

2025 Idaho (ID) Drug List



This formulary was updated on August 13, 2024.

Please read: This document contains information about the drugs we cover in this plan.

For a complete, up-to-date list of covered drugs, visit our website at [PacificSource.com](https://www.PacificSource.com).
For more recent information or other questions, please contact PacificSource Customer Service at 888-977-9299 or at cs@pacificsource.com. Or visit us online at [PacificSource.com](https://www.PacificSource.com).

PacificSource 2025 List of Covered Drugs

What is a Drug List?

A drug list is a list of covered drugs, selected in consultation with a team of healthcare providers. The list represents prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover a drug on the list as long as it is medically necessary, the prescription is filled at an in-network pharmacy, and other plan rules are followed. The drug list is a guide to help you and your provider identify medications that can provide the best clinical results at the lowest cost.

To find out which list applies to your pharmacy plan, check your PacificSource member ID card or Summary of Benefits—available online through your InTouch account or from your benefits administrator. You are also welcome to call our Customer Service team for assistance. If you have questions about your coverage, please contact Customer Service at 888-977-9299 or at cs@pacificsource.com.

Can the Drug List change?

Yes. Updates to the drug list may occur on a monthly basis. Refer to the list on our website, [PacificSource.com](https://pacificsource.com), for the most current list of covered medications. If a change is made to the drug list, we will notify affected members at least 30 days before the change becomes effective. Changes may include removing drugs from our list, moving a drug to a higher cost-sharing tier, or adding restrictions such as prior authorization, quantity limit, or step therapy. Please refer to our prescription drug information and news web page for more information ([PacificSource.com/members/individuals/prescription-drug-information](https://pacificsource.com/members/individuals/prescription-drug-information)).

How do I use the Drug List?

Our drug lists are available in a searchable online format and can be found at [PacificSource.com/find-a-drug](https://pacificsource.com/find-a-drug), where you'll have the option to view and print an entire list or just your search results. Only the drugs on the list are covered by your plan. Our drug lists are subject to change, as new drugs are constantly entering the market. **Please note: Some specific group plans may not cover all drugs on the drug list.** A separate benefit may apply to some drugs, such as specialty drugs.

State Drug Lists: Our Idaho Drug List (ID), Montana Drug List (MT), and Oregon Drug List (OR) are used by the majority of our members covered through employers or who have an individual and family plan.

Tier: The tier numbers in the drug list refer to drug copay tiers.

- Tier 0 drugs have no copays and include preventive service drugs covered under the Affordable Care Act.
- Tier 1 drugs have a low copay and are typically generics.
- Tier 2 drugs have a mid-range copay.
- Tier 3 drugs have a high copay.
- Tier 4 drugs have the highest copay.

Drugs listed as "SP" are specialty medications and may have additional restrictions or costs associated with them.

Drugs listed as "PS Expanded NCDL" are available on the PacificSource Expanded No Cost Drug List, which groups may opt to provide.

Drugs listed as "VBP Drug List" are available on the Value Based Preventive No-Cost Drug List, which self-funded groups may opt to provide.

Drugs listed with "Prudent" are available on a copay maximizer program, available to select self-insured large groups only, additional optional coverage, refer to benefit book.

Requirements/Limits: This may include information on Quantity Limits ("QL"), if the medication requires prior authorization ("PA"), Step Therapy ("ST"), if the medication is considered a specialty medication ("SP"), or if there are other restrictions on coverage. Please see your Member Handbook for details.

What are generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

If you or your provider requests that your medication be filled with a brand name drug when a generic is available, you may be responsible for the brand name drug's copay plus the difference in cost between the brand name drug and the generic option. Actual costs may vary by plan design.

Affordable Care Act (ACA) No Cost Drug List

The Affordable Care Act (ACA) No Cost Drug List includes medications used to prevent certain health conditions. These are also known as Tier 0 drugs. If you are enrolled in a group that qualified under ACA, these drugs are covered at no cost when prescribed by a licensed healthcare provider. Some examples include drugs used to help you stop smoking, folic acid, and contraceptives for women.

Drugs with special requirements

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

Partial Fill: Some drugs have a high cost and many side effects that make them harder to tolerate for long-term use. These medications will be dispensed in a limited amount on the first fill only (for half the normal copay). This first fill acts as a trial period to see if you are able to tolerate the drug. If the trial is a success, future fills will be for the full amount.

PA (Prior Authorization): If "PA" appears in the requirements column, the drug requires prior authorization. This means your provider will need to get approval from us before you will be able to fill your prescription. Without prior authorization, we may not cover the drug. Please have your provider submit documentation to us for authorization review if you need to get a "PA."

QL (Quantity Limits): If "QL" appears in the requirements column, the drug may be covered by your plan, but only up to a certain quantity or amount. If you need quantities higher than the limit shown, please have your provider contact us for authorization.

ST (Step Therapy): In some cases, we require you to first try a lower-cost alternative ("Step 1") drug before using the more expensive ("Step 2" or "Step 3") drug. If it is medically necessary for you to use a Step 2 or Step 3 drug as initial therapy, your provider will need to submit a request for authorization.

SP (Specialty Drug): If "SP" appears in the requirements column, it is a specialty drug. Fills of specialty drugs are limited to a 30-day supply and must be filled at an in-network Specialty Pharmacy. Specialty drugs are not available to be filled at your regular retail or mail-order pharmacy unless an exception has been granted. Here is the contact information for specialty pharmacy access in all 50 states:

CVS Caremark Specialty Pharmacy

800-237-2767 Phone

800-323-2445 Fax

Regional specialty pharmacies:

Depending where you live, you may wish to contact your provider about using the specialty pharmacies in your region, including MultiCare, Legacy Health, OHSU, St. Luke's, and Billings Clinic.

Age/Gender Restrictions: Covered drugs for members in Idaho, Montana, and Oregon are subject to possible age and gender restrictions. For more information, please visit [PacificSource.com/Find-A-Drug](https://www.pacificsource.com/Find-A-Drug).

How do I get authorization for my drug?

Certain drugs require prior authorization or have additional requirements ("PA" or "ST") that must be met before your drug is covered under your prescription benefit.

If your drug requires "PA", you can:

- Have your provider submit medical documentation to us for review.

If your drug requires "ST", you can:

- Ask your provider about prescribing a Step 1 drug. If these options are not appropriate, your provider will need to submit a request for authorization to us.

You and your provider can get more information about specific restrictions applied to covered drugs by visiting our website. We have posted documents that address our Prior Authorization and Step Therapy policies at [PacificSource.com/members/prescription-drug-information/lists-and-criteria](https://www.pacificsource.com/members/prescription-drug-information/lists-and-criteria), under "Utilization Management."

Your provider can submit authorization requests and supporting documentation to our Pharmacy Services department online via our InTouch portal, or by calling us at 844-877-4803.

What if my drug is not on the Drug List?

If your drug is not included on the list of covered drugs for your plan, you can:

- Visit our website for a list of similar drugs that are covered by us. You can ask your provider to prescribe a drug that is covered by your plan.
- Ask us to make an exception and cover your drug.

How do I request an exception from PacificSource?

You can ask us to cover a drug even if it is not on our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level. Generally, we will only approve your request for an exception if the alternative drugs included on the plan's drug list would not be as effective in treating your covered condition and/or would cause you to have adverse medical effects. Your provider will need to submit documentation to us for consideration. If you or your provider have questions about how to submit a request, please contact our Customer Service team at 888-977-9299 or by email at cs@pacificsource.com.

PacificSource Medication Synchronization Program

To ensure your medication is effective, it's important to take it exactly as prescribed. This can be challenging if you take multiple medications that refill at different times and require many trips to the pharmacy. Through our medication synchronization program, your ongoing prescriptions may be coordinated so refills are ready at the same time. Certain limitations apply regarding the medications eligible for synchronization. If you wish to have your medication refills synchronized, please ask your provider or pharmacist to contact our Pharmacy Services Department at 844-877-4803 or email pharmacy@pacificsource.com. We will work with your provider to evaluate your options and develop your synchronization plan.

Prescriptions delivered by mail

To order prescriptions online, via mobile app, and by phone, sign in to your InTouch account. If you want to learn more, go to [Caremark.com](https://www.caremark.com) or call Caremark Prescription Services at 866-329-3051.

More information

For more detailed information about our prescription drug coverage, please review your Summary of Benefits and other plan materials. If you have questions, please contact Customer Service at 888-977-9299 or at cs@pacificsource.com.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD Agent - Selective Alpha Adrenergic Agonists		
<i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
<i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i>	1	PA, PA applies to age 6 to 12 years old, new starts only
<i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i>	1	PA, PA applies to age 6 to 12 years old, new starts only
<i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i>	1	PA, PA applies to age 6 to 12 years old, new starts only
<i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i>	1	PA, PA applies to age 6 to 12 years old, new starts only
ADHD Agent - Selective Norepinephrine Reuptake Inhibitor		
<i>atomoxetine hcl capsule 10 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
<i>atomoxetine hcl capsule 100 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>atomoxetine hcl capsule 18 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
<i>atomoxetine hcl capsule 25 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
<i>atomoxetine hcl capsule 40 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ADHD Agent - Selective Norepinephrine Reuptake Inhibitor (continued)		
<i>atomoxetine hcl capsule 60 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>atomoxetine hcl capsule 80 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
Amphetamine Mixtures		
<i>amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral</i>	1	PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral</i>	1	PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral</i>	1	PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphet er capsule extended release 24 hour 5 mg oral</i>	1	PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	1	PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamine Mixtures (continued)		
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	1	PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	1	PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	1	PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphet-dextroamphet 3-bead er capsule extended release 24 hour 12.5 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphet-dextroamphet 3-bead er capsule extended release 24 hour 25 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphet-dextroamphet 3-bead er capsule extended release 24 hour 37.5 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>amphet-dextroamphet 3-bead er capsule extended release 24 hour 50 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
Amphetamines		
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i>	1	PA, QL 4/1 days, PA applies to age 6 to 12 years old, new starts only
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i>	1	PA, QL 1/1 days, PA applies to age 6 to 12 years old, new starts only

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines (continued)		
<i>dextroamphetamine sulfate solution 5 mg/5ml oral</i>	1	PA, QL 1200/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dextroamphetamine sulfate tablet 10 mg oral</i>	1	PA, QL 6/1 days, PA applies to age 6 to 12 years old, new starts only
<i>dextroamphetamine sulfate tablet 15 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dextroamphetamine sulfate tablet 20 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dextroamphetamine sulfate tablet 30 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dextroamphetamine sulfate tablet 5 mg oral</i>	1	PA, QL 3/1 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate capsule 10 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate capsule 20 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate capsule 30 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate capsule 40 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate capsule 50 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines (continued)		
<i>lisdexamfetamine dimesylate capsule 60 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate capsule 70 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate tablet chewable 10 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate tablet chewable 20 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate tablet chewable 30 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate tablet chewable 40 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate tablet chewable 50 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>lisdexamfetamine dimesylate tablet chewable 60 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methamphetamine hcl tablet 5 mg oral</i>	1	PA, QL 150/30 days, Medical Necessity PA
ZENZEDI TABLET 10 MG ORAL	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
ZENZEDI TABLET 15 MG ORAL	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
ZENZEDI TABLET 2.5 MG ORAL	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Amphetamines (continued)		
ZENZEDI TABLET 20 MG ORAL	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
ZENZEDI TABLET 30 MG ORAL	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
ZENZEDI TABLET 5 MG ORAL	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
ZENZEDI TABLET 7.5 MG ORAL	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)		
SUNOSI TABLET 150 MG ORAL	3	PA, QL 30/30 days
SUNOSI TABLET 75 MG ORAL	3	PA, QL 30/30 days
Stimulants - Misc.		
<i>armodafinil tablet 150 mg oral</i>	1	QL 30/30 days
<i>armodafinil tablet 200 mg oral</i>	1	QL 30/30 days
<i>armodafinil tablet 250 mg oral</i>	1	QL 30/30 days
<i>armodafinil tablet 50 mg oral</i>	1	QL 60/30 days
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>	1	PA, QL 240/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl tablet 10 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl tablet 2.5 mg oral</i>	1	PA, QL 240/30 days, PA applies to age 6 to 12 years old, new starts only
<i>dexmethylphenidate hcl tablet 5 mg oral</i>	1	PA, QL 120/30 days, PA applies to age 6 to 12 years old, new starts only
METADATE ER TABLET EXTENDED RELEASE 20 MG ORAL	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
<i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er tablet extended release 10 mg oral</i>	1	PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er tablet extended release 20 mg oral</i>	1	PA, QL 60/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>	1	PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>	1	PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>	1	PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>	1	PA, QL 60/30 days, NON-OSMOTIC FORMULATION, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl solution 10 mg/5ml oral</i>	1	PA, QL 900/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl solution 5 mg/5ml oral</i>	1	PA, QL 1800/30 days, PA applies to age 6 to 12 years old, new starts only

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Stimulants - Misc. (continued)		
<i>methylphenidate hcl tablet 10 mg oral</i>	1	PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl tablet 20 mg oral</i>	1	PA, QL 90/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl tablet 5 mg oral</i>	1	PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl tablet chewable 10 mg oral</i>	1	PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl tablet chewable 2.5 mg oral</i>	1	PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate hcl tablet chewable 5 mg oral</i>	1	PA, QL 180/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate patch 10 mg/9hr transdermal</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate patch 15 mg/9hr transdermal</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate patch 20 mg/9hr transdermal</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>methylphenidate patch 30 mg/9hr transdermal</i>	1	PA, QL 30/30 days, PA applies to age 6 to 12 years old, new starts only
<i>modafinil tablet 100 mg oral</i>	1	QL 60/30 days
<i>modafinil tablet 200 mg oral</i>	1	QL 60/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL	2	QL 30/30 days
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	4	PA, QL 45/14 days, SP, Prudent
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	4	PA, QL 60/14 days, SP, Prudent
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	4	PA, QL 60/14 days, SP, Prudent
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	4	PA, QL 15/14 days, SP, Prudent
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	4	PA, QL 30/14 days, SP, Prudent
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	4	PA, QL 60/14 days, SP, Prudent
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	4	PA, QL 45/14 days, SP, Prudent
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	4	PA, QL 15/14 days, SP, Prudent
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	4	PA, QL 30/14 days, SP, Prudent
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	4	PA, QL 90/14 days, SP, Prudent
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	4	PA, QL 60/14 days, SP, Prudent
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL	4	PA, QL 13/14 days, SP, Prudent
RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL	2	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Biologicals Misc		
ADAGEN SOLUTION 250 UNIT/ML INTRAMUSCULAR	4	LA, PA, SP
Mixed Allergenic Extracts		
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL	2	QL 30/30 days
AMINOGLYCOSIDES		
Aminoglycosides		
<i>amikacin sulfate solution 1 gm/4ml injection</i>	1	
<i>amikacin sulfate solution 500 mg/2ml injection</i>	1	
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	4	LA, PA, QL 236/28 days, SP, Prudent
<i>neomycin sulfate tablet 500 mg oral</i>	1	
<i>paromomycin sulfate capsule 250 mg oral</i>	1	PA, QL 168/21 days, Medical Necessity PA
<i>streptomycin sulfate solution reconstituted 1 gm intramuscular</i>	3	
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	4	PA, QL 224/56 days, SP, Prudent
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	4	PA, QL 280/56 days, SP, Prudent
<i>tobramycin sulfate solution 1.2 gm/30ml injection</i>	1	
<i>tobramycin sulfate solution 10 mg/ml injection</i>	1	
<i>tobramycin sulfate solution 2 gm/50ml injection</i>	1	
<i>tobramycin sulfate solution 80 mg/2ml injection</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Aminoglycosides (continued)		
<i>tobramycin sulfate solution reconstituted 1.2 gm injection</i>	1	
ANALGESICS - ANTI-INFLAMMATORY		
Antirheumatic - Janus Kinase (JAK) Inhibitors		
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	4	PA, QL 84/365 days, SP, Prudent
XELJANZ SOLUTION 1 MG/ML ORAL	4	PA, QL 240/30 days, SP, Prudent
XELJANZ TABLET 10 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
XELJANZ TABLET 5 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Antirheumatic Antimetabolites		
RHEUMATREX TABLET 2.5 MG ORAL	3	
Anti-TNF-alpha - Monoclonal Antibodies		
<i>adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous</i>	4	PA, QL 0.80/28 days, SP, Prudent
<i>adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous</i>	4	PA, QL 0.80/28 days, SP, Prudent
HADLIMA PUSH TOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-TNF-alpha - Monoclonal Antibodies (continued)		
HADLIMA PUSH TOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Prudent
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Prudent
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	4	PA, QL 0.40/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Cordavis, Prudent
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Cordavis, Prudent
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA, QL 2.40/28 days, SP, Cordavis, Prudent
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	4	PA, QL 1.60/28 days, SP, Cordavis, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cyclooxygenase 2 (COX-2) Inhibitors		
<i>celecoxib capsule 100 mg oral</i>	1	
<i>celecoxib capsule 200 mg oral</i>	1	
<i>celecoxib capsule 400 mg oral</i>	1	QL 30/30 days
<i>celecoxib capsule 50 mg oral</i>	1	
Gold Compounds		
RIDAURA CAPSULE 3 MG ORAL	4	PA, SP, Medical Necessity PA
Interleukin-1 Blockers		
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	4	LA, PA, QL 18.76/28 days, SP, Medical Necessity PA, Prudent
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	4	PA, QL 3.60/28 days, SP, Medical Necessity PA, Prudent
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	4	PA, QL 3.60/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Interleukin-6 Receptor Inhibitors (continued)		
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent
Nonsteroidal Anti-inflammatory Agent Combinations		
<i>diclofenac-misoprostol tablet delayed release 50-0.2 mg oral</i>	1	
<i>diclofenac-misoprostol tablet delayed release 75-0.2 mg oral</i>	1	
<i>naproxen-esomeprazole mg tablet delayed release 375-20 mg oral</i>	1	PA, Medical Necessity PA
<i>naproxen-esomeprazole mg tablet delayed release 500-20 mg oral</i>	1	PA, Medical Necessity PA
<i>naproxen-esomeprazole tablet delayed release 375-20 mg oral</i>	1	PA, Medical Necessity PA
<i>naproxen-esomeprazole tablet delayed release 500-20 mg oral</i>	1	PA, Medical Necessity PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
<i>diclofenac potassium tablet 50 mg oral</i>	1	
<i>diclofenac sodium er tablet extended release 24 hour 100 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 25 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 50 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 75 mg oral</i>	1	
<i>etodolac capsule 200 mg oral</i>	1	
<i>etodolac er tablet extended release 24 hour 400 mg oral</i>	1	
<i>etodolac er tablet extended release 24 hour 500 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
<i>etodolac er tablet extended release 24 hour 600 mg oral</i>	1	
<i>etodolac tablet 400 mg oral</i>	1	
<i>etodolac tablet 500 mg oral</i>	1	
<i>fenoprofen calcium capsule 400 mg oral</i>	1	ST
<i>fenoprofen calcium tablet 600 mg oral</i>	1	
<i>flurbiprofen tablet 100 mg oral</i>	1	
<i>flurbiprofen tablet 50 mg oral</i>	1	
IBU TABLET 600 MG ORAL	1	
IBU TABLET 800 MG ORAL	1	
<i>ibuprofen suspension 100 mg/5ml oral</i>	1	
<i>ibuprofen tablet 400 mg oral</i>	1	
<i>ibuprofen tablet 600 mg oral</i>	1	
<i>ibuprofen tablet 800 mg oral</i>	1	
<i>indomethacin capsule 25 mg oral</i>	1	
<i>indomethacin capsule 50 mg oral</i>	1	
<i>indomethacin er capsule extended release 75 mg oral</i>	1	
<i>indomethacin suspension 25 mg/5ml oral</i>	1	
<i>ketoprofen capsule 25 mg oral</i>	1	
<i>ketoprofen capsule 50 mg oral</i>	1	
<i>ketoprofen capsule 75 mg oral</i>	1	
<i>ketoprofen er capsule extended release 24 hour 200 mg oral</i>	1	
<i>ketorolac tromethamine solution 15 mg/ml injection</i>	1	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
<i>ketorolac tromethamine solution 60 mg/2ml injection</i>	1	
<i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i>	1	
<i>ketorolac tromethamine tablet 10 mg oral</i>	1	QL 20/25 days
<i>meclofenamate sodium capsule 100 mg oral</i>	1	
<i>meclofenamate sodium capsule 50 mg oral</i>	1	
<i>mefenamic acid capsule 250 mg oral</i>	1	Medical Necessity PA
<i>meloxicam tablet 15 mg oral</i>	1	
<i>meloxicam tablet 7.5 mg oral</i>	1	
<i>nabumetone tablet 500 mg oral</i>	1	
<i>nabumetone tablet 750 mg oral</i>	1	
NALFON CAPSULE 400 MG ORAL	3	ST
NALFON TABLET 600 MG ORAL	3	ST
<i>naproxen dr tablet delayed release 375 mg oral</i>	1	
<i>naproxen dr tablet delayed release 500 mg oral</i>	1	
<i>naproxen sodium tablet 275 mg oral</i>	1	
<i>naproxen sodium tablet 550 mg oral</i>	1	
<i>naproxen suspension 125 mg/5ml oral</i>	1	
<i>naproxen tablet 250 mg oral</i>	1	
<i>naproxen tablet 375 mg oral</i>	1	
<i>naproxen tablet 500 mg oral</i>	1	
<i>oxaprozin tablet 600 mg oral</i>	1	
<i>piroxicam capsule 10 mg oral</i>	1	
<i>piroxicam capsule 20 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)		
<i>sulindac tablet 150 mg oral</i>	1	
<i>sulindac tablet 200 mg oral</i>	1	
<i>tolmetin sodium capsule 400 mg oral</i>	1	
<i>tolmetin sodium tablet 200 mg oral</i>	1	
<i>tolmetin sodium tablet 600 mg oral</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABLET 30 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	4	PA, SP, Prudent
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tablet 10 mg oral</i>	1	
<i>leflunomide tablet 20 mg oral</i>	1	
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Medical Necessity PA, Prudent
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Soluble Tumor Necrosis Factor Receptor Agents (continued)		
ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, Prudent
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	4	PA, QL 8/28 days, SP, Prudent
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	4	PA, QL 8/28 days, SP
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
ANALGESICS - NonNarcotic		
Analgesics-Sedatives		
<i>butalbital-acetaminophen tablet 50-325 mg oral</i>	1	QL 30/30 days
<i>butalbital-apap-caffeine capsule 50-300-40 mg oral</i>	1	QL 30/30 days
<i>butalbital-apap-caffeine capsule 50-325-40 mg oral</i>	1	QL 30/30 days
<i>butalbital-apap-caffeine tablet 50-325-40 mg oral</i>	1	QL 30/30 days
<i>butalbital-asa-caffeine capsule 50-325-40 mg oral</i>	1	QL 30/30 days
<i>butalbital-aspirin-caffeine capsule 50-325-40 mg oral</i>	1	QL 30/30 days
Salicylates		
<i>diflunisal tablet 500 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANALGESICS - OPIOID		
Codeine Combinations		
<i>acetaminophen-codeine #2 tablet 300-15 mg oral</i>	1	PA, PA may apply
<i>acetaminophen-codeine #3 tablet 300-30 mg oral</i>	1	PA, PA may apply
<i>acetaminophen-codeine #4 tablet 300-60 mg oral</i>	1	PA, PA may apply
<i>acetaminophen-codeine solution 120-12 mg/5ml oral</i>	1	PA, PA may apply
<i>acetaminophen-codeine tablet 300-15 mg oral</i>	1	PA, PA may apply
<i>acetaminophen-codeine tablet 300-30 mg oral</i>	1	PA, PA may apply
<i>acetaminophen-codeine tablet 300-60 mg oral</i>	1	PA, PA may apply
<i>butalbital-apap-caff-cod capsule 50-300-40-30 mg oral</i>	1	PA, QL 30/30 days, PA may apply
<i>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</i>	1	PA, QL 30/30 days, PA may apply
<i>butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral</i>	1	PA, QL 30/30 days, PA may apply
Dihydrocodeine Combinations		
<i>apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral</i>	1	PA, PA may apply
Hydrocodone Combinations		
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	1	PA, PA may apply
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>	1	PA, PA may apply
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>	1	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hydrocodone Combinations (continued)		
<i>hydrocodone-acetaminophen tablet 2.5-325 mg oral</i>	1	PA, PA may apply
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	1	PA, PA may apply
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>	1	PA, PA may apply
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>	1	PA, PA may apply
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>	1	PA, PA may apply
<i>hydrocodone-ibuprofen tablet 10-200 mg oral</i>	1	PA, PA may apply
<i>hydrocodone-ibuprofen tablet 5-200 mg oral</i>	1	PA, PA may apply
<i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i>	1	PA, PA may apply
Opioid Agonists		
ABSTRAL TABLET SUBLINGUAL 100 MCG SUBLINGUAL	3	PA, PA may apply
ABSTRAL TABLET SUBLINGUAL 200 MCG SUBLINGUAL	3	PA, PA may apply
ABSTRAL TABLET SUBLINGUAL 400 MCG SUBLINGUAL	3	PA, PA may apply
ABSTRAL TABLET SUBLINGUAL 600 MCG SUBLINGUAL	3	PA, PA may apply
ABSTRAL TABLET SUBLINGUAL 800 MCG SUBLINGUAL	3	PA, PA may apply
<i>codeine sulfate tablet 15 mg oral</i>	3	PA, PA may apply
<i>codeine sulfate tablet 30 mg oral</i>	3	PA, PA may apply
<i>codeine sulfate tablet 60 mg oral</i>	3	PA, PA may apply
<i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i>	1	PA, PA may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
<i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate lozenge on a handle 200 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate lozenge on a handle 400 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate lozenge on a handle 600 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate lozenge on a handle 800 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate tablet 100 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate tablet 200 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate tablet 400 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate tablet 600 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl citrate tablet 800 mcg buccal</i>	1	PA, PA may apply
<i>fentanyl patch 72 hour 100 mcg/hr transdermal</i>	1	PA, PA may apply
<i>fentanyl patch 72 hour 12 mcg/hr transdermal</i>	1	PA, PA may apply
<i>fentanyl patch 72 hour 25 mcg/hr transdermal</i>	1	PA, PA may apply
<i>fentanyl patch 72 hour 37.5 mcg/hr transdermal</i>	1	PA, PA may apply
<i>fentanyl patch 72 hour 50 mcg/hr transdermal</i>	1	PA, PA may apply
<i>fentanyl patch 72 hour 75 mcg/hr transdermal</i>	1	PA, PA may apply
FENTORA TABLET 100 MCG BUCCAL	3	PA, PA may apply
<i>hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral</i>	1	PA, ST, PA may apply
<i>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</i>	1	PA, ST, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
<i>hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral</i>	1	PA, ST, PA may apply
<i>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</i>	1	PA, ST, PA may apply
<i>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</i>	1	PA, ST, PA may apply
<i>hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral</i>	1	PA, ST, PA may apply
<i>hydromorphone hcl er tablet extended release 24 hour 12 mg oral</i>	1	PA, ST, PA may apply
<i>hydromorphone hcl er tablet extended release 24 hour 16 mg oral</i>	1	PA, ST, PA may apply
<i>hydromorphone hcl er tablet extended release 24 hour 32 mg oral</i>	1	PA, ST, PA may apply
<i>hydromorphone hcl er tablet extended release 24 hour 8 mg oral</i>	1	PA, ST, PA may apply
<i>hydromorphone hcl liquid 1 mg/ml oral</i>	1	PA, PA may apply
<i>hydromorphone hcl pf solution 10 mg/ml injection</i>	1	PA, PA may apply
<i>hydromorphone hcl tablet 2 mg oral</i>	1	PA, PA may apply
<i>hydromorphone hcl tablet 4 mg oral</i>	1	PA, PA may apply
<i>hydromorphone hcl tablet 8 mg oral</i>	1	PA, PA may apply
LAZANDA SOLUTION 100 MCG/ACT NASAL	3	PA, PA may apply
LAZANDA SOLUTION 300 MCG/ACT NASAL	3	PA, PA may apply
LAZANDA SOLUTION 400 MCG/ACT NASAL	3	PA, PA may apply
<i>meperidine hcl solution 50 mg/5ml oral</i>	1	PA, PA may apply
<i>meperidine hcl tablet 100 mg oral</i>	1	PA, PA may apply
<i>meperidine hcl tablet 50 mg oral</i>	1	PA, PA may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
<i>methadone hcl concentrate 10 mg/ml oral</i>	1	PA, PA may apply
<i>methadone hcl solution 10 mg/5ml oral</i>	1	PA, PA may apply
<i>methadone hcl solution 10 mg/ml injection</i>	1	PA, PA may apply
<i>methadone hcl solution 5 mg/5ml oral</i>	1	PA, PA may apply
<i>methadone hcl tablet 10 mg oral</i>	1	PA, PA may apply
<i>methadone hcl tablet 5 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate (concentrate) solution 20 mg/ml oral</i>	1	PA, PA may apply
<i>morphine sulfate er beads capsule extended release 24 hour 120 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er beads capsule extended release 24 hour 45 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er beads capsule extended release 24 hour 75 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er beads capsule extended release 24 hour 90 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	1	PA, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
<i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er tablet extended release 100 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er tablet extended release 15 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er tablet extended release 200 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er tablet extended release 30 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate er tablet extended release 60 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate solution 10 mg/5ml oral</i>	1	PA, PA may apply
<i>morphine sulfate solution 20 mg/5ml oral</i>	1	PA, PA may apply
<i>morphine sulfate tablet 15 mg oral</i>	1	PA, PA may apply
<i>morphine sulfate tablet 30 mg oral</i>	1	PA, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	PA, ST, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL	3	PA, ST, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	PA, ST, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL	3	PA, ST, PA may apply
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50 MG ORAL	3	PA, ST, PA may apply
NUCYNTA TABLET 100 MG ORAL	3	PA, ST, PA may apply
NUCYNTA TABLET 50 MG ORAL	3	PA, ST, PA may apply
NUCYNTA TABLET 75 MG ORAL	3	PA, ST, PA may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
<i>oxycodone hcl concentrate 100 mg/5ml oral</i>	1	PA, PA may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i>	1	PA, ST, PA may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral</i>	1	PA, ST, PA may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i>	1	PA, ST, PA may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral</i>	1	PA, ST, PA may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i>	1	PA, ST, PA may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral</i>	1	PA, ST, PA may apply
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i>	1	PA, ST, PA may apply
<i>oxycodone hcl solution 5 mg/5ml oral</i>	1	PA, PA may apply
<i>oxycodone hcl tablet 10 mg oral</i>	1	PA, PA may apply
<i>oxycodone hcl tablet 15 mg oral</i>	1	PA, PA may apply
<i>oxycodone hcl tablet 20 mg oral</i>	1	PA, PA may apply
<i>oxycodone hcl tablet 30 mg oral</i>	1	PA, PA may apply
<i>oxycodone hcl tablet 5 mg oral</i>	1	PA, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL	3	PA, ST, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL	3	PA, ST, PA may apply
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL	3	PA, ST, PA may apply
<i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>	1	PA, PA may apply
<i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>	1	PA, PA may apply
<i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>	1	PA, PA may apply
<i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i>	1	PA, PA may apply
<i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i>	1	PA, PA may apply
<i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>	1	PA, PA may apply
<i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i>	1	PA, PA may apply
<i>oxymorphone hcl tablet 10 mg oral</i>	1	PA, PA may apply
<i>oxymorphone hcl tablet 5 mg oral</i>	1	PA, PA may apply
SUBSYS LIQUID 100 MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 1200 (600 X 2) MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 1600 (800 X 2) MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 200 MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 400 MCG SUBLINGUAL	3	PA, PA may apply
SUBSYS LIQUID 600 MCG SUBLINGUAL	3	PA, PA may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Agonists (continued)		
SUBSYS LIQUID 800 MCG SUBLINGUAL	3	PA, PA may apply
<i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i>	1	PA, PA may apply
<i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i>	1	PA, PA may apply
<i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i>	1	PA, PA may apply
<i>tramadol hcl tablet 50 mg oral</i>	1	PA, PA may apply
Opioid Combinations		
ENDOCET TABLET 10-325 MG ORAL	1	PA, PA may apply
ENDOCET TABLET 5-325 MG ORAL	1	PA, PA may apply
ENDOCET TABLET 7.5-325 MG ORAL	1	PA, PA may apply
<i>oxycodone-acetaminophen solution 5- 325 mg/5ml oral</i>	1	PA, PA may apply
<i>oxycodone-acetaminophen tablet 10- 325 mg oral</i>	1	PA, PA may apply
<i>oxycodone-acetaminophen tablet 2.5- 325 mg oral</i>	1	PA, PA may apply
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	1	PA, PA may apply
<i>oxycodone-acetaminophen tablet 7.5- 325 mg oral</i>	1	PA, PA may apply
<i>oxycodone-aspirin tablet 4.8355-325 mg oral</i>	1	PA, PA may apply
<i>oxycodone-ibuprofen tablet 5-400 mg oral</i>	1	PA, PA may apply
Opioid Partial Agonists		
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS	4	LA, QL 0.32/7 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Partial Agonists (continued)		
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS	4	LA, QL 0.48/7 days, SP
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS	4	LA, QL 0.64/7 days, SP
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS	4	LA, QL 0.16/7 days, SP
BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS	4	LA, QL 0.36/28 days, SP
BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS	4	LA, QL 0.18/28 days, SP
BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS	4	LA, QL 0.27/28 days, SP
<i>buprenorphine hcl solution 0.3 mg/ml injection</i>	1	
<i>buprenorphine hcl tablet sublingual 2 mg sublingual</i>	1	QL 120/30 days
<i>buprenorphine hcl tablet sublingual 8 mg sublingual</i>	1	QL 120/30 days
<i>buprenorphine hcl-naloxone hcl film 12-3 mg sublingual</i>	1	QL 60/30 days
<i>buprenorphine hcl-naloxone hcl film 2- 0.5 mg sublingual</i>	1	QL 120/30 days
<i>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</i>	1	QL 120/30 days
<i>buprenorphine hcl-naloxone hcl film 8-2 mg sublingual</i>	1	QL 120/30 days
<i>buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual</i>	1	QL 120/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Partial Agonists (continued)		
<i>buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual</i>	1	QL 120/30 days
<i>buprenorphine patch weekly 10 mcg/hr transdermal</i>	1	PA, QL 4/28 days, PA may apply
<i>buprenorphine patch weekly 15 mcg/hr transdermal</i>	1	PA, QL 4/28 days, PA may apply
<i>buprenorphine patch weekly 20 mcg/hr transdermal</i>	1	PA, QL 4/28 days, PA may apply
<i>buprenorphine patch weekly 5 mcg/hr transdermal</i>	1	PA, QL 4/28 days, PA may apply
<i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i>	1	PA, QL 4/28 days, PA may apply
<i>butorphanol tartrate solution 10 mg/ml nasal</i>	1	QL 7.50/30 days
<i>nalbuphine hcl solution 10 mg/ml injection</i>	1	QL 120/30 days
<i>nalbuphine hcl solution 20 mg/ml injection</i>	1	QL 120/30 days
<i>pentazocine-naloxone hcl tablet 50-0.5 mg oral</i>	1	QL 90/30 days
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	4	LA, QL 0.50/28 days, SP
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	4	LA, QL 1.50/28 days, SP
Tramadol Combinations		
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>	1	PA, PA may apply
ANDROGENS-ANABOLIC		
Anabolic Steroids		
ANADROL-50 TABLET 50 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anabolic Steroids (continued)		
<i>oxandrolone tablet 10 mg oral</i>	1	
<i>oxandrolone tablet 2.5 mg oral</i>	1	
Androgens		
ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger
ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	2	PA, PA applies to age 17 years and younger
<i>danazol capsule 100 mg oral</i>	1	
<i>danazol capsule 200 mg oral</i>	1	
<i>danazol capsule 50 mg oral</i>	1	
JATENZO CAPSULE 158 MG ORAL	3	PA, QL 60/30 days
JATENZO CAPSULE 198 MG ORAL	3	PA, QL 60/30 days
JATENZO CAPSULE 237 MG ORAL	3	PA, QL 60/30 days
KYZATREX CAPSULE 100 MG ORAL	3	PA, QL 120/30 days
KYZATREX CAPSULE 150 MG ORAL	3	PA, QL 120/30 days
KYZATREX CAPSULE 200 MG ORAL	3	PA, QL 120/30 days
<i>methyltestosterone capsule 10 mg oral</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>testosterone cypionate solution 100 mg/ml intramuscular</i>	1	PA, PA applies to age 17 years and younger
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	1	PA, PA applies to age 17 years and younger
<i>testosterone enanthate solution 200 mg/ml intramuscular</i>	1	PA, PA applies to age 17 years and younger
<i>testosterone gel 1.62 % transdermal</i>	1	PA, QL 150/30 days, PA applies to age 17 years and younger
<i>testosterone gel 10 mg/act (2%) transdermal</i>	1	PA, QL 120/30 days, PA applies to age 17 years and younger

