreotide acetate 100 mcg/ml soln prsy)</i>	inj	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	spec	PA
ORGOVYX 120 MG TAB	spec	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	spec	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	spec	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	spec	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOGLOBULINS		
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	spec	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	spec	PA, LA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	spec	PA, LA
AURANOFIN 3 MG CAP	brd	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	spec	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 /ML SOLN PRSYR	spec	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	spec	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	spec	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	spec	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	spec	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	spec	PA
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	spec	PA, QL (55 PER 28 DAYS)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB TH	spec	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	spec	PA, QL (168 PER 365 DAYS)
RINVOQ LQ 1 MG/ML SOLUTION	spec	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 /0.83ML PREF SY KT	spec	PA, QL (6 PER 365 DAYS)
SKYRIZI 150 MG/ML SOLN PRSYR	spec	PA, QL (6 PER 365 DAYS)
SKYRIZI 180 MG/1.2ML SOLN CART	spec	PA, QL (1.2 PER 56 DAYS)
SKYRIZI 360 MG/2.4ML SOLN CART	spec	PA, QL (2.4 PER 56 DAYS)
SKYRIZI 600 MG/10ML SOLUTION	spec	PA, QL (30 PER 365 DAYS)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	spec	PA, QL (6 PER 365 DAYS)
STELARA 45 MG/0.5ML SOLUTION	spec	PA, QL (0.5 ML PER 28 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	spec	PA, QL (3.6 PER 28 DAYS)
USTEKINUMAB 45 MG/0.5ML SOLUTION	spec	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	npd	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	spec	PA, QL (1 ML PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	spec	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	spec	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	spec	PA, QL (1 PER 1 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	spec	PA, QL (8 PER 28 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	spec	PA, LA, QL (8 PER 28 DAYS)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	npd	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	spec	PA, QL (104 ML PER 365 DAYS)
YESINTEK 90 MG/ML SOLN PRSYR	spec	PA, QL (1 ML PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	spec	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	spec	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	spec	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	spec	PA, QL (4 PER 30 DAYS)
IMMUNOSUPPRESSANTS		
<i>azasan (75 mg tab, 100 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	inj	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>cyclosporine 50 mg/ml solution</i>	inj	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	gen	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	spec	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	spec	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	spec	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	spec	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	spec	PA, QL (8 PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	npd	PA - FOR NEW STARTS ONLY
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	gen	PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HADLIMA 40 MG/0.4ML SOLN PRSYR	spec	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	spec	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	spec	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	spec	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	gen	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	gen	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i>	gen	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	gen	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 500 mg recon soln</i>	inj	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	inj	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	gen	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	gen	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	npd	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	brd	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	spec	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	spec	PA, QL (3 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIMLANDI (1 SYRINGE) RINGE) 80 MG/0.8ML PREF KT	spec	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	spec	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	spec	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	spec	PA, QL (4 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	gen	PA - PART B VS D DETERMINATION
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	npd	
XATMEP 2.5 MG/ML SOLUTION	npd	PA - FOR NEW STARTS ONLY

VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	brd	VAC
ACTHIB RECONSOLN	brd	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	brd	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	brd	VAC
BCG VACCINE 50 MG RECON SOLN	brd	VAC
BEXSERO SUSPPRSYR	brd	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	brd	VAC
DAPTACEL 23-15-5SUSPENSION	brd	
DENGVAXIA RECONSUSP	inj	
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	brd	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	brd	PA - PART B VS D DETERMINATION, VAC
GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR)	brd	VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	brd	
HAVRIX 1440 EL U/ML SUSP PRSYR	brd	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	brd	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	brd	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	brd	VAC
INFANRIX 25-58-10SUSPENSION	brd	
IPOL SUSPENSION	brd	VAC
IXIARO SUSPENSION	inj	VAC
JYNNEOS 0.5 ML SUSPENSION	brd	VAC
KINRIX 0.5 ML SUSP PRSYR	brd	
M-M-R II RECONSOLN	brd	VAC
MENACTRA SOLUTION	brd	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	brd	VAC
MENVEO (RECON SOLN, SOLUTION)	brd	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	brd	VAC
PEDIARIX SUSPPRSYR	brd	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	brd	
PENMENVY RECONSUSP	brd	
PENTACEL RECONSUSP	brd	
PRIORIX RECONSUSP	brd	VAC
PROQUAD RECONSUSP	brd	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	brd	
RABAVERT RECONSUSP	brd	VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	brd	PA - PART B VS D DETERMINATION, VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROTARIX (RECON SUSP, SUSPENSION)	brd	
ROTATEQ SOLUTION	brd	
SHINGRIX 50 MCG/0.5ML RECON SUSP	brd	QL (2 PER 365 DAYS), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	brd	QL (1 ML PER 365 DAYS), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	brd	VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	brd	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	brd	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	brd	VAC
TRUMENBA SUSPPRSYR	brd	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	brd	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	inj	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	brd	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	brd	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	brd	VAC
VAXCHORA RECONSUSP	npd	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	inj	
VIVOTIF CAPDR	npd	
YF-VAX RECONSUSP	inj	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	gen	
DIPENTUM 250 MG CAP	npd	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	gen	
<i>mesalamine (mesalamine 400 mg cap dr, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr)</i>	gen	ST, QL (6 PER 1 DAYS)
<i>mesalamine 1.2 gm tab dr</i>	gen	QL (4 PER 1 DAYS)
<i>mesalamine er 0.375 gm cap 24h</i>	gen	QL (4 PER 1 DAYS)
<i>mesalamine er 500 mg cap</i>	gen	ST, QL (8 PER 1 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	gen	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	gen	QL (3 PER 1 DAYS)
<i>budesonide er 9 mg tab 24h</i>	gen	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 %	brd	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	gen	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab, alendronate sodium 70 mg/75ml solution, alendronate sodium 5 mg tab)</i>	gen	
<i>calcitonin (salmon) 200 unit/act solution</i>	gen	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	gen	
CALCITRIOL 1 MCG/ML SOLUTION	inj	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	gen	PA - PART B VS D DETERMINATION
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	gen	PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxercalciferol 4 mcg/2ml solution</i>	inj	PA - PART B VS D DETERMINATION
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	gen	EDC
<i>ibandronate sodium 150 mg tab</i>	gen	
<i>ibandronate sodium 3 mg/3ml solution</i>	inj	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	inj	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	gen	PA - PART B VS D DETERMINATION
<i>paricalcitol (2 mcg/ml, 5 mcg/ml)</i>	inj	PA - PART B VS D DETERMINATION
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	gen	
<i>teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)</i>	spec	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	spec	PA, QL (1.56 PER 28 DAYS)
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	gen	EDC
WYOST 120 MG/1.7ML SOLUTION	spec	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (zoledronic acid 4 mg/100ml solution, zoledronic acid 4 mg/5ml conc, zoledronic acid 5 mg/100ml solution)</i>	inj	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32GX4MMMISC	brd	
AEROCHAMBER HOLDING CHAMBER DEVICE	brd	EDC
AEROCHAMBER MINI CHAMBER DEVICE	brd	EDC
AEROCHAMBER MV MISC	brd	EDC
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	brd	EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	brd	EDC
AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC)	brd	EDC
AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC)	brd	EDC
AEROCHAMBER PLUS FLO-VU MISC	brd	EDC
AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC)	brd	EDC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	brd	EDC
AEROCHAMBER PLUS FLOW VU MISC	brd	EDC
AEROCHAMBER W/FLOWSIGNAL MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	brd	EDC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	brd	EDC
AEROCHAMBER2GO ANTI-STATIC DEVICE	brd	EDC
AEROVENT PLUS DEVICE	brd	EDC
ALCOHOL 70% PADS	gen	
ALCOHOL PREP PAD	gen	
ALCOHOL PREP PADS S 70 %	gen	
ALCOHOL SWABS 70 % PAD	gen	
ALCOHOL SWABSTICK PAD	gen	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARGYLE STERILE WATER SOLUTION	gen	
ASSURE ID DUO PRO PEN NEEDLES 31GX5MMMISC	brd	
ASSURE ID PRO PEN NEEDLES 30GX5MMMISC	brd	
AUM ALCOHOL PREP PADS S 70 %	gen	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	brd	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	brd	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	brd	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	brd	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	brd	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	brd	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	brd	
BIOGUARD GAUZE SPONGES 2"X2"PAD	gen	
BREATHE COMFORT CHAMBER/ADULT DEVICE	brd	EDC
BREATHE COMFORT CHAMBER/CHILD DEVICE	brd	EDC
BREATHE EASE LARGE DEVICE	brd	EDC
BREATHE EASE MEDIUM DEVICE	brd	EDC
BREATHE EASE SMALL DEVICE	brd	EDC
BREATHERITE VALVED MDI CHAMBER DEVICE	brd	EDC
CARETOUCH ALCOHOL PREP 70 % PAD	gen	
CLEVER CHOICE HOLDING CHAMBER DEVICE	brd	EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMFORT EZ INSULIN SYRINGE (27G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC)	brd	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	brd	
COMPACT SPACE CHAMBER DEVICE	brd	EDC
COMPACT SPACE CHAMBER/LG MASK DEVICE	brd	EDC
COMPACT SPACE CHAMBER/MED MASK DEVICE	brd	EDC
COMPACT SPACE CHAMBER/SM MASK DEVICE	brd	EDC
CVS ALCOHOL PREP PADS S 70 %	gen	
CVS ANTIBACTERIAL GAUZE 2"X2"PAD	gen	
DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
DROPLET MICRON 34GX3.5MMMISC	brd	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	brd	
DROPSAFE AUTOPROTECT DUO (4 MISC, 5 MISC, 8 MISC)	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
EASIVENT MASK LARGE MISC	brd	EDC
EASIVENT MASK MEDIUM MISC	brd	EDC
EASIVENT MASK SMALL MISC	brd	EDC
EASIVENT MISC	brd	EDC
EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 32G 5/16" 1 ML MISC)	brd	
EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC)	brd	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	brd	
EMBECTA AUTOSHIELD DUO 30GX5MMMISC	brd	
EMBECTA INS SYR U/F 1/2 UNIT (5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC)	brd	
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	brd	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" ML MISC	brd	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	brd	
EMBECTA INSULIN SYRINGE U/F (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
EMBECTA PEN NEEDLE NANO 2 GEN 3GX4MMMISC	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMBECTA PEN NEEDLE NANO 32GX4MMMISC	brd	
EMBECTA PEN NEEDLE U/F 29GX12.7MMMISC	brd	
EMBECTA PEN NEEDLE ULTRAFINE (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 6 MM MISC)	brd	
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	brd	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	brd	EDC
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	brd	EDC
FLEXICHAMBER DEVICE	brd	EDC
<i>gauze pads 2</i>	gen	
GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	brd	
GOODSENSE ALCOHOL SWABS 70 % PAD	gen	
INSPIREASE MISC	brd	EDC
INSULIN PEN NEEDLES	brd	
INSULIN PEN NEEDLES	brd	
INSULIN SYRINGE 0.3 ML	brd	
INSULIN SYRINGE 0.5 ML	brd	
INSULIN SYRINGE 1 ML	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
INSUPEN32G EXTR3ME 6MMMISC	brd	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	inj	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	gen	
<i>methergine 0.2 mg tab</i>	gen	
<i>methylergonovine maleate 0.2 mg tab</i>	gen	
MICROCHAMBER (DEVICE, MISC)	brd	EDC
MICROSPACER MISC	brd	EDC
NOVOFINE 32G X 6 MM MISC	brd	
NUTRILIPID 20 % EMULSION	inj	PA - PART B VS D DETERMINATION
OPTICHAMBER DIAMOND (DEVICE, MISC)	brd	EDC
OPTICHAMBER DIAMOND-LG MASK DEVICE	brd	EDC
OPTICHAMBER DIAMOND-MD MASK MISC	brd	EDC
OPTICHAMBER DIAMOND-SM MASK MISC	brd	EDC
OPVEE 2.7 MG/0.1ML SOLUTION	npd	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
PENBRAYA RECONSUSP	brd	VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POCKET CHAMBER DEVICE	brd	EDC
POCKET SPACER DEVICE	brd	EDC
PRO COMFORT ALCOHOL 70 % PAD	gen	
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
PRO COMFORT SPACER ADULT MISC	brd	EDC
PRO COMFORT SPACER CHILD MISC	brd	EDC
PRO COMFORT SPACER INFANT DEVICE	brd	EDC
PROCARE SPACER/ADULT MASK DEVICE	brd	EDC
PROCARE SPACER/CHILD MASK DEVICE	brd	EDC
PROCHAMBER VHC DEVICE	brd	EDC
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
PURE COMFORT SPACER CHAMBER DEVICE	brd	EDC
QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC)	brd	
<i>ringers irrigation (ringers irrigation solution, ringers irrigation solution)</i>	gen	
RITEFLO DEVICE	brd	EDC
SALINE BACTERIOSTATIC 0.9 % SOLUTION	inj	EDC
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SILIGENTLE FOAM DRESSING 2"X2"PAD	gen	
SMOFLIPID 20 % EMULSION	inj	PA - PART B VS D DETERMINATION
SODIUM CHLORIDE BACTERIOSTATIC 0.9 % SOLUTION	inj	EDC
<i>sterile water for irrigation (sterile water for irrigation solution, sterile water for irrigation solution)</i>	gen	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
TECHLITE PLUS PEN NEEDLES 32GX4MMMISC	brd	
<i>tis-u-sol solution</i>	gen	
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	brd	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
TRUE COMFORT PRO PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	brd	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	brd	
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	brd	
UNIFINE PENTIPS 32GX4MMMISC	brd	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	brd	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	brd	
VERIFINE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	brd	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	brd	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	brd	EDC
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	brd	EDC
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	brd	EDC
VORTEX VALVED HOLDING CHAMBER DEVICE	brd	EDC
VOWST CAP	spec	PA, LA, QL (12 PER 30 DAYS)
WEBCOL ALCOHOL PREP LARGE 70 % PAD	gen	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	gen	
<i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i>	gen	
<i>bacitra-neomycin-polymyxin-hc (bacitra-neomycin-polymyxin-hc 1 % ointment, bacitra-neomycin-polymyxin-hc 1 % ointment)</i>	gen	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	gen	
<i>dorzolamide hcl-timolol mal (dorzolamide hcl-timolol mal 2-0.5 % solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution)</i>	gen	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	gen	
HOMATROPAIRE 5 % SOLUTION	gen	EDC
<i>loteprednol-tobramycin 0.5-0.3 % suspension</i>	gen	
<i>neo-polycin 3.5-400-10000 ointment</i>	gen	
<i>neo-polycin hc 1 % ointment</i>	gen	
<i>neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)</i>	gen	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	gen	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	gen	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1SUSPENSION	gen	
<i>polycin 500-10000 unit/gm ointment</i>	gen	
<i>proparacaine hcl 0.5 % solution</i>	gen	
RESTASIS 0.05 % EMULSION	brd	QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	npd	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	gen	
TOBRADEX 0.3-0.1 % OINTMENT	brd	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XDEMVY 0.25 % SOLUTION	spec	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	brd	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	gen	
<i>bepotastine besilate 1.5 % solution</i>	gen	
<i>cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)</i>	gen	
<i>epinastine hcl 0.05 % solution</i>	gen	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	gen	
<i>erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)</i>	gen	
<i>gatifloxacin 0.5 % solution</i>	gen	QL (2.5 PER 30 DAYS)
GENTAK 0.3 % OINTMENT	gen	
<i>gentamicin sulfate 0.3 % solution</i>	gen	
LEVOFLOXACIN (LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 1.5 % SOLUTION)	gen	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	gen	
<i>moxifloxacin hcl 0.5 % solution</i>	gen	
NATACYN 5 % SUSPENSION	brd	
<i>ofloxacin 0.3 % solution</i>	gen	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	gen	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	gen	
<i>tobramycin 0.3 % solution</i>	gen	
TOBREX 0.3 % OINTMENT	brd	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIFLURIDINE 1 % SOLUTION	gen	
ZIRGAN 0.15 % GEL	npd	QL (5 PER 30 DAYS)
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	gen	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	gen	
<i>diclofenac sodium 0.1 % solution</i>	gen	
<i>difluprednate 0.05 % emulsion</i>	gen	
<i>fluorometholone 0.1 % suspension</i>	gen	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	gen	
FML 0.1 % OINTMENT	npd	
FML FORTE 0.25 % SUSPENSION	npd	
ILEVRO 0.3 % SUSPENSION	brd	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine (0.4 %, 0.5 %)</i>	gen	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	gen	
MAXIDEX 0.1 % SUSPENSION	npd	
<i>prednisolone acetate 1 % suspension</i>	gen	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	gen	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)</i>	gen	
BETOPTIC-S 0.25 % SUSPENSION	brd	
CARTEOLOL HCL 1 % SOLUTION	gen	
LEVOBUNOLOL HCL 0.5 % SOLUTION	gen	
<i>timolol hemihydrate 0.5 % solution</i>	gen	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate (once-daily) 0.5 % solution</i>	gen	
<i>timolol maleate ocudose 0.5 % solution</i>	gen	
<i>timolol maleate pf (0.25 %, 0.5 %)</i>	gen	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap 12h</i>	gen	
<i>apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)</i>	gen	
<i>brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)</i>	gen	
<i>brinzolamide 1 % suspension</i>	gen	
<i>dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)</i>	gen	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	gen	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	gen	
RHOPRESSA 0.02 % SOLUTION	brd	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	brd	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	gen	ST, QL (5 PER 30 DAYS)
<i>latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)</i>	gen	
LUMIGAN 0.01 % SOLUTION	brd	QL (5 ML PER 30 DAYS)
<i>tafluprost (pf) 0.0015 % solution</i>	gen	ST, QL (1 PER 1 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	gen	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	npd	
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	gen	
<i>ciprofloxacin hcl 0.2 % solution</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	gen	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	gen	QL (2 PER 1 DAYS)
<i>ciprofloxacin-hydrocortisone 0.2-1 % suspension</i>	npd	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	brd	
DERMOTIC 0.01 % OIL	brd	
<i>flac 0.01 % oil</i>	gen	
<i>fluocinolone acetonide 0.01 % oil</i>	gen	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	gen	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	gen	
<i>ofloxacin 0.3 % solution</i>	gen	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	brd	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	gen	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</i>	gen	
<i>cyproheptadine hcl 4 mg tab</i>	gen	PA
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	gen	ST
<i>desloratadine 5 mg tab</i>	gen	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	gen	PA
<i>hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)</i>	gen	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	gen	
<i>olopatadine hcl 0.6 % solution</i>	gen	QL (30.5 PER 30 DAYS)
<i>promethazine hcl (6.25 mg/5ml, 12.5 mg/10ml)</i>	gen	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	gen	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	brd	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	brd	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	gen	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	gen	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	gen	QL (45 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	brd	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap</i>	brd	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol 90mg hfa inhaler (generic proair)</i>	gen	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	gen	QL (13.4 PER 30 DAYS)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	gen	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	gen	
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	gen	PA - PART B VS D DETERMINATION
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	gen	QL (17 PER 30 DAYS)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	gen	PA - PART B VS D DETERMINATION
<i>epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>	gen	QL (24 PER 365 DAYS)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	gen	QL (24 PER 365 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	gen	PA - PART B VS D DETERMINATION
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>	gen	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	gen	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEREVENT DISKUS 50 MCG/ACT AER POW BA	brd	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	gen	
<i>terbutaline sulfate 1 mg/ml solution</i>	inj	
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	spec	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	spec	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>tobramycin 300 mg/4ml nebu soln</i>	spec	PA, QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	spec	PA, QL (280 PER 56 DAYS)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	spec	PA, LA, QL (3 PER 1 DAYS)
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	gen	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate 60 mg/3ml solution</i>	gen	
<i>elixophyllin 80 mg/15ml elixir</i>	gen	
<i>roflumilast 250 mcg tab</i>	gen	QL (28 PER 180 DAYS)
<i>roflumilast 500 mcg tab</i>	gen	QL (1 PER 1 DAYS)
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	brd	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	gen	
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i>	gen	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	spec	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	npd	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	spec	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	spec	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 32 mg tab sol</i>	spec	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	spec	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	gen	PA, QL (12 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	npd	PA, QL (2 PER 1 DAYS)
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	spec	PA, LA, QL (2 PER 1 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	spec	PA, LA, QL (200 PER 180 DAYS)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	spec	PA, QL (1 PER 21 DAYS)
PULMONARY FIBROSIS AGENTS		
OFEV (100 MG CAP, 150 MG CAP)	spec	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	spec	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	spec	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	spec	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 %, 20 %)</i>	gen	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	brd	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	brd	QL (60 PER 30 DAYS)
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	gen	QL (23 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>benzonatate (benzonatate 100 mg cap, benzonatate 150 mg cap, benzonatate 150 mg cap, benzonatate 200 mg cap)</i>	gen	EDC
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	brd	QL (60 PER 30 DAYS)
<i>breynga (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	brd	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	brd	QL (10.7 PER 30 DAYS)
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	gen	EDC
<i>budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	brd	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	brd	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	gen	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	gen	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	gen	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	gen	QL (1 PER 30 DAYS)
<i>g tussin ac 100-10 m/5ml solution</i>	gen	QL (420 PER 30 DAYS), NDS, EDC
<i>guaiaatussin ac 100-10 mg/5ml syrup</i>	gen	QL (420 PER 30 DAYS), NDS, EDC
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	gen	QL (420 PER 30 DAYS), NDS, EDC
<i>guaifenesin-codeine (100-10 mg/5ml, 200-20 mg/10ml)</i>	gen	QL (420 PER 30 DAYS), NDS, EDC
<i>hydrocod poli-chlorphe poli er (hydrocod poli-chlorphe poli er 10-8 mg/5ml susp, hydrocod poli-chlorphe poli er 10-8 mg/5ml susp)</i>	gen	QL (70 PER 30 DAYS), NDS, EDC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	gen	QL (42 PER 30 DAYS), NDS, EDC
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	gen	QL (210 PER 30 DAYS), NDS, EDC
<i>hydromet 5-1.5 mg/5ml solution</i>	gen	QL (210 PER 30 DAYS), NDS, EDC
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	gen	PA - PART B VS D DETERMINATION
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	gen	QL (420 PER 30 DAYS), NDS, EDC
<i>mometasone furoate 50 mcg/act suspension</i>	gen	QL (34 PER 30 DAYS)
NEBUSAL 3 % SOLN	gen	EDC
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	gen	PA
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	gen	PA, QL (240 PER 30 DAYS), NDS, EDC
<i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	gen	PA, QL (240 PER 30 DAYS), NDS, EDC
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	gen	PA, EDC
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i>	gen	PA, QL (240 PER 30 DAYS), NDS, EDC
<i>promethazine-phenylephrine (promethazine-phenylephrine 6.25-5 mg/5ml syrup, promethazine-phenylephrine 6.25-5 mg/5ml syrup)</i>	gen	PA
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	gen	EDC
PULMOSAL 7 % NEBU SOLN	gen	EDC
SODIUM CHLORIDE (3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	gen	EDC
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	brd	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	brd	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	gen	QL (60 PER 30 DAYS)
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 350 mg tab</i>	gen	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	gen	PA
<i>metaxalone (400 mg tab, 800 mg tab)</i>	gen	PA, QL (4 PER 1 DAYS)
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	gen	PA
<i>vanadom 350 mg tab</i>	gen	PA, QL (4 PER 1 DAYS)
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
<i>estazolam (1 mg tab, 2 mg tab)</i>	gen	QL (1 PER 1 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	gen	QL (1 PER 1 DAYS)
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	gen	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	spec	PA, QL (1 PER 1 DAYS)
<i>temazepam (22.5 mg cap, 30 mg cap)</i>	gen	QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>temazepam 7.5 mg cap</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	gen	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	gen	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	gen	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	gen	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	gen	QL (2 PER 1 DAYS)
<i>zolpidem tartrate er 12.5 mg tab</i>	gen	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolpidem tartrate er 6.25 mg tab</i>	gen	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	gen	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	gen	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	gen	PA, QL (2 PER 1 DAYS)
<i>sodium oxybate (sodium oxybate 500 mg/ml solution, sodium oxybate 500 mg/ml solution)</i>	spec	PA, LA, QL (540 PER 30 DAYS)