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Androgens (continued)		
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	1	PA, QL 300/30 days, PA applies to age 17 years and younger
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	1	PA, QL 300/30 days, PA applies to age 17 years and younger
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	1	PA, QL 150/30 days, PA applies to age 17 years and younger
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	1	PA, QL 300/30 days, PA applies to age 17 years and younger
<i>testosterone solution 30 mg/act transdermal</i>	1	PA, PA applies to age 17 years and younger
TLANDO CAPSULE 112.5 MG ORAL	3	PA, QL 120/30 days
ANORECTAL AND RELATED PRODUCTS		
Intrarectal Steroids		
<i>budesonide foam 2 mg rectal</i>	1	
COLOCORT ENEMA 100 MG/60ML RECTAL	1	
<i>hydrocortisone enema 100 mg/60ml rectal</i>	1	
Nitrate Vasodilating Agents		
<i>nitroglycerin ointment 0.4 % rectal</i>	1	
Rectal Steroids		
ANUSOL-HC CREAM 2.5 % RECTAL	3	
<i>hydrocortisone cream 2.5 % rectal</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Rectal Steroids (continued)		
PROCTOCARE-HC CREAM 2.5 % RECTAL	1	
PROCTO-MED HC CREAM 2.5 % RECTAL	1	
PROCTO-PAK CREAM 1 % RECTAL	1	
PROCTOSOL HC CREAM 2.5 % RECTAL	1	
PROCTOZONE-HC CREAM 2.5 % RECTAL	1	
ANTHELMINTICS		
Anthelmintics		
<i>albendazole tablet 200 mg oral</i>	1	QL 4/60 days
<i>benznidazole tablet 100 mg oral</i>	2	QL 120/365 days, Age 12 years or less
<i>benznidazole tablet 12.5 mg oral</i>	2	QL 120/365 days, Age 12 years or less
EMVERM TABLET CHEWABLE 100 MG ORAL	3	QL 6/28 days
<i>ivermectin tablet 3 mg oral</i>	1	Medical Necessity PA
<i>praziquantel tablet 600 mg oral</i>	1	
ANTIANGINAL AGENTS		
Antianginals-Other		
<i>ranolazine er tablet extended release 12 hour 1000 mg oral</i>	1	QL 60/30 days
<i>ranolazine er tablet extended release 12 hour 500 mg oral</i>	1	QL 60/30 days
Nitrates		
DILATRATE-SR CAPSULE EXTENDED RELEASE 40 MG ORAL	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrates (continued)		
<i>isosorbide dinitrate er tablet extended release 40 mg oral</i>	1	
<i>isosorbide dinitrate tablet 10 mg oral</i>	1	
<i>isosorbide dinitrate tablet 20 mg oral</i>	1	
<i>isosorbide dinitrate tablet 30 mg oral</i>	1	
<i>isosorbide dinitrate tablet 5 mg oral</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 120 mg oral</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</i>	1	
<i>isosorbide mononitrate tablet 10 mg oral</i>	1	
<i>isosorbide mononitrate tablet 20 mg oral</i>	1	
MINITRAN PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	1	
NITRO-BID OINTMENT 2 % TRANSDERMAL	3	
<i>nitroglycerin aerosol solution 400 mcg/spray translingual</i>	1	
<i>nitroglycerin in d5w solution 100-5 mcg/ml-% intravenous</i>	1	
<i>nitroglycerin in d5w solution 200-5 mcg/ml-% intravenous</i>	1	
<i>nitroglycerin in d5w solution 400-5 mcg/ml-% intravenous</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrates (continued)		
<i>nitroglycerin patch 24 hour 0.1 mg/hr transdermal</i>	1	
<i>nitroglycerin patch 24 hour 0.2 mg/hr transdermal</i>	1	
<i>nitroglycerin patch 24 hour 0.4 mg/hr transdermal</i>	1	
<i>nitroglycerin patch 24 hour 0.6 mg/hr transdermal</i>	1	
<i>nitroglycerin solution 0.4 mg/spray translingual</i>	1	
<i>nitroglycerin solution 5 mg/ml intravenous</i>	3	
<i>nitroglycerin tablet sublingual 0.3 mg sublingual</i>	1	
<i>nitroglycerin tablet sublingual 0.4 mg sublingual</i>	1	
<i>nitroglycerin tablet sublingual 0.6 mg sublingual</i>	1	
NITROMIST AEROSOL SOLUTION 400 MCG/SPRAY TRANSLINGUAL	3	
ANTIANSXIETY AGENTS		
Antianxiety Agents - Misc.		
<i>bupirone hcl tablet 10 mg oral</i>	1	
<i>bupirone hcl tablet 15 mg oral</i>	1	
<i>bupirone hcl tablet 30 mg oral</i>	1	
<i>bupirone hcl tablet 5 mg oral</i>	1	
<i>bupirone hcl tablet 7.5 mg oral</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml oral</i>	1	
<i>hydroxyzine hcl tablet 10 mg oral</i>	1	
<i>hydroxyzine hcl tablet 25 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antianxiety Agents - Misc. (continued)		
<i>hydroxyzine hcl tablet 50 mg oral</i>	1	
<i>hydroxyzine pamoate capsule 100 mg oral</i>	1	
<i>hydroxyzine pamoate capsule 25 mg oral</i>	1	
<i>hydroxyzine pamoate capsule 50 mg oral</i>	1	
<i>meprobamate tablet 200 mg oral</i>	1	
<i>meprobamate tablet 400 mg oral</i>	1	
Benzodiazepines		
<i>alprazolam er tablet extended release 24 hour 0.5 mg oral</i>	1	QL 120/30 days
<i>alprazolam er tablet extended release 24 hour 1 mg oral</i>	1	QL 120/30 days
<i>alprazolam er tablet extended release 24 hour 2 mg oral</i>	1	QL 120/30 days
<i>alprazolam er tablet extended release 24 hour 3 mg oral</i>	1	QL 60/30 days
<i>alprazolam tablet 0.25 mg oral</i>	1	QL 120/30 days
<i>alprazolam tablet 0.5 mg oral</i>	1	QL 120/30 days
<i>alprazolam tablet 1 mg oral</i>	1	QL 120/30 days
<i>alprazolam tablet 2 mg oral</i>	1	QL 120/30 days
<i>chlordiazepoxide hcl capsule 10 mg oral</i>	1	QL 120/30 days
<i>chlordiazepoxide hcl capsule 25 mg oral</i>	1	QL 120/30 days
<i>chlordiazepoxide hcl capsule 5 mg oral</i>	1	QL 120/30 days
<i>clorazepate dipotassium tablet 15 mg oral</i>	1	QL 120/30 days
<i>clorazepate dipotassium tablet 3.75 mg oral</i>	1	QL 120/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepines (continued)		
<i>clorazepate dipotassium tablet 7.5 mg oral</i>	1	QL 120/30 days
DIAZEPAM INTENSOL CONCENTRATE 5 MG/ML ORAL	1	QL 240/30 days
<i>diazepam solution 1 mg/ml oral</i>	1	QL 1200/30 days
<i>diazepam solution 5 mg/5ml oral</i>	1	QL 1200/30 days
<i>diazepam tablet 10 mg oral</i>	1	QL 120/30 days
<i>diazepam tablet 2 mg oral</i>	1	QL 120/30 days
<i>diazepam tablet 5 mg oral</i>	1	QL 120/30 days
<i>lorazepam concentrate 2 mg/ml oral</i>	1	QL 150/30 days
LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL	1	QL 150/30 days
<i>lorazepam tablet 0.5 mg oral</i>	1	QL 120/30 days
<i>lorazepam tablet 1 mg oral</i>	1	QL 120/30 days
<i>lorazepam tablet 2 mg oral</i>	1	QL 120/30 days
<i>oxazepam capsule 10 mg oral</i>	1	QL 120/30 days
<i>oxazepam capsule 15 mg oral</i>	1	QL 120/30 days
<i>oxazepam capsule 30 mg oral</i>	1	QL 120/30 days
ANTIARRHYTHMICS		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate capsule 100 mg oral</i>	1	
<i>disopyramide phosphate capsule 150 mg oral</i>	1	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	2	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	2	
<i>quinidine gluconate er tablet extended release 324 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiarrhythmics Type I-A (continued)		
<i>quinidine sulfate tablet 200 mg oral</i>	1	
<i>quinidine sulfate tablet 300 mg oral</i>	1	
Antiarrhythmics Type I-B		
<i>lidocaine hcl (cardiac) solution 10 mg/ml intravenous</i>	1	
<i>lidocaine hcl (cardiac) solution 20 mg/ml intravenous</i>	1	
<i>lidocaine in d5w solution 4-5 mg/ml-% intravenous</i>	1	
<i>lidocaine in d5w solution 8-5 mg/ml-% intravenous</i>	1	
<i>mexiletine hcl capsule 150 mg oral</i>	1	
<i>mexiletine hcl capsule 200 mg oral</i>	1	
<i>mexiletine hcl capsule 250 mg oral</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tablet 100 mg oral</i>	1	
<i>flecainide acetate tablet 150 mg oral</i>	1	
<i>flecainide acetate tablet 50 mg oral</i>	1	
<i>propafenone hcl er capsule extended release 12 hour 225 mg oral</i>	1	
<i>propafenone hcl er capsule extended release 12 hour 325 mg oral</i>	1	
<i>propafenone hcl er capsule extended release 12 hour 425 mg oral</i>	1	
<i>propafenone hcl tablet 150 mg oral</i>	1	
<i>propafenone hcl tablet 225 mg oral</i>	1	
<i>propafenone hcl tablet 300 mg oral</i>	1	
Antiarrhythmics Type III		
<i>amiodarone hcl tablet 100 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiarrhythmics Type III (continued)		
<i>amiodarone hcl tablet 200 mg oral</i>	1	
<i>amiodarone hcl tablet 400 mg oral</i>	1	
<i>dofetilide capsule 125 mcg oral</i>	4	SP
<i>dofetilide capsule 250 mcg oral</i>	4	SP
<i>dofetilide capsule 500 mcg oral</i>	4	SP
MULTAQ TABLET 400 MG ORAL	3	
PACERONE TABLET 100 MG ORAL	1	
PACERONE TABLET 200 MG ORAL	1	
PACERONE TABLET 400 MG ORAL	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-Lipoxygenase Inhibitors		
<i>zileuton er tablet extended release 12 hour 600 mg oral</i>	1	PA, Medical Necessity PA
Adrenergic Combinations		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	QL 60/30 days
BREYNA AEROSOL 160-4.5 MCG/ACT INHALATION	1	QL 10.30/30 days
BREYNA AEROSOL 80-4.5 MCG/ACT INHALATION	1	QL 10.30/30 days
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	3	PA, QL 10.70/30 days, Medical Necessity PA
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	1	QL 10.20/30 days
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	1	QL 10.20/30 days
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION	2	QL 8/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenergic Combinations (continued)		
<i>fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation</i>	1	QL 60/30 days
<i>fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation</i>	1	QL 60/30 days
<i>fluticasone-salmeterol aerosol 115-21 mcg/act inhalation</i>	1	QL 12/30 days
<i>fluticasone-salmeterol aerosol 230-21 mcg/act inhalation</i>	1	QL 12/30 days
<i>fluticasone-salmeterol aerosol 45-21 mcg/act inhalation</i>	1	QL 12/30 days
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	1	QL 60/30 days
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation</i>	1	QL 60/30 days
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	1	QL 1/30 days
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	1	QL 1/30 days
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	1	QL 60/30 days
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation</i>	1	QL 60/30 days
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Adrenergic Combinations (continued)		
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/dose inhalation</i>	1	QL 60/30 days
<i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>	1	QL 1/30 days
<i>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</i>	1	QL 720/30 days
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	QL 4/30 days
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	QL 60/30 days
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	1	QL 60/30 days
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE INHALATION	1	QL 60/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-IgE Monoclonal Antibodies		
XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
Anti-Inflammatory Agents		
<i>cromolyn sodium nebulization solution 20 mg/2ml inhalation</i>	1	QL 240/30 days
Beta Adrenergics		
<i>albuterol sulfate er tablet extended release 12 hour 4 mg oral</i>	1	
<i>albuterol sulfate er tablet extended release 12 hour 8 mg oral</i>	1	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL 2 inhalers/30 days
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	1	QL 720/30 days, Incentive
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	QL 180/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Adrenergics (continued)		
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	1	QL 720/30 days, Incentive
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	1	QL 720/30 days, Incentive
<i>albuterol sulfate syrup 2 mg/5ml oral</i>	1	
<i>albuterol sulfate tablet 2 mg oral</i>	1	
<i>albuterol sulfate tablet 4 mg oral</i>	1	
ARCAPTA NEOHALER CAPSULE 75 MCG INHALATION	3	QL 30/25 days
<i>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</i>	1	QL 120/30 days
<i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i>	1	QL 120/30 days
<i>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</i>	1	QL 90/30 days
<i>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</i>	1	QL 225/30 days
<i>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</i>	1	QL 30/30 days
<i>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</i>	1	QL 225/30 days
<i>levalbuterol tartrate aerosol 45 mcg/act inhalation</i>	1	QL 30/30 days
<i>metaproterenol sulfate syrup 10 mg/5ml oral</i>	1	
<i>metaproterenol sulfate tablet 10 mg oral</i>	1	
<i>metaproterenol sulfate tablet 20 mg oral</i>	1	
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	3	QL 60/30 days
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL 4/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Adrenergics (continued)		
<i>terbutaline sulfate solution 1 mg/ml injection</i>	1	
<i>terbutaline sulfate tablet 2.5 mg oral</i>	1	
<i>terbutaline sulfate tablet 5 mg oral</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION	2	QL 26/30 days
<i>ipratropium bromide solution 0.02 % inhalation</i>	1	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	2	QL 4/30 days
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL 4/30 days
<i>tiotropium bromide monohydrate capsule 18 mcg inhalation</i>	1	QL 30/30 days
Interleukin-5 Antagonists (IgG1 kappa)		
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	4	PA, QL 0.50/56 days, SP, Prudent
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA, QL 3/28 days, SP, Prudent
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	4	PA, QL 3/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Interleukin-5 Antagonists (IgG1 kappa) (continued)		
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.40/28 days, SP, Prudent
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	4	PA, QL 3/28 days, SP, Prudent
Leukotriene Receptor Antagonists		
<i>montelukast sodium packet 4 mg oral</i>	1	
<i>montelukast sodium tablet 10 mg oral</i>	1	
<i>montelukast sodium tablet chewable 4 mg oral</i>	1	
<i>montelukast sodium tablet chewable 5 mg oral</i>	1	
<i>zafirlukast tablet 10 mg oral</i>	1	
<i>zafirlukast tablet 20 mg oral</i>	1	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast tablet 250 mcg oral</i>	1	QL 30/30 days
<i>roflumilast tablet 500 mcg oral</i>	1	QL 30/30 days
Steroid Inhalants		
ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION	3	PA, QL 6.10/30 days, Medical Necessity PA
ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION	3	PA, QL 6.10/30 days, Medical Necessity PA
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Steroid Inhalants (continued)		
ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	2	QL 30/30 days, VBP Drug List
<i>budesonide suspension 0.25 mg/2ml inhalation</i>	1	QL 180/30 days
<i>budesonide suspension 0.5 mg/2ml inhalation</i>	1	QL 120/30 days
<i>budesonide suspension 1 mg/2ml inhalation</i>	1	QL 120/30 days
<i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i>	1	QL 60/30 days, VBP Drug List
<i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i>	1	QL 240/30 days, VBP Drug List
<i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i>	1	QL 60/30 days, VBP Drug List
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	1	QL 24/30 days, VBP Drug List
<i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i>	1	QL 24/30 days, VBP Drug List
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	1	QL 22/30 days, VBP Drug List
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION	2	QL 2/30 days, VBP Drug List
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION	2	QL 2/30 days, VBP Drug List
QVAR AEROSOL SOLUTION 40 MCG/ACT INHALATION	2	QL 8.70/25 days
QVAR AEROSOL SOLUTION 80 MCG/ACT INHALATION	2	QL 8.70/25 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Steroid Inhalants (continued)		
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION	2	QL 21.20/30 days, VBP Drug List
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION	2	QL 21.20/30 days, VBP Drug List
Thymic Stromal Lymphopoietin (TSLP) Antagonists		
TEZSPIRE SOLUTION AUTO-INJECTOR 210 MG/1.91ML SUBCUTANEOUS	4	PA, QL 1.91/28 days, SP, Prudent
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS	4	PA, QL 1.91/28 days, SP, Prudent
Xanthines		
<i>aminophylline solution 25 mg/ml intravenous</i>	1	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	QL 60/30 days
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	QL 60/30 days
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	QL 60/30 days
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL	3	QL 60/30 days
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	1	
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	1	
THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 300 MG ORAL	1	
<i>theophylline elixir 80 mg/15ml oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Xanthines (continued)		
<i>theophylline er tablet extended release 12 hour 100 mg oral</i>	1	
<i>theophylline er tablet extended release 12 hour 200 mg oral</i>	1	
<i>theophylline er tablet extended release 12 hour 300 mg oral</i>	1	
<i>theophylline er tablet extended release 12 hour 450 mg oral</i>	1	
<i>theophylline er tablet extended release 24 hour 400 mg oral</i>	1	
<i>theophylline er tablet extended release 24 hour 600 mg oral</i>	1	
<i>theophylline solution 80 mg/15ml oral</i>	1	
ANTICOAGULANTS		
Coumarin Anticoagulants		
COUMADIN TABLET 1 MG ORAL	3	
COUMADIN TABLET 10 MG ORAL	3	
COUMADIN TABLET 2 MG ORAL	3	
COUMADIN TABLET 2.5 MG ORAL	3	
COUMADIN TABLET 3 MG ORAL	3	
COUMADIN TABLET 4 MG ORAL	3	
COUMADIN TABLET 5 MG ORAL	3	
COUMADIN TABLET 6 MG ORAL	3	
COUMADIN TABLET 7.5 MG ORAL	3	
JANTOVEN TABLET 1 MG ORAL	1	
JANTOVEN TABLET 10 MG ORAL	1	
JANTOVEN TABLET 2 MG ORAL	1	
JANTOVEN TABLET 2.5 MG ORAL	1	
JANTOVEN TABLET 3 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Coumarin Anticoagulants (continued)		
JANTOVEN TABLET 4 MG ORAL	1	
JANTOVEN TABLET 5 MG ORAL	1	
JANTOVEN TABLET 6 MG ORAL	1	
JANTOVEN TABLET 7.5 MG ORAL	1	
<i>warfarin sodium tablet 1 mg oral</i>	1	
<i>warfarin sodium tablet 10 mg oral</i>	1	
<i>warfarin sodium tablet 2 mg oral</i>	1	
<i>warfarin sodium tablet 2.5 mg oral</i>	1	
<i>warfarin sodium tablet 3 mg oral</i>	1	
<i>warfarin sodium tablet 4 mg oral</i>	1	
<i>warfarin sodium tablet 5 mg oral</i>	1	
<i>warfarin sodium tablet 6 mg oral</i>	1	
<i>warfarin sodium tablet 7.5 mg oral</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TABLET 5 MG ORAL	2	
ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL	2	
ELIQUIS TABLET 2.5 MG ORAL	2	QL 60/30 days
ELIQUIS TABLET 5 MG ORAL	2	QL 74/30 days
XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL	2	
XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL	2	QL 310/30 days
XARELTO TABLET 10 MG ORAL	2	QL 30/30 days
XARELTO TABLET 15 MG ORAL	2	QL 60/30 days
XARELTO TABLET 2.5 MG ORAL	2	QL 60/30 days
XARELTO TABLET 20 MG ORAL	2	QL 30/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Heparins And Heparinoid-Like Agents		
<i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i>	1	
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	1	
<i>heparin sodium (porcine) solution 1000 unit/ml injection</i>	1	
<i>heparin sodium (porcine) solution 10000 unit/ml injection</i>	1	
<i>heparin sodium (porcine) solution 20000 unit/ml injection</i>	1	
<i>heparin sodium (porcine) solution 5000 unit/ml injection</i>	1	
Low Molecular Weight Heparins		
<i>enoxaparin sodium solution 100 mg/ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 120 mg/0.8ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 150 mg/ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 30 mg/0.3ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 300 mg/3ml injection</i>	1	QL 180/180 days
<i>enoxaparin sodium solution 40 mg/0.4ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 60 mg/0.6ml subcutaneous</i>	1	
<i>enoxaparin sodium solution 80 mg/0.8ml subcutaneous</i>	1	
<i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Low Molecular Weight Heparins (continued)		
<i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i>	1	
FRAGMIN SOLUTION 10000 UNIT/ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 12500 UNIT/0.5ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 15000 UNIT/0.6ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 18000 UNT/0.72ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 2500 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 5000 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 7500 UNIT/0.3ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Low Molecular Weight Heparins (continued)		
FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS	3	
Synthetic Heparinoid-Like Agents		
<i>fondaparinux sodium solution 10 mg/0.8ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</i>	1	
Thrombin Inhibitors - Selective Direct & Reversible		
<i>dabigatran etexilate mesylate capsule 150 mg oral</i>	1	QL 60/30 days
<i>dabigatran etexilate mesylate capsule 75 mg oral</i>	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTICONVULSANTS		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSPENSION 0.5 MG/ML ORAL	3	QL 680/30 days
FYCOMPA TABLET 10 MG ORAL	3	
FYCOMPA TABLET 12 MG ORAL	3	
FYCOMPA TABLET 2 MG ORAL	3	
FYCOMPA TABLET 4 MG ORAL	3	
FYCOMPA TABLET 6 MG ORAL	3	
FYCOMPA TABLET 8 MG ORAL	3	
Anticonvulsants - Benzodiazepines		
<i>clobazam suspension 2.5 mg/ml oral</i>	1	QL 480/30 days
<i>clobazam tablet 10 mg oral</i>	1	QL 120/30 days
<i>clobazam tablet 20 mg oral</i>	1	QL 60/30 days
<i>clonazepam tablet 0.5 mg oral</i>	1	QL 120/30 days
<i>clonazepam tablet 1 mg oral</i>	1	QL 120/30 days
<i>clonazepam tablet 2 mg oral</i>	1	QL 300/30 days
<i>clonazepam tablet dispersible 0.125 mg oral</i>	1	QL 120/30 days
<i>clonazepam tablet dispersible 0.25 mg oral</i>	1	QL 120/30 days
<i>clonazepam tablet dispersible 0.5 mg oral</i>	1	QL 120/30 days
<i>clonazepam tablet dispersible 1 mg oral</i>	1	QL 120/30 days
<i>clonazepam tablet dispersible 2 mg oral</i>	1	QL 300/30 days
<i>diazepam gel 10 mg rectal</i>	1	QL 5/30 days
<i>diazepam gel 2.5 mg rectal</i>	1	QL 5/30 days
<i>diazepam gel 20 mg rectal</i>	1	QL 5/30 days
VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL	3	QL 2/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Benzodiazepines (continued)		
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL	3	QL 2/30 days
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL	3	QL 2/30 days
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL	3	QL 2/30 days
Anticonvulsants - Misc.		
BRIVIACT SOLUTION 10 MG/ML ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 10 MG ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 100 MG ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 25 MG ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 50 MG ORAL	3	PA, Medical Necessity PA
BRIVIACT TABLET 75 MG ORAL	3	PA, Medical Necessity PA
<i>carbamazepine er capsule extended release 12 hour 100 mg oral</i>	1	
<i>carbamazepine er capsule extended release 12 hour 200 mg oral</i>	1	
<i>carbamazepine er capsule extended release 12 hour 300 mg oral</i>	1	
<i>carbamazepine er tablet extended release 12 hour 100 mg oral</i>	1	
<i>carbamazepine er tablet extended release 12 hour 200 mg oral</i>	1	
<i>carbamazepine er tablet extended release 12 hour 400 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
<i>carbamazepine suspension 100 mg/5ml oral</i>	1	
<i>carbamazepine tablet 200 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>carbamazepine tablet chewable 100 mg oral</i>	1	
DIACOMIT CAPSULE 250 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
DIACOMIT CAPSULE 500 MG ORAL	4	LA, PA, QL 180/30 days, SP, Prudent
DIACOMIT PACKET 250 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
DIACOMIT PACKET 500 MG ORAL	4	LA, PA, QL 180/30 days, SP, Prudent
EPIDIOLEX SOLUTION 100 MG/ML ORAL	4	PA, SP, Prudent
EPITOL TABLET 200 MG ORAL	1	PS Expanded NCDL, Incentive
FINTEPLA SOLUTION 2.2 MG/ML ORAL	4	LA, PA, QL 360/30 days, SP, Prudent
<i>gabapentin capsule 100 mg oral</i>	1	
<i>gabapentin capsule 300 mg oral</i>	1	
<i>gabapentin capsule 400 mg oral</i>	1	
<i>gabapentin solution 250 mg/5ml oral</i>	1	
<i>gabapentin tablet 600 mg oral</i>	1	
<i>gabapentin tablet 800 mg oral</i>	1	
<i>lacosamide solution 10 mg/ml oral</i>	1	
<i>lacosamide solution 200 mg/20ml intravenous</i>	1	
<i>lacosamide tablet 100 mg oral</i>	1	
<i>lacosamide tablet 150 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
<i>lacosamide tablet 200 mg oral</i>	1	
<i>lacosamide tablet 50 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 100 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 200 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 25 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 250 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 300 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 50 mg oral</i>	1	
<i>lamotrigine tablet 100 mg oral</i>	1	
<i>lamotrigine tablet 150 mg oral</i>	1	
<i>lamotrigine tablet 200 mg oral</i>	1	
<i>lamotrigine tablet 25 mg oral</i>	1	
<i>lamotrigine tablet chewable 25 mg oral</i>	1	
<i>lamotrigine tablet chewable 5 mg oral</i>	1	
<i>lamotrigine tablet dispersible 100 mg oral</i>	1	
<i>lamotrigine tablet dispersible 200 mg oral</i>	1	
<i>lamotrigine tablet dispersible 25 mg oral</i>	1	
<i>lamotrigine tablet dispersible 50 mg oral</i>	1	
<i>levetiracetam er tablet extended release 24 hour 500 mg oral</i>	1	
<i>levetiracetam er tablet extended release 24 hour 750 mg oral</i>	1	
<i>levetiracetam solution 100 mg/ml oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
<i>levetiracetam solution 500 mg/5ml oral</i>	1	
<i>levetiracetam tablet 1000 mg oral</i>	1	
<i>levetiracetam tablet 250 mg oral</i>	1	
<i>levetiracetam tablet 500 mg oral</i>	1	
<i>levetiracetam tablet 750 mg oral</i>	1	
<i>oxcarbazepine suspension 300 mg/5ml oral</i>	1	
<i>oxcarbazepine tablet 150 mg oral</i>	1	
<i>oxcarbazepine tablet 300 mg oral</i>	1	
<i>oxcarbazepine tablet 600 mg oral</i>	1	
<i>pregabalin capsule 100 mg oral</i>	1	QL 150/30 days
<i>pregabalin capsule 150 mg oral</i>	1	QL 150/30 days
<i>pregabalin capsule 200 mg oral</i>	1	QL 90/30 days
<i>pregabalin capsule 225 mg oral</i>	1	QL 60/30 days
<i>pregabalin capsule 25 mg oral</i>	1	QL 150/30 days
<i>pregabalin capsule 300 mg oral</i>	1	QL 60/30 days
<i>pregabalin capsule 50 mg oral</i>	1	QL 150/30 days
<i>pregabalin capsule 75 mg oral</i>	1	QL 150/30 days
<i>pregabalin solution 20 mg/ml oral</i>	1	QL 946/30 days
<i>primidone tablet 250 mg oral</i>	1	
<i>primidone tablet 50 mg oral</i>	1	
ROWEEPRA TABLET 1000 MG ORAL	1	
ROWEEPRA TABLET 500 MG ORAL	1	
ROWEEPRA TABLET 750 MG ORAL	1	
ROWEEPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	1	
ROWEEPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anticonvulsants - Misc. (continued)		
<i>rufinamide suspension 40 mg/ml oral</i>	1	PA
<i>rufinamide tablet 200 mg oral</i>	1	PA
<i>rufinamide tablet 400 mg oral</i>	1	PA
<i>topiramate capsule sprinkle 15 mg oral</i>	1	
<i>topiramate capsule sprinkle 25 mg oral</i>	1	
<i>topiramate tablet 100 mg oral</i>	1	
<i>topiramate tablet 200 mg oral</i>	1	
<i>topiramate tablet 25 mg oral</i>	1	
<i>topiramate tablet 50 mg oral</i>	1	
<i>zonisamide capsule 100 mg oral</i>	1	
<i>zonisamide capsule 25 mg oral</i>	1	
<i>zonisamide capsule 50 mg oral</i>	1	
ZTALMY SUSPENSION 50 MG/ML ORAL	4	PA, QL 1100/30 days, SP
Carbamates		
<i>felbamate suspension 600 mg/5ml oral</i>	1	
<i>felbamate tablet 400 mg oral</i>	1	
<i>felbamate tablet 600 mg oral</i>	1	
GABA Modulators		
<i>tiagabine hcl tablet 12 mg oral</i>	1	
<i>tiagabine hcl tablet 16 mg oral</i>	1	
<i>tiagabine hcl tablet 2 mg oral</i>	1	QL 2/1 days
<i>tiagabine hcl tablet 4 mg oral</i>	1	QL 3/1 days
<i>vigabatrin packet 500 mg oral</i>	4	PA, SP, Prudent
<i>vigabatrin tablet 500 mg oral</i>	4	PA, SP, Prudent
VIGADRONE PACKET 500 MG ORAL	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hydantoins		
DILANTIN CAPSULE 30 MG ORAL	2	
<i>fosphenytoin sodium solution 100 mg pe/2ml injection</i>	1	
<i>fosphenytoin sodium solution 500 mg pe/10ml injection</i>	1	
<i>phenytoin sodium extended capsule 100 mg oral</i>	1	
<i>phenytoin sodium extended capsule 200 mg oral</i>	1	
<i>phenytoin sodium extended capsule 300 mg oral</i>	1	
<i>phenytoin sodium solution 50 mg/ml injection</i>	1	
<i>phenytoin suspension 125 mg/5ml oral</i>	1	
<i>phenytoin tablet chewable 50 mg oral</i>	1	
Succinimides		
<i>ethosuximide capsule 250 mg oral</i>	1	
<i>ethosuximide solution 250 mg/5ml oral</i>	1	
<i>methsuximide capsule 300 mg oral</i>	1	
Valproic Acid		
<i>divalproex sodium capsule delayed release sprinkle 125 mg oral</i>	1	
<i>divalproex sodium er tablet extended release 24 hour 250 mg oral</i>	1	
<i>divalproex sodium er tablet extended release 24 hour 500 mg oral</i>	1	
<i>divalproex sodium tablet delayed release 125 mg oral</i>	1	
<i>divalproex sodium tablet delayed release 250 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Valproic Acid (continued)		
<i>divalproex sodium tablet delayed release 500 mg oral</i>	1	
<i>valproate sodium solution 100 mg/ml intravenous</i>	1	
<i>valproic acid capsule 250 mg oral</i>	1	
ANTIDEPRESSANTS		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tablet 15 mg oral</i>	1	
<i>mirtazapine tablet 30 mg oral</i>	1	
<i>mirtazapine tablet 45 mg oral</i>	1	
<i>mirtazapine tablet 7.5 mg oral</i>	1	
<i>mirtazapine tablet dispersible 15 mg oral</i>	1	
<i>mirtazapine tablet dispersible 30 mg oral</i>	1	
<i>mirtazapine tablet dispersible 45 mg oral</i>	1	
Antidepressants - Misc.		
<i>bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral</i>	1	Incentive
<i>bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral</i>	1	Incentive
<i>bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral</i>	1	Incentive
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	1	Incentive
<i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i>	1	Incentive
<i>bupropion hcl tablet 100 mg oral</i>	1	PS Expanded NCDL,VBP Drug List
<i>bupropion hcl tablet 75 mg oral</i>	1	PS Expanded NCDL,VBP Drug List
<i>maprotiline hcl tablet 25 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antidepressants - Misc. (continued)		
<i>maprotiline hcl tablet 50 mg oral</i>	1	
<i>maprotiline hcl tablet 75 mg oral</i>	1	
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE CAPSULE 20 MG ORAL	4	PA, QL 28/365 days, SP, Prudent
ZURZUVAE CAPSULE 25 MG ORAL	4	PA, QL 28/365 days, SP, Prudent
ZURZUVAE CAPSULE 30 MG ORAL	4	PA, QL 14/365 days, SP, Prudent
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL	4	PA
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	4	PA
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL	4	PA
MARPLAN TABLET 10 MG ORAL	3	
<i>phenelzine sulfate tablet 15 mg oral</i>	1	
<i>tranylcypromine sulfate tablet 10 mg oral</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	4	LA, PA, QL 8/28 days, SP
SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	4	LA, PA, QL 12/28 days, SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide solution 10 mg/5ml oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)		
<i>citalopram hydrobromide tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>citalopram hydrobromide tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>citalopram hydrobromide tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>escitalopram oxalate solution 5 mg/5ml oral</i>	1	
<i>escitalopram oxalate tablet 10 mg oral</i>	1	VBP Drug List
<i>escitalopram oxalate tablet 20 mg oral</i>	1	VBP Drug List
<i>escitalopram oxalate tablet 5 mg oral</i>	1	VBP Drug List
<i>fluoxetine hcl capsule 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fluoxetine hcl capsule 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fluoxetine hcl capsule 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fluoxetine hcl capsule delayed release 90 mg oral</i>	1	ST
<i>fluoxetine hcl solution 20 mg/5ml oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>fluoxetine hcl tablet 10 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>fluoxetine hcl tablet 20 mg oral</i>	1	VBP Drug List
<i>fluoxetine hcl tablet 60 mg oral</i>	1	
<i>fluvoxamine maleate er capsule extended release 24 hour 100 mg oral</i>	1	
<i>fluvoxamine maleate er capsule extended release 24 hour 150 mg oral</i>	1	
<i>fluvoxamine maleate tablet 100 mg oral</i>	1	
<i>fluvoxamine maleate tablet 25 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)		
<i>fluvoxamine maleate tablet 50 mg oral</i>	1	
<i>paroxetine hcl er tablet extended release 24 hour 12.5 mg oral</i>	1	
<i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i>	1	
<i>paroxetine hcl er tablet extended release 24 hour 37.5 mg oral</i>	1	
<i>paroxetine hcl suspension 10 mg/5ml oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>paroxetine hcl tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>paroxetine hcl tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>paroxetine hcl tablet 30 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>paroxetine hcl tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
PEXEVA TABLET 10 MG ORAL	3	QL 30/30 days, ST
PEXEVA TABLET 20 MG ORAL	3	QL 30/30 days, ST
PEXEVA TABLET 30 MG ORAL	3	ST
PEXEVA TABLET 40 MG ORAL	3	ST
<i>sertraline hcl concentrate 20 mg/ml oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>sertraline hcl tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>sertraline hcl tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>sertraline hcl tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
Serotonin Modulators		
<i>nefazodone hcl tablet 100 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin Modulators (continued)		
<i>nefazodone hcl tablet 150 mg oral</i>	1	
<i>nefazodone hcl tablet 200 mg oral</i>	1	
<i>nefazodone hcl tablet 250 mg oral</i>	1	
<i>nefazodone hcl tablet 50 mg oral</i>	1	
<i>trazodone hcl tablet 100 mg oral</i>	1	Incentive
<i>trazodone hcl tablet 150 mg oral</i>	1	Incentive
<i>trazodone hcl tablet 300 mg oral</i>	1	Incentive
<i>trazodone hcl tablet 50 mg oral</i>	1	Incentive
TRINTELLIX TABLET 10 MG ORAL	3	QL 30/30 days, ST
TRINTELLIX TABLET 20 MG ORAL	3	QL 30/30 days, ST
TRINTELLIX TABLET 5 MG ORAL	3	QL 30/30 days, ST
<i>vilazodone hcl tablet 10 mg oral</i>	1	QL 30/30 days
<i>vilazodone hcl tablet 20 mg oral</i>	1	QL 30/30 days
<i>vilazodone hcl tablet 40 mg oral</i>	1	QL 30/30 days
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral</i>	1	
<i>desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral</i>	1	
<i>desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral</i>	1	
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	1	
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	1	
<i>duloxetine hcl capsule delayed release particles 40 mg oral</i>	1	
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (continued)		
<i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>	1	PS Expanded NCDL,VBP Drug List
<i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i>	1	PS Expanded NCDL,VBP Drug List
<i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i>	1	PS Expanded NCDL,VBP Drug List
<i>venlafaxine hcl er tablet extended release 24 hour 150 mg oral</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 225 mg oral</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 75 mg oral</i>	1	
<i>venlafaxine hcl tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>venlafaxine hcl tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>venlafaxine hcl tablet 37.5 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>venlafaxine hcl tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>venlafaxine hcl tablet 75 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
Tricyclic Agents		
<i>amitriptyline hcl tablet 10 mg oral</i>	1	
<i>amitriptyline hcl tablet 100 mg oral</i>	1	
<i>amitriptyline hcl tablet 150 mg oral</i>	1	
<i>amitriptyline hcl tablet 25 mg oral</i>	1	
<i>amitriptyline hcl tablet 50 mg oral</i>	1	
<i>amitriptyline hcl tablet 75 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tricyclic Agents (continued)		
<i>amoxapine tablet 100 mg oral</i>	1	
<i>amoxapine tablet 150 mg oral</i>	1	
<i>amoxapine tablet 25 mg oral</i>	1	
<i>amoxapine tablet 50 mg oral</i>	1	
<i>clomipramine hcl capsule 25 mg oral</i>	1	
<i>clomipramine hcl capsule 50 mg oral</i>	1	
<i>clomipramine hcl capsule 75 mg oral</i>	1	
<i>desipramine hcl tablet 10 mg oral</i>	1	
<i>desipramine hcl tablet 100 mg oral</i>	1	
<i>desipramine hcl tablet 150 mg oral</i>	1	
<i>desipramine hcl tablet 25 mg oral</i>	1	
<i>desipramine hcl tablet 50 mg oral</i>	1	
<i>desipramine hcl tablet 75 mg oral</i>	1	
<i>doxepin hcl capsule 10 mg oral</i>	1	
<i>doxepin hcl capsule 100 mg oral</i>	1	
<i>doxepin hcl capsule 150 mg oral</i>	1	
<i>doxepin hcl capsule 25 mg oral</i>	1	
<i>doxepin hcl capsule 50 mg oral</i>	1	
<i>doxepin hcl capsule 75 mg oral</i>	1	
<i>doxepin hcl concentrate 10 mg/ml oral</i>	1	
<i>imipramine hcl tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>imipramine hcl tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>imipramine hcl tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>imipramine pamoate capsule 100 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tricyclic Agents (continued)		
<i>imipramine pamoate capsule 125 mg oral</i>	1	
<i>imipramine pamoate capsule 150 mg oral</i>	1	
<i>imipramine pamoate capsule 75 mg oral</i>	1	
<i>nortriptyline hcl capsule 10 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>nortriptyline hcl capsule 25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>nortriptyline hcl capsule 50 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>nortriptyline hcl capsule 75 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>nortriptyline hcl solution 10 mg/5ml oral</i>	1	
<i>protriptyline hcl tablet 10 mg oral</i>	1	
<i>protriptyline hcl tablet 5 mg oral</i>	1	
SURMONTIL CAPSULE 100 MG ORAL	3	
SURMONTIL CAPSULE 25 MG ORAL	3	
SURMONTIL CAPSULE 50 MG ORAL	3	
<i>trimipramine maleate capsule 100 mg oral</i>	1	
<i>trimipramine maleate capsule 25 mg oral</i>	1	
<i>trimipramine maleate capsule 50 mg oral</i>	1	
ANTIDIABETICS		
Alpha-Glucosidase Inhibitors		
<i>acarbose tablet 100 mg oral</i>	1	VBP Drug List
<i>acarbose tablet 25 mg oral</i>	1	VBP Drug List
<i>acarbose tablet 50 mg oral</i>	1	VBP Drug List
GLYSET TABLET 100 MG ORAL	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Alpha-Glucosidase Inhibitors (continued)		
GLYSET TABLET 25 MG ORAL	3	
GLYSET TABLET 50 MG ORAL	3	
<i>miglitol tablet 100 mg oral</i>	1	VBP Drug List
<i>miglitol tablet 25 mg oral</i>	1	VBP Drug List
<i>miglitol tablet 50 mg oral</i>	1	VBP Drug List
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS	3	PA
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS	3	PA
Biguanides		
<i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral</i>	1	QL 60/30 days, VBP Drug List
<i>metformin hcl er (mod) tablet extended release 24 hour 500 mg oral</i>	1	QL 120/30 days, VBP Drug List
<i>metformin hcl er tablet extended release 24 hour 500 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metformin hcl er tablet extended release 24 hour 750 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metformin hcl tablet 1000 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metformin hcl tablet 500 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metformin hcl tablet 850 mg oral</i>	1	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diabetic Other		
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL	2	QL 2/30 days, VBP Drug List
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	2	QL 2/30 days
<i>diazoxide suspension 50 mg/ml oral</i>	1	
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION	2	QL 2/30 days, VBP Drug List
<i>glucagon emergency kit 1 mg injection</i>	2	QL 2/30 days, VBP Drug List
<i>glucagon emergency solution reconstituted 1 mg/ml injection</i>	2	QL 2/30 days
GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days, VBP Drug List
GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List
GVOKE HYOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days, VBP Drug List
GVOKE HYOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List
GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS	2	QL 0.20/30 days, VBP Drug List
GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS	2	QL 0.40/30 days, VBP Drug List
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	3	QL 2/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diabetic Other (continued)		
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	3	QL 2/30 days
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tablet 12.5 mg oral</i>	1	QL 45/30 days, VBP Drug List
<i>alogliptin benzoate tablet 25 mg oral</i>	1	VBP Drug List
<i>alogliptin benzoate tablet 6.25 mg oral</i>	1	QL 45/30 days, VBP Drug List
JANUVIA TABLET 100 MG ORAL	2	QL 30/30 days, VBP Drug List
JANUVIA TABLET 25 MG ORAL	2	QL 30/30 days, VBP Drug List
JANUVIA TABLET 50 MG ORAL	2	QL 30/30 days, VBP Drug List
<i>saxagliptin hcl tablet 2.5 mg oral</i>	1	QL 30/30 days, VBP Drug List
<i>saxagliptin hcl tablet 5 mg oral</i>	1	QL 30/30 days, VBP Drug List
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations		
<i>alogliptin-metformin hcl tablet 12.5-1000 mg oral</i>	1	VBP Drug List
<i>alogliptin-metformin hcl tablet 12.5-500 mg oral</i>	1	VBP Drug List
JANUMET TABLET 50-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
JANUMET TABLET 50-500 MG ORAL	2	QL 60/30 days, VBP Drug List
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	QL 30/30 days, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations (continued)		
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	2	QL 60/30 days, VBP Drug List
Dopamine Receptor Agonists - Ergot Derivatives		
CYCLOSET TABLET 0.8 MG ORAL	3	
DPP-4 Inhibitor-Thiazolidinedione Combinations		
<i>alogliptin-pioglitazone tablet 12.5-15 mg oral</i>	1	QL 45/30 days, VBP Drug List
<i>alogliptin-pioglitazone tablet 12.5-30 mg oral</i>	1	VBP Drug List
<i>alogliptin-pioglitazone tablet 12.5-45 mg oral</i>	1	VBP Drug List
<i>alogliptin-pioglitazone tablet 25-15 mg oral</i>	1	VBP Drug List
<i>alogliptin-pioglitazone tablet 25-30 mg oral</i>	1	VBP Drug List
<i>alogliptin-pioglitazone tablet 25-45 mg oral</i>	1	VBP Drug List
Human Insulin		
APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA,VBP Drug List
APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PA, Medical Necessity PA,VBP Drug List
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
FIASP SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List
FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	2	VBP Drug List
<i>insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous</i>	3	PA, Medical Necessity PA
<i>insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous</i>	3	PA, Medical Necessity PA
<i>insulin degludec solution 100 unit/ml subcutaneous</i>	3	PA, Medical Necessity PA
<i>insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous</i>	3	PA, Medical Necessity PA
<i>insulin glargine solution 100 unit/ml subcutaneous</i>	3	PA, Medical Necessity PA
<i>insulin glargine-yfgh solution 100 unit/ml subcutaneous</i>	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
<i>insulin glargine-yfgh solution pen-injector 100 unit/ml subcutaneous</i>	3	PA, Medical Necessity PA
LANTUS SOLOSTAR SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
NOVOLIN R INNOLET SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
NOVOLOG SOLUTION 100 UNIT/ML INJECTION	2	VBP Drug List
SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PA, Medical Necessity PA
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Human Insulin (continued)		
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	VBP Drug List
Incretin Mimetic Agents (GLP-1 Receptor Agonists)		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	2	PA, QL 1.50/28 days, VBP Drug List
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List
OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS	2	PA, QL 3/28 days, VBP Drug List
RYBELSUS TABLET 14 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
RYBELSUS TABLET 3 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
RYBELSUS TABLET 7 MG ORAL	2	PA, QL 30/30 days, VBP Drug List
TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Incretin Mimetic Agents (GLP-1 Receptor Agonists) (continued)		
TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA, QL 2/28 days, VBP Drug List
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL 9/30 days, VBP Drug List
Meglitinide Analogues		
<i>nateglinide tablet 120 mg oral</i>	1	VBP Drug List
<i>nateglinide tablet 60 mg oral</i>	1	VBP Drug List
<i>repaglinide tablet 0.5 mg oral</i>	1	VBP Drug List
<i>repaglinide tablet 1 mg oral</i>	1	VBP Drug List
<i>repaglinide tablet 2 mg oral</i>	1	VBP Drug List
SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	2	QL 30/30 days, ST, VBP Drug List
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL	2	QL 30/30 days, VBP Drug List
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations		
GLYXAMBI TABLET 10-5 MG ORAL	2	VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations (continued)		
GLYXAMBI TABLET 25-5 MG ORAL	2	VBP Drug List
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol tablet 10 mg oral</i>	1	PA, QL 30/30 days, Medical Necessity PA
<i>dapagliflozin propanediol tablet 5 mg oral</i>	1	PA, QL 30/30 days, Medical Necessity PA
FARXIGA TABLET 10 MG ORAL	2	QL 30/30 days, VBP Drug List
FARXIGA TABLET 5 MG ORAL	2	QL 30/30 days, VBP Drug List
JARDIANCE TABLET 10 MG ORAL	2	QL 30/30 days, VBP Drug List
JARDIANCE TABLET 25 MG ORAL	2	QL 30/30 days, VBP Drug List
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb		
<i>dapagliflozin pro-metformin er tablet extended release 24 hour 10-1000 mg oral</i>	1	PA, QL 30/30 days, Medical Necessity PA
<i>dapagliflozin pro-metformin er tablet extended release 24 hour 5-1000 mg oral</i>	1	PA, QL 60/30 days, Medical Necessity PA
SYNJARDY TABLET 12.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY TABLET 12.5-500 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY TABLET 5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY TABLET 5-500 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	QL 60/30 days, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb (continued)		
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	2	QL 30/30 days, VBP Drug List
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	QL 30/30 days, VBP Drug List
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL	2	QL 30/30 days, VBP Drug List
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL 60/30 days, VBP Drug List
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	2	QL 30/30 days, VBP Drug List
Sulfonylurea-Biguanide Combinations		
<i>glipizide-metformin hcl tablet 2.5-250 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glipizide-metformin hcl tablet 2.5-500 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glipizide-metformin hcl tablet 5-500 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glyburide-metformin tablet 1.25-250 mg oral</i>	1	VBP Drug List
<i>glyburide-metformin tablet 2.5-500 mg oral</i>	1	VBP Drug List
<i>glyburide-metformin tablet 5-500 mg oral</i>	1	VBP Drug List
Sulfonylureas		
<i>chlorpropamide tablet 100 mg oral</i>	1	VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sulfonylureas (continued)		
<i>chlorpropamide tablet 250 mg oral</i>	1	VBP Drug List
<i>glimepiride tablet 1 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glimepiride tablet 2 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glimepiride tablet 4 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glipizide er tablet extended release 24 hour 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glipizide er tablet extended release 24 hour 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glipizide er tablet extended release 24 hour 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glipizide tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glipizide tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glyburide micronized tablet 1.5 mg oral</i>	1	Incentive, VBP Drug List
<i>glyburide micronized tablet 3 mg oral</i>	1	Incentive, VBP Drug List
<i>glyburide micronized tablet 6 mg oral</i>	1	Incentive, VBP Drug List
<i>glyburide tablet 1.25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glyburide tablet 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>glyburide tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>tolazamide tablet 250 mg oral</i>	1	VBP Drug List
<i>tolazamide tablet 500 mg oral</i>	1	VBP Drug List
<i>tolbutamide tablet 500 mg oral</i>	1	VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thiazolidinedione-Biguanide Combinations		
<i>pioglitazone hcl-metformin hcl tablet 15-500 mg oral</i>	1	VBP Drug List
<i>pioglitazone hcl-metformin hcl tablet 15-850 mg oral</i>	1	VBP Drug List
Thiazolidinediones		
AVANDIA TABLET 2 MG ORAL	3	VBP Drug List
AVANDIA TABLET 4 MG ORAL	3	VBP Drug List
<i>pioglitazone hcl tablet 15 mg oral</i>	1	VBP Drug List
<i>pioglitazone hcl tablet 30 mg oral</i>	1	VBP Drug List
<i>pioglitazone hcl tablet 45 mg oral</i>	1	VBP Drug List
ANTIDIARRHEAL/PROBIOTIC AGENTS		
Antiperistaltic Agents		
<i>diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral</i>	1	
<i>diphenoxylate-atropine tablet 2.5-0.025 mg oral</i>	1	
<i>loperamide hcl capsule 2 mg oral</i>	1	
MOTOFEN TABLET 1-0.025 MG ORAL	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPSULE 100 MG ORAL	3	
<i>deferasirox tablet 180 mg oral</i>	4	PA, SP, Partial Fill, Prudent
<i>deferasirox tablet 360 mg oral</i>	4	PA, SP, Partial Fill, Prudent
<i>deferasirox tablet 90 mg oral</i>	4	PA, SP, Partial Fill, Prudent
<i>deferasirox tablet soluble 125 mg oral</i>	4	PA, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antidotes - Chelating Agents (continued)		
<i>deferasirox tablet soluble 250 mg oral</i>	4	PA, SP, Partial Fill, Prudent
<i>deferasirox tablet soluble 500 mg oral</i>	4	PA, SP, Partial Fill, Prudent
<i>deferiprone tablet 1000 mg oral</i>	4	LA, PA, SP, Prudent
<i>deferiprone tablet 500 mg oral</i>	4	LA, PA, SP, Prudent
FERRIPROX SOLUTION 100 MG/ML ORAL	4	LA, PA, SP
FERRIPROX TWICE-A-DAY TABLET 1000 MG ORAL	4	LA, PA, SP
Antidotes and Specific Antagonists		
CETYLEV TABLET EFFERVESCENT 2.5 GM ORAL	2	
CETYLEV TABLET EFFERVESCENT 500 MG ORAL	2	
VISTOGARD PACKET 10 GM ORAL	3	PA, QL 20/5 days
Opioid Antagonists		
KLOXXADO LIQUID 8 MG/0.1ML NASAL	2	QL 4/90 days
<i>naloxone hcl liquid 4 mg/0.1ml nasal</i>	1	QL 4/90 days
<i>naloxone hcl solution 0.4 mg/ml injection</i>	1	
<i>naloxone hcl solution auto-injector 2 mg/0.4ml injection</i>	1	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	1	
<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i>	1	
<i>naltrexone hcl tablet 50 mg oral</i>	1	
NARCAN LIQUID 4 MG/0.1ML NASAL	2	QL 4/90 days
OPVEE SOLUTION 2.7 MG/0.1ML NASAL	2	QL 4/180 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Opioid Antagonists (continued)		
REXTOVY LIQUID 4 MG/0.25ML NASAL	2	QL 4/90 days
VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR	3	QL 1/28 days
ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION	2	QL 2/180 days
ANTIEMETICS		
5-HT3 Receptor Antagonists		
ALOXI SOLUTION 0.25 MG/5ML INTRAVENOUS	3	QL 1/25 days
ANZEMET TABLET 100 MG ORAL	3	QL 4/28 days
ANZEMET TABLET 50 MG ORAL	3	QL 4/28 days
<i>granisetron hcl solution 1 mg/ml intravenous</i>	1	QL 1/15 days
<i>granisetron hcl solution 4 mg/4ml intravenous</i>	1	QL 1/15 days
<i>granisetron hcl tablet 1 mg oral</i>	1	
<i>ondansetron hcl solution 4 mg/2ml injection</i>	1	
<i>ondansetron hcl solution 4 mg/5ml oral</i>	1	QL 100/15 days
<i>ondansetron hcl solution 40 mg/20ml injection</i>	1	
<i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i>	1	
<i>ondansetron hcl tablet 4 mg oral</i>	1	
<i>ondansetron hcl tablet 8 mg oral</i>	1	
<i>ondansetron tablet dispersible 4 mg oral</i>	1	
<i>ondansetron tablet dispersible 8 mg oral</i>	1	
<i>palonosetron hcl solution 0.25 mg/2ml intravenous</i>	3	QL 1/25 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
5-HT3 Receptor Antagonists (continued)		
<i>palonosetron hcl solution 0.25 mg/5ml intravenous</i>	1	QL 1/25 days
<i>palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous</i>	1	
SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL	3	QL 4/28 days
ZUPLENZ FILM 4 MG ORAL	3	QL 24/30 days
ZUPLENZ FILM 8 MG ORAL	3	QL 24/30 days
Antiemetic Combinations		
AKYNZEO CAPSULE 300-0.5 MG ORAL	3	PA, QL 4/28 days
<i>doxylamine-pyridoxine tablet delayed release 10-10 mg oral</i>	1	
Antiemetics - Anticholinergic		
<i>meclizine hcl tablet 12.5 mg oral</i>	1	
<i>meclizine hcl tablet 25 mg oral</i>	1	
<i>scopolamine patch 72 hour 1 mg/3days transdermal</i>	1	
TRANSDERM-SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	3	
<i>trimethobenzamide hcl capsule 300 mg oral</i>	1	
Antiemetics - Miscellaneous		
CESAMET CAPSULE 1 MG ORAL	3	QL 4/1 days
<i>dronabinol capsule 10 mg oral</i>	1	QL 60/30 days
<i>dronabinol capsule 2.5 mg oral</i>	1	QL 120/30 days
<i>dronabinol capsule 5 mg oral</i>	1	QL 120/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant capsule 125 mg oral</i>	1	QL 4/28 days
<i>aprepitant capsule 40 mg oral</i>	1	QL 3/180 days
<i>aprepitant capsule 80 & 125 mg oral</i>	1	QL 4/28 days
<i>aprepitant capsule 80 mg oral</i>	1	QL 4/28 days
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	3	QL 12/28 days
VARUBI TABLET 90 MG ORAL	3	PA, QL 4/30 days
ANTIFUNGALS		
Antifungal - Glucan Synthesis Inhibitors (Echinocandins)		
CANCIDAS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	
ERAXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	3	Medical Benefit only.
ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	Medical Benefit only.
<i>micafungin sodium solution reconstituted 100 mg intravenous</i>	1	
<i>micafungin sodium solution reconstituted 50 mg intravenous</i>	1	
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)		
BREXAFEMME TABLET 150 MG ORAL	3	PA, QL 4/30 days
Antifungals		
ABELCET SUSPENSION 5 MG/ML INTRAVENOUS	3	
AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS	3	
<i>amphotericin b solution reconstituted 50 mg injection</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antifungals (continued)		
<i>bio-statin capsule 500000 unit oral</i>	2	
<i>flucytosine capsule 250 mg oral</i>	1	PA
<i>flucytosine capsule 500 mg oral</i>	1	PA
<i>griseofulvin microsize suspension 125 mg/5ml oral</i>	1	
<i>griseofulvin microsize tablet 500 mg oral</i>	1	
<i>griseofulvin ultramicrosize tablet 125 mg oral</i>	1	
<i>griseofulvin ultramicrosize tablet 250 mg oral</i>	1	
<i>nystatin tablet 500000 unit oral</i>	1	
<i>terbinafine hcl tablet 250 mg oral</i>	1	
Imidazoles		
<i>ketoconazole tablet 200 mg oral</i>	1	
Tetrazoles		
VIVJOA CAPSULE THERAPY PACK 150 MG ORAL	4	LA, PA, QL 18/365 days, SP
Triazoles		
CRESEMBA CAPSULE 186 MG ORAL	4	PA, SP
CRESEMBA CAPSULE 74.5 MG ORAL	4	PA, QL 170/30 days, SP
<i>fluconazole suspension reconstituted 10 mg/ml oral</i>	1	
<i>fluconazole suspension reconstituted 40 mg/ml oral</i>	1	
<i>fluconazole tablet 100 mg oral</i>	1	
<i>fluconazole tablet 150 mg oral</i>	1	
<i>fluconazole tablet 200 mg oral</i>	1	
<i>fluconazole tablet 50 mg oral</i>	1	
<i>itraconazole capsule 100 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triazoles (continued)		
<i>itraconazole solution 10 mg/ml oral</i>	1	
<i>posaconazole suspension 40 mg/ml oral</i>	1	PA
<i>posaconazole tablet delayed release 100 mg oral</i>	1	PA
<i>voriconazole suspension reconstituted 40 mg/ml oral</i>	1	PA, QL 150/30 days, Medical Necessity PA
<i>voriconazole tablet 200 mg oral</i>	1	QL 60/30 days
<i>voriconazole tablet 50 mg oral</i>	1	QL 120/30 days
ANTIHISTAMINES		
Antihistamines - Alkylamines		
<i>brompheniramine tannate tablet chewable 12 mg oral</i>	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate solution 4 mg/5ml oral</i>	1	
<i>carbinoxamine maleate tablet 4 mg oral</i>	1	
<i>clemastine fumarate tablet 2.68 mg oral</i>	1	
<i>diphenhydramine hcl capsule 25 mg oral</i>	1	
<i>diphenhydramine hcl capsule 50 mg oral</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml oral</i>	1	
<i>diphenhydramine hcl solution 50 mg/ml injection</i>	1	
Antihistamines - Non-Sedating		
<i>cetirizine hcl solution 1 mg/ml oral</i>	1	
CLARINEX SYRUP 0.5 MG/ML ORAL	3	
<i>desloratadine tablet 5 mg oral</i>	1	
<i>desloratadine tablet dispersible 2.5 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihistamines - Non-Sedating (continued)		
<i>desloratadine tablet dispersible 5 mg oral</i>	1	
<i>levocetirizine dihydrochloride solution 2.5 mg/5ml oral</i>	1	
<i>levocetirizine dihydrochloride tablet 5 mg oral</i>	1	
Antihistamines - Phenothiazines		
PHENADOZ SUPPOSITORY 12.5 MG RECTAL	1	
PHENADOZ SUPPOSITORY 25 MG RECTAL	1	
<i>promethazine hcl solution 25 mg/ml injection</i>	1	
<i>promethazine hcl solution 50 mg/ml injection</i>	1	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	1	
<i>promethazine hcl suppository 12.5 mg rectal</i>	1	
<i>promethazine hcl suppository 25 mg rectal</i>	1	
<i>promethazine hcl suppository 50 mg rectal</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml oral</i>	1	
<i>promethazine hcl tablet 12.5 mg oral</i>	1	
<i>promethazine hcl tablet 25 mg oral</i>	1	
<i>promethazine hcl tablet 50 mg oral</i>	1	
PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 25 MG RECTAL	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihistamines - Phenothiazines (continued)		
PROMETHEGAN SUPPOSITORY 50 MG RECTAL	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup 2 mg/5ml oral</i>	1	
<i>cyproheptadine hcl tablet 4 mg oral</i>	1	
ANTIHYPERTENSIVES		
Antihyperlipidemics - Misc.		
<i>icosapent ethyl capsule 0.5 gm oral</i>	1	QL 120/30 days
<i>icosapent ethyl capsule 1 gm oral</i>	1	QL 120/30 days
KYNAMRO SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	4	PA, SP
<i>omega-3-acid ethyl esters capsule 1 gm oral</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine light packet 4 gm oral</i>	1	
<i>cholestyramine light powder 4 gm/dose oral</i>	1	
<i>cholestyramine packet 4 gm oral</i>	1	
<i>cholestyramine powder 4 gm/dose oral</i>	1	
<i>colesevelam hcl packet 3.75 gm oral</i>	1	
<i>colesevelam hcl tablet 625 mg oral</i>	1	
<i>colestipol hcl granules 5 gm oral</i>	1	
<i>colestipol hcl packet 5 gm oral</i>	1	
<i>colestipol hcl tablet 1 gm oral</i>	1	
PREVALITE POWDER 4 GM/DOSE ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fibric Acid Derivatives		
<i>fenofibrate capsule 150 mg oral</i>	1	
<i>fenofibrate capsule 50 mg oral</i>	1	
<i>fenofibrate micronized capsule 130 mg oral</i>	1	
<i>fenofibrate micronized capsule 134 mg oral</i>	1	Incentive
<i>fenofibrate micronized capsule 200 mg oral</i>	1	
<i>fenofibrate micronized capsule 43 mg oral</i>	1	Incentive
<i>fenofibrate micronized capsule 67 mg oral</i>	1	Incentive
<i>fenofibrate tablet 145 mg oral</i>	1	
<i>fenofibrate tablet 160 mg oral</i>	1	Incentive
<i>fenofibrate tablet 48 mg oral</i>	1	Incentive
<i>fenofibrate tablet 54 mg oral</i>	1	Incentive
<i>fenofibric acid capsule delayed release 135 mg oral</i>	1	
<i>fenofibric acid capsule delayed release 45 mg oral</i>	1	
<i>fenofibric acid tablet 105 mg oral</i>	1	
<i>fenofibric acid tablet 35 mg oral</i>	1	
<i>gemfibrozil tablet 600 mg oral</i>	1	Incentive
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HMG CoA Reductase Inhibitors (continued)		
<i>atorvastatin calcium tablet 20 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>atorvastatin calcium tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>atorvastatin calcium tablet 80 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fluvastatin sodium capsule 20 mg oral</i>	0	QL 30/30 days, ACA NCDL, limitations may apply
<i>fluvastatin sodium capsule 40 mg oral</i>	0	QL 30/30 days, ACA NCDL, limitations may apply
<i>fluvastatin sodium er tablet extended release 24 hour 80 mg oral</i>	0	ACA NCDL, limitations may apply
<i>lovastatin tablet 10 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>lovastatin tablet 20 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>lovastatin tablet 40 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>pitavastatin calcium tablet 1 mg oral</i>	0	QL 30/30 days, ACA NCDL, limitations may apply
<i>pitavastatin calcium tablet 2 mg oral</i>	0	QL 30/30 days, ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HMG CoA Reductase Inhibitors (continued)		
<i>pitavastatin calcium tablet 4 mg oral</i>	0	QL 30/30 days, ACA NCDL, limitations may apply
<i>pravastatin sodium tablet 10 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>pravastatin sodium tablet 20 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>pravastatin sodium tablet 40 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>pravastatin sodium tablet 80 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>rosuvastatin calcium tablet 10 mg oral</i>	0	ACA NCDL, limitations may apply
<i>rosuvastatin calcium tablet 20 mg oral</i>	1	
<i>rosuvastatin calcium tablet 40 mg oral</i>	1	
<i>rosuvastatin calcium tablet 5 mg oral</i>	0	ACA NCDL, limitations may apply
<i>simvastatin tablet 10 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>simvastatin tablet 20 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HMG CoA Reductase Inhibitors (continued)		
<i>simvastatin tablet 40 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>simvastatin tablet 5 mg oral</i>	0	PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List
<i>simvastatin tablet 80 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb		
<i>ezetimibe-simvastatin tablet 10-10 mg oral</i>	1	QL 30/30 days
<i>ezetimibe-simvastatin tablet 10-20 mg oral</i>	1	QL 30/30 days
<i>ezetimibe-simvastatin tablet 10-40 mg oral</i>	1	QL 30/30 days
<i>ezetimibe-simvastatin tablet 10-80 mg oral</i>	1	QL 30/30 days
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tablet 10 mg oral</i>	1	
Nicotinic Acid Derivatives		
<i>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</i>	1	
<i>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</i>	1	QL 1.50/1 days
<i>niacin er (antihyperlipidemic) tablet extended release 750 mg oral</i>	1	
NIASPAN TABLET EXTENDED RELEASE 1000 MG ORAL	3	
NIASPAN TABLET EXTENDED RELEASE 500 MG ORAL	3	QL 1.50/1 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nicotinic Acid Derivatives (continued)		
NIASPAN TABLET EXTENDED RELEASE 750 MG ORAL	3	
PCSK9 Inhibitors		
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS	3	PA-NSO, QL 3.50/28 days
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS	3	PA-NSO, QL 2/28 days
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	3	PA-NSO, QL 2/28 days
ANTIHYPERTENSIVES		
ACE Inhibitor & Calcium Channel Blocker Combinations		
<i>amlodipine besy-benazepril hcl capsule 10-20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>amlodipine besy-benazepril hcl capsule 10-40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>amlodipine besy-benazepril hcl capsule 5-10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>amlodipine besy-benazepril hcl capsule 5-20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>amlodipine besy-benazepril hcl capsule 5-40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
ACE Inhibitors		
<i>benazepril hcl tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>benazepril hcl tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors (continued)		
<i>benazepril hcl tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>benazepril hcl tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>captopril tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>captopril tablet 12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>captopril tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>captopril tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>enalapril maleate tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>enalapril maleate tablet 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>enalapril maleate tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>enalapril maleate tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fosinopril sodium tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fosinopril sodium tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fosinopril sodium tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lisinopril tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lisinopril tablet 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lisinopril tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors (continued)		
<i>lisinopril tablet 30 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lisinopril tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lisinopril tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>moexipril hcl tablet 15 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>moexipril hcl tablet 7.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>perindopril erbumine tablet 2 mg oral</i>	1	
<i>perindopril erbumine tablet 4 mg oral</i>	1	
<i>perindopril erbumine tablet 8 mg oral</i>	1	
<i>quinapril hcl tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>quinapril hcl tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>quinapril hcl tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>quinapril hcl tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>ramipril capsule 1.25 mg oral</i>	1	
<i>ramipril capsule 10 mg oral</i>	1	
<i>ramipril capsule 2.5 mg oral</i>	1	
<i>ramipril capsule 5 mg oral</i>	1	
<i>trandolapril tablet 1 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>trandolapril tablet 2 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>trandolapril tablet 4 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors & Thiazide/Thiazide-Like		
<i>benazepril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>benazepril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>benazepril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>captopril-hydrochlorothiazide tablet 25-15 mg oral</i>	1	
<i>captopril-hydrochlorothiazide tablet 25-25 mg oral</i>	1	
<i>captopril-hydrochlorothiazide tablet 50-15 mg oral</i>	1	
<i>captopril-hydrochlorothiazide tablet 50-25 mg oral</i>	1	
<i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fosinopril sodium-hctz tablet 10-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>fosinopril sodium-hctz tablet 20-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>moexipril-hydrochlorothiazide tablet 15-12.5 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ACE Inhibitors & Thiazide/Thiazide-Like (continued)		
<i>moexipril-hydrochlorothiazide tablet 15-25 mg oral</i>	1	
<i>moexipril-hydrochlorothiazide tablet 7.5-12.5 mg oral</i>	1	
<i>quinapril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	
<i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	
<i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl capsule 10 mg oral</i>	3	PA
Angiotensin II Receptor Antag & Ca Channel Blocker Comb		
<i>amlodipine besylate-valsartan tablet 10-160 mg oral</i>	1	QL 30/30 days
<i>amlodipine besylate-valsartan tablet 10-320 mg oral</i>	1	QL 30/30 days
<i>amlodipine besylate-valsartan tablet 5-160 mg oral</i>	1	QL 30/30 days
<i>amlodipine besylate-valsartan tablet 5-320 mg oral</i>	1	QL 30/30 days
<i>amlodipine-olmesartan tablet 10-20 mg oral</i>	1	
<i>amlodipine-olmesartan tablet 10-40 mg oral</i>	1	
<i>amlodipine-olmesartan tablet 5-20 mg oral</i>	1	
<i>amlodipine-olmesartan tablet 5-40 mg oral</i>	1	
<i>telmisartan-amlodipine tablet 40-10 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antag & Ca Channel Blocker Comb (continued)		
<i>telmisartan-amlodipine tablet 40-5 mg oral</i>	1	
<i>telmisartan-amlodipine tablet 80-10 mg oral</i>	1	
<i>telmisartan-amlodipine tablet 80-5 mg oral</i>	1	
Angiotensin II Receptor Antag & Thiazide/Thiazide-Like		
<i>candesartan cilexetil-hctz tablet 16-12.5 mg oral</i>	1	
<i>candesartan cilexetil-hctz tablet 32-12.5 mg oral</i>	1	
<i>candesartan cilexetil-hctz tablet 32-25 mg oral</i>	1	
<i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>losartan potassium-hctz tablet 100-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>losartan potassium-hctz tablet 100-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>losartan potassium-hctz tablet 50-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>olmesartan medoxomil-hctz tablet 20-12.5 mg oral</i>	1	
<i>olmesartan medoxomil-hctz tablet 40-12.5 mg oral</i>	1	
<i>olmesartan medoxomil-hctz tablet 40-25 mg oral</i>	1	
<i>telmisartan-hctz tablet 40-12.5 mg oral</i>	1	
<i>telmisartan-hctz tablet 80-12.5 mg oral</i>	1	
<i>telmisartan-hctz tablet 80-25 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antag & Thiazide/Thiazide-Like (continued)		
<i>valsartan-hydrochlorothiazide tablet 160-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>valsartan-hydrochlorothiazide tablet 160-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>valsartan-hydrochlorothiazide tablet 320-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>valsartan-hydrochlorothiazide tablet 320-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>valsartan-hydrochlorothiazide tablet 80-12.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16 mg oral</i>	1	
<i>candesartan cilexetil tablet 32 mg oral</i>	1	
<i>candesartan cilexetil tablet 4 mg oral</i>	1	
<i>candesartan cilexetil tablet 8 mg oral</i>	1	
EDARBI TABLET 40 MG ORAL	3	PA, QL 30/30 days, Medical Necessity PA
EDARBI TABLET 80 MG ORAL	3	PA, Medical Necessity PA
<i>eprosartan mesylate tablet 600 mg oral</i>	1	
<i>irbesartan tablet 150 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>irbesartan tablet 300 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>irbesartan tablet 75 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>losartan potassium tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>losartan potassium tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Angiotensin II Receptor Antagonists (continued)		
<i>losartan potassium tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>olmesartan medoxomil tablet 20 mg oral</i>	1	
<i>olmesartan medoxomil tablet 40 mg oral</i>	1	
<i>olmesartan medoxomil tablet 5 mg oral</i>	1	
<i>telmisartan tablet 20 mg oral</i>	1	
<i>telmisartan tablet 40 mg oral</i>	1	
<i>telmisartan tablet 80 mg oral</i>	1	
<i>valsartan tablet 160 mg oral</i>	1	
<i>valsartan tablet 320 mg oral</i>	1	
<i>valsartan tablet 40 mg oral</i>	1	
<i>valsartan tablet 80 mg oral</i>	1	
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides		
<i>olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral</i>	1	QL 30/30 days
<i>olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral</i>	1	QL 30/30 days
<i>olmesartan-amlodipine-hctz tablet 40-10-25 mg oral</i>	1	QL 30/30 days
<i>olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral</i>	1	QL 30/30 days
<i>olmesartan-amlodipine-hctz tablet 40-5-25 mg oral</i>	1	QL 30/30 days
Antiadrenergics - Centrally Acting		
<i>clonidine hcl tablet 0.1 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>clonidine hcl tablet 0.2 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>clonidine hcl tablet 0.3 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiadrenergics - Centrally Acting (continued)		
<i>clonidine patch weekly 0.1 mg/24hr transdermal</i>	1	QL 4/28 days
<i>clonidine patch weekly 0.2 mg/24hr transdermal</i>	1	QL 4/28 days
<i>clonidine patch weekly 0.3 mg/24hr transdermal</i>	1	QL 4/28 days
<i>guanfacine hcl tablet 1 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>guanfacine hcl tablet 2 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>methyldopa tablet 250 mg oral</i>	1	
<i>methyldopa tablet 500 mg oral</i>	1	
Antiadrenergics - Peripherally Acting		
<i>doxazosin mesylate tablet 1 mg oral</i>	1	
<i>doxazosin mesylate tablet 2 mg oral</i>	1	
<i>doxazosin mesylate tablet 4 mg oral</i>	1	
<i>doxazosin mesylate tablet 8 mg oral</i>	1	
<i>prazosin hcl capsule 1 mg oral</i>	1	
<i>prazosin hcl capsule 2 mg oral</i>	1	
<i>prazosin hcl capsule 5 mg oral</i>	1	
<i>terazosin hcl capsule 1 mg oral</i>	1	
<i>terazosin hcl capsule 10 mg oral</i>	1	
<i>terazosin hcl capsule 2 mg oral</i>	1	
<i>terazosin hcl capsule 5 mg oral</i>	1	
Beta Blocker & Diuretic Combinations		
<i>atenolol-chlorthalidone tablet 100-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>atenolol-chlorthalidone tablet 50-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blocker & Diuretic Combinations (continued)		
<i>bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metoprolol-hydrochlorothiazide tablet 100-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metoprolol-hydrochlorothiazide tablet 50-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nadolol-bendroflumethiazide tablet 40-5 mg oral</i>	1	
<i>nadolol-bendroflumethiazide tablet 80-5 mg oral</i>	1	
<i>propranolol-hctz tablet 40-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>propranolol-hctz tablet 80-25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
Direct Renin Inhibitors		
<i>aliskiren fumarate tablet 150 mg oral</i>	1	QL 30/30 days
<i>aliskiren fumarate tablet 300 mg oral</i>	1	QL 30/30 days
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone tablet 25 mg oral</i>	1	
<i>eplerenone tablet 50 mg oral</i>	1	
Vasodilators		
<i>hydralazine hcl solution 20 mg/ml injection</i>	1	
<i>hydralazine hcl tablet 10 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vasodilators (continued)		
<i>hydralazine hcl tablet 100 mg oral</i>	1	
<i>hydralazine hcl tablet 25 mg oral</i>	1	
<i>hydralazine hcl tablet 50 mg oral</i>	1	
<i>minoxidil tablet 10 mg oral</i>	1	
<i>minoxidil tablet 2.5 mg oral</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
Anti-infective Agents - Misc.		
<i>bacitracin solution reconstituted 50000 unit intramuscular</i>	1	
IMPAVIDO CAPSULE 50 MG ORAL	3	PA, QL 84/28 days
<i>metronidazole capsule 375 mg oral</i>	1	
<i>metronidazole tablet 250 mg oral</i>	1	
<i>metronidazole tablet 500 mg oral</i>	1	
<i>pentamidine isethionate solution reconstituted 300 mg inhalation</i>	1	
<i>pentamidine isethionate solution reconstituted 300 mg injection</i>	1	
<i>tinidazole tablet 250 mg oral</i>	1	
<i>tinidazole tablet 500 mg oral</i>	1	
<i>trimethoprim tablet 100 mg oral</i>	1	
XIFAXAN TABLET 200 MG ORAL	3	PA
XIFAXAN TABLET 550 MG ORAL	3	PA
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim solution 400-80 mg/5ml intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral</i>	1	
<i>sulfamethoxazole-trimethoprim tablet 400-80 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-infective Misc. - Combinations (continued)		
<i>sulfamethoxazole-trimethoprim tablet 800-160 mg oral</i>	1	
Antiprotozoal Agents		
ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	3	QL 180/30 days
<i>atovaquone suspension 750 mg/5ml oral</i>	1	
<i>nitazoxanide tablet 500 mg oral</i>	1	QL 6/30 days
Carbapenem Combinations		
<i>imipenem-cilastatin solution reconstituted 250 mg intravenous</i>	1	
<i>imipenem-cilastatin solution reconstituted 500 mg intravenous</i>	1	
Carbapenems		
<i>ertapenem sodium solution reconstituted 1 gm injection</i>	1	
<i>meropenem solution reconstituted 1 gm intravenous</i>	1	
<i>meropenem solution reconstituted 500 mg intravenous</i>	1	
Glycopeptides		
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	2	
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	2	
<i>vancomycin hcl capsule 125 mg oral</i>	1	
<i>vancomycin hcl capsule 250 mg oral</i>	1	
<i>vancomycin hcl solution reconstituted 1 gm intravenous</i>	1	
<i>vancomycin hcl solution reconstituted 10 gm intravenous</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glycopeptides (continued)		
<i>vancomycin hcl solution reconstituted 1000 mg intravenous</i>	1	
<i>vancomycin hcl solution reconstituted 250 mg intravenous</i>	3	
<i>vancomycin hcl solution reconstituted 500 mg intravenous</i>	1	
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	1	
VIBATIV SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	3	
VIBATIV SOLUTION RECONSTITUTED 750 MG INTRAVENOUS	3	
Ketolides		
KETEK TABLET 300 MG ORAL	3	
KETEK TABLET 400 MG ORAL	3	PA, Medical Necessity PA
Leprostatics		
<i>dapsone tablet 100 mg oral</i>	1	
<i>dapsone tablet 25 mg oral</i>	1	
Lincosamides		
<i>clindamycin hcl capsule 150 mg oral</i>	1	
<i>clindamycin hcl capsule 300 mg oral</i>	1	
<i>clindamycin hcl capsule 75 mg oral</i>	1	
<i>clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral</i>	1	
Monobactams		
<i>aztreonam solution reconstituted 1 gm injection</i>	1	
<i>aztreonam solution reconstituted 2 gm injection</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Monobactams (continued)		
CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION	4	LA, PA, SP, Prudent
Oxazolidinones		
<i>linezolid suspension reconstituted 100 mg/5ml oral</i>	1	
<i>linezolid tablet 600 mg oral</i>	1	
SIVEXTRO TABLET 200 MG ORAL	3	PA, QL 6/30 days
Urinary Anti-infectives		
<i>fosfomycin tromethamine packet 3 gm oral</i>	1	QL 3/30 days
<i>methenamine hippurate tablet 1 gm oral</i>	1	
<i>nitrofurantoin macrocrystal capsule 100 mg oral</i>	1	
<i>nitrofurantoin macrocrystal capsule 50 mg oral</i>	1	
<i>nitrofurantoin monohyd macro capsule 100 mg oral</i>	1	
<i>nitrofurantoin suspension 25 mg/5ml oral</i>	1	
ANTIMALARIALS		
Antimalarial Combinations		
COARTEM TABLET 20-120 MG ORAL	3	QL 24/90 days
Antimalarials		
<i>chloroquine phosphate tablet 250 mg oral</i>	1	
<i>chloroquine phosphate tablet 500 mg oral</i>	1	
<i>hydroxychloroquine sulfate tablet 200 mg oral</i>	1	
<i>pyrimethamine tablet 25 mg oral</i>	1	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimalarials (continued)		
<i>quinine sulfate capsule 324 mg oral</i>	1	QL 42/90 days
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABLET 10 MG ORAL	4	LA, PA, QL 240/30 days, Prudent
<i>guanidine hcl tablet 125 mg oral</i>	3	
<i>pyridostigmine bromide er tablet extended release 180 mg oral</i>	1	
<i>pyridostigmine bromide solution 60 mg/5ml oral</i>	1	
<i>pyridostigmine bromide tablet 60 mg oral</i>	1	
ANTIMYCOBACTERIAL AGENTS		
Anti TB Combinations		
RIFAMATE CAPSULE 150-300 MG ORAL	3	
RIFATER TABLET 50-120-300 MG ORAL	3	
Antimycobacterial Agents		
CAPASTAT SULFATE SOLUTION RECONSTITUTED 1 GM INJECTION	3	
<i>cycloserine capsule 250 mg oral</i>	1	
<i>ethambutol hcl tablet 100 mg oral</i>	1	
<i>ethambutol hcl tablet 400 mg oral</i>	1	
<i>isoniazid solution 100 mg/ml injection</i>	1	
<i>isoniazid syrup 50 mg/5ml oral</i>	1	
<i>isoniazid tablet 100 mg oral</i>	1	
<i>isoniazid tablet 300 mg oral</i>	1	
PASER PACKET 4 GM ORAL	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimycobacterial Agents (continued)		
<i>pretomanid tablet 200 mg oral</i>	3	PA, QL 30/30 days
PRIFTIN TABLET 150 MG ORAL	2	
<i>pyrazinamide tablet 500 mg oral</i>	1	
<i>rifabutin capsule 150 mg oral</i>	1	
<i>rifampin capsule 150 mg oral</i>	1	
<i>rifampin capsule 300 mg oral</i>	1	
<i>rifampin solution reconstituted 600 mg intravenous</i>	1	
SIRTURO TABLET 100 MG ORAL	3	PA
SIRTURO TABLET 20 MG ORAL	3	PA
TRECTOR TABLET 250 MG ORAL	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
Alkylating Agents		
HEXALEN CAPSULE 50 MG ORAL	3	
MYLERAN TABLET 2 MG ORAL	2	
Androgen Biosynthesis Inhibitors		
<i>abiraterone acetate tablet 250 mg oral</i>	4	SP, Partial Fill, Prudent
<i>abiraterone acetate tablet 500 mg oral</i>	4	SP, Partial Fill, Prudent
YONSA TABLET 125 MG ORAL	4	LA, PA, SP, Prudent
Antiadrenals		
LYSODREN TABLET 500 MG ORAL	2	
Antiandrogens		
<i>bicalutamide tablet 50 mg oral</i>	1	
ERLEADA TABLET 240 MG ORAL	4	PA, SP, Prudent
ERLEADA TABLET 60 MG ORAL	4	PA, SP, Prudent
<i>flutamide capsule 125 mg oral</i>	1	
NILANDRON TABLET 150 MG ORAL	3	PA, QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiandrogens (continued)		
<i>nilutamide tablet 150 mg oral</i>	1	PA, QL 30/30 days
NUBEQA TABLET 300 MG ORAL	4	PA, SP, Prudent
XTANDI CAPSULE 40 MG ORAL	4	PA, SP, Partial Fill, Prudent
XTANDI TABLET 40 MG ORAL	4	PA, SP, Partial Fill, Prudent
XTANDI TABLET 80 MG ORAL	4	PA, SP, Partial Fill, Prudent
Antiestrogens		
SOLTAMOX SOLUTION 10 MG/5ML ORAL	3	
<i>tamoxifen citrate tablet 10 mg oral</i>	0	ACA NCDL, limitations may apply
<i>tamoxifen citrate tablet 20 mg oral</i>	0	ACA NCDL, limitations may apply
<i>toremifene citrate tablet 60 mg oral</i>	1	
Antimetabolites		
<i>capecitabine tablet 150 mg oral</i>	4	SP, Prudent
<i>capecitabine tablet 500 mg oral</i>	4	SP, Prudent
DEPOCYT SUSPENSION 50 MG/5ML INTRATHECAL	2	Medical Benefit only.
<i>floruridine solution reconstituted 0.5 gm injection</i>	1	
<i>fluorouracil solution 1 gm/20ml intravenous</i>	1	Medical Benefit only.
<i>fluorouracil solution 2.5 gm/50ml intravenous</i>	1	Medical Benefit only.
<i>fluorouracil solution 5 gm/100ml intravenous</i>	1	Medical Benefit only.
<i>fluorouracil solution 500 mg/10ml intravenous</i>	1	Medical Benefit only.