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

INDEX OF DRUGS

A

abacavir sulfate.....	53	AEROCHAMBER PLUS FLO-VU SMALL..	125
abacavir sulfate-lamivudine.....	54	AEROCHAMBER PLUS FLO-VU	
ABELCET.....	28	W/MASK.....	125
abigale.....	102	AEROCHAMBER PLUS FLOW VU.....	125
abigale lo.....	102	AEROCHAMBER W/FLOWSIGNAL.....	125
ABILIFY MAINTENA.....	48	AEROCHAMBER Z-STAT PLUS.....	125
abiraterone acetate.....	31,32	AEROCHAMBER Z-STAT PLUS CHAMBR.	125
abirtega.....	32	AEROCHAMBER Z-STAT PLUS/LARGE..	125
ABRYSVO.....	120	AEROCHAMBER Z-STAT PLUS/MEDIUM	125
acamprosate calcium.....	6	AEROCHAMBER Z-STAT PLUS/SMALL..	125
acarbose.....	58	AEROCHAMBER2GO ANTI-STATIC.....	125
accutane.....	82	AEROVENT PLUS.....	125
acebutolol hcl.....	68	afirmelle.....	102
acetaminophen-codeine.....	3	AIMOVIG.....	29
acetazolamide.....	71	ak-poly-bac.....	133
acetazolamide er.....	137	AKEEGA.....	33
acetic acid.....	137	ala-cort.....	83
acetylcysteine.....	142	albendazole.....	44
acitretin.....	82	Albuterol 90mg HFA inhaler (Generic	
ACTHIB.....	120	Proair).....	140
ACTIMMUNE.....	118	Albuterol 90mg HFA inhaler (Generic	
acyclovir.....	56,87	Proventil).....	140
acyclovir sodium.....	56	Albuterol 90mg HFA inhaler (Generic	
ADACEL.....	120	Ventolin).....	140
adapalene.....	82	albuterol sulfate.....	140
adefovir dipivoxil.....	52	albuterol sulfate hfa.....	140
ADEMPAS.....	142	alclometasone dipropionate.....	83
ADTHYZA.....	113	ALCOHOL 70% PADS.....	125
ADVAIR HFA.....	142	ALCOHOL PREP.....	125
ADVOCATE INSULIN PEN NEEDLE.....	124	ALCOHOL PREP PADS.....	125
AEROCHAMBER HOLDING CHAMBER..	124	ALCOHOL SWABS.....	125
AEROCHAMBER MINI CHAMBER.....	124	ALCOHOL SWABSTICK.....	125
AEROCHAMBER MV.....	124	alcohol wipes.....	86
AEROCHAMBER PLS FLOVU MTHPIECE.	124	ALDURAZYME.....	96
AEROCHAMBER PLUS FLO-VU.....	125	ALECENSA.....	34
AEROCHAMBER PLUS FLO-VU INTERM.	125	alendronate sodium.....	123
AEROCHAMBER PLUS FLO-VU LARGE..	125	alfuzosin hcl er.....	98
AEROCHAMBER PLUS FLO-VU		aliskiren fumarate.....	71
MEDIUM.....	125	allopurinol.....	29
		alosetron hcl.....	94
		alprazolam.....	57

alprazolam er.....	57	anastrozole.....	34
ALPRAZOLAM INTENSOL.....	57	ANORO ELLIPTA.....	142
alprazolam xr.....	57	ANUCORT-HC.....	83
altavera.....	102	ANUSOL-HC.....	83
ALUNBRIG.....	35	apomorphine hcl.....	46
alyacen 1/35.....	102	apraclonidine hcl.....	137
alyacen 7/7/7.....	103	aprepitant.....	27
alyq.....	142	apri.....	103
amabelz.....	103	APTIVUS.....	55
amantadine hcl.....	45	AQ INSULIN SYRINGE.....	125
ambrisentan.....	142	AQINJECT PEN NEEDLE.....	125
amethia.....	103	ARALAST NP.....	96
amethyst.....	103	ARANELLE.....	103
amikacin sulfate.....	7	ARANESP (ALBUMIN FREE).....	64,65
amiloride hcl.....	75	ARCALYST.....	116
amiloride-hydrochlorothiazide.....	71	AREXVY.....	120
amiodarone hcl.....	68	arformoterol tartrate.....	140
amitriptyline hcl.....	26	ARGYLE STERILE WATER.....	126
amlodipine besy-benazepril hcl.....	72	ARIKAYCE.....	7
amlodipine besylate.....	69	aripiprazole.....	48
amlodipine besylate-valsartan.....	72	armodafinil.....	146
amlodipine-atorvastatin.....	72	ARMOUR THYROID.....	113
amlodipine-olmesartan.....	72	ARNUITY ELLIPTA.....	138
amlodipine-valsartan-hctz.....	72	ascomp-codeine.....	3
ammonium lactate.....	83	asenapine maleate.....	48
amnesteem.....	82	ashlyna.....	103
amoxapine.....	26	ASMANEX (120 METERED DOSES).....	138
amoxicillin.....	12	ASMANEX (14 METERED DOSES).....	138
amoxicillin-pot clavulanate.....	12	ASMANEX (30 METERED DOSES).....	138
amoxicillin-pot clavulanate er.....	12	ASMANEX (60 METERED DOSES).....	138
amphetamine sulfate.....	77	ASMANEX HFA.....	138
amphetamine-dextroamphet er.....	78	aspirin-dipyridamole er.....	66
amphetamine-dextroamphetamine.....	78	ASSURE ID DUO PRO PEN NEEDLES.....	126
AMPHOTERICIN B.....	28	ASSURE ID PRO PEN NEEDLES.....	126
amphotericin b liposome.....	28	atazanavir sulfate.....	55
ampicillin.....	12	atenolol.....	68
ampicillin sodium.....	13	atenolol-chlorthalidone.....	72
ampicillin-sulbactam sodium.....	13	atomoxetine hcl.....	79
anagrelide hcl.....	64	atorvastatin calcium.....	75
ANALPRAM HC.....	86	atovaquone.....	44
ANALPRAM-HC.....	86	atovaquone-proguanil hcl.....	44

atropine sulfate.....	133	balziva.....	103
ATROVENT HFA.....	139	BAQSIMI ONE PACK.....	61
aubra.....	103	BAQSIMI TWO PACK.....	61
aubra eq.....	103	BARACLUDE.....	52
AUGMENTIN.....	13	BCG VACCINE.....	120
AUGTYRO.....	33	BD INSULIN SYRINGE.....	126
AUM ALCOHOL PREP PADS.....	126	BD Pen Needle Mini U/F 31G X 5 MM MISC.....	126
AUM INSULIN SAFETY PEN NEEDLE.....	126	BD Pen Needle Nano U/F 32G X 4 MM MISC.....	126
AURANOFIN.....	116	BD Pen Needle Original U/F 29G X 12.7MM MISC.....	126
aurovela 1.5/30.....	103	BD Pen Needle Short U/F 31G X 8 MM MISC.....	126
aurovela 1/20.....	103	benazepril hcl.....	67
aurovela 24 fe.....	103	benazepril-hydrochlorothiazide.....	72
aurovela fe 1.5/30.....	103	BENLYSTA.....	116
aurovela fe 1/20.....	103	BENZNIDAZOLE.....	44
AUVELITY.....	23	benzonatate.....	143
AVAR-E EMOLLIENT.....	86	benzoyl peroxide-erythromycin.....	82
avar-e green.....	86	benztropine mesylate.....	45
aviane.....	103	bepotastine besilate.....	135
avidoxy.....	16	BESIVANCE.....	15
AVMAPKI FAKZYNJA CO-PACK.....	34	BESREMI.....	118
ayuna.....	103	betaine.....	96
AYVAKIT.....	35	betamethasone dipropionate.....	83
azasan.....	118	betamethasone dipropionate aug.....	83
azathioprine.....	118	betamethasone valerate.....	83
AZATHIOPRINE SODIUM.....	118	BETASERON.....	81
azelaic acid.....	82	betaxolol hcl.....	69,136
azelastine hcl.....	135,139	bethanechol chloride.....	98
azelastine-fluticasone.....	142	BETOPTIC-S.....	136
azithromycin.....	14	bexarotene.....	44
aztreonam.....	8	BEXSERO.....	120
azurette.....	103	bicalutamide.....	32
B		BICILLIN C-R.....	13
bac (butalbital-acetamin-caff).....	80	BICILLIN C-R 900/300.....	13
bacitra-neomycin-polymyxin-hc.....	133	BICILLIN L-A.....	13
BACITRACIN.....	135	BIKTARVY.....	52
BACITRACIN-POLYMYXIN B.....	133	bimatoprost.....	137
baclofen.....	51	BIOGUARD GAUZE SPONGES.....	126
balsalazide disodium.....	122		
BALVERSA.....	35		

bisoprolol fumarate	69
bisoprolol-hydrochlorothiazide	72
blisovi 24 fe	103
blisovi fe 1.5/30	103
blisovi fe 1/20	103
BOOSTRIX	120
bosentan	142
BOSULIF	35
BRAFTOVI	35
BREATHE COMFORT CHAMBER/ADULT	126
BREATHE COMFORT CHAMBER/CHILD	126
BREATHE EASE LARGE	126
BREATHE EASE MEDIUM	126
BREATHE EASE SMALL	126
BREATHERITE VALVED MDI CHAMBER	126
BREO ELLIPTA	143
breyna	143
BREZTRI AEROSPHERE	143
briellyn	103
brimonidine tartrate	137
brimonidine tartrate-timolol	134
brinzolamide	137
brivaracetam	17
BRIVIACT	17
bromfed dm	143
bromfenac sodium (once-daily)	136
bromocriptine mesylate	46
BRUKINSA	35
budesonide	123,138
budesonide er	123
budesonide-formoterol fumarate	143
bumetanide	74
buprenorphine	2
buprenorphine hcl	6
buprenorphine hcl-naloxone hcl	6
bupropion hcl	23
bupropion hcl er (smoking det)	7
bupropion hcl er (sr)	23
bupropion hcl er (xl)	23
buspironone hcl	57
butalbital-acetaminophen	80

butalbital-apap-caff-cod	3
butalbital-apap-caffeine	80
butalbital-asa-caff-codeine	3
butalbital-aspirin-caffeine	1
butorphanol tartrate	3

C

CABENUVA	54
cabergoline	114
CABOMETYX	35
caffeine citrate	141
calcipotriene	86
calcipotriene-betameth diprop	86
calcitonin (salmon)	123
calcitrene	86
CALCITRIOL	86,123
calcitriol	123
calcium acetate (phos binder)	92
CALQUENCE	35
camila	112
camrese	103
camrese lo	103
candesartan cilexetil	67
candesartan cilexetil-hctz	72
CAPLYTA	48
CAPRELSA	35
captopril	67
CAPTOPRIL-HYDROCHLOROTHIAZIDE	72
carbamazepine	21
carbamazepine er	21
carbidopa	46
carbidopa-levodopa	46
carbidopa-levodopa er	46
carbidopa-levodopa-entacapone	46
CARETOUCH ALCOHOL PREP	126
carglumic acid	96
carisoprodol	145
CARTEOLOL HCL	136
cartia xt	70
carvedilol	69
carvedilol phosphate er	69

cataflam.....	1	cinacalcet hcl.....	123
CAYSTON.....	8	ciprofloxacin.....	15
caziant.....	103	ciprofloxacin hcl.....	15,137
CEFACLOR.....	10	ciprofloxacin in d5w.....	15
CEFACLOR ER.....	10	ciprofloxacin-dexamethasone.....	138
cefadroxil.....	10	CIPROFLOXACIN-FLUOCINOLONE PF.....	138
cefazolin sodium.....	10	ciprofloxacin-hydrocortisone.....	138
cefdinir.....	10	citalopram hydrobromide.....	24
CEFEPIME HCL.....	11	claravis.....	82
cefixime.....	11	clarithromycin.....	14
cefotetan disodium.....	11	clarithromycin er.....	14
cefoxitin sodium.....	11	CLEOCIN.....	8
CEFPODOXIME PROXETIL.....	11	CLEVER CHOICE HOLDING CHAMBER.....	126
cefprozil.....	11	CLIMARA PRO.....	104
ceftaroline fosamil.....	11	clindacin.....	88
CEFTAZIDIME.....	11	clindacin etz.....	88
ceftriaxone sodium.....	11	clindacin-p.....	88
cefuroxime axetil.....	11	clindamycin hcl.....	8
cefuroxime sodium.....	11	clindamycin palmitate hcl.....	8
celecoxib.....	1	clindamycin phos (once-daily).....	88
cephalexin.....	12	clindamycin phos (twice-daily).....	88
cetirizine hcl.....	139	clindamycin phos-benzoyl perox.....	82
cevimeline hcl.....	82	clindamycin phosphate.....	8,88
charlotte 24 fe.....	103	clindamycin phosphate in d5w.....	8
chateal.....	103	CLINDAMYCIN PHOSPHATE IN NAACL.....	8
chateal eq.....	104	CLINDESSE.....	8
CHEMET.....	92	clobazam.....	19
chlordiazepoxide-clidinium.....	94	clobetasol prop emollient base.....	83
chlorhexidine gluconate.....	82	clobetasol propionate.....	84
chloroquine phosphate.....	44	clobetasol propionate e.....	84
chlorpromazine hcl.....	47	clodan.....	84
chlorthalidone.....	75	clomipramine hcl.....	26
cholestyramine.....	76	clonazepam.....	57
cholestyramine light.....	76	clonidine.....	66
ciclodan.....	87	clonidine hcl.....	66
ciclopirox.....	88	clonidine hcl er.....	79
ciclopirox olamine.....	88	clopidogrel bisulfate.....	66
cilostazol.....	66	clorazepate dipotassium.....	57
CILOXAN.....	15	clotrimazole.....	28
CIMDUO.....	54	clotrimazole-betamethasone.....	86
cimetidine.....	95	clozapine.....	51

COARTEM.....	45	CVS ALCOHOL PREP PADS.....	127
COBENFY.....	51	CVS ANTIBACTERIAL GAUZE.....	127
COBENFY STARTER PACK.....	51	cvs isopropyl alcohol wipes.....	86
codeine sulfate.....	4	cyanocobalamin.....	93
CODEINE SULFATE.....	4	cyclobenzaprine hcl.....	145
colchicine.....	29	CYCLOPHOSPHAMIDE.....	31
colchicine-probenecid.....	29	cyclosporine.....	118
colesevelam hcl.....	76	cyclosporine modified.....	118
colestipol hcl.....	76	cyproheptadine hcl.....	139
colistimethate sodium (cba).....	8	cyred.....	104
COMBIVENT RESPIMAT.....	143	cyred eq.....	104
COMETRIQ (100 MG DAILY DOSE).....	35	CYSTAGON.....	97
COMETRIQ (140 MG DAILY DOSE).....	36	CYTRA K CRYSTALS.....	98
COMETRIQ (60 MG DAILY DOSE).....	36		
COMFORT EZ INSULIN SYRINGE.....	127	D	
COMFORT EZ PRO PEN NEEDLES.....	127	dabigatran etexilate mesylate.....	63
COMPACT SPACE CHAMBER.....	127	dalfampridine er.....	81
COMPACT SPACE CHAMBER/LG MASK.....	127	danazol.....	102
COMPACT SPACE CHAMBER/MED		dantrolene sodium.....	51
MASK.....	127	dapagliflozin.....	77
COMPACT SPACE CHAMBER/SM MASK.....	127	dapsone.....	31,88
compro.....	26	DAPTACEL.....	120
constulose.....	93	daptomycin.....	8
COPIKTRA.....	36	darifenacin hydrobromide er.....	97
CORLANOR.....	72	darunavir.....	55
CORTIFOAM.....	123	dasatinib.....	36
CORTISONE ACETATE.....	99	dasetta 1/35.....	104
CORTISPORIN-TC.....	138	dasetta 7/7/7.....	104
COSENTYX.....	116	DAURISMO.....	36
COSENTYX (300 MG DOSE).....	116	daysee.....	104
COSENTYX SENSOREADY (300 MG).....	116	deblitane.....	112
COSENTYX SENSOREADY PEN.....	116	deferasirox.....	92
COSENTYX UNOREADY.....	116	DELSTRIGO.....	53
COTELLIC.....	36	delyla.....	104
COVARYX.....	104	demeclocycline hcl.....	16
COVARYX HS.....	104	DENGVAXIA.....	120
CREON.....	96	DEPO-ESTRADIOL.....	104
CRESEMBA.....	28	DEPO-SUBQ PROVERA 104.....	112
cromolyn sodium.....	95,135,141	depo-testosterone.....	102
cryselle.....	104	DERMOTIC.....	138
cryselle-28.....	104	DESCOVY.....	54

desipramine hcl.....	26	digoxin.....	68
DESLORATADINE.....	139	dihydroergotamine mesylate.....	30
desloratadine.....	139	DILANTIN.....	21
desmopressin ace spray refrig.....	101	DILANTIN INFATABS.....	21
desmopressin acetate.....	101	DILANTIN-125.....	21
desmopressin acetate pf.....	101	dilt-xr.....	70
desmopressin acetate spray.....	101	diltiazem hcl.....	70
desogestrel-ethinyl estradiol.....	104	DILTIAZEM HCL 120 MG EXTENDED RELEASE 24HR CAPSULE.....	70
desonide.....	84	DILTIAZEM HCL 180 MG EXTENDED RELEASE 24HR CAPSULE.....	70
desoximetasone.....	84	DILTIAZEM HCL 240 MG EXTENDED RELEASE 24HR CAPSULE.....	70
desvenlafaxine succinate er.....	24	DILTIAZEM HCL 300 MG EXTENDED RELEASE 24HR CAPSULE.....	70
dexamethasone.....	100	DILTIAZEM HCL 360 MG EXTENDED RELEASE 24HR CAPSULE.....	70
DEXAMETHASONE INTENSOL.....	100	diltiazem hcl er.....	71
DEXAMETHASONE SOD PHOS +RFID... ..	100	diltiazem hcl er beads.....	71
dexamethasone sod phosphate pf.....	100	dimethyl fumarate.....	81
DEXAMETHASONE SODIUM PHOSPHATE.....	100,136	dimethyl fumarate starter pack.....	81
dexmethylphenidate hcl.....	79	DIPENTUM.....	122
dexmethylphenidate hcl er.....	79	DIPHENOXYLATE-ATROPINE.....	94
dextroamphetamine sulfate.....	78	DIPHThERIA-TETANUS TOXOIDS DT... ..	120
dextroamphetamine sulfate er.....	78	dipyridamole.....	66
dextrose.....	88	DISKETS.....	2
dextrose in lactated ringers.....	88	disopyramide phosphate.....	68
DEXTROSE-NACL.....	88	disulfiram.....	6
dextrose-sodium chloride.....	89	divalproex sodium.....	17
DIACOMIT.....	17	divalproex sodium er.....	17
diazepam.....	19,58	dodex.....	93
diazepam intensol.....	58	dofetilide.....	68
diazoxide.....	61	dolishale.....	104
diclofenac potassium.....	1	donepezil hcl.....	22
diclofenac sodium.....	1,136	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG.....	22
diclofenac sodium er.....	1	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG.....	23
diclofenac-misoprostol.....	1	dorzolamide hcl.....	137
dicloxacillin sodium.....	13	dorzolamide hcl-timolol mal.....	134
dicyclomine hcl.....	94	dorzolamide hcl-timolol mal pf.....	134
DIFICID.....	14		
DIFLORASONE DIACETATE.....	84		
diflunisal.....	1		
difluprednate.....	136		
digitek.....	68		
digox.....	68		

dotti	104	EEMT HS	104
DOVATO	52	EFAVIRENZ	53
doxazosin mesylate	66	efavirenz	53
doxepin hcl	26	efavirenz-emtricitab-tenofo df	53
doxercalciferol	123,124	efavirenz-lamivudine-tenofovir	53
doxy 100	16	EFFER-K	89
doxycycline	16	ELAPRASE	97
doxycycline hyclate	16	elinest	104
doxycycline monohydrate	16	ELIQUIS	63
doxylamine-pyridoxine	26	ELIQUIS (1.5 MG PACK)	63
DRIZALMA SPRINKLE	81	ELIQUIS (2 MG PACK)	63
dronabinol	27	ELIQUIS DVT/PE STARTER PACK	63
DROPLET INSULIN SYRINGE	127	elixophyllin	141
DROPLET MICRON	127	ELMIRON	98
DROPLET PEN NEEDLES	127	eltrombopag olamine	65
DROPSAFE AUTOPROTECT DUO	127	eluryng	104
DROPSAFE SAFETY SYRINGE/NEEDLE	128	EMBECTA AUTOSHIELD DUO	128
drosipren-eth estrad-levomefol	104	EMBECTA INS SYR U/F 1/2 UNIT	128
drosiprenone-ethinyl estradiol	104	EMBECTA INSULIN SYRINGE	128
DROXIA	97	EMBECTA INSULIN SYRINGE U-100	128
droxidopa	66	EMBECTA INSULIN SYRINGE U-500	128
duloxetine hcl	81	EMBECTA INSULIN SYRINGE U/F	128
DUPIXENT	116	EMBECTA PEN NEEDLE NANO	129
dutasteride	98	EMBECTA PEN NEEDLE NANO 2 GEN	128
dutasteride-tamsulosin hcl	98	EMBECTA PEN NEEDLE U/F	129
		EMBECTA PEN NEEDLE ULTRAFINE	129
E		EMBRACE PEN NEEDLES	129
e.e.s. 400	14	EMGALITY	29
EASIVENT	128	EMGALITY (300 MG DOSE)	30
EASIVENT MASK LARGE	128	emoquette	104
EASIVENT MASK MEDIUM	128	EMSAM	24
EASIVENT MASK SMALL	128	emtricitab-rilpivir-tenofov df	53
EASY COMFORT INSULIN SYRINGE	128	emtricitabine	54
EASY COMFORT PEN NEEDLES	128	emtricitabine-tenofovir df	54
EASY TOUCH INSULIN BARRELS	128	EMTRIVA	54
ec-naproxen	1	emzahh	112
econazole nitrate	28	enalapril maleate	67
ed-spaz	94	enalapril-hydrochlorothiazide	72
EDURANT	53	ENBREL	118
EDURANT PED	53	ENBREL MINI	118
EEMT	104	ENBREL SURECLICK	118