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimetabolites (continued)		
<i>gemcitabine hcl solution reconstituted 1 gm intravenous</i>	1	
<i>gemcitabine hcl solution reconstituted 2 gm intravenous</i>	1	
<i>gemcitabine hcl solution reconstituted 200 mg intravenous</i>	1	
<i>mercaptopurine tablet 50 mg oral</i>	1	
<i>methotrexate sodium (pf) solution 50 mg/2ml injection</i>	1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	1	
<i>methotrexate sodium solution reconstituted 1 gm injection</i>	1	
<i>methotrexate sodium tablet 2.5 mg oral</i>	1	
<i>methotrexate tablet 2.5 mg oral</i>	1	
ONUREG TABLET 200 MG ORAL	4	PA, QL 14/28 days, SP, Prudent
ONUREG TABLET 300 MG ORAL	4	PA, QL 14/28 days, SP, Prudent
TABLOID TABLET 40 MG ORAL	3	
TREXALL TABLET 10 MG ORAL	3	
TREXALL TABLET 15 MG ORAL	3	
TREXALL TABLET 5 MG ORAL	3	
TREXALL TABLET 7.5 MG ORAL	3	
Antineoplastic - AKT Inhibitors		
TRUQAP TABLET 160 MG ORAL	4	LA, PA, QL 64/28 days, SP
TRUQAP TABLET 200 MG ORAL	4	LA, PA, QL 64/28 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - ALK Inhibitors		
ALECENSA CAPSULE 150 MG ORAL	4	PA, QL 240/30 days, SP, Prudent
ALUNBRIG TABLET 180 MG ORAL	4	LA, PA, SP, Prudent
ALUNBRIG TABLET 30 MG ORAL	4	LA, PA, SP, Prudent
ALUNBRIG TABLET 90 MG ORAL	4	LA, PA, SP, Prudent
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL	4	LA, PA, SP, Prudent
LORBRENA TABLET 100 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
LORBRENA TABLET 25 MG ORAL	4	LA, PA, QL 90/30 days, SP, Prudent
XALKORI CAPSULE 200 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
XALKORI CAPSULE 250 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
XALKORI CAPSULE SPRINKLE 150 MG ORAL	4	PA, QL 180/30 days, SP, Partial Fill, Prudent
XALKORI CAPSULE SPRINKLE 20 MG ORAL	4	PA, QL 240/30 days, SP, Partial Fill, Prudent
XALKORI CAPSULE SPRINKLE 50 MG ORAL	4	PA, QL 180/30 days, SP, Partial Fill, Prudent
ZYKADIA CAPSULE 150 MG ORAL	4	PA, QL 3/1 days, SP, Partial Fill
ZYKADIA TABLET 150 MG ORAL	4	PA, QL 3/1 days, SP, Partial Fill, Prudent
Antineoplastic - Anti-CD20 Antibodies		
ARZERRA CONCENTRATE 100 MG/5ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
ARZERRA CONCENTRATE 1000 MG/50ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
RITUXAN SOLUTION 100 MG/10ML INTRAVENOUS	4	PA, SP, Medical Benefit only.