endocet.....	4	erythromycin lactobionate.....	15
ENGERIX-B.....	120	ERZOFRI.....	48
enilloring.....	104	escitalopram oxalate.....	24
enoxaparin sodium.....	63	esgic.....	80
enpresse-28.....	105	eslicarbazepine acetate.....	21
ENSACOVE.....	34	esomeprazole magnesium.....	96
enskyce.....	105	est estrogens-methyltest.....	105
entacapone.....	46	est estrogens-methyltest ds.....	105
entecavir.....	52	est estrogens-methyltest hs.....	105
ENTRESTO.....	72	estarylla.....	105
enulose.....	93	estazolam.....	145
ENVARUSUS XR.....	118	estradiol.....	105
EPIDIOLEX.....	17	estradiol valerate.....	105
EPIFOAM.....	86	estradiol-norethindrone acet.....	105
epinastine hcl.....	135	estratest f.s.....	105
epinephrine.....	140	ESTRATEST H.S.....	105
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK).....	140	ESTRING.....	105
epitol.....	21	estrogens conjugated.....	105
EPIVIR HBV.....	52	eszopiclone.....	145
eplerenone.....	75	ethambutol hcl.....	31
EQ SPACE CHAMBER ANTI-STATIC.....	129	ethosuximide.....	19
EQ SPACE CHAMBER ANTI-STATIC L.....	129	ethynodiol diac-eth estradiol.....	106
EQ SPACE CHAMBER ANTI-STATIC M.....	129	etodolac.....	1
EQ SPACE CHAMBER ANTI-STATIC S.....	129	etodolac er.....	1
EQUETRO.....	58	etonogestrel-ethinyl estradiol.....	106
ergocalciferol.....	124	etravirine.....	53
ERGOLOID MESYLATES.....	22	EUCRISA.....	84
ERGOTAMINE-CAFFEINE.....	30	EULEXIN.....	32
ERIVEDGE.....	36	euthyrox.....	113
ERLEADA.....	32	everolimus.....	36,118
erlotinib hcl.....	36	EVEXITHROID.....	113
errin.....	112	EVOTAZ.....	55
ertapenem sodium.....	14	exemestane.....	34
ERY.....	88	EXXUA.....	23
ery-tab.....	15	EXXUA TITRATION PACK.....	24
erythrocin lactobionate.....	15	ezetimibe.....	76
ERYTHROCIN STEARATE.....	15	ezetimibe-simvastatin.....	76
erythromycin.....	15,88,135		
erythromycin base.....	15		
erythromycin ethylsuccinate.....	15		
		F	
		falmina.....	106
		famciclovir.....	56

famotidine.....	95	fluocinonide.....	84
FANAPT.....	48	fluocinonide emulsified base.....	84
FANAPT TITRATION PACK A.....	48	fluorometholone.....	136
FANAPT TITRATION PACK B.....	49	fluorouracil.....	86
FANAPT TITRATION PACK C.....	49	fluoxetine hcl.....	25
FARXIGA.....	77	FLUOXETINE HCL.....	25
fayosim.....	106	FLUOXETINE HCL (PMDD).....	25
febuxostat.....	29	fluphenazine decanoate.....	47
feirza 1.5/30.....	106	FLUPHENAZINE HCL.....	47
feirza 1/20.....	106	FLURAZEPAM HCL.....	145
felbamate.....	17	FLURBIPROFEN.....	1
felodipine er.....	69	FLURBIPROFEN SODIUM.....	136
femynor.....	106	FLUTAMIDE.....	32
fenofibrate.....	75	fluticasone propionate.....	84,143
fenofibrate micronized.....	75	fluticasone-salmeterol.....	143
fenofibric acid.....	75	FLUTICASONE-SALMETEROL.....	143
fentanyl.....	2	fluvastatin sodium.....	75
fesoterodine fumarate er.....	97	fluvastatin sodium er.....	75
FETZIMA.....	24	fluvoxamine maleate.....	25
FETZIMA TITRATION.....	24	fluvoxamine maleate er.....	25
FIASP.....	61	FML.....	136
FIASP FLEXTOUCH.....	61	FML FORTE.....	136
FIASP PENFILL.....	61	folic acid.....	93
FIASP PUMPCART.....	61	fondaparinux sodium.....	63,64
fidaxomicin.....	15	formoterol fumarate.....	140
finasteride.....	98	fosamprenavir calcium.....	55
fingolimod hcl.....	81	fosfomycin tromethamine.....	8
FINTEPLA.....	17	fosinopril sodium.....	67
finzala.....	106	fosinopril sodium-hctz.....	72
flac.....	138	FOTIVDA.....	36
flavoxate hcl.....	97	FRUZAQLA.....	33
flecainide acetate.....	68	FULPHILA.....	65
FLEXICHAMBER.....	129	fulvestrant.....	33
fluconazole.....	28	furosemide.....	74
fluconazole in sodium chloride.....	28	fyavolv.....	106
flucytosine.....	28		
fludrocortisone acetate.....	100	G	
flunisolide.....	143	g tussin ac.....	143
fluocinolone acetonide.....	84,138	gabapentin.....	19
fluocinolone acetonide body.....	84	galantamine hydrobromide.....	23
fluocinolone acetonide scalp.....	84	galantamine hydrobromide er.....	23

galbriela	106
gallifrey	112
GAMUNEX-C	116
GARDASIL 9	120
gatifloxacin	135
GAUZE PADS 2	129
GAVILYTE-C	95
gavilyte-g	95
gavilyte-n with flavor pack	93
GAVRETO	36
gefitinib	36
gemfibrozil	75
gemmily	106
GEMTESA	97
generlac	93
gengraf	118
GENTAK	135
gentamicin sulfate	7,135
GENVOYA	52
GILOTRIF	36
glatiramer acetate	81,82
glatopa	82
glimepiride	58
glipizide	58
glipizide er	59
glipizide xl	59
glipizide-metformin hcl	59
GLUCAGEN HYPOKIT	61
GLUCAGON EMERGENCY	61
glyburide	59
GLYBURIDE MICRONIZED	59
glyburide-metformin	59
glycopyrrolate	94
GLYXAMBI	59
GNP PEN NEEDLES	129
GOMEKLI	37
GOODSENSE ALCOHOL SWABS	129
granisetron hcl	27
griseofulvin microsize	28
griseofulvin ultramicrosize	28
guaiaatussin ac	143

guaifenesin ac	143
guaifenesin-codeine	143
guanfacine hcl	66
guanfacine hcl er	79
GYNAZOLE-1	28

H

HADLIMA	119
HADLIMA PUSH TOUCH	119
HAEGARDA	115
hailey 1.5/30	106
hailey 24 fe	106
hailey fe 1.5/30	106
hailey fe 1/20	106
halobetasol propionate	84
haloette	106
haloperidol	47
haloperidol decanoate	47
haloperidol lactate	47
HAVRIX	121
heather	112
HEMMOREX-HC	84
heparin sodium (porcine)	64
heparin sodium (porcine) pf	64
HEPLISAV-B	121
HERNEXEOS	37
HIBERIX	121
HIZENTRA	116
HOMATROPAIRE	134
HUMALOG	61
HUMALOG JUNIOR KWIKPEN	61
HUMALOG KWIKPEN	61
HUMALOG MIX 50/50 KWIKPEN	61
HUMALOG MIX 75/25	61
HUMALOG MIX 75/25 KWIKPEN	61
HUMULIN 70/30	61
HUMULIN 70/30 KWIKPEN	61
HUMULIN N	62
HUMULIN N KWIKPEN	62
HUMULIN R	62
HUMULIN R U-500 (CONCENTRATED)	62

ipratropium-albuterol	144
irbesartan	67
irbesartan-hydrochlorothiazide	73
ISENTRESS	52
ISENTRESS HD	52
isibloom	106
isoniazid	31
isopropyl alcohol	86
isopropyl alcohol wipes	86
isosorb dinitrate-hydralazine	73
isosorbide dinitrate	77
isosorbide mononitrate	77
isosorbide mononitrate er	77
isotretinoin	82
isradipine	70
ITOVEBI	38
itraconazole	28
ivabradine hcl	73
ivermectin	44
IWILFIN	33
IXIARO	121

J

jaimiess	106
JAKAFI	38
jantoven	64
JANUMET	59
JANUMET XR	59
JANUVIA	59
JARDIANCE	77
jasmiel	106
JAYPIRCA	38
jencycla	112
JENTADUETO	59
JENTADUETO XR	59
jinteli	106
jolessa	106
joyeaux	106
JUBBONTI	124
juleber	106
JULUCA	52

junel 1.5/30	106
junel 1/20	106
junel fe 1.5/30	106
junel fe 1/20	106
junel fe 24	107
JYNNEOS	121

K

k-prime	89
kaitlib fe	107
KALETRA	55
kalliga	107
KALYDECO	141
kariva	107
kcl in dextrose-nacl	89
KCL-LACTATED RINGERS-D5W	89
kelnor 1/35	107
kelnor 1/50	107
KERENDIA	59
ketoconazole	28
ketorolac tromethamine	136
KINRIX	121
kionex	92
KISQALI (200 MG DOSE)	38
KISQALI (400 MG DOSE)	38
KISQALI (600 MG DOSE)	38
KISQALI FEMARA (200 MG DOSE)	38
KISQALI FEMARA (400 MG DOSE)	38
KISQALI FEMARA (600 MG DOSE)	38
klayesta	28
klor-con	89
klor-con 10	89
klor-con m10	89
klor-con m15	89
klor-con m20	89
klor-con/ef	89
KLOXXADO	6
KOSELUGO	38
kourzeq	82
KRAZATI	38
kurvelo	107

L

l-glutamine	97	lessina	107
labetalol hcl	69	letrozole	34
lacosamide	21	leucovorin calcium	33,34
lactated ringers	90,130	LEUKERAN	31
lactulose	93	leuprolide acetate	114
lactulose encephalopathy	93	levalbuterol hcl	140
LAGEVRIO	56	LEVALBUTEROL TARTRATE	140
lamivudine	52,54	levetiracetam	18
lamivudine-zidovudine	54	levetiracetam er	18
lamotrigine	17	levo-t	113
lamotrigine er	17,18	LEVOBUNOLOL HCL	136
lamotrigine starter kit-blue	18	levocarnitine	97
lamotrigine starter kit-green	18	levocarnitine sf	97
lamotrigine starter kit-orange	18	levocetirizine dihydrochloride	139
lansoprazole	96	levofloxacin	15
LANTUS	62	LEVOFLOXACIN	15,135
LANTUS SOLOSTAR	62	levofloxacin in d5w	15
lapatinib ditosylate	38	levonest	107
larin 1.5/30	107	levonorg-eth estrad triphasic	107
larin 1/20	107	levonorgest-eth est & eth est	107
larin 24 fe	107	levonorgest-eth estrad 91-day	107
larin fe 1.5/30	107	levonorgest-eth estradiol-iron	107
larin fe 1/20	107	levonorgestrel-ethinyl estrad	107
larissia	107	levora 0.15/30 (28)	107
latanoprost	137	levothyroxine sodium	113
layolis fe	107	levoxyl	113
LAZCLUZE	34	LEXIVA	55
LEDERLE LEUCOVORIN	33	lidocaine	6
leena	107	lidocaine hcl	6
leflunomide	119	LIDOCAINE HCL	6
lenalidomide	32	lidocaine viscous hcl	6
LENVIMA (10 MG DAILY DOSE)	38	lidocaine-prilocaine	6
LENVIMA (12 MG DAILY DOSE)	38	lidocan	6
LENVIMA (14 MG DAILY DOSE)	39	LILETTA (52 MG)	112
LENVIMA (18 MG DAILY DOSE)	39	lillow	107
LENVIMA (20 MG DAILY DOSE)	39	lincomycin hcl	8
LENVIMA (24 MG DAILY DOSE)	39	linezolid	9
LENVIMA (4 MG DAILY DOSE)	39	LINEZOLID IN SODIUM CHLORIDE	9
LENVIMA (8 MG DAILY DOSE)	39	LINZESS	93
		liothyronine sodium	114
		lisdexamfetamine dimesylate	78

lisinopril	67	lyllana	108
lisinopril-hydrochlorothiazide	73	LYNPARZA	39
lithium	58	LYSODREN	34
lithium carbonate	58	LYTGOBI (12 MG DAILY DOSE)	39
lithium carbonate er	58	LYTGOBI (16 MG DAILY DOSE)	39
LIVTENCITY	51	LYTGOBI (20 MG DAILY DOSE)	39
lo-zumandimine	107	lyza	112
loestrin 1.5/30 (21)	108	M	
loestrin 1/20 (21)	108	M-M-R II	121
loestrin fe 1.5/30	108	mafenide acetate	88
loestrin fe 1/20	108	magnesium sulfate	90
lojaimiess	108	malathion	87
LOKELMA	92	maraviroc	55
lomustine	31	marlissa	108
LONSURF	34	MARPLAN	24
loperamide hcl	94	MATULANE	31
lopinavir-ritonavir	55	matzim la	71
lorazepam	58	MAVYRET	52
lorazepam intensol	58	maxi-tuss ac	144
LORBRENA	39	MAXIDEX	136
loryna	108	meclizine hcl	26
losartan potassium	67	medpura alcohol pads	86
losartan potassium-hctz	73	MEDROL	100
loteprednol etabonate	136	medroxyprogesterone acetate	112
loteprednol-tobramycin	134	mefloquine hcl	45
lovastatin	75	megestrol acetate	112
low-ogestrel	108	MEKINIST	39
loxapine succinate	47	MEKTOVI	39
lubiprostone	93	meleya	112
luizza 1.5/30	108	meloxicam	2
luizza 1/20	108	MELPHALAN	31
LULICONAZOLE	28	memantine hcl	23
LUMAKRAS	39	memantine hcl er	23
LUMIGAN	137	memantine hcl-donepezil hcl	22
LUPRON DEPOT (1-MONTH)	114	memantine hcl-donepezil hcl er	22
LUPRON DEPOT (3-MONTH)	114	MENACTRA	121
LUPRON DEPOT (4-MONTH)	114	MENEST	108
LUPRON DEPOT (6-MONTH)	114	MENQUADFI	121
lurasidone hcl	49	MENVEO	121
lutra	108	MEPHYTON	65
lyleq	112		

meprobamate.....	57	metoprolol succinate er.....	69
mercaptapurine.....	33	metoprolol tartrate.....	69
meropenem.....	14	metoprolol-hydrochlorothiazide.....	73
MEROPENEM-SODIUM CHLORIDE.....	14	metronidazole.....	9
merzee.....	108	metyrosine.....	73
mesalamine.....	123	mexiletine hcl.....	68
mesalamine er.....	123	mibelas 24 fe.....	108
mesna.....	44	micafungin sodium.....	28
metaxalone.....	145	MICONAZOLE 3.....	29
metformin hcl.....	59	MICROCHAMBER.....	130
metformin hcl er.....	59	microgestin 1.5/30.....	108
methadone hcl.....	2,3	microgestin 1/20.....	108
methadone hcl intensol.....	3	microgestin 24 fe.....	108
methadose.....	3	microgestin fe 1.5/30.....	108
methazolamide.....	137	microgestin fe 1/20.....	108
methenamine hippurate.....	9	MICROSPACER.....	130
methergine.....	130	midodrine hcl.....	66
methimazole.....	115	mifepristone.....	114
methocarbamol.....	145	MIGERGOT.....	30
METHOTREXATE SODIUM.....	119	miglitol.....	59
methotrexate sodium.....	119	mili.....	108
methotrexate sodium (pf).....	119	mimvey.....	108
METHOXSALLEN RAPID.....	86	minocycline hcl.....	16
methscopolamine bromide.....	95	minoxidil.....	77
methsuximide.....	19	minzoya.....	108
METHYLDOPA.....	66	mirtazapine.....	24
methylergonovine maleate.....	130	misoprostol.....	96
methylphenidate hcl.....	79	modafinil.....	146
METHYLPHENIDATE HCL ER.....	80	MODEYSO.....	34
methylphenidate hcl er.....	80	moexipril hcl.....	67
methylphenidate hcl er (cd).....	79	MOLINDONE HCL.....	47
methylphenidate hcl er (la).....	79	mometasone furoate.....	85,144
methylphenidate hcl er (osm).....	80	mondoxyne nl.....	17
methylphenidate hcl er(diffus).....	80	mono-linyah.....	108
methylprednisolone.....	100	montelukast sodium.....	139
methylprednisolone acetate.....	100	MORPHINE SULFATE.....	4
methylprednisolone sodium succ.....	100	morphine sulfate.....	5
methyltestosterone.....	102	morphine sulfate (concentrate).....	5
metoclopramide hcl.....	26,27	morphine sulfate er.....	3
METOCLOPRAMIDE HCL.....	27	MOUNJARO.....	60
metolazone.....	75	MOVANTIK.....	93

moxifloxacin hcl.....	16,135	neo-polycin.....	134
MOXIFLOXACIN HCL.....	16	neo-polycin hc.....	134
MOXIFLOXACIN HCL (2X DAY).....	135	neomycin sulfate.....	7
MOXIFLOXACIN HCL IN NAACL.....	16	neomycin-bacitracin zn-polymyx.....	134
MRESVIA.....	121	neomycin-polymyxin-dexameth.....	134
MULTAQ.....	68	NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	134
MULTI-VIT-FLOR.....	90	NEOMYCIN-POLYMYXIN-HC.....	134
MULTI-VITAMIN/FLUORIDE.....	90	neomycin-polymyxin-hc.....	138
MULTI-VITAMIN/FLUORIDE/IRON.....	90	NERLYNX.....	40
MULTIVITAMIN W/FLUORIDE.....	90	nevirapine.....	53
MULTIVITAMIN/FLUORIDE.....	90	NEVIRAPINE.....	53
mupirocin.....	88	NEVIRAPINE ER.....	53
mycophenolate mofetil.....	119	nevirapine er.....	53
mycophenolate mofetil hcl.....	119	NEXPLANON.....	112
mycophenolate sodium.....	119	NIACIN (ANTIHYPERLIPIDEMIC).....	76
mycophenolic acid.....	119	niacin er (antihyperlipidemic).....	76
myorisan.....	83	NIACOR.....	76
MYRBETRIQ.....	98	nicardipine hcl.....	70
N		NICOTROL.....	7
na sulfate-k sulfate-mg sulf.....	93	NICOTROL NS.....	7
nabumetone.....	2	nifedipine.....	70
nadolol.....	69	nifedipine er.....	70
nafcillin sodium.....	13	nifedipine er osmotic release.....	70
nafrinse.....	90	nikki.....	108
naftifine hcl.....	29	nilotinib hcl.....	40
NAGLAZYME.....	97	nilutamide.....	32
naloxone hcl.....	7	nimodipine.....	70
naltrexone hcl.....	7	NINLARO.....	40
NAMZARIC.....	22	nisoldipine er.....	70
naproxen.....	2	nitazoxanide.....	45
naproxen dr.....	2	nitisinone.....	97
naproxen sodium.....	2	nitro-bid.....	77
naratriptan hcl.....	30	NITRO-DUR.....	77
NATACYN.....	135	NITRO-TIME.....	77
nateglinide.....	60	nitrofurantoin.....	9
NAYZILAM.....	6	nitrofurantoin macrocrystal.....	9
nebivolol hcl.....	69	nitrofurantoin monohyd macro.....	9
NEBUSAL.....	144	nitroglycerin.....	77
necon 0.5/35 (28).....	108	NIVA THYROID.....	114
NEFAZODONE HCL.....	25	NIVESTYM.....	65
		NIZATIDINE.....	95

nora-be	112
norelgestromin-eth estradiol	109
norethin ace-eth estrad-fe	109
norethin-eth estradiol-fe	109
norethindron-ethinyl estrad-fe	109
norethindrone	112
norethindrone acet-ethinyl est.	109
norethindrone acetate	112
norethindrone-eth estradiol	109
norgestim-eth estrad triphasic	109
norgestimate-eth estradiol	109
norlyda	112
norlyroc	112
nortrel 0.5/35 (28)	109
nortrel 1/35 (21)	109
nortrel 1/35 (28)	109
nortrel 7/7/7	109
nortriptyline hcl	26
NORVIR	55
NovoFine 32G X 6 MM MISC	130
NOVOLIN R FLEXPEN	62
NOVOLIN R FLEXPEN RELION	62
NOVOLOG	62
NOVOLOG FLEXPEN	62
NOVOLOG FLEXPEN RELION	62
NOVOLOG PENFILL	62
NOVOLOG RELION	63
NP THYROID	114
NUBEQA	32
NUDEXTA	81
NULEV	95
NUPLAZID	49
NURTEC	30
NUTRILIPID	130
nyamyc	29
nylia 1/35	109
nylia 7/7/7	109
nymyo	109
nystatin	29
nystatin-triamcinolone	86
nystop	29

O

ocella	109
octreotide acetate	115
OCTREOTIDE ACETATE	115
ODEFSEY	53
ODOMZO	40
OFEV	142
ofloxacin	16,135,138
OGSIVEO	40
OJEMDA	40
OJJAARA	34
olanzapine	49
olanzapine-fluoxetine hcl	24
olmesartan medoxomil	67
olmesartan medoxomil-hctz	73
olmesartan-amlodipine-hctz	73
olopatadine hcl	139
omega-3-acid ethyl esters	76
omeprazole	96
OMNITROPE	95,101
ondansetron	27
ONDANSETRON HCL	27
ondansetron hcl	27
ONUREG	33
OPIPZA	49,50
OPSUMIT	142
OPTICHAMBER DIAMOND	130
OPTICHAMBER DIAMOND-LG MASK	130
OPTICHAMBER DIAMOND-MD MASK	130
OPTICHAMBER DIAMOND-SM MASK	130
OPVEE	130
oralone	82
ORGOVYX	115
orquidea	113
ORSERDU	32
orsythia	109
OSCIMIN	95
oseltamivir phosphate	56
OSPHENA	113
OTEZLA	87,116