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Anti-HER2 Agents		
TUKYSA TABLET 150 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
TUKYSA TABLET 50 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL	4	LA, PA, QL 42/365 days, SP, Prudent
VENCLEXTA TABLET 10 MG ORAL	4	LA, PA, QL 30/365 days, SP, Prudent
VENCLEXTA TABLET 100 MG ORAL	4	LA, PA, QL 180/30 days, SP, Prudent
VENCLEXTA TABLET 50 MG ORAL	4	LA, PA, QL 30/365 days, SP, Prudent
Antineoplastic - BCR-ABL Kinase Inhibitors		
BOSULIF CAPSULE 100 MG ORAL	4	PA, SP, Partial Fill, Prudent
BOSULIF CAPSULE 50 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
BOSULIF TABLET 100 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
BOSULIF TABLET 400 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
BOSULIF TABLET 500 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
ICLUSIG TABLET 10 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ICLUSIG TABLET 15 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ICLUSIG TABLET 30 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - BCR-ABL Kinase Inhibitors (continued)		
ICLUSIG TABLET 45 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
<i>imatinib mesylate tablet 100 mg oral</i>	4	QL 3/1 days, SP, Partial Fill, Prudent
<i>imatinib mesylate tablet 400 mg oral</i>	4	QL 2/1 days, SP, Partial Fill, Prudent
SCEMBLIX TABLET 20 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
SCEMBLIX TABLET 40 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
SPRYCEL TABLET 100 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
SPRYCEL TABLET 140 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
SPRYCEL TABLET 20 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
SPRYCEL TABLET 50 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
SPRYCEL TABLET 70 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
SPRYCEL TABLET 80 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TASIGNA CAPSULE 150 MG ORAL	4	PA, QL 4/1 days, SP, Partial Fill, Prudent
TASIGNA CAPSULE 200 MG ORAL	4	PA, QL 4/1 days, SP, Partial Fill, Prudent
TASIGNA CAPSULE 50 MG ORAL	4	PA, QL 4/1 days, SP, Partial Fill, Prudent
Antineoplastic - BRAF Kinase Inhibitors		
BRAFTOVI CAPSULE 75 MG ORAL	4	PA, QL 180/30 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - BRAF Kinase Inhibitors (continued)		
TAFINLAR CAPSULE 50 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
TAFINLAR CAPSULE 75 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
TAFINLAR TABLET SOLUBLE 10 MG ORAL	4	PA, QL 300/30 days, SP, Partial Fill, Prudent
ZELBORAF TABLET 240 MG ORAL	4	PA, QL 240/30 days, SP, Prudent
Antineoplastic - BTK Inhibitors		
BRUKINSA CAPSULE 80 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
CALQUENCE CAPSULE 100 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
CALQUENCE TABLET 100 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
IMBRUVICA CAPSULE 140 MG ORAL	4	LA, PA, QL 90/30 days, SP, Partial Fill, Prudent
IMBRUVICA CAPSULE 70 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
IMBRUVICA TABLET 420 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
JAYPIRCA TABLET 100 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
JAYPIRCA TABLET 50 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl tablet 100 mg oral</i>	4	PA, QL 1/1 days, SP, Partial Fill, Prudent
<i>erlotinib hcl tablet 150 mg oral</i>	4	PA, QL 1/1 days, SP, Partial Fill, Prudent
<i>erlotinib hcl tablet 25 mg oral</i>	4	PA, QL 1/1 days, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - EGFR Inhibitors (continued)		
EXKIVITY CAPSULE 40 MG ORAL	4	LA, PA, QL 120/30 days, SP
<i>gefitinib tablet 250 mg oral</i>	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
GILOTRIF TABLET 20 MG ORAL	4	PA, QL 1/1 days, SP, Prudent
GILOTRIF TABLET 30 MG ORAL	4	PA, QL 1/1 days, SP, Prudent
GILOTRIF TABLET 40 MG ORAL	4	PA, QL 1/1 days, SP, Prudent
TAGRISSE TABLET 40 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TAGRISSE TABLET 80 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
VIZIMPRO TABLET 15 MG ORAL	4	LA, PA, QL 30/30 days
VIZIMPRO TABLET 30 MG ORAL	4	LA, PA, QL 30/30 days
VIZIMPRO TABLET 45 MG ORAL	4	LA, PA, QL 30/30 days
Antineoplastic - FGFR Kinase Inhibitors		
BALVERSA TABLET 3 MG ORAL	4	PA, SP, Partial Fill, Prudent
BALVERSA TABLET 4 MG ORAL	4	PA, SP, Partial Fill, Prudent
BALVERSA TABLET 5 MG ORAL	4	PA, SP, Partial Fill, Prudent
LYTGOBI (12 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	4	LA, PA, QL 84/28 days, SP
LYTGOBI (16 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	4	LA, PA, QL 112/28 days, SP
LYTGOBI (20 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	4	LA, PA, QL 140/28 days, SP
PEMAZYRE TABLET 13.5 MG ORAL	4	LA, PA, QL 14/21 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - FGFR Kinase Inhibitors (continued)		
PEMAZYRE TABLET 4.5 MG ORAL	4	LA, PA, QL 14/21 days, SP, Prudent
PEMAZYRE TABLET 9 MG ORAL	4	LA, PA, QL 14/21 days, SP, Prudent
TRUSELTIQ (100MG DAILY DOSE) CAPSULE THERAPY PACK 100 MG ORAL	4	LA, PA, QL 21/28 days, SP
TRUSELTIQ (125MG DAILY DOSE) CAPSULE THERAPY PACK 100 & 25 MG ORAL	4	LA, PA, QL 42/28 days, SP
TRUSELTIQ (50MG DAILY DOSE) CAPSULE THERAPY PACK 25 MG ORAL	4	LA, PA, QL 42/28 days, SP
TRUSELTIQ (75MG DAILY DOSE) CAPSULE THERAPY PACK 25 MG ORAL	4	LA, PA, QL 63/28 days, SP
Antineoplastic - Gamma Secretase Inhibitors		
OGSIVEO TABLET 50 MG ORAL	4	LA, PA, QL 180/30 days, SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABLET 100 MG ORAL	4	PA, SP, Prudent
DAURISMO TABLET 25 MG ORAL	4	PA, SP, Prudent
ERIVEDGE CAPSULE 150 MG ORAL	4	PA, QL 1/1 days, SP, Partial Fill, Prudent
ODOMZO CAPSULE 200 MG ORAL	4	PA, QL 1/1 days, SP, Partial Fill, Prudent
Antineoplastic - HIF-2-alpha Inhibitors		
WELIREG TABLET 40 MG ORAL	4	PA, SP, Partial Fill
Antineoplastic - Histone Deacetylase Inhibitors		
FARYDAK CAPSULE 10 MG ORAL	4	PA, SP
FARYDAK CAPSULE 15 MG ORAL	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Histone Deacetylase Inhibitors (continued)		
FARYDAK CAPSULE 20 MG ORAL	4	PA, SP
ZOLINZA CAPSULE 100 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
Antineoplastic - Hormonal and Related Agent Combinations		
AKEEGA TABLET 100-500 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
AKEEGA TABLET 50-500 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
Antineoplastic - Immunomodulators		
POMALYST CAPSULE 1 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
POMALYST CAPSULE 2 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
POMALYST CAPSULE 3 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
POMALYST CAPSULE 4 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Antineoplastic - KRAS Inhibitors		
KRAZATI TABLET 200 MG ORAL	4	PA, QL 180/30 days, SP, Partial Fill
LUMAKRAS TABLET 120 MG ORAL	4	PA, SP, Partial Fill, Prudent
LUMAKRAS TABLET 320 MG ORAL	4	PA, SP, Partial Fill, Prudent
Antineoplastic - MEK Inhibitors		
COTELLIC TABLET 20 MG ORAL	4	PA, QL 63/28 days, SP, Prudent
KOSELUGO CAPSULE 10 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
KOSELUGO CAPSULE 25 MG ORAL	4	PA, QL 120/30 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - MEK Inhibitors (continued)		
MEKINIST SOLUTION RECONSTITUTED 0.05 MG/ML ORAL	4	PA, QL 540/30 days, SP, Prudent
MEKINIST TABLET 0.5 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
MEKINIST TABLET 2 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
MEKTOVI TABLET 15 MG ORAL	4	PA, QL 180/30 days, SP, Prudent
Antineoplastic - MET Inhibitors		
TABRECTA TABLET 150 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
TABRECTA TABLET 200 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
TEPMETKO TABLET 225 MG ORAL	4	LA, PA, QL 60/30 days, SP
Antineoplastic - Methyltransferase Inhibitors		
TAZVERIK TABLET 200 MG ORAL	4	LA, PA, QL 240/30 days
Antineoplastic - mTOR Kinase Inhibitors		
<i>everolimus tablet 10 mg oral</i>	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
<i>everolimus tablet 2.5 mg oral</i>	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
<i>everolimus tablet 5 mg oral</i>	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
<i>everolimus tablet 7.5 mg oral</i>	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
<i>everolimus tablet soluble 2 mg oral</i>	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
<i>everolimus tablet soluble 3 mg oral</i>	4	PA, QL 30/30 days, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - mTOR Kinase Inhibitors (continued)		
<i>everolimus tablet soluble 5 mg oral</i>	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TORISEL SOLUTION 25 MG/ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
Antineoplastic - Multikinase Inhibitors		
CABOMETYX TABLET 20 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
CABOMETYX TABLET 40 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
CABOMETYX TABLET 60 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
CAPRELSA TABLET 100 MG ORAL	4	LA, PA, QL 2/1 days, SP
CAPRELSA TABLET 300 MG ORAL	4	LA, PA, QL 1/1 days, SP
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL	4	PA, QL 56/28 days, SP, Partial Fill, Prudent
COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL	4	PA, QL 112/28 days, SP, Partial Fill, Prudent
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL	4	PA, QL 84/28 days, SP, Partial Fill, Prudent
FOTIVDA CAPSULE 0.89 MG ORAL	4	LA, PA, QL 21/28 days, SP, Partial Fill, Prudent
FOTIVDA CAPSULE 1.34 MG ORAL	4	LA, PA, QL 21/28 days, SP, Partial Fill, Prudent
<i>lapatinib ditosylate tablet 250 mg oral</i>	4	PA, QL 180/30 days, SP, Prudent
NERLYNX TABLET 40 MG ORAL	4	PA, QL 180/30 days, SP, Partial Fill, Prudent
<i>pazopanib hcl tablet 200 mg oral</i>	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
QINLOCK TABLET 50 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
RYDAPT CAPSULE 25 MG ORAL	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Multikinase Inhibitors (continued)		
<i>sorafenib tosylate tablet 200 mg oral</i>	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
STIVARGA TABLET 40 MG ORAL	4	PA, QL 84/28 days, SP, Prudent
<i>sunitinib malate capsule 12.5 mg oral</i>	4	PA, QL 28/28 days, SP, Partial Fill, Prudent
<i>sunitinib malate capsule 25 mg oral</i>	4	PA, QL 28/28 days, SP, Partial Fill, Prudent
<i>sunitinib malate capsule 37.5 mg oral</i>	4	PA, QL 28/28 days, SP, Partial Fill, Prudent
<i>sunitinib malate capsule 50 mg oral</i>	4	PA, QL 28/28 days, SP, Partial Fill, Prudent
TURALIO CAPSULE 200 MG ORAL	4	PA, QL 120/30 days, SP
UKONIQ TABLET 200 MG ORAL	4	LA, PA, QL 120/30 days, SP
VANFLYTA TABLET 17.7 MG ORAL	4	LA, PA, SP
VANFLYTA TABLET 26.5 MG ORAL	4	LA, PA, SP
XOSPATA TABLET 40 MG ORAL	4	LA, PA, Prudent
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABLET 100 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
AYVAKIT TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
AYVAKIT TABLET 25 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
AYVAKIT TABLET 300 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent
AYVAKIT TABLET 50 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Proteasome Inhibitors		
NINLARO CAPSULE 2.3 MG ORAL	4	PA, QL 3/28 days, SP, Prudent
NINLARO CAPSULE 3 MG ORAL	4	PA, QL 3/28 days, SP, Prudent
NINLARO CAPSULE 4 MG ORAL	4	PA, QL 3/28 days, SP, Prudent
Antineoplastic - RET Inhibitors		
GAVRETO CAPSULE 100 MG ORAL	4	LA, PA, QL 120/30 days, Prudent
RETEVMO CAPSULE 40 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
RETEVMO CAPSULE 80 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors		
AUGTYRO CAPSULE 40 MG ORAL	4	PA, QL 240/30 days, SP, Prudent
ROZLYTREK CAPSULE 100 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
ROZLYTREK CAPSULE 200 MG ORAL	4	PA, QL 90/30 days, SP, Partial Fill, Prudent
ROZLYTREK PACKET 50 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
VITRAKVI CAPSULE 100 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
VITRAKVI CAPSULE 25 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
VITRAKVI SOLUTION 20 MG/ML ORAL	4	PA, SP, Prudent
Antineoplastic - Tyrosine Kinase Inhibitors		
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG ORAL	4	PA, QL 56/28 days, SP, Partial Fill

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic - Tyrosine Kinase Inhibitors (continued)		
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG ORAL	4	PA, QL 112/28 days, SP, Partial Fill
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 20/28 days, SP, Prudent
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 50 MG ORAL	4	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	4	LA, PA, QL 4/28 days, SP, Prudent
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 16/28 days, SP, Prudent
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	4	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 12/28 days, SP, Prudent
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 60 MG ORAL	4	LA, PA, QL 4/28 days, SP, Prudent
XPOVIO (60 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 24/28 days, SP, Prudent
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 16/28 days, SP, Prudent
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	4	LA, PA, QL 8/28 days, SP, Prudent
XPOVIO (80 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	4	LA, PA, QL 32/28 days, SP, Prudent
Antineoplastic Combinations		
INQOVI TABLET 35-100 MG ORAL	4	PA, QL 5/28 days, SP, Prudent
LONSURF TABLET 15-6.14 MG ORAL	4	PA, SP, Prudent
LONSURF TABLET 20-8.19 MG ORAL	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastic Radiopharmaceuticals		
QUADRAMET SOLUTION 1850 MBQ/ML INTRAVENOUS	2	
Antineoplastics - Photoactivated Agents		
PHOTOFRIN SOLUTION RECONSTITUTED 75 MG INTRAVENOUS	4	LA, SP
UVADEX SOLUTION 20 MCG/ML EXTRACORPOREAL	2	Medical Benefit only.
UVADEX SOLUTION 20 MCG/ML INJECTION	2	Medical Benefit only.
Antineoplastics Misc.		
ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 3/28 days, SP, Prudent
ALFERON N SOLUTION 5000000 UNIT/ML INJECTION	4	SP
BESREMI SOLUTION PREFILLED SYRINGE 500 MCG/ML SUBCUTANEOUS	4	LA, PA, QL 2/28 days, SP, Prudent
<i>hydroxyurea capsule 500 mg oral</i>	1	
INTRON A SOLUTION 10000000 UNIT/ML INJECTION	3	PA, SP
INTRON A SOLUTION 6000000 UNIT/ML INJECTION	3	PA, SP
MATULANE CAPSULE 50 MG ORAL	4	LA, PA, SP
SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS	4	LA, PA, SP, Prudent
THERACYS SUSPENSION RECONSTITUTED 81 MG/VIAL INTRAVESICAL	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antineoplastics Misc. (continued)		
TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL	2	
Aromatase Inhibitors		
<i>anastrozole tablet 1 mg oral</i>	0	ACA NCDL, limitations may apply
ARIMIDEX TABLET 1 MG ORAL	3	
<i>exemestane tablet 25 mg oral</i>	0	ACA NCDL, limitations may apply
<i>letrozole tablet 2.5 mg oral</i>	1	
Chemotherapy Adjuncts - Keratinocyte Growth Factors		
KEPIVANCE SOLUTION RECONSTITUTED 6.25 MG INTRAVENOUS	2	Medical Benefit only.
Cyclin-Dependent Kinases (CDK) Inhibitors		
IBRANCE CAPSULE 100 MG ORAL	4	PA, QL 21/28 days, SP, Prudent
IBRANCE CAPSULE 125 MG ORAL	4	PA, QL 21/28 days, SP, Prudent
IBRANCE CAPSULE 75 MG ORAL	4	PA, QL 21/28 days, SP, Prudent
IBRANCE TABLET 100 MG ORAL	4	PA, QL 21/28 days, SP, Prudent
IBRANCE TABLET 125 MG ORAL	4	PA, QL 21/28 days, SP, Prudent
IBRANCE TABLET 75 MG ORAL	4	PA, QL 21/28 days, SP, Prudent
VERZENIO TABLET 100 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
VERZENIO TABLET 150 MG ORAL	4	PA, QL 56/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cyclin-Dependent Kinases (CDK) Inhibitors (continued)		
VERZENIO TABLET 200 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
VERZENIO TABLET 50 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
Estrogen Receptor Antagonist		
FASLODEX SOLUTION 250 MG/5ML INTRAMUSCULAR	3	
FASLODEX SOLUTION PREFILLED SYRINGE 250 MG/5ML INTRAMUSCULAR	3	
Estrogens-Antineoplastic		
EMCYT CAPSULE 140 MG ORAL	2	
Folic Acid Antagonists Rescue Agents		
<i>leucovorin calcium solution reconstituted 100 mg injection</i>	1	
<i>leucovorin calcium solution reconstituted 200 mg injection</i>	1	
<i>leucovorin calcium solution reconstituted 350 mg injection</i>	1	
<i>leucovorin calcium solution reconstituted 50 mg injection</i>	1	
<i>leucovorin calcium solution reconstituted 500 mg injection</i>	1	
<i>leucovorin calcium tablet 10 mg oral</i>	1	
<i>leucovorin calcium tablet 15 mg oral</i>	1	
<i>leucovorin calcium tablet 25 mg oral</i>	1	
<i>leucovorin calcium tablet 5 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Gonadotropin Releasing Hormone (GnRH) Antagonists		
FIRMAGON SOLUTION RECONSTITUTED 120 MG SUBCUTANEOUS	4	SP
FIRMAGON SOLUTION RECONSTITUTED 80 MG SUBCUTANEOUS	4	SP
ORGOVYX TABLET 120 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
Imidazotetrazines		
TEMODAR SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	PA, SP, Prudent
<i>temozolomide capsule 100 mg oral</i>	4	PA, SP, Prudent
<i>temozolomide capsule 140 mg oral</i>	4	PA, SP, Prudent
<i>temozolomide capsule 180 mg oral</i>	4	PA, SP, Prudent
<i>temozolomide capsule 20 mg oral</i>	4	PA, SP, Prudent
<i>temozolomide capsule 250 mg oral</i>	4	PA, SP, Prudent
<i>temozolomide capsule 5 mg oral</i>	4	PA, SP, Prudent
Isocitrate Dehydrogenase-1 (IDH1) Inhibitors		
REZLIDHIA CAPSULE 150 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill
TIBSOVO TABLET 250 MG ORAL	4	LA, PA, QL 60/30 days, SP, Partial Fill, Prudent
Isocitrate Dehydrogenase-2 (IDH2) Inhibitors		
IDHIFA TABLET 100 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
IDHIFA TABLET 50 MG ORAL	4	PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Janus Associated Kinase (JAK) Inhibitors		
INREBIC CAPSULE 100 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
JAKAFI TABLET 10 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
JAKAFI TABLET 15 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
JAKAFI TABLET 20 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
JAKAFI TABLET 25 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
JAKAFI TABLET 5 MG ORAL	4	PA, QL 2/1 days, SP, Partial Fill, Prudent
OJJAARA TABLET 100 MG ORAL	4	LA, PA, QL 30/30 days, SP
OJJAARA TABLET 150 MG ORAL	4	LA, PA, QL 30/30 days, SP
OJJAARA TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP
VONJO CAPSULE 100 MG ORAL	4	LA, PA, QL 120/30 days, SP, Prudent
LHRH Analogs		
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	4	PA, SP
ELIGARD KIT 22.5 MG SUBCUTANEOUS	4	PA, SP, Prudent
ELIGARD KIT 30 MG SUBCUTANEOUS	4	PA, SP, Prudent
ELIGARD KIT 45 MG SUBCUTANEOUS	4	PA, SP, Prudent
ELIGARD KIT 7.5 MG SUBCUTANEOUS	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LHRH Analogs (continued)		
<i>leuprolide acetate kit 1 mg/0.2ml injection</i>	4	PA, SP
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	4	PA, SP, Prudent
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR	4	PA, SP, Prudent
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR	4	PA, SP, Prudent
Mitotic Inhibitors		
ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	2	Medical Benefit only.
<i>etoposide capsule 50 mg oral</i>	1	
<i>etoposide solution 100 mg/5ml intravenous</i>	1	Medical Benefit only.
TOPOSAR SOLUTION 1 GM/50ML INTRAVENOUS	1	Medical Benefit only.
TOPOSAR SOLUTION 100 MG/5ML INTRAVENOUS	1	Medical Benefit only.
TOPOSAR SOLUTION 500 MG/25ML INTRAVENOUS	1	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nitrogen Mustards and Related Analogues		
ALKERAN TABLET 2 MG ORAL	2	
<i>cyclophosphamide capsule 25 mg oral</i>	1	
<i>cyclophosphamide capsule 50 mg oral</i>	1	
<i>cyclophosphamide solution reconstituted 1 gm injection</i>	1	
<i>cyclophosphamide solution reconstituted 2 gm injection</i>	1	
<i>cyclophosphamide solution reconstituted 500 mg injection</i>	1	
<i>cyclophosphamide tablet 25 mg oral</i>	2	
<i>cyclophosphamide tablet 50 mg oral</i>	2	
LEUKERAN TABLET 2 MG ORAL	2	
Nitrosoureas		
GLEOSTINE CAPSULE 10 MG ORAL	3	SP, Prudent
GLEOSTINE CAPSULE 100 MG ORAL	3	SP, Prudent
GLEOSTINE CAPSULE 40 MG ORAL	3	SP, Prudent
GLIADEL WAFER WAFER 7.7 MG IMPLANT	2	
Ornithine Decarboxylase (ODC) Inhibitors		
IWILFIN TABLET 192 MG ORAL	4	LA, PA, QL 240/30 days, SP
Phosphatidylinositol 3-Kinase (PI3K) Inhibitors		
COPIKTRA CAPSULE 15 MG ORAL	4	PA, SP, Prudent
COPIKTRA CAPSULE 25 MG ORAL	4	PA, SP, Prudent
PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL	4	PA, SP, Prudent
PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phosphatidylinositol 3-Kinase (PI3K) Inhibitors (continued)		
PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL	4	PA, SP, Prudent
ZYDELIG TABLET 100 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
ZYDELIG TABLET 150 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
Poly (ADP-ribose) Polymerase (PARP) Inhibitors		
LYNPARZA TABLET 100 MG ORAL	4	PA, QL 5/1 days, SP, Partial Fill, Prudent
LYNPARZA TABLET 150 MG ORAL	4	PA, QL 4/1 days, SP, Partial Fill, Prudent
RUBRACA TABLET 200 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
RUBRACA TABLET 250 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
RUBRACA TABLET 300 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.1 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.25 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.35 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.5 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 0.75 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
TALZENNA CAPSULE 1 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
ZEJULA TABLET 100 MG ORAL	4	PA, QL 30/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Poly (ADP-ribose) Polymerase (PARP) Inhibitors (continued)		
ZEJULA TABLET 200 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
ZEJULA TABLET 300 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Progestins-Antineoplastic		
DEPO-PROVERA SUSPENSION 400 MG/ML INTRAMUSCULAR	3	
<i>megestrol acetate suspension 40 mg/ml oral</i>	1	
<i>megestrol acetate tablet 20 mg oral</i>	1	
<i>megestrol acetate tablet 40 mg oral</i>	1	
Retinoids		
<i>tretinoin capsule 10 mg oral</i>	1	QL 810/365 days
Selective Estrogen Receptor Degraders		
ORSERDU TABLET 345 MG ORAL	4	LA, PA, QL 30/30 days, SP, Partial Fill
ORSERDU TABLET 86 MG ORAL	4	LA, PA, QL 90/30 days, SP, Partial Fill
Selective Retinoid X Receptor Agonists		
<i>bexarotene capsule 75 mg oral</i>	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
Topoisomerase I Inhibitors		
HYCANTIN CAPSULE 0.25 MG ORAL	4	PA, SP, Prudent
HYCANTIN CAPSULE 1 MG ORAL	4	PA, SP, Prudent
Urinary Tract Protective Agents		
<i>mesna solution 100 mg/ml intravenous</i>	1	
MESNEX TABLET 400 MG ORAL	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vascular Endothelial Growth Factor (VEGF) Inhibitors		
FRUZAQLA CAPSULE 1 MG ORAL	4	LA, PA, QL 84/28 days, SP
FRUZAQLA CAPSULE 5 MG ORAL	4	LA, PA, QL 21/28 days, SP
INLYTA TABLET 1 MG ORAL	4	PA, QL 120/30 days, SP, Partial Fill, Prudent
INLYTA TABLET 5 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill, Prudent
LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL	4	PA, QL 60/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTIPARKINSON AND RELATED THERAPY AGENTS		
Antiparkinson Anticholinergics		
<i>benztropine mesylate solution 1 mg/ml injection</i>	1	
<i>benztropine mesylate tablet 0.5 mg oral</i>	1	
<i>benztropine mesylate tablet 1 mg oral</i>	1	
<i>benztropine mesylate tablet 2 mg oral</i>	1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml oral</i>	1	
<i>trihexyphenidyl hcl tablet 2 mg oral</i>	1	
<i>trihexyphenidyl hcl tablet 5 mg oral</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl capsule 100 mg oral</i>	1	
<i>amantadine hcl solution 50 mg/5ml oral</i>	1	
<i>amantadine hcl syrup 50 mg/5ml oral</i>	1	
<i>amantadine hcl tablet 100 mg oral</i>	1	
<i>bromocriptine mesylate capsule 5 mg oral</i>	1	
<i>bromocriptine mesylate tablet 2.5 mg oral</i>	1	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ORAL	3	QL 60/30 days, ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129 MG ORAL	3	QL 30/30 days, ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193 MG ORAL	3	QL 30/30 days, ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258 MG ORAL	3	QL 30/30 days, ST
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate tablet 0.5 mg oral</i>	1	QL 30/30 days
<i>rasagiline mesylate tablet 1 mg oral</i>	1	QL 30/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiparkinson Monoamine Oxidase Inhibitors (continued)		
<i>selegiline hcl capsule 5 mg oral</i>	1	
<i>selegiline hcl tablet 5 mg oral</i>	1	
ZELAPAR TABLET DISPERSIBLE 1.25 MG ORAL	3	
Central/Peripheral COMT Inhibitors		
TASMAR TABLET 100 MG ORAL	3	
Decarboxylase Inhibitors		
<i>carbidopa tablet 25 mg oral</i>	1	
Levodopa Combinations		
<i>carbidopa-levodopa er tablet extended release 25-100 mg oral</i>	1	
<i>carbidopa-levodopa er tablet extended release 50-200 mg oral</i>	1	
<i>carbidopa-levodopa tablet 10-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet 25-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet 25-250 mg oral</i>	1	
<i>carbidopa-levodopa tablet dispersible 10-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet dispersible 25-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet dispersible 25-250 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Levodopa Combinations (continued)		
<i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>	1	
<i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>	1	
Nonergoline Dopamine Receptor Agonists		
APOKYN SOLUTION 10 MG/ML SUBCUTANEOUS	4	PA, SP
<i>apomorphine hcl solution cartridge 30 mg/3ml subcutaneous</i>	4	PA, SP, Prudent
KYNMOBI FILM 10 MG SUBLINGUAL	4	PA, QL 150/30 days, SP, Prudent
KYNMOBI FILM 15 MG SUBLINGUAL	4	PA, QL 150/30 days, SP, Prudent
KYNMOBI FILM 20 MG SUBLINGUAL	4	PA, QL 150/30 days, SP, Prudent
KYNMOBI FILM 25 MG SUBLINGUAL	4	PA, QL 150/30 days, SP, Prudent
KYNMOBI FILM 30 MG SUBLINGUAL	4	PA, QL 150/30 days, SP, Prudent
KYNMOBI TITRATION KIT KIT 10&15&20&25&30 MG SUBLINGUAL	4	PA, QL 10/30 days, SP
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonergoline Dopamine Receptor Agonists (continued)		
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL	3	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral</i>	1	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral</i>	1	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral</i>	1	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral</i>	1	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral</i>	1	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral</i>	1	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.125 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.25 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.5 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.75 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 1 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 1.5 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nonergoline Dopamine Receptor Agonists (continued)		
<i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i>	1	
<i>ropinirole hcl tablet 0.25 mg oral</i>	1	
<i>ropinirole hcl tablet 0.5 mg oral</i>	1	
<i>ropinirole hcl tablet 1 mg oral</i>	1	
<i>ropinirole hcl tablet 2 mg oral</i>	1	
<i>ropinirole hcl tablet 3 mg oral</i>	1	
<i>ropinirole hcl tablet 4 mg oral</i>	1	
<i>ropinirole hcl tablet 5 mg oral</i>	1	
Peripheral COMT Inhibitors		
<i>entacapone tablet 200 mg oral</i>	1	
ONGENTYS CAPSULE 25 MG ORAL	3	QL 30/30 days
ONGENTYS CAPSULE 50 MG ORAL	3	QL 30/30 days
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
Antimanic Agents		
<i>lithium carbonate capsule 150 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lithium carbonate capsule 300 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lithium carbonate capsule 600 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lithium carbonate er tablet extended release 300 mg oral</i>	1	PS Expanded NCDL, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antimanic Agents (continued)		
<i>lithium carbonate er tablet extended release 450 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>lithium carbonate tablet 300 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>lithium solution 8 meq/5ml oral</i>	3	
Antipsychotics - Misc.		
CAPLYTA CAPSULE 10.5 MG ORAL	3	QL 30/30 days, ST
CAPLYTA CAPSULE 21 MG ORAL	3	QL 30/30 days, ST
CAPLYTA CAPSULE 42 MG ORAL	3	QL 30/30 days, ST
<i>lurasidone hcl tablet 120 mg oral</i>	1	QL 30/30 days
<i>lurasidone hcl tablet 20 mg oral</i>	1	QL 30/30 days
<i>lurasidone hcl tablet 40 mg oral</i>	1	QL 30/30 days
<i>lurasidone hcl tablet 60 mg oral</i>	1	QL 30/30 days
<i>lurasidone hcl tablet 80 mg oral</i>	1	QL 30/30 days
NUPLAZID CAPSULE 34 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
NUPLAZID TABLET 10 MG ORAL	4	PA, QL 30/30 days, SP, Partial Fill, Prudent
NUPLAZID TABLET 17 MG ORAL	4	PA, QL 60/30 days, SP, Partial Fill
VRAYLAR CAPSULE 1.5 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE 3 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE 4.5 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE 6 MG ORAL	3	QL 30/30 days, ST
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL	3	QL 30/30 days, ST
<i>ziprasidone hcl capsule 20 mg oral</i>	1	
<i>ziprasidone hcl capsule 40 mg oral</i>	1	
<i>ziprasidone hcl capsule 60 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antipsychotics - Misc. (continued)		
<i>ziprasidone hcl capsule 80 mg oral</i>	1	
<i>ziprasidone mesylate solution reconstituted 20 mg intramuscular</i>	1	
Benzisoxazoles		
FANAPT TABLET 1 MG ORAL	3	ST
FANAPT TABLET 10 MG ORAL	3	ST
FANAPT TABLET 12 MG ORAL	3	ST
FANAPT TABLET 2 MG ORAL	3	ST
FANAPT TABLET 4 MG ORAL	3	ST
FANAPT TABLET 6 MG ORAL	3	ST
FANAPT TABLET 8 MG ORAL	3	ST
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL	3	ST
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR	3	QL 3.50/168 days
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR	3	QL 5/168 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	3	QL 0.75/28 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	3	QL 1/28 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	3	QL 1.50/28 days
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	3	QL 0.25/28 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	3	QL 0.50/28 days
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR	3	QL 0.88/84 days
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR	3	QL 1.32/84 days
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR	3	QL 1.75/84 days
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR	3	QL 2.63/84 days
<i>paliperidone er tablet extended release 24 hour 1.5 mg oral</i>	1	QL 30/30 days
<i>paliperidone er tablet extended release 24 hour 3 mg oral</i>	1	QL 30/30 days
<i>paliperidone er tablet extended release 24 hour 6 mg oral</i>	1	QL 60/30 days
<i>paliperidone er tablet extended release 24 hour 9 mg oral</i>	1	QL 30/30 days
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS	3	QL 1/28 days
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS	3	QL 1/28 days
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	3	QL 2/28 days
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	3	QL 2/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	3	QL 2/28 days
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	3	QL 2/28 days
<i>risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular</i>	1	QL 2/28 days
<i>risperidone microspheres er suspension reconstituted er 25 mg intramuscular</i>	1	QL 2/28 days
<i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i>	1	QL 2/28 days
<i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i>	1	QL 2/28 days
<i>risperidone solution 1 mg/ml oral</i>	1	PS Expanded NCDL,VBP Drug List
<i>risperidone tablet 0.25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>risperidone tablet 0.5 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>risperidone tablet 1 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>risperidone tablet 2 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>risperidone tablet 3 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>risperidone tablet 4 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>risperidone tablet dispersible 0.25 mg oral</i>	1	
<i>risperidone tablet dispersible 0.5 mg oral</i>	1	PS Expanded NCDL,VBP Drug List
<i>risperidone tablet dispersible 1 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzisoxazoles (continued)		
<i>risperidone tablet dispersible 2 mg oral</i>	1	
<i>risperidone tablet dispersible 3 mg oral</i>	1	
<i>risperidone tablet dispersible 4 mg oral</i>	1	
RYKINDO SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	3	QL 2/28 days
RYKINDO SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	3	QL 2/28 days
RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	3	QL 2/28 days
Butyrophenones		
HALDOL DECANOATE SOLUTION 100 MG/ML INTRAMUSCULAR	3	
HALDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR	3	
<i>haloperidol decanoate solution 100 mg/ml intramuscular</i>	1	
<i>haloperidol decanoate solution 50 mg/ml intramuscular</i>	1	
<i>haloperidol lactate concentrate 2 mg/ml oral</i>	1	
<i>haloperidol lactate solution 5 mg/ml injection</i>	1	
<i>haloperidol tablet 0.5 mg oral</i>	1	
<i>haloperidol tablet 1 mg oral</i>	1	
<i>haloperidol tablet 10 mg oral</i>	1	
<i>haloperidol tablet 2 mg oral</i>	1	
<i>haloperidol tablet 20 mg oral</i>	1	
<i>haloperidol tablet 5 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dibenzodiazepines		
<i>clozapine tablet 100 mg oral</i>	1	
<i>clozapine tablet 200 mg oral</i>	1	
<i>clozapine tablet 25 mg oral</i>	1	
<i>clozapine tablet 50 mg oral</i>	1	
Dibenzo-oxepino Pyrroles		
<i>asenapine maleate tablet sublingual 10 mg sublingual</i>	1	QL 60/30 days
<i>asenapine maleate tablet sublingual 2.5 mg sublingual</i>	1	QL 60/30 days
<i>asenapine maleate tablet sublingual 5 mg sublingual</i>	1	QL 60/30 days
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL	3	QL 30/30 days, ST
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL	3	QL 30/30 days, ST
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL	3	QL 30/30 days, ST
Dibenzothiazepines		
<i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i>	1	QL 60/30 days
<i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i>	1	QL 60/30 days
<i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i>	1	
<i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i>	1	
<i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i>	1	QL 60/30 days
<i>quetiapine fumarate tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Dibenzothiazepines (continued)		
<i>quetiapine fumarate tablet 150 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>quetiapine fumarate tablet 200 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>quetiapine fumarate tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>quetiapine fumarate tablet 300 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>quetiapine fumarate tablet 400 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>quetiapine fumarate tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
Dibenzoxazepines		
<i>loxapine succinate capsule 10 mg oral</i>	1	
<i>loxapine succinate capsule 25 mg oral</i>	1	
<i>loxapine succinate capsule 5 mg oral</i>	1	
<i>loxapine succinate capsule 50 mg oral</i>	1	
Dihydroindolones		
<i>molindone hcl tablet 10 mg oral</i>	1	
<i>molindone hcl tablet 25 mg oral</i>	1	
<i>molindone hcl tablet 5 mg oral</i>	1	
Phenothiazines		
<i>chlorpromazine hcl tablet 10 mg oral</i>	1	
<i>chlorpromazine hcl tablet 100 mg oral</i>	1	
<i>chlorpromazine hcl tablet 200 mg oral</i>	1	
<i>chlorpromazine hcl tablet 25 mg oral</i>	1	
<i>chlorpromazine hcl tablet 50 mg oral</i>	1	
COMPRO SUPPOSITORY 25 MG RECTAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phenothiazines (continued)		
<i>fluphenazine decanoate solution 25 mg/ml injection</i>	1	
<i>fluphenazine hcl concentrate 5 mg/ml oral</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml oral</i>	1	
<i>fluphenazine hcl solution 2.5 mg/ml injection</i>	1	
<i>fluphenazine hcl tablet 1 mg oral</i>	1	
<i>fluphenazine hcl tablet 10 mg oral</i>	1	
<i>fluphenazine hcl tablet 2.5 mg oral</i>	1	
<i>fluphenazine hcl tablet 5 mg oral</i>	1	
<i>perphenazine tablet 16 mg oral</i>	1	
<i>perphenazine tablet 2 mg oral</i>	1	
<i>perphenazine tablet 4 mg oral</i>	1	
<i>perphenazine tablet 8 mg oral</i>	1	
<i>prochlorperazine edisylate solution 5 mg/ml injection</i>	1	
<i>prochlorperazine maleate tablet 10 mg oral</i>	1	
<i>prochlorperazine maleate tablet 5 mg oral</i>	1	
<i>prochlorperazine suppository 25 mg rectal</i>	1	
<i>thioridazine hcl tablet 10 mg oral</i>	1	
<i>thioridazine hcl tablet 100 mg oral</i>	1	
<i>thioridazine hcl tablet 25 mg oral</i>	1	
<i>thioridazine hcl tablet 50 mg oral</i>	1	
<i>trifluoperazine hcl tablet 1 mg oral</i>	1	
<i>trifluoperazine hcl tablet 10 mg oral</i>	1	
<i>trifluoperazine hcl tablet 2 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phenothiazines (continued)		
<i>trifluoperazine hcl tablet 5 mg oral</i>	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR	3	QL 2.40/56 days
ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR	3	QL 3.20/56 days
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR	3	QL 1/28 days
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	3	QL 1/28 days
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	3	QL 1/28 days
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	3	QL 1/28 days
<i>aripiprazole solution 1 mg/ml oral</i>	1	
<i>aripiprazole tablet 10 mg oral</i>	1	
<i>aripiprazole tablet 15 mg oral</i>	1	
<i>aripiprazole tablet 2 mg oral</i>	1	
<i>aripiprazole tablet 20 mg oral</i>	1	
<i>aripiprazole tablet 30 mg oral</i>	1	
<i>aripiprazole tablet 5 mg oral</i>	1	
ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR	3	QL 2.40/365 days
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR	3	QL 3.90/56 days
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR	3	QL 1.60/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Quinolinone Derivatives (continued)		
ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR	3	QL 2.40/28 days
ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR	3	QL 3.20/28 days
REXULTI TABLET 0.25 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 0.5 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 1 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 2 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 3 MG ORAL	3	QL 30/30 days, ST
REXULTI TABLET 4 MG ORAL	3	QL 30/30 days, ST
Thienbenzodiazepines		
<i>olanzapine solution reconstituted 10 mg intramuscular</i>	1	
<i>olanzapine tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>olanzapine tablet 15 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>olanzapine tablet 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>olanzapine tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>olanzapine tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>olanzapine tablet 7.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>olanzapine tablet dispersible 10 mg oral</i>	1	QL 30/30 days, PS Expanded NCDL, VBP Drug List
<i>olanzapine tablet dispersible 15 mg oral</i>	1	PS Expanded NCDL, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thienbenzodiazepines (continued)		
<i>olanzapine tablet dispersible 20 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>olanzapine tablet dispersible 5 mg oral</i>	1	QL 30/30 days, PS Expanded NCDL, VBP Drug List
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR	3	QL 2/28 days
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR	3	QL 2/28 days
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR	3	QL 1/28 days
Thioxanthenes		
<i>thiothixene capsule 1 mg oral</i>	1	
<i>thiothixene capsule 10 mg oral</i>	1	
<i>thiothixene capsule 2 mg oral</i>	1	
<i>thiothixene capsule 5 mg oral</i>	1	
ANTIVIRALS		
Antiretroviral Combinations		
<i>abacavir sulfate-lamivudine tablet 600-300 mg oral</i>	1	
<i>abacavir-lamivudine-zidovudine tablet 300-150-300 mg oral</i>	1	
BIKTARVY TABLET 30-120-15 MG ORAL	2	QL 30/30 days
BIKTARVY TABLET 50-200-25 MG ORAL	2	QL 30/30 days
CABENUVA SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML INTRAMUSCULAR	3	SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretroviral Combinations (continued)		
CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR	3	SP
CIMDUO TABLET 300-300 MG ORAL	2	QL 30/30 days
COMPLERA TABLET 200-25-300 MG ORAL	3	
DELSTRIGO TABLET 100-300-300 MG ORAL	2	QL 30/30 days
DESCOVY TABLET 120-15 MG ORAL	3	QL 30/30 days
DESCOVY TABLET 200-25 MG ORAL	3	QL 30/30 days, Tier 0 when used as pre-exposure prevention, PA applies
DOVATO TABLET 50-300 MG ORAL	2	QL 30/30 days
<i>efavirenz-emtricitab-tenofovir tablet 600-200-300 mg oral</i>	1	
<i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i>	1	
<i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i>	1	
<i>emtricitabine-tenofovir df tablet 100-150 mg oral</i>	1	
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	1	
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	1	
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	1	QL 30/30 days, ACA NCDL, limitations may apply
EVOTAZ TABLET 300-150 MG ORAL	2	
GENVOYA TABLET 150-150-200-10 MG ORAL	2	QL 30/30 days
JULUCA TABLET 50-25 MG ORAL	3	QL 30/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretroviral Combinations (continued)		
<i>lamivudine-zidovudine tablet 150-300 mg oral</i>	1	
<i>lopinavir-ritonavir solution 400-100 mg/5ml oral</i>	1	
<i>lopinavir-ritonavir tablet 100-25 mg oral</i>	1	QL 120/30 days
<i>lopinavir-ritonavir tablet 200-50 mg oral</i>	1	QL 120/30 days
ODEFSEY TABLET 200-25-25 MG ORAL	3	QL 1/1 days
PREZCOBIX TABLET 800-150 MG ORAL	2	
STRIBILD TABLET 150-150-200-300 MG ORAL	2	
TEMIXYS TABLET 300-300 MG ORAL	2	QL 30/30 days
TRIUMEQ PD TABLET SOLUBLE 60-5-30 MG ORAL	2	QL 180/30 days
TRIUMEQ TABLET 600-50-300 MG ORAL	2	QL 30/30 days
Antiretrovirals - Capsid Inhibitors		
SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	4	PA, SP
SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL	4	PA, QL 4/365 days, SP
SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL	4	PA, QL 5/365 days, SP
Antiretrovirals - CCR5 Antagonists (Entry Inhibitor)		
<i>maraviroc tablet 150 mg oral</i>	1	
<i>maraviroc tablet 300 mg oral</i>	1	
SELZENTRY SOLUTION 20 MG/ML ORAL	2	
SELZENTRY TABLET 25 MG ORAL	2	
SELZENTRY TABLET 75 MG ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - Fusion Inhibitors		
FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS	4	PA, SP
Antiretrovirals - gp120-Directed Attachment Inhibitor		
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	3	QL 60/30 days
Antiretrovirals - Integrase Inhibitors		
ISENTRESS HD TABLET 600 MG ORAL	2	QL 60/30 days
ISENTRESS PACKET 100 MG ORAL	2	
ISENTRESS TABLET 400 MG ORAL	2	
ISENTRESS TABLET CHEWABLE 100 MG ORAL	2	
ISENTRESS TABLET CHEWABLE 25 MG ORAL	2	
TIVICAY PD TABLET SOLUBLE 5 MG ORAL	2	QL 150/30 days
TIVICAY TABLET 10 MG ORAL	2	QL 30/30 days
TIVICAY TABLET 25 MG ORAL	2	QL 30/30 days
TIVICAY TABLET 50 MG ORAL	2	
VOCABRIA TABLET 30 MG ORAL	4	LA, QL 30/30 days, SP
Antiretrovirals - Protease Inhibitors		
APTIVUS CAPSULE 250 MG ORAL	2	
APTIVUS SOLUTION 100 MG/ML ORAL	2	
<i>atazanavir sulfate capsule 150 mg oral</i>	1	
<i>atazanavir sulfate capsule 200 mg oral</i>	1	
<i>atazanavir sulfate capsule 300 mg oral</i>	1	
CRIXIVAN CAPSULE 200 MG ORAL	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - Protease Inhibitors (continued)		
CRIXIVAN CAPSULE 400 MG ORAL	2	
<i>darunavir tablet 600 mg oral</i>	1	
<i>darunavir tablet 800 mg oral</i>	1	
<i>fosamprenavir calcium tablet 700 mg oral</i>	1	
INVIRASE CAPSULE 200 MG ORAL	2	
INVIRASE TABLET 500 MG ORAL	2	
LEXIVA SUSPENSION 50 MG/ML ORAL	2	
NORVIR CAPSULE 100 MG ORAL	2	
NORVIR PACKET 100 MG ORAL	3	
NORVIR SOLUTION 80 MG/ML ORAL	2	
NORVIR TABLET 100 MG ORAL	3	
PREZISTA SUSPENSION 100 MG/ML ORAL	2	
PREZISTA TABLET 150 MG ORAL	2	
PREZISTA TABLET 75 MG ORAL	2	
REYATAZ PACKET 50 MG ORAL	2	
<i>ritonavir tablet 100 mg oral</i>	1	
VIRACEPT TABLET 250 MG ORAL	2	
VIRACEPT TABLET 625 MG ORAL	2	
Antiretrovirals - RTI-Non-Nucleoside Analogues		
EDURANT TABLET 25 MG ORAL	3	
<i>efavirenz capsule 200 mg oral</i>	1	
<i>efavirenz capsule 50 mg oral</i>	1	
<i>efavirenz tablet 600 mg oral</i>	1	
<i>etravirine tablet 100 mg oral</i>	1	QL 60/30 days
<i>etravirine tablet 200 mg oral</i>	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - RTI-Non-Nucleoside Analogues (continued)		
INTELENCE TABLET 25 MG ORAL	2	
<i>nevirapine er tablet extended release 24 hour 100 mg oral</i>	1	
<i>nevirapine er tablet extended release 24 hour 400 mg oral</i>	1	Prudent
<i>nevirapine suspension 50 mg/5ml oral</i>	1	Prudent
<i>nevirapine tablet 200 mg oral</i>	1	
PIFELTRO TABLET 100 MG ORAL	3	QL 30/30 days
RESCRIPTOR TABLET 100 MG ORAL	2	
RESCRIPTOR TABLET 200 MG ORAL	2	
Antiretrovirals - RTI-Nucleoside Analogues-Purines		
<i>abacavir sulfate solution 20 mg/ml oral</i>	1	
<i>abacavir sulfate tablet 300 mg oral</i>	1	
<i>didanosine capsule delayed release 200 mg oral</i>	1	
<i>didanosine capsule delayed release 250 mg oral</i>	1	
<i>didanosine capsule delayed release 400 mg oral</i>	1	
VIDEX SOLUTION RECONSTITUTED 2 GM ORAL	2	
VIDEX SOLUTION RECONSTITUTED 4 GM ORAL	2	
Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines		
<i>emtricitabine capsule 200 mg oral</i>	1	
EMTRIVA SOLUTION 10 MG/ML ORAL	2	
EPIVIR SOLUTION 10 MG/ML ORAL	2	Partial Fill
<i>lamivudine solution 10 mg/ml oral</i>	1	
<i>lamivudine tablet 150 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines (continued)		
<i>lamivudine tablet 300 mg oral</i>	1	
Antiretrovirals - RTI-Nucleoside Analogues-Thymidines		
<i>stavudine capsule 15 mg oral</i>	1	
<i>stavudine capsule 20 mg oral</i>	1	
<i>stavudine capsule 30 mg oral</i>	1	
<i>stavudine capsule 40 mg oral</i>	1	
<i>zidovudine capsule 100 mg oral</i>	1	
<i>zidovudine syrup 50 mg/5ml oral</i>	1	
<i>zidovudine tablet 300 mg oral</i>	1	
Antiretrovirals - RTI-Nucleotide Analogues		
<i>tenofovir disoproxil fumarate tablet 300 mg oral</i>	1	
VIREAD POWDER 40 MG/GM ORAL	3	
VIREAD TABLET 150 MG ORAL	3	
VIREAD TABLET 200 MG ORAL	3	
VIREAD TABLET 250 MG ORAL	3	
Antiviral Combinations		
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	3	QL 20/30 days
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	3	QL 30/30 days
CMV Agents		
LIVTENCITY TABLET 200 MG ORAL	4	LA, PA, QL 120/30 days, SP
PREVYMIS TABLET 240 MG ORAL	3	PA, QL 100/365 days
PREVYMIS TABLET 480 MG ORAL	3	PA, QL 100/365 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CMV Agents (continued)		
<i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i>	1	QL 6948/365 days
<i>valganciclovir hcl tablet 450 mg oral</i>	1	QL 772/365 days
Hepatitis B Agents		
<i>adefovir dipivoxil tablet 10 mg oral</i>	1	
BARACLUDGE SOLUTION 0.05 MG/ML ORAL	2	Partial Fill
<i>entecavir tablet 0.5 mg oral</i>	1	
<i>entecavir tablet 1 mg oral</i>	1	
<i>lamivudine tablet 100 mg oral</i>	1	
TYZEKA TABLET 600 MG ORAL	3	
VEMLIDY TABLET 25 MG ORAL	3	PA, QL 30/30 days
Hepatitis C Agent - Combinations		
MAVYRET PACKET 50-20 MG ORAL	4	PA, QL 140/28 days, SP, Prudent
MAVYRET TABLET 100-40 MG ORAL	4	PA, QL 84/28 days, SP, Prudent
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	4	PA, QL 28/28 days, SP, Prudent
VOSEVI TABLET 400-100-100 MG ORAL	4	PA, QL 28/28 days, SP, Prudent
Hepatitis C Agents		
OLYSIO CAPSULE 150 MG ORAL	4	PA, SP, Medical Necessity PA
PEGASYS PROCLICK SOLUTION 135 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS PROCLICK SOLUTION 180 MCG/0.5ML SUBCUTANEOUS	3	PA, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hepatitis C Agents (continued)		
PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 135 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 180 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS SOLUTION 180 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	3	PA, SP, Prudent
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS	3	PA, SP, Prudent
PEG-INTRON KIT 120 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON KIT 150 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
PEG-INTRON KIT 80 MCG/0.5ML SUBCUTANEOUS	3	PA, SP
<i>ribavirin capsule 200 mg oral</i>	3	SP, Prudent
<i>ribavirin tablet 200 mg oral</i>	3	SP, Prudent
Herpes Agents - Purine Analogues		
<i>acyclovir capsule 200 mg oral</i>	1	Incentive
<i>acyclovir suspension 200 mg/5ml oral</i>	1	
<i>acyclovir tablet 400 mg oral</i>	1	Incentive
<i>acyclovir tablet 800 mg oral</i>	1	Incentive
<i>valacyclovir hcl tablet 1 gm oral</i>	1	
<i>valacyclovir hcl tablet 500 mg oral</i>	1	
Herpes Agents - Thymidine Analogues		
<i>famciclovir tablet 125 mg oral</i>	1	
<i>famciclovir tablet 250 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Herpes Agents - Thymidine Analogues (continued)		
<i>famciclovir tablet 500 mg oral</i>	1	
Influenza Agents		
<i>rimantadine hcl tablet 100 mg oral</i>	1	
Misc. Antivirals		
LAGEVRIO CAPSULE 200 MG ORAL	0	QL 40/30 days, ACA NCDL, limitations may apply
Neuraminidase Inhibitors		
<i>oseltamivir phosphate capsule 30 mg oral</i>	1	QL 20/60 days
<i>oseltamivir phosphate capsule 45 mg oral</i>	1	QL 10/60 days
<i>oseltamivir phosphate capsule 75 mg oral</i>	1	QL 10/60 days
<i>oseltamivir phosphate suspension reconstituted 6 mg/ml oral</i>	1	QL 250/60 days
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	2	QL 40/90 days
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER INHALATION	2	QL 40/90 days
RSV Agents - Nucleoside Analogues		
VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION	3	
BETA BLOCKERS		
Alpha-Beta Blockers		
<i>carvedilol phosphate er capsule extended release 24 hour 10 mg oral</i>	1	QL 30/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Alpha-Beta Blockers (continued)		
<i>carvedilol phosphate er capsule extended release 24 hour 20 mg oral</i>	1	QL 30/30 days
<i>carvedilol phosphate er capsule extended release 24 hour 40 mg oral</i>	1	QL 30/30 days
<i>carvedilol phosphate er capsule extended release 24 hour 80 mg oral</i>	1	QL 30/30 days
<i>carvedilol tablet 12.5 mg oral</i>	1	
<i>carvedilol tablet 25 mg oral</i>	1	
<i>carvedilol tablet 3.125 mg oral</i>	1	
<i>carvedilol tablet 6.25 mg oral</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	1	
<i>labetalol hcl tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>labetalol hcl tablet 200 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>labetalol hcl tablet 300 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
Beta Blockers Cardio-Selective		
<i>acebutolol hcl capsule 200 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>acebutolol hcl capsule 400 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>atenolol tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>atenolol tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>atenolol tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>betaxolol hcl tablet 10 mg oral</i>	1	
<i>betaxolol hcl tablet 20 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Cardio-Selective (continued)		
<i>bisoprolol fumarate tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>bisoprolol fumarate tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i>	1	Incentive
<i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i>	1	Incentive
<i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i>	1	Incentive
<i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i>	1	Incentive
<i>metoprolol tartrate solution 5 mg/5ml intravenous</i>	1	
<i>metoprolol tartrate tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metoprolol tartrate tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metoprolol tartrate tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nebivolol hcl tablet 10 mg oral</i>	1	
<i>nebivolol hcl tablet 2.5 mg oral</i>	1	
<i>nebivolol hcl tablet 20 mg oral</i>	1	
<i>nebivolol hcl tablet 5 mg oral</i>	1	
Beta Blockers Non-Selective		
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	3	PA, Medical Necessity PA applies to ages greater than 12 months
<i>nadolol tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nadolol tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Non-Selective (continued)		
<i>nadolol tablet 80 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>pindolol tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>pindolol tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i>	1	
<i>propranolol hcl solution 1 mg/ml intravenous</i>	1	
<i>propranolol hcl solution 20 mg/5ml oral</i>	1	
<i>propranolol hcl solution 40 mg/5ml oral</i>	1	
<i>propranolol hcl tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>propranolol hcl tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>propranolol hcl tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>propranolol hcl tablet 60 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>propranolol hcl tablet 80 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
SORINE TABLET 120 MG ORAL	1	
SORINE TABLET 160 MG ORAL	1	
SORINE TABLET 240 MG ORAL	1	
SORINE TABLET 80 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta Blockers Non-Selective (continued)		
<i>sotalol hcl (af) tablet 120 mg oral</i>	1	
<i>sotalol hcl (af) tablet 160 mg oral</i>	1	
<i>sotalol hcl (af) tablet 80 mg oral</i>	1	
<i>sotalol hcl tablet 120 mg oral</i>	1	
<i>sotalol hcl tablet 160 mg oral</i>	1	
<i>sotalol hcl tablet 240 mg oral</i>	1	
<i>sotalol hcl tablet 80 mg oral</i>	1	
<i>timolol maleate tablet 10 mg oral</i>	1	
<i>timolol maleate tablet 20 mg oral</i>	1	
<i>timolol maleate tablet 5 mg oral</i>	1	
CALCIUM CHANNEL BLOCKERS		
Calcium Channel Blockers		
AFEDITAB CR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	1	PS Expanded NCDL, Incentive
AFEDITAB CR TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	1	PS Expanded NCDL, Incentive
<i>amlodipine besylate tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>amlodipine besylate tablet 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>amlodipine besylate tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
CARDENE IV SOLUTION 20-4.8 MG/200ML-% INTRAVENOUS	3	
CARDENE IV SOLUTION 40-5 MG/200ML-% INTRAVENOUS	3	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL	2	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	PS Expanded NCDL, Incentive