OTEZLA XR.....	87	PEMAZYRE.....	40
OTEZLA/OTEZLA XR INITIATION PK.....	116	PEN NEEDLE/5-BEVEL TIP.....	130
oxaprozin.....	2	PEN NEEDLES.....	130
oxazepam.....	58	PENBRAYA.....	130
oxcarbazepine.....	21	penciclovir.....	88
oxiconazole nitrate.....	29	penicillamine.....	98
oxybutynin chloride.....	98	penicillin g potassium.....	13
oxybutynin chloride er.....	98	PENICILLIN G SODIUM.....	13
oxycodone hcl.....	5	penicillin v potassium.....	14
oxycodone-acetaminophen.....	5	PENMENVY.....	121
OXYCODONE-ACETAMINOPHEN.....	5	PENTACEL.....	121
oxymorphone hcl.....	5	pentamidine isethionate.....	45
OXYMORPHONE HCL ER.....	3	pentazocine-naloxone hcl.....	5
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	60	pentoxifylline er.....	73
OZEMPIC (1 MG/DOSE).....	60	perampanel.....	18
OZEMPIC (2 MG/DOSE).....	60	PERINDOPRIL ERBUMINE.....	67
P		periogard.....	82
pacerone.....	68	permethrin.....	87
paliperidone er.....	50	perphenazine.....	27
PANRETIN.....	44	PERPHENAZINE-AMITRIPTYLINE.....	24
pantoprazole sodium.....	96	PERSERIS.....	50
paricalcitol.....	124	pfizerpen.....	14
paroxetine hcl.....	25	phenazo.....	99
PAROXETINE HCL.....	25	phenazopyridine hcl.....	99
paroxetine hcl er.....	25	PHENELZINE SULFATE.....	24
paroxetine mesylate.....	25	phenobarbital.....	20
PAXLOVID (150/100).....	57	phenobarbital-belladonna alk.....	95
PAXLOVID (300/100 & 150/100).....	57	PHENOHYTRO.....	95
PAXLOVID (300/100).....	57	phenytek.....	21
pazopanib hcl.....	40	phenytoin.....	21
PAZOPANIB HCL.....	40	phenytoin infatabs.....	22
PB-HYOSCY-ATROPINE-SCOPOLAMINE.....	95	phenytoin sodium extended.....	22
PEDIARIX.....	121	philith.....	109
PEDVAX HIB.....	121	PHOSPHO-TRIN K500.....	99
peg 3350-kcl-na bicarb-nacl.....	93	phytonadione.....	65
peg-3350/electrolytes.....	95	PIFELTRO.....	53
peg-3350/electrolytes/ascorbat.....	93	pilocarpine hcl.....	82,137
peg-kcl-nacl-nasulf-na asc-c.....	93	pimecrolimus.....	85
PEG-PREP.....	94	pimozide.....	48
PEGASYS.....	118	pimtrea.....	109
		pindolol.....	69

pioglitazone hcl.....	60	prednisolone sodium phosphate.....	101
pioglitazone hcl-glimepiride.....	60	PREDNISOLONE SODIUM PHOSPHATE.....	136
pioglitazone hcl-metformin hcl.....	60	prednisone.....	101
piperacillin sod-tazobactam so.....	14	PREDNISONE INTENSOL.....	101
PIQRAY (200 MG DAILY DOSE).....	40	pregabalin.....	81
PIQRAY (250 MG DAILY DOSE).....	40	PREMARIN.....	110
PIQRAY (300 MG DAILY DOSE).....	40	PREMASOL.....	91
pirfenidone.....	142	PREMIUM LIDOCAINE.....	6
PIRFENIDONE.....	142	PREMPHASE.....	110
pirmella 1/35.....	109	PREMPRO.....	110
pirmella 7/7/7.....	109	Prenatal vitamins.....	91
piroxicam.....	2	prevalite.....	76
PNV 27-CA/FE/FA.....	90	previfem.....	110
POCKET CHAMBER.....	131	PREVYMIS.....	51,52
POCKET SPACER.....	131	PREZCOBIX.....	55
podofilox.....	87	PREZISTA.....	56
POLY-VI-FLOR.....	90	PRIFTIN.....	31
polycin.....	134	primaquine phosphate.....	45
polymyxin b sulfate.....	9	primidone.....	20
polymyxin b-trimethoprim.....	135	PRIORIX.....	121
pomalidomide.....	32	PRO COMFORT ALCOHOL.....	131
portia-28.....	110	PRO COMFORT INSULIN SYRINGE.....	131
posaconazole.....	29	PRO COMFORT SPACER ADULT.....	131
pot & sod cit-cit ac.....	99	PRO COMFORT SPACER CHILD.....	131
potassium chloride.....	90	PRO COMFORT SPACER INFANT.....	131
potassium chloride crys er.....	90	probenecid.....	29
potassium chloride er.....	91	PROCARE SPACER/ADULT MASK.....	131
potassium chloride in dextrose.....	91	PROCARE SPACER/CHILD MASK.....	131
potassium chloride in nacl.....	91	procentra.....	78
potassium citrate er.....	91	PROCHAMBER VHC.....	131
potassium citrate-citric acid.....	99	prochlorperazine.....	27
POTASSIUM CL IN DEXTROSE 5%.....	91	prochlorperazine maleate.....	27
pramipexole dihydrochloride.....	46	procto-med hc.....	85
pramipexole dihydrochloride er.....	46	PROCTOFOAM HC.....	87
PRAMOSONE.....	87	proctosol hc.....	85
prasugrel hcl.....	66	proctozone-hc.....	85
pravastatin sodium.....	76	progesterone.....	113
praziquantel.....	44	PROGRAF.....	119
prazosin hcl.....	66	promethazine hcl.....	27,139
prednisolone.....	100	PROMETHAZINE VC.....	144
prednisolone acetate.....	136	PROMETHAZINE VC/CODEINE.....	144

promethazine-codeine.....	144	rabeprazole sodium.....	96
promethazine-dm.....	144	RALDESY.....	25
promethazine-phenyleph-codeine.....	144	raloxifene hcl.....	113
promethazine-phenylephrine.....	144	ramelteon.....	145
promethegan.....	27	ramipril.....	67
propafenone hcl.....	68	ranolazine er.....	73
propafenone hcl er.....	68	rasagiline mesylate.....	46
proparacaine hcl.....	134	reclipsen.....	110
propranolol hcl.....	69	RECOMBIVAX HB.....	121
propranolol hcl er.....	69	REGANEX.....	87
propylthiouracil.....	115	relafen.....	2
PROQUAD.....	121	RELENZA DISKHALER.....	56
protriptyline hcl.....	26	RENTHYROID.....	114
pseudoeph-bromphen-dm.....	144	repaglinide.....	60
PULMOSAL.....	144	REPATHA.....	76
PULMOZYME.....	141	REPATHA PUSHTRONEX SYSTEM.....	76
PURE COMFORT SAFETY PEN NEEDLE.....	131	REPATHA SURECLICK.....	76
PURE COMFORT SPACER CHAMBER.....	131	RESTASIS.....	134
pyrazinamide.....	31	RETACRIT.....	65
pyridostigmine bromide.....	30	RETEVMO.....	40
pyridostigmine bromide er.....	30	REVCОВI.....	97
pyrimethamine.....	45	REVUFORJ.....	41
Q		REXULTI.....	50
qc alcohol.....	87	REYATAZ.....	56
QINLOCK.....	34	REZDIFFRA.....	114
QUADRACEL.....	121	REZLIDHIA.....	41
quetiapine fumarate.....	50	RHOPRESSA.....	137
quetiapine fumarate er.....	50	RIBAVIRIN.....	52
QUFLORA PEDIATRIC.....	91	ribavirin.....	52
QUICK TOUCH INSULIN PEN NEEDLE.....	131	RIDAURA.....	116
quinapril hcl.....	67	rifabutin.....	31
quinapril-hydrochlorothiazide.....	73	rifampin.....	31
quinidine gluconate er.....	68	rilpivirine hcl.....	53
QUINIDINE SULFATE.....	68	riluzole.....	81
quinine sulfate.....	45	RIMANTADINE HCL.....	56
QVAR REDIHALER.....	139	ringers.....	91
R		ringers irrigation.....	131
ra isopropyl alcohol wipes.....	87	RINVOQ.....	117
RABAVERT.....	121	RINVOQ LQ.....	117
		risedronate sodium.....	124
		risperidone.....	50

risperidone microspheres er.....	50	SEREVENT DISKUS.....	141
RITEFLO.....	131	sertraline hcl.....	25
ritonavir.....	56	setlakin.....	110
rivaroxaban.....	64	sevelamer carbonate.....	92
rivastigmine.....	23	sharobel.....	113
rivastigmine tartrate.....	23	SHINGRIX.....	122
rivelsa.....	110	SIGNIFOR.....	115
rizatriptan benzoate.....	30	sildenafil citrate.....	99,142
ROCKLATAN.....	134	SILIGENTLE FOAM DRESSING.....	132
roflumilast.....	141	silodosin.....	98
ROMVIMZA.....	41	silver sulfadiazine.....	87
ropinirole hcl.....	46	SIMBRINZA.....	137
ropinirole hcl er.....	46	SIMLANDI (1 PEN).....	119
rosadan.....	9	SIMLANDI (1 SYRINGE).....	120
rosuvastatin calcium.....	76	SIMLANDI (2 PEN).....	120
rosyrah.....	110	SIMLANDI (2 SYRINGE).....	120
ROTARIX.....	122	simliya.....	110
ROTATEQ.....	122	simpesse.....	110
roweepra.....	18	simvastatin.....	76
ROZLYTREK.....	41	sirolimus.....	120
RUBRACA.....	41	SIRTURO.....	31
rufinamide.....	22	SKYRIZI.....	117
RUKOBIA.....	55	SKYRIZI (150 MG DOSE).....	117
RYBELSUS.....	60	SKYRIZI PEN.....	117
RYDAPT.....	41	SMOFLIPID.....	132
S		sod citrate-citric acid.....	99
sacubitril-valsartan.....	73	sodium chloride.....	91
sajazir.....	115	SODIUM CHLORIDE.....	144
SALINE BACTERIOSTATIC.....	131	sodium chloride (pf).....	91
salsalate.....	2	SODIUM CHLORIDE BACTERIOSTATIC.....	132
SANDIMMUNE.....	119	SODIUM CITRATE-CITRIC ACID.....	99
SANTYL.....	87	sodium fluoride.....	92
sapropterin dihydrochloride.....	97	sodium oxybate.....	146
SCSEMBLIX.....	41	sodium phenylbutyrate.....	97
scopolamine.....	27	sodium polystyrene sulfonate.....	92
SECUADO.....	50	solifenacin succinate.....	98
SECURESAFE INSULIN SYRINGE.....	131	SOLTAMOX.....	33
selegiline hcl.....	47	SOMAVERT.....	115
selenium sulfide.....	85	sorafenib tosylate.....	41
SELZENTRY.....	55	sorine.....	68
		sotalol hcl.....	68