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	PS Expanded NCDL, Incentive
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	PS Expanded NCDL, Incentive
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	PS Expanded NCDL, Incentive
<i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er capsule extended release 12 hour 120 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er capsule extended release 12 hour 60 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er capsule extended release 12 hour 90 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er capsule extended release 24 hour 120 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er capsule extended release 24 hour 180 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er capsule extended release 24 hour 240 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
<i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl solution 125 mg/25ml intravenous</i>	1	Medical Benefit only.
<i>diltiazem hcl solution 25 mg/5ml intravenous</i>	1	Medical Benefit only.
<i>diltiazem hcl solution 50 mg/10ml intravenous</i>	1	Medical Benefit only.
<i>diltiazem hcl solution reconstituted 100 mg intravenous</i>	3	Medical Benefit only.
<i>diltiazem hcl tablet 120 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl tablet 30 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl tablet 60 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>diltiazem hcl tablet 90 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>dilt-xr capsule extended release 24 hour 120 mg oral</i>	1	PS Expanded NCDL, Incentive
<i>dilt-xr capsule extended release 24 hour 180 mg oral</i>	1	PS Expanded NCDL, Incentive
<i>dilt-xr capsule extended release 24 hour 240 mg oral</i>	1	PS Expanded NCDL, Incentive
<i>felodipine er tablet extended release 24 hour 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
<i>felodipine er tablet extended release 24 hour 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>felodipine er tablet extended release 24 hour 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>isradipine capsule 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>isradipine capsule 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	PS Expanded NCDL, Incentive, VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	PS Expanded NCDL, Incentive, VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	PS Expanded NCDL, Incentive, VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	PS Expanded NCDL, Incentive, VBP Drug List
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nicardipine hcl capsule 20 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nicardipine hcl capsule 30 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nicardipine hcl solution 2.5 mg/ml intravenous</i>	1	
NIFEDICAL XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	1	PS Expanded NCDL, Incentive
<i>nifedipine capsule 10 mg oral</i>	1	
<i>nifedipine capsule 20 mg oral</i>	1	
<i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
<i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nifedipine er tablet extended release 24 hour 30 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nifedipine er tablet extended release 24 hour 60 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nifedipine er tablet extended release 24 hour 90 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>nimodipine capsule 30 mg oral</i>	1	QL 252/180 days
<i>nisoldipine er tablet extended release 24 hour 17 mg oral</i>	1	QL 30/30 days
<i>nisoldipine er tablet extended release 24 hour 20 mg oral</i>	1	QL 30/30 days
<i>nisoldipine er tablet extended release 24 hour 25.5 mg oral</i>	1	
<i>nisoldipine er tablet extended release 24 hour 30 mg oral</i>	1	
<i>nisoldipine er tablet extended release 24 hour 34 mg oral</i>	1	
<i>nisoldipine er tablet extended release 24 hour 40 mg oral</i>	1	
<i>nisoldipine er tablet extended release 24 hour 8.5 mg oral</i>	1	QL 30/30 days
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	PS Expanded NCDL, Incentive
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	PS Expanded NCDL, Incentive
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	PS Expanded NCDL, Incentive
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	PS Expanded NCDL, Incentive
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	PS Expanded NCDL, Incentive

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcium Channel Blockers (continued)		
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	1	VBP Drug List
<i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i>	1	VBP Drug List
<i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i>	1	VBP Drug List
<i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i>	1	VBP Drug List
<i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i>	1	VBP Drug List
<i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i>	1	VBP Drug List
<i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i>	1	VBP Drug List
<i>verapamil hcl er tablet extended release 120 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>verapamil hcl er tablet extended release 180 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>verapamil hcl er tablet extended release 240 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>verapamil hcl solution 2.5 mg/ml intravenous</i>	1	Medical Benefit only.
<i>verapamil hcl tablet 120 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>verapamil hcl tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>verapamil hcl tablet 80 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
CARDIOTONICS		
Cardiac Glycosides		
DIGOX TABLET 125 MCG ORAL	1	
DIGOX TABLET 250 MCG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cardiac Glycosides (continued)		
<i>digoxin solution 0.05 mg/ml oral</i>	1	
<i>digoxin solution 0.25 mg/ml injection</i>	1	
<i>digoxin tablet 125 mcg oral</i>	1	
<i>digoxin tablet 250 mcg oral</i>	1	
LANOXIN PEDIATRIC SOLUTION 0.1 MG/ML INJECTION	3	
LANOXIN TABLET 187.5 MCG ORAL	2	
LANOXIN TABLET 62.5 MCG ORAL	2	
CARDIOVASCULAR AGENTS - MISC.		
Cardiac Myosin Inhibitors		
CAMZYOS CAPSULE 10 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
CAMZYOS CAPSULE 15 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
CAMZYOS CAPSULE 2.5 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
CAMZYOS CAPSULE 5 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb		
ENTRESTO TABLET 24-26 MG ORAL	3	QL 60/30 days
ENTRESTO TABLET 49-51 MG ORAL	3	QL 60/30 days
ENTRESTO TABLET 97-103 MG ORAL	3	QL 60/30 days
Nitrate & Vasodilator Combinations		
<i>isosorb dinitrate-hydralazine tablet 20-37.5 mg oral</i>	1	PA, Medical Necessity PA
PDE Inhibitor-Endothelin Receptor Antagonist Combinations		
OPSYNVI TABLET 10-20 MG ORAL	4	PA, QL 30/30 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PDE Inhibitor-Endothelin Receptor Antagonist Combinations (continued)		
OPSYNVI TABLET 10-40 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Prostaglandin Vasodilators		
<i>epoprostenol sodium solution reconstituted 0.5 mg intravenous</i>	4	LA, PA, SP, Prudent
<i>epoprostenol sodium solution reconstituted 1.5 mg intravenous</i>	4	LA, PA, SP, Prudent
<i>treprostinil solution 100 mg/20ml injection</i>	4	PA, SP
<i>treprostinil solution 20 mg/20ml injection</i>	4	PA, SP
<i>treprostinil solution 200 mg/20ml injection</i>	4	PA, SP
<i>treprostinil solution 50 mg/20ml injection</i>	4	PA, SP
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	4	PA, QL 112/28 days, SP, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	4	PA, QL 112/28 days, SP, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	4	PA, QL 112/28 days, SP, Prudent
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	4	PA, QL 112/28 days, SP, Prudent
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	4	PA, QL 252/28 days, SP, Prudent
TYVASO REFILL SOLUTION 0.6 MG/ML INHALATION	4	PA, QL 87/30 days, SP, Prudent
TYVASO SOLUTION 0.6 MG/ML INHALATION	4	PA, QL 87/30 days, SP, Prudent
TYVASO STARTER SOLUTION 0.6 MG/ML INHALATION	4	PA, QL 87/30 days, SP, Prudent
VENTAVIS SOLUTION 10 MCG/ML INHALATION	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prostaglandin Vasodilators (continued)		
VENTAVIS SOLUTION 20 MCG/ML INHALATION	4	PA, SP, Prudent
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC)		
ADEMPAS TABLET 0.5 MG ORAL	4	PA, SP, Prudent
ADEMPAS TABLET 1 MG ORAL	4	PA, SP, Prudent
ADEMPAS TABLET 1.5 MG ORAL	4	PA, SP, Prudent
ADEMPAS TABLET 2 MG ORAL	4	PA, SP, Prudent
ADEMPAS TABLET 2.5 MG ORAL	4	PA, SP, Prudent
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS	4	PA, SP, Prudent
WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS	4	PA, SP, Prudent
WINREVAIR KIT 45 MG SUBCUTANEOUS	4	PA, SP, Prudent
WINREVAIR KIT 60 MG SUBCUTANEOUS	4	PA, SP, Prudent
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan tablet 10 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
<i>ambrisentan tablet 5 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
<i>bosentan tablet 125 mg oral</i>	4	PA, QL 60/30 days, SP, Prudent
<i>bosentan tablet 62.5 mg oral</i>	4	PA, QL 60/30 days, SP, Prudent
OPSUMIT TABLET 10 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ALYQ TABLET 20 MG ORAL	3	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Pulmonary Hypertension - Phosphodiesterase Inhibitors (continued)		
LIQREV SUSPENSION 10 MG/ML ORAL	4	PA, SP, Prudent
<i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i>	4	PA, SP, Prudent
<i>sildenafil citrate tablet 20 mg oral</i>	3	PA, SP, Prudent
<i>tadalafil (pah) tablet 20 mg oral</i>	3	PA, SP, Prudent
TADLIQ SUSPENSION 20 MG/5ML ORAL	4	PA, QL 300/30 days, SP, Prudent
Selective cGMP Phosphodiesterase Type 5 Inhibitors		
<i>tadalafil tablet 2.5 mg oral</i>	1	PA, QL 1/1 days
<i>tadalafil tablet 5 mg oral</i>	1	PA, QL 1/1 days
Sinus Node Inhibitors		
CORLANOR SOLUTION 5 MG/5ML ORAL	3	PA, QL 480/28 days
CORLANOR TABLET 5 MG ORAL	3	PA, QL 60/30 days
CORLANOR TABLET 7.5 MG ORAL	3	PA, QL 60/30 days
Transthyretin Stabilizers		
VYNDAMAX CAPSULE 61 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
VYNDAQEL CAPSULE 20 MG ORAL	4	PA, QL 4/1 days, SP, Prudent
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO TABLET 10 MG ORAL	3	QL 30/30 days
VERQUVO TABLET 2.5 MG ORAL	3	QL 30/30 days
VERQUVO TABLET 5 MG ORAL	3	QL 30/30 days
CEPHALOSPORINS		
Cephalosporins - 1st Generation		
<i>cefadroxil capsule 500 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 1st Generation (continued)		
<i>cefadroxil suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefadroxil suspension reconstituted 500 mg/5ml oral</i>	1	
<i>cefadroxil tablet 1 gm oral</i>	1	
<i>cefazolin sodium solution reconstituted 1 gm injection</i>	1	
<i>cefazolin sodium solution reconstituted 10 gm injection</i>	1	
<i>cefazolin sodium solution reconstituted 20 gm injection</i>	1	
<i>cefazolin sodium solution reconstituted 500 mg injection</i>	1	
<i>cephalexin capsule 250 mg oral</i>	1	
<i>cephalexin capsule 500 mg oral</i>	1	
<i>cephalexin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cephalexin suspension reconstituted 250 mg/5ml oral</i>	1	
Cephalosporins - 2nd Generation		
<i>cefaclor capsule 250 mg oral</i>	1	
<i>cefaclor capsule 500 mg oral</i>	1	
<i>cefaclor er tablet extended release 12 hour 500 mg oral</i>	3	
<i>cefaclor suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cefaclor suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefaclor suspension reconstituted 375 mg/5ml oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 2nd Generation (continued)		
<i>cefotetan disodium solution reconstituted 1 gm injection</i>	1	
<i>cefotetan disodium solution reconstituted 2 gm injection</i>	1	
<i>cefoxitin sodium solution reconstituted 10 gm injection</i>	1	
<i>cefoxitin sodium solution reconstituted 10 gm intravenous</i>	1	
<i>cefprozil suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cefprozil suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefprozil tablet 250 mg oral</i>	1	
<i>cefprozil tablet 500 mg oral</i>	1	
<i>cefuroxime axetil tablet 250 mg oral</i>	1	
<i>cefuroxime axetil tablet 500 mg oral</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir capsule 300 mg oral</i>	1	
<i>cefdinir suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cefdinir suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefditoren pivoxil tablet 200 mg oral</i>	1	
<i>cefditoren pivoxil tablet 400 mg oral</i>	1	
<i>cefixime capsule 400 mg oral</i>	1	
<i>cefixime suspension reconstituted 100 mg/5ml oral</i>	1	
<i>cefixime suspension reconstituted 200 mg/5ml oral</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 3rd Generation (continued)		
<i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i>	1	
<i>cefpodoxime proxetil tablet 100 mg oral</i>	1	
<i>cefpodoxime proxetil tablet 200 mg oral</i>	1	
<i>ceftazidime solution reconstituted 1 gm injection</i>	1	
<i>ceftazidime solution reconstituted 2 gm injection</i>	1	
<i>ceftazidime solution reconstituted 2 gm intravenous</i>	1	
<i>ceftazidime solution reconstituted 6 gm injection</i>	1	
<i>ceftibuten capsule 400 mg oral</i>	1	
<i>ceftibuten suspension reconstituted 180 mg/5ml oral</i>	1	
<i>ceftriaxone sodium solution reconstituted 1 gm injection</i>	1	
<i>ceftriaxone sodium solution reconstituted 2 gm injection</i>	1	
<i>ceftriaxone sodium solution reconstituted 250 mg injection</i>	1	
<i>ceftriaxone sodium solution reconstituted 500 mg injection</i>	1	
FORTAZ IN D5W SOLUTION 1-5 GM/50ML-% INTRAVENOUS	3	
FORTAZ IN D5W SOLUTION 2-5 GM/50ML-% INTRAVENOUS	3	
SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	2	
SUPRAX TABLET CHEWABLE 100 MG ORAL	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cephalosporins - 3rd Generation (continued)		
SUPRAX TABLET CHEWABLE 200 MG ORAL	2	
Cephalosporins - 4th Generation		
<i>cefepime hcl solution reconstituted 1 gm injection</i>	1	
<i>cefepime hcl solution reconstituted 2 gm injection</i>	1	
<i>cefepime hcl solution reconstituted 2 gm intravenous</i>	1	
CONTRACEPTIVES		
Biphasic Contraceptives - Oral		
AZURETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL	0	ACA NCDL, limitations may apply
<i>desogestrel-ethinyl estradiol tablet 0.15-0.02/0.01 mg (21/5) oral</i>	0	ACA NCDL, limitations may apply
KARIVA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	0	ACA NCDL, limitations may apply
LO LOESTRIN FE TABLET 1 MG-10 MCG / 10 MCG ORAL	0	ACA NCDL, limitations may apply
<i>viorele tablet 0.15-0.02/0.01 mg (21/5) oral</i>	0	ACA NCDL, limitations may apply
Combination Contraceptives - Oral		
ALTAVERA TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
<i>alyacen 1/35 tablet 1-35 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
APRI TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
AUROVELA FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
AVIANE TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
BLISOVI FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
BLISOVI FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CRYSSELLE-28 TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CYRED EQ TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CYRED TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
DASETTA 1/35 TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
DELYLA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
<i>desogestrel-ethinyl estradiol tablet 0.15-30 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
<i>drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral</i>	0	ACA NCDL, limitations may apply
<i>drospiren-eth estrad-levomefol tablet 3-0.03-0.451 mg oral</i>	0	ACA NCDL, limitations may apply
<i>drospirenone-ethinyl estradiol tablet 3-0.02 mg oral</i>	0	ACA NCDL, limitations may apply
<i>drospirenone-ethinyl estradiol tablet 3-0.03 mg oral</i>	0	ACA NCDL, limitations may apply
ELINEST TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
EMOQUETTE TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ENSKYCE TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
ESTARYLLA TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
<i>ethynodiol diac-eth estradiol tablet 1-50 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
FALMINA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
GEMMILY CAPSULE 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
GILDESS FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
HAILEY 24 FE TABLET 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
HAILEY FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ISIBLOOM TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
JASMIEL TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
JOYEAUX TABLET 0.1-20 MG-MCG(21) ORAL	0	ACA NCDL, limitations may apply
JULEBER TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
JUNEL 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
JUNEL 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
JUNEL FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
JUNEL FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
KALLIGA TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
KELNOR 1/35 TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
KURVELO TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LARIN 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LARIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LARIN FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LARISSIA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LAYOLIS FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LESSINA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
<i>levonorgest-eth estradiol-iron tablet 0.1-20 mg-mcg(21) oral</i>	0	ACA NCDL, limitations may apply
<i>levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
<i>levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
LEVORA 0.15/30 (28) TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LOESTRIN FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LORYNA TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
LOW-OGESTREL TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LO-ZUMANDIMINE TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
LUTERA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
<i>marlissa tablet 0.15-30 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
MERZEE CAPSULE 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
MIBELAS 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
MICROGESTIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MICROGESTIN 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MICROGESTIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MICROGESTIN FE 1/20 TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MILI TABLET 0.25-35 MG-MCG ORAL	0	
MONO-LINYAH TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
MONONESSA TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NECON 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NECON 1/35 (28) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NEXTSTELLIS TABLET 3-14.2 MG ORAL	0	ACA NCDL, limitations may apply
NIKKI TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
<i>norethin ace-eth estrad-fe capsule 1-20 mg-mcg(24) oral</i>	0	ACA NCDL, limitations may apply
<i>norethin ace-eth estrad-fe tablet 1-20 mg-mcg oral</i>	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
<i>norethin ace-eth estrad-fe tablet 1-20 mg-mcg(24) oral</i>	0	ACA NCDL, limitations may apply
<i>norethin ace-eth estrad-fe tablet chewable 1-20 mg-mcg(24) oral</i>	0	ACA NCDL, limitations may apply
<i>norethindrone acet-ethinyl est tablet 1-20 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
<i>norethin-eth estradiol-fe tablet chewable 0.4-35 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
<i>norethin-eth estradiol-fe tablet chewable 0.8-25 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
<i>norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
NORTREL 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NORTREL 1/35 (21) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NORTREL 1/35 (28) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NYMYO TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
OCELLA TABLET 3-0.03 MG ORAL	0	ACA NCDL, limitations may apply
OGESTREL TABLET 0.5-50 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ORSYTHIA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
PIRMELLA 1/35 TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
PORTIA-28 TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
PREVIFEM TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
RECLIPSEN TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
SOLIA TABLET 0.15-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
SPRINTEC 28 TABLET 0.25-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
SRONYX TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
SYEDA TABLET 3-0.03 MG ORAL	0	ACA NCDL, limitations may apply
TARINA 24 FE TABLET 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
TARINA FE 1/20 EQ TABLET 1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TAYSOFY CAPSULE 1-20 MG-MCG(24) ORAL	0	ACA NCDL, limitations may apply
TURQOZ TABLET 0.3-30 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TYBLUME TABLET 0.1-20 MG-MCG ORAL	0	
VESTURA TABLET 3-0.02 MG ORAL	0	ACA NCDL, limitations may apply
VIENVA TABLET 0.1-20 MG-MCG ORAL	0	ACA NCDL, limitations may apply
VYLIBRA TABLET 0.25-35 MG-MCG ORAL	0	
WERA TABLET 0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
WYMZYA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ZENCHENT TABLET 0.4-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Combination Contraceptives - Oral (continued)		
ZOVIA 1/35E (28) TABLET 1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
ZUMANDIMINE TABLET 3-0.03 MG ORAL	0	ACA NCDL, limitations may apply
Combination Contraceptives - Transdermal		
TWIRLA PATCH WEEKLY 120-30 MCG/24HR TRANSDERMAL	0	ACA NCDL, limitations may apply
XULANE PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	0	ACA NCDL, limitations may apply
ZAFEMY PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	0	ACA NCDL, limitations may apply
Combination Contraceptives - Vaginal		
ANNOVERA RING 0.013-0.15 MG/24HR VAGINAL	0	QL 1/364 days, ACA NCDL, limitations may apply
ELURYNG RING 0.12-0.015 MG/24HR VAGINAL	0	QL 13/300 days, ACA NCDL, limitations may apply
ENILLORING RING 0.12-0.015 MG/24HR VAGINAL	0	QL 13/300 days, ACA NCDL, limitations may apply
<i>etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal</i>	0	QL 13/300 days, ACA NCDL, limitations may apply
HALOETTE RING 0.12-0.015 MG/24HR VAGINAL	0	ACA NCDL, limitations may apply
Continuous Contraceptives - Oral		
AMETHYST TABLET 90-20 MCG ORAL	0	ACA NCDL, limitations may apply
DOLISHALE TABLET 90-20 MCG ORAL	0	ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Continuous Contraceptives - Oral (continued)		
<i>levonorgestrel-ethinyl estrad tablet 90-20 mcg oral</i>	0	ACA NCDL, limitations may apply
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE INTRAUTERINE	0	QL 1/300 days, ACA NCDL, limitations may apply
Emergency Contraceptives		
ELLA TABLET 30 MG ORAL	0	ACA NCDL, limitations may apply
Extended-Cycle Contraceptives - Oral		
CAMRESE LO TABLET 0.1-0.02 & 0.01 MG ORAL	0	ACA NCDL, limitations may apply
ICLEVIA TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
INTROVALE TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
JOLESSA TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
<i>levonorgest-eth estrad 91-day tablet 0.1-0.02 & 0.01 mg oral</i>	0	ACA NCDL, limitations may apply
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</i>	0	ACA NCDL, limitations may apply
QUASENSE TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
RIVELSA TABLET 42-21-21-7 DAYS ORAL	0	ACA NCDL, limitations may apply
SETLAKIN TABLET 0.15-0.03 MG ORAL	0	ACA NCDL, limitations may apply
Four Phase Contraceptives - Oral		
NATAZIA TABLET 3/2-2/2-3/1 MG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Progestin Contraceptives - Implants		
NEXPLANON IMPLANT 68 MG SUBCUTANEOUS	0	QL 1/300 days, SP, ACA NCDL, limitations may apply
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS	0	QL 4/300 days, ACA NCDL, limitations may apply
<i>medroxyprogesterone acetate suspension 150 mg/ml intramuscular</i>	0	QL 4/300 days, ACA NCDL, limitations may apply
<i>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</i>	0	QL 4/300 days, ACA NCDL, limitations may apply
Progestin Contraceptives - IUD		
KYLEENA INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE	0	ACA NCDL, limitations may apply
LILETTA (52 MG) INTRAUTERINE DEVICE 18.6 MCG/DAY INTRAUTERINE	0	LA, QL 1/300 days, ACA NCDL, limitations may apply
LILETTA (52 MG) INTRAUTERINE DEVICE 19.5 MCG/DAY INTRAUTERINE	0	QL 1/300 days, ACA NCDL, limitations may apply
LILETTA (52 MG) INTRAUTERINE DEVICE 20.1 MCG/DAY INTRAUTERINE	0	QL 1/300 days, ACA NCDL, limitations may apply
MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/24HR INTRAUTERINE	0	QL 1/300 days, SP, ACA NCDL, limitations may apply
MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/DAY INTRAUTERINE	0	QL 1/300 days, SP, ACA NCDL, limitations may apply
SKYLA INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE	0	QL 1/300 days, ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Progestin Contraceptives - Oral		
CAMILA TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
EMZAHH TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
ERRIN TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
HEATHER TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
INCASSIA TABLET 0.35 MG ORAL	0	
JOLIVETTE TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
LYLEQ TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
LYZA TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
NORA-BE TABLET 0.35 MG ORAL	0	ACA NCDL, limitations may apply
<i>norethindrone tablet 0.35 mg oral</i>	0	ACA NCDL, limitations may apply
SLYND TABLET 4 MG ORAL	0	ACA NCDL, limitations may apply
Triphasic Contraceptives - Oral		
<i>alyacen 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral</i>	0	ACA NCDL, limitations may apply
ARANELLE TABLET 0.5/1/0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
CAZIAN TABLET 0.1/0.125/0.15 - 0.025 MG ORAL	0	ACA NCDL, limitations may apply
CESIA TABLET 0.1/0.125/0.15 -0.025 MG ORAL	0	ACA NCDL, limitations may apply
DASETTA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triphasic Contraceptives - Oral (continued)		
ENPRESSE-28 TABLET 50-30/75-40/125-30 MCG ORAL	0	ACA NCDL, limitations may apply
LEENA TABLET 0.5/1/0.5-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
LEVONEST TABLET 50-30/75-40/ 125-30 MCG ORAL	0	ACA NCDL, limitations may apply
MYZILRA TABLET 50-30/75-40/ 125-30 MCG ORAL	0	ACA NCDL, limitations may apply
NECON 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
<i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-25 mcg oral</i>	0	ACA NCDL, limitations may apply
<i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	0	ACA NCDL, limitations may apply
NORTREL 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
NYLIA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TILIA FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	0	ACA NCDL, limitations may apply
TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-LINYAH TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-LO-ESTARYLLA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-LO-MARZIA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-LO-MILI TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-LO-SPRINTEC TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Triphasic Contraceptives - Oral (continued)		
TRI-MILI TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	
TRINESSA (28) TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-NYMYO TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	ACA NCDL, limitations may apply
TRIVORA (28) TABLET 50-30/75-40/125-30 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-VYLIBRA LO TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	0	ACA NCDL, limitations may apply
TRI-VYLIBRA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	0	
VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL	0	ACA NCDL, limitations may apply
CORTICOSTEROIDS		
Glucocorticosteroids		
AGAMREE SUSPENSION 40 MG/ML ORAL	4	LA, PA, QL 200/26 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL	4	LA, PA, QL 90/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL	4	LA, PA, QL 90/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL	4	LA, PA, QL 180/30 days, SP
ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	4	LA, PA, QL 90/30 days, SP
<i>budesonide capsule delayed release particles 3 mg oral</i>	1	
<i>cortisone acetate tablet 25 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
<i>deflazacort tablet 18 mg oral</i>	4	LA, PA, QL 30/30 days, Prudent
<i>deflazacort tablet 30 mg oral</i>	4	LA, PA, QL 60/30 days, Prudent
<i>deflazacort tablet 36 mg oral</i>	4	LA, PA, QL 60/30 days, Prudent
<i>deflazacort tablet 6 mg oral</i>	4	LA, PA, QL 60/30 days, Prudent
DEPO-MEDROL SUSPENSION 20 MG/ML INJECTION	3	
<i>dexamethasone elixir 0.5 mg/5ml oral</i>	1	
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL	2	
<i>dexamethasone sod phosphate pf solution 10 mg/ml injection</i>	1	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	1	
<i>dexamethasone sodium phosphate solution 100 mg/10ml injection</i>	1	
<i>dexamethasone sodium phosphate solution 120 mg/30ml injection</i>	1	
<i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i>	1	
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	1	
<i>dexamethasone sodium phosphate solution prefilled syringe 4 mg/ml injection</i>	1	
<i>dexamethasone solution 0.5 mg/5ml oral</i>	1	
<i>dexamethasone tablet 0.5 mg oral</i>	1	
<i>dexamethasone tablet 0.75 mg oral</i>	1	
<i>dexamethasone tablet 1 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
<i>dexamethasone tablet 1.5 mg oral</i>	1	
<i>dexamethasone tablet 2 mg oral</i>	1	
<i>dexamethasone tablet 4 mg oral</i>	1	
<i>dexamethasone tablet 6 mg oral</i>	1	
EMFLAZA SUSPENSION 22.75 MG/ML ORAL	4	LA, PA, QL 39/30 days
<i>hydrocortisone tablet 10 mg oral</i>	1	
<i>hydrocortisone tablet 20 mg oral</i>	1	
<i>hydrocortisone tablet 5 mg oral</i>	1	
MEDROL TABLET 2 MG ORAL	2	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	1	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	1	
<i>methylprednisolone sodium succ solution reconstituted 1000 mg injection</i>	1	
<i>methylprednisolone sodium succ solution reconstituted 125 mg injection</i>	1	
<i>methylprednisolone sodium succ solution reconstituted 40 mg injection</i>	1	
<i>methylprednisolone tablet 16 mg oral</i>	1	
<i>methylprednisolone tablet 32 mg oral</i>	1	
<i>methylprednisolone tablet 4 mg oral</i>	1	
<i>methylprednisolone tablet 8 mg oral</i>	1	
<i>methylprednisolone tablet therapy pack 4 mg oral</i>	1	
MILLIPRED TABLET 5 MG ORAL	3	
<i>prednisolone sodium phosphate solution 10 mg/5ml oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 20 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate tablet dispersible 10 mg oral</i>	1	
<i>prednisolone sodium phosphate tablet dispersible 15 mg oral</i>	1	
<i>prednisolone sodium phosphate tablet dispersible 30 mg oral</i>	1	
<i>prednisolone solution 15 mg/5ml oral</i>	1	
<i>prednisolone syrup 15 mg/5ml oral</i>	1	
PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL	2	
<i>prednisone solution 5 mg/5ml oral</i>	1	
<i>prednisone tablet 1 mg oral</i>	1	
<i>prednisone tablet 10 mg oral</i>	1	
<i>prednisone tablet 2.5 mg oral</i>	1	
<i>prednisone tablet 20 mg oral</i>	1	
<i>prednisone tablet 5 mg oral</i>	1	
<i>prednisone tablet 50 mg oral</i>	1	
SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION	2	
SOLU-CORTEF SOLUTION RECONSTITUTED 1000 MG INJECTION	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucocorticosteroids (continued)		
SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION	2	
SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION	2	
SOLU-MEDROL SOLUTION RECONSTITUTED 2 GM INJECTION	3	
TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL	4	LA, PA, QL 120/30 days, SP
Mineralocorticoids		
<i>fludrocortisone acetate tablet 0.1 mg oral</i>	1	
COUGH/COLD/ALLERGY		
Antitussive - Nonnarcotic		
<i>benzonatate capsule 100 mg oral</i>	1	
<i>benzonatate capsule 200 mg oral</i>	1	
Antitussive - Opioid		
<i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral</i>	1	
<i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral</i>	1	
<i>hydrocodone-homatropine syrup 5-1.5 mg/5ml oral</i>	1	
<i>hydrocodone-homatropine tablet 5-1.5 mg oral</i>	1	
<i>hydromet solution 5-1.5 mg/5ml oral</i>	1	
<i>hydromet syrup 5-1.5 mg/5ml oral</i>	1	
TUSSIGON TABLET 5-1.5 MG ORAL	1	
Antitussive-Expectorant		
FLOWTUSS SOLUTION 2.5-200 MG/5ML ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Decongestant & Antihistamine		
<i>promethazine vc syrup 6.25-5 mg/5ml oral</i>	1	
Misc. Respiratory Inhalants		
<i>sodium chloride nebulization solution 10 % inhalation</i>	1	
<i>sodium chloride nebulization solution 3 % inhalation</i>	1	
<i>sodium chloride nebulization solution 7 % inhalation</i>	1	
Mucolytics		
<i>acetylcysteine solution 10 % inhalation</i>	1	
<i>acetylcysteine solution 20 % inhalation</i>	1	
Non-Narc Antitussive-Antihistamine		
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	1	
Opioid Antitussive-Antihistamine		
<i>hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral</i>	1	
<i>hydrocod polst-cpm polst er suspension extended release 10-8 mg/5ml oral</i>	1	
<i>promethazine-codeine syrup 6.25-10 mg/5ml oral</i>	1	
TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL	3	QL 60/30 days, PA may apply
VITUZ SOLUTION 5-4 MG/5ML ORAL	3	
DERMATOLOGICALS		
Acne Antibiotics		
<i>clindamycin phosphate gel 1 % external</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Antibiotics (continued)		
<i>clindamycin phosphate lotion 1 % external</i>	1	
<i>clindamycin phosphate solution 1 % external</i>	1	QL 240/30 days
<i>clindamycin phosphate swab 1 % external</i>	1	
<i>dapsone gel 5 % external</i>	1	
<i>dapsone gel 7.5 % external</i>	1	
<i>ery pad 2 % external</i>	1	
<i>erythromycin gel 2 % external</i>	1	
<i>erythromycin pad 2 % external</i>	1	
<i>erythromycin solution 2 % external</i>	1	
<i>sulfacetamide sodium suspension 10 % external</i>	1	
Acne Combinations		
<i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3 % external</i>	1	
<i>clindamycin phos-benzoyl perox gel 1.2-2.5 % external</i>	1	PA, Medical Necessity PA
<i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i>	1	
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>	1	
<i>clindamycin-tretinoin gel 1.2-0.025 % external</i>	1	
Acne Products		
<i>adapalene cream 0.1 % external</i>	1	
<i>adapalene gel 0.3 % external</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Products (continued)		
AMNESTEEM CAPSULE 10 MG ORAL	1	
AMNESTEEM CAPSULE 20 MG ORAL	1	
AMNESTEEM CAPSULE 40 MG ORAL	1	
ATRALIN GEL 0.05 % EXTERNAL	3	
AVITA CREAM 0.025 % EXTERNAL	1	
AVITA GEL 0.025 % EXTERNAL	1	
AZELEX CREAM 20 % EXTERNAL	3	PA, Medical Necessity PA
BENZIQ GEL 5.25 % EXTERNAL	2	
BENZIQ LS GEL 2.75 % EXTERNAL	2	
BENZIQ WASH LIQUID 5.25 % EXTERNAL	1	
CLARAVIS CAPSULE 10 MG ORAL	1	
CLARAVIS CAPSULE 20 MG ORAL	1	
CLARAVIS CAPSULE 30 MG ORAL	1	
CLARAVIS CAPSULE 40 MG ORAL	1	
CLEARPLEX X GEL 10 % EXTERNAL	1	
DIFFERIN LOTION 0.1 % EXTERNAL	3	
<i>isotretinoin capsule 20 mg oral</i>	1	
<i>isotretinoin capsule 30 mg oral</i>	1	
<i>isotretinoin capsule 40 mg oral</i>	1	
MYORISAN CAPSULE 10 MG ORAL	1	
MYORISAN CAPSULE 20 MG ORAL	1	
MYORISAN CAPSULE 30 MG ORAL	1	
MYORISAN CAPSULE 40 MG ORAL	1	
<i>tazarotene foam 0.1 % external</i>	3	PA, Medical Necessity PA
<i>tretinoin cream 0.025 % external</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Acne Products (continued)		
<i>tretinoin cream 0.05 % external</i>	1	
<i>tretinoin cream 0.1 % external</i>	1	
<i>tretinoin gel 0.01 % external</i>	1	
<i>tretinoin gel 0.025 % external</i>	1	
<i>tretinoin gel 0.05 % external</i>	1	
<i>tretinoin microsphere gel 0.04 % external</i>	1	
<i>tretinoin microsphere gel 0.1 % external</i>	1	
<i>tretinoin microsphere pump gel 0.04 % external</i>	1	
<i>tretinoin microsphere pump gel 0.1 % external</i>	1	
ZENATANE CAPSULE 10 MG ORAL	1	
ZENATANE CAPSULE 20 MG ORAL	1	
ZENATANE CAPSULE 30 MG ORAL	1	
ZENATANE CAPSULE 40 MG ORAL	1	
Agents for External Genital and Perianal Warts		
VEREGEN OINTMENT 15 % EXTERNAL	3	PA, Medical Necessity PA
Antibiotic Steroid Combinations - Topical		
CORTISPORIN CREAM 3.5-10000-0.5 EXTERNAL	3	
CORTISPORIN OINTMENT 1 % EXTERNAL	3	
Antibiotics - Topical		
ALTABAX OINTMENT 1 % EXTERNAL	3	
<i>gentamicin sulfate cream 0.1 % external</i>	1	
<i>gentamicin sulfate ointment 0.1 % external</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antibiotics - Topical (continued)		
<i>mupirocin ointment 2 % external</i>	1	QL 220/30 days
Antifungals - Topical		
<i>ciclopirox gel 0.77 % external</i>	1	
<i>ciclopirox olamine cream 0.77 % external</i>	1	
<i>ciclopirox olamine suspension 0.77 % external</i>	1	
<i>ciclopirox shampoo 1 % external</i>	1	
<i>ciclopirox solution 8 % external</i>	1	
<i>naftifine hcl cream 1 % external</i>	1	
<i>naftifine hcl cream 2 % external</i>	1	
<i>naftifine hcl gel 1 % external</i>	1	
<i>naftifine hcl gel 2 % external</i>	1	
NYAMYC POWDER 100000 UNIT/GM EXTERNAL	1	
<i>nystatin cream 100000 unit/gm external</i>	1	
<i>nystatin ointment 100000 unit/gm external</i>	1	
<i>nystatin powder 100000 unit/gm external</i>	1	
NYSTOP POWDER 100000 UNIT/GM EXTERNAL	1	
Antifungals - Topical Combinations		
<i>clotrimazole-betamethasone cream 1-0.05 % external</i>	1	
<i>clotrimazole-betamethasone lotion 1-0.05 % external</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	1	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium solution 1.5 % transdermal</i>	1	
Antineoplastic Alkylating Agents - Topical		
VALCHLOR GEL 0.016 % EXTERNAL	4	LA, PA, SP
Antineoplastic Antimetabolites - Topical		
FLUOROPLEX CREAM 1 % EXTERNAL	3	
<i>fluorouracil cream 0.5 % external</i>	1	PA, Medical Necessity PA
<i>fluorouracil cream 5 % external</i>	1	
<i>fluorouracil solution 2 % external</i>	1	
<i>fluorouracil solution 5 % external</i>	1	
Antineoplastic or Premalignant Lesions - Topical Misc.		
PICATO GEL 0.015 % EXTERNAL	3	PA, Medical Necessity PA
PICATO GEL 0.05 % EXTERNAL	3	PA, Medical Necessity PA
Antineoplastic or Premalignant Lesions - Topical NSAID's		
<i>diclofenac sodium gel 3 % external</i>	1	QL 100/30 days
Antineoplastic Retinoids - Topical		
PANRETIN GEL 0.1 % EXTERNAL	3	
Antipsoriatics		
<i>calcipotriene cream 0.005 % external</i>	1	QL 60/30 days
<i>calcipotriene ointment 0.005 % external</i>	1	
<i>calcipotriene solution 0.005 % external</i>	1	
CALCITRENE OINTMENT 0.005 % EXTERNAL	1	
<i>calcitriol ointment 3 mcg/gm external</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antipsoriatics (continued)		
<i>tazarotene cream 0.1 % external</i>	1	
TAZORAC CREAM 0.05 % EXTERNAL	2	
TAZORAC GEL 0.05 % EXTERNAL	2	
TAZORAC GEL 0.1 % EXTERNAL	2	
VTAMA CREAM 1 % EXTERNAL	3	PA, QL 60/30 days
ZORYVE CREAM 0.3 % EXTERNAL	3	PA, QL 60/30 days
Antipsoriatics - Systemic		
<i>acitretin capsule 10 mg oral</i>	1	
<i>acitretin capsule 17.5 mg oral</i>	1	
<i>acitretin capsule 25 mg oral</i>	1	
COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, SP, Prudent
<i>methoxsalen rapid capsule 10 mg oral</i>	1	
SKYRIZI (150 MG DOSE) PREFILLED SYRINGE KIT 75 MG/0.83ML SUBCUTANEOUS	4	PA, QL 1/84 days, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antipsoriatics - Systemic (continued)		
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	4	PA, QL 1/84 days, SP, Prudent
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 1/84 days, SP, Prudent
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
TREMFYA SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	4	PA, QL 1/56 days, SP, Prudent
Antiseborrheic Products		
<i>selenium sulfide lotion 2.5 % external</i>	1	
ZORYVE FOAM 0.3 % EXTERNAL	3	PA, QL 60/30 days
Antivirals - Topical		
<i>acyclovir cream 5 % external</i>	1	QL 5/30 days, ST
<i>acyclovir ointment 5 % external</i>	1	QL 30/30 days
<i>penciclovir cream 1 % external</i>	1	ST
Atopic Dermatitis - Janus Kinase (JAK) Inhibitors		
OPZELURA CREAM 1.5 % EXTERNAL	3	PA, QL 480/56 days
Atopic Dermatitis - Monoclonal Antibodies		
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Atopic Dermatitis - Monoclonal Antibodies (continued)		
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	4	PA, QL 2.28/28 days, SP, Prudent
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
Burn Products		
<i>silver sulfadiazine cream 1 % external</i>	1	
SSD CREAM 1 % EXTERNAL	1	
SULFAMYLLON CREAM 85 MG/GM EXTERNAL	3	
THERMAZENE CREAM 1 % EXTERNAL	1	
Corticosteroids - Topical		
<i>ala-cort cream 1 % external</i>	1	
<i>alclometasone dipropionate cream 0.05 % external</i>	1	
<i>alclometasone dipropionate ointment 0.05 % external</i>	1	
<i>amcinonide cream 0.1 % external</i>	1	
<i>amcinonide lotion 0.1 % external</i>	1	
<i>amcinonide ointment 0.1 % external</i>	2	
<i>betamethasone dipropionate aug cream 0.05 % external</i>	1	
<i>betamethasone dipropionate aug gel 0.05 % external</i>	1	
<i>betamethasone dipropionate aug lotion 0.05 % external</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
<i>betamethasone dipropionate aug ointment 0.05 % external</i>	1	
<i>betamethasone dipropionate cream 0.05 % external</i>	1	
<i>betamethasone dipropionate lotion 0.05 % external</i>	1	
<i>betamethasone dipropionate ointment 0.05 % external</i>	1	
<i>betamethasone valerate cream 0.1 % external</i>	1	
<i>betamethasone valerate lotion 0.1 % external</i>	1	
<i>betamethasone valerate ointment 0.1 % external</i>	1	
CAPEX SHAMPOO 0.01 % EXTERNAL	3	PA, Medical Necessity PA
<i>clobetasol prop emollient base cream 0.05 % external</i>	1	
<i>clobetasol propionate cream 0.05 % external</i>	1	
<i>clobetasol propionate e cream 0.05 % external</i>	1	
<i>clobetasol propionate emulsion foam 0.05 % external</i>	1	
<i>clobetasol propionate foam 0.05 % external</i>	1	
<i>clobetasol propionate gel 0.05 % external</i>	1	
<i>clobetasol propionate lotion 0.05 % external</i>	1	
<i>clobetasol propionate ointment 0.05 % external</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
<i>clobetasol propionate shampoo 0.05 % external</i>	1	
<i>clobetasol propionate solution 0.05 % external</i>	1	
CLOBEX SPRAY LIQUID 0.05 % EXTERNAL	3	
<i>clocortolone pivalate cream 0.1 % external</i>	1	
<i>desonide cream 0.05 % external</i>	1	
<i>desonide gel 0.05 % external</i>	1	PA, Medical Necessity PA
<i>desonide lotion 0.05 % external</i>	1	Medical Necessity PA
<i>desonide ointment 0.05 % external</i>	1	
<i>desoximetasone cream 0.05 % external</i>	1	
<i>desoximetasone cream 0.25 % external</i>	1	
<i>desoximetasone gel 0.05 % external</i>	1	
<i>desoximetasone ointment 0.05 % external</i>	1	
<i>desoximetasone ointment 0.25 % external</i>	1	
<i>diflorasone diacetate cream 0.05 % external</i>	1	PA, Medical Necessity PA
<i>diflorasone diacetate ointment 0.05 % external</i>	1	PA, Medical Necessity PA
<i>fluocinolone acetonide body oil 0.01 % external</i>	1	
<i>fluocinolone acetonide cream 0.01 % external</i>	1	
<i>fluocinolone acetonide cream 0.025 % external</i>	1	
<i>fluocinolone acetonide ointment 0.025 % external</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
<i>fluocinolone acetonide solution 0.01 % external</i>	1	
<i>fluocinonide cream 0.05 % external</i>	1	
<i>fluocinonide cream 0.1 % external</i>	1	
<i>fluocinonide emulsified base cream 0.05 % external</i>	1	
<i>fluocinonide gel 0.05 % external</i>	1	
<i>fluocinonide ointment 0.05 % external</i>	1	
<i>fluocinonide solution 0.05 % external</i>	1	
<i>flurandrenolide cream 0.05 % external</i>	1	PA, Medical Necessity PA
<i>flurandrenolide lotion 0.05 % external</i>	1	PA, Medical Necessity PA
<i>fluticasone propionate cream 0.05 % external</i>	1	
<i>fluticasone propionate lotion 0.05 % external</i>	1	
<i>fluticasone propionate ointment 0.005 % external</i>	1	
<i>halobetasol propionate cream 0.05 % external</i>	1	
<i>halobetasol propionate ointment 0.05 % external</i>	1	
HALOG CREAM 0.1 % EXTERNAL	3	PA, Medical Necessity PA
HALOG OINTMENT 0.1 % EXTERNAL	3	PA, Medical Necessity PA
<i>hydrocortisone butyr lipo base cream 0.1 % external</i>	1	
<i>hydrocortisone butyrate cream 0.1 % external</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
<i>hydrocortisone butyrate ointment 0.1 % external</i>	1	
<i>hydrocortisone butyrate solution 0.1 % external</i>	1	
<i>hydrocortisone cream 1 % external</i>	1	
<i>hydrocortisone cream 2.5 % external</i>	1	
<i>hydrocortisone lotion 2.5 % external</i>	1	
<i>hydrocortisone ointment 1 % external</i>	1	
<i>hydrocortisone ointment 2.5 % external</i>	1	
<i>hydrocortisone valerate cream 0.2 % external</i>	1	
<i>hydrocortisone valerate ointment 0.2 % external</i>	1	
<i>mometasone furoate cream 0.1 % external</i>	1	
<i>mometasone furoate ointment 0.1 % external</i>	1	
<i>mometasone furoate solution 0.1 % external</i>	1	
NOLIX LOTION 0.05 % EXTERNAL	1	PA, Medical Necessity PA
<i>prednicarbate cream 0.1 % external</i>	1	
<i>prednicarbate ointment 0.1 % external</i>	1	
<i>scalacort lotion 2 % external</i>	1	
TEXACORT SOLUTION 2.5 % EXTERNAL	3	
<i>triamcinolone acetonide aerosol solution 0.147 mg/gm external</i>	1	
<i>triamcinolone