sotalol hcl (af).....	68	SYMTUZA.....	56
SPINOSAD.....	87	SYNAREL.....	115
SPIRIVA RESPIMAT.....	140	SYNJARDY.....	60
spironolactone.....	75	SYNJARDY XR.....	60
spironolactone-hctz.....	73	SYNRIBO.....	41
sprintec 28.....	110	SYNTHROID.....	114
SPRITAM.....	18		
SPS (SODIUM POLYSTYRENE SULF).....	93	T	
sronyx.....	110	TABLOID.....	33
ssd.....	87	TABRECTA.....	42
SSS 10-5.....	87	tacrolimus.....	85,120
STAVUDINE.....	54	tadalafil.....	98
STELARA.....	117	tadalafil (pah).....	98,142
sterile water for irrigation.....	132	TAFINLAR.....	42
STIOLTO RESPIMAT.....	144	tafluprost (pf).....	137
STIVARGA.....	41	TAGRISSO.....	42
STREPTOMYCIN SULFATE.....	7	TALZENNA.....	42
STRIBILD.....	52	tamoxifen citrate.....	33
subvenite.....	18	tamsulosin hcl.....	98
SUBVENITE.....	18	tarina 24 fe.....	110
subvenite starter kit-blue.....	18	tarina fe 1/20.....	110
subvenite starter kit-green.....	18	tarina fe 1/20 eq.....	110
subvenite starter kit-orange.....	18	tasimelteon.....	145
sucralfate.....	96	taysofy.....	110
sulfacetamide sodium.....	135	tazarotene.....	83
sulfacetamide sodium (acne).....	83	TAZICEF.....	12
SULFACETAMIDE SODIUM-SULFUR.....	87	taztia xt.....	71
SULFACETAMIDE-PREDNISOLONE.....	134	TAZVERIK.....	42
sulfadiazine.....	16	TDVAX.....	122
sulfamethoxazole-trimethoprim.....	16	TECHLITE PLUS PEN NEEDLES.....	132
sulfasalazine.....	123	telmisartan.....	67
sulfatrim pediatric.....	16	telmisartan-amlodipine.....	74
sulindac.....	2	telmisartan-hctz.....	74
sumatriptan.....	30	temazepam.....	145
sumatriptan succinate.....	30	TENCON.....	81
SUMATRIPTAN SUCCINATE REFILL.....	30	TENIVAC.....	122
sunitinib malate.....	41	tenofovir disoproxil fumarate.....	54
SUNLENCA.....	55	TEPMETKO.....	42
SURE COMFORT PEN NEEDLES.....	132	terazosin hcl.....	66
syeda.....	110	terbinafine hcl.....	29
SYMPAZAN.....	20	terbutaline sulfate.....	141

terconazole.....	29	tolvaptan.....	92
teriflunomide.....	82	topiramate.....	18,19
teriparatide.....	124	topiramate er.....	19
testosterone.....	102	toremifene citrate.....	33
testosterone cypionate.....	102	toremide.....	74
TESTOSTERONE ENANTHATE.....	102	TOUJEO MAX SOLOSTAR.....	63
tetrabenazine.....	81	TOUJEO SOLOSTAR.....	63
tetracycline hcl.....	17	TPN ELECTROLYTES.....	92
THALOMID.....	32	TRADJENTA.....	60
THEO-24.....	141	tramadol hcl.....	5
theophylline.....	141	tramadol hcl er.....	3
theophylline er.....	141	tramadol-acetaminophen.....	6
thioridazine hcl.....	48	trandolapril.....	67
thiothixene.....	48	TRANDOLAPRIL-VERAPAMIL HCL ER.....	74
THYROID.....	114	tranexamic acid.....	65
tiadylt er.....	71	tranylcypromine sulfate.....	24
tiagabine hcl.....	20	travoprost (bak free).....	137
TIBSOVO.....	42	trazodone hcl.....	25
ticagrelor.....	66	TRECATOR.....	31
TICOVAC.....	122	TRELEGY ELLIPTA.....	144
tigecycline.....	9	TRESIBA.....	63
tilia fe.....	110	TRESIBA FLEXTOUCH.....	63
timolol hemihydrate.....	136	tretinoin.....	44,83
timolol maleate.....	69,136	TREXALL.....	120
timolol maleate (once-daily).....	137	tri femynor.....	110
timolol maleate ocudose.....	137	tri-estarylla.....	110
timolol maleate pf.....	137	tri-legest fe.....	110
tinidazole.....	9	tri-linyah.....	110
tiotropium bromide.....	140	tri-lo-estarylla.....	110
tis-u-sol.....	132	tri-lo-marzia.....	110
TIVICAY.....	52	tri-lo-mili.....	110
TIVICAY PD.....	53	tri-lo-sprintec.....	111
tizanidine hcl.....	51	tri-mili.....	111
TOBRADEX.....	134	tri-nymyo.....	111
tobramycin.....	135,141	tri-sprintec.....	111
tobramycin sulfate.....	8	TRI-VITE/FLUORIDE.....	93
tobramycin-dexamethasone.....	134	tri-vylibra.....	111
TOBREX.....	135	tri-vylibra lo.....	111
TOLAK.....	87	triamcinolone acetonide.....	82,85
tolterodine tartrate.....	98	triamterene.....	75
tolterodine tartrate er.....	98	triamterene-hctz.....	74

triazolam.....	145
TRICITRATES.....	99
triderm.....	85
trientine hcl.....	92
TRIENTINE HCL.....	92
trifluoperazine hcl.....	48
TRIFLURIDINE.....	136
trihexyphenidyl hcl.....	45
TRIKAFTA.....	141
trimethobenzamide hcl.....	27
trimethoprim.....	9
trimipramine maleate.....	26
TRINTELLIX.....	25
TRIUMEQ.....	54
TRIUMEQ PD.....	54
trivora (28).....	111
TRIZIVIR.....	54
tropium chloride.....	98
tropium chloride er.....	98
TRUE COMFORT INSULIN SYRINGE.....	132
TRUE COMFORT PEN NEEDLES.....	132
TRUE COMFORT PRO PEN NEEDLES.....	132
TRUE COMFORT SAFETY PEN NEEDLE.....	132
TRULICITY.....	60
TRUMENBA.....	122
TRUQAP.....	42
TUKYSA.....	42
tulana.....	113
TURALIO.....	42
turqoz.....	111
TWINRIX.....	122
TYBOST.....	55
tydemy.....	111
TYENNE.....	117
TYMLOS.....	124
TYPHIM VI.....	122

U

UDENYCA.....	65
ULTIGUARD SAFEPAK PEN NEEDLE.....	132
UNIFINE OTC PEN NEEDLES.....	132

UNIFINE PENTIPS.....	132
UNIFINE PROTECT PEN NEEDLE.....	132
UNIFINE SAFECONTROL PEN NEEDLE.....	132
unithroid.....	114
UPTRAVI.....	142
ursodiol.....	95
USTEKINUMAB.....	117
USTEKINUMAB-AEKN.....	117

V

valacyclovir hcl.....	56
VALCHLOR.....	87
valganciclovir hcl.....	52
valproate sodium.....	19
valproic acid.....	19
valsartan.....	67
valsartan-hydrochlorothiazide.....	74
VALTOCO 10 MG DOSE.....	20
VALTOCO 15 MG DOSE.....	20
VALTOCO 20 MG DOSE.....	20
VALTOCO 5 MG DOSE.....	20
valtya 1/35.....	111
VALTYA 1/50.....	111
vanadom.....	145
vancomycin hcl.....	9,10
VANDAZOLE.....	10
VANFLYTA.....	42
VAQTA.....	122
vardenafil hcl.....	99
varenicline tartrate.....	7
varenicline tartrate (starter).....	7
varenicline tartrate(continue).....	7
VARIVAX.....	122
VAXCHORA.....	122
VECAMYL.....	74
VELIVET.....	111
VENCLEXTA.....	42
VENCLEXTA STARTING PACK.....	42
venlafaxine hcl.....	25
venlafaxine hcl er.....	25,26
VEOZAH.....	81

verapamil hcl.....	71
VERAPAMIL HCL ER.....	71
VERIFINE INSULIN PEN NEEDLE.....	133
VERIFINE INSULIN SYRINGE.....	133
VERIFINE PLUS PEN NEEDLE.....	133
VERQUVO.....	74
VERSACLOZ.....	51
VERZENIO.....	43
vestura.....	111
vienva.....	111
vigabatrin.....	20
vigadrone.....	20
VIGAFYDE.....	21
vigpoder.....	21
vilazodone hcl.....	26
VIMKUNYA.....	122
viorele.....	111
VIRACEPT.....	56
VIREAD.....	54
vitamin d (ergocalciferol).....	124
VITRAKVI.....	43
VIVOTIF.....	122
VIZIMPRO.....	43
volnea.....	111
VONJO.....	44
VORANIGO.....	43
voriconazole.....	29
VORTEX HOLD CHMBR/MASK/CHILD... 133	
VORTEX HOLD CHMBR/MASK/TODDLER.....	133
VORTEX VALVE CHAMBER-PEDI MASK. 133	
VORTEX VALVED HOLDING CHAMBER. 133	
VOSEVI.....	52
VOWST.....	133
VRAYLAR.....	50,51
vyfemla.....	111
vylibra.....	111
VYZULTA.....	137

W

warfarin sodium.....	64
----------------------	----

WEBCOL ALCOHOL PREP LARGE.....	133
WELIREG.....	34
wera.....	111
WINREVAIR.....	142
wixela inhub.....	145
wymzya fe.....	111
WYOST.....	124

X

XALKORI.....	43
xarah fe.....	111
XARELTO.....	64
XARELTO STARTER PACK.....	64
XATMEP.....	120
XCOPRI.....	19,22
XCOPRI (250 MG DAILY DOSE).....	22
XCOPRI (350 MG DAILY DOSE).....	22
XDEMVY.....	135
XELJANZ.....	117
XELJANZ XR.....	117
xelria fe.....	111
XERMELO.....	94
XIFAXAN.....	10
XIGDUO XR.....	60
XIIDRA.....	135
XOFLUZA (40 MG DOSE).....	56
XOFLUZA (80 MG DOSE).....	56
XOLAIR.....	117
XOSPATA.....	43
XPOVIO (100 MG ONCE WEEKLY).....	43
XPOVIO (40 MG ONCE WEEKLY).....	43
XPOVIO (40 MG TWICE WEEKLY).....	43
XPOVIO (60 MG ONCE WEEKLY).....	43
XPOVIO (60 MG TWICE WEEKLY).....	43
XPOVIO (80 MG ONCE WEEKLY).....	43
XPOVIO (80 MG TWICE WEEKLY).....	43
XTANDI.....	32
xulane.....	111

Y

YESINTEK.....	117
---------------	-----

YF-VAX.....	122
yuvafem.....	111

Z

zafemy.....	111
zafirlukast.....	139
zaleplon.....	145
ZARXIO.....	65
zebutal.....	81
ZEJULA.....	44
ZELBORAF.....	44
zenatane.....	83
ZENPEP.....	97
zenzedi.....	78,79
zidovudine.....	54
ziprasidone hcl.....	51
ziprasidone mesylate.....	51
ZIRGAN.....	136
zoledronic acid.....	124
ZOLINZA.....	34
zolmitriptan.....	30
zolpidem tartrate.....	145
zolpidem tartrate er.....	145,146
ZONISADE.....	22
zonisamide.....	22
ZONTIVITY.....	64
zovia 1/35 (28).....	111
ZTALMY.....	21
zumandimine.....	112
ZURZUVAE.....	24
ZYDELIG.....	44
ZYKADIA.....	44
ZYPREXA RELPREVV.....	51



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Lus Hmoob

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

한국어

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

ລາວ

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

ភាសាខ្មែរ

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

فارسي

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

ਪੰਜਾਬੀ

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

РУССКИЙ

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

Español

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

Tagalog

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

ไทย

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

українська мова

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

Việt

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



NONDISCRIMINATION NOTICE

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

Blue Shield of California provides:

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

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

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

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

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

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

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

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

This formulary was updated on 04/21/2026 . For more recent information or other questions, please contact Blue Shield of California Customer Service, at (888) 239-6469 or, for TTY users, 711, 8 a.m. to 8 p.m. Pacific time, seven days a week, or visit blueshieldca.com/stanford.

Blue Shield of California's pharmacy network includes limited lower-cost, pharmacies with preferred cost-sharing in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at (888) 239-6469 or, for TTY users, 711, 8 a.m. to 8 p.m. Pacific time, seven days a week or consult the online pharmacy directory at blueshieldca.com/stanford.

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

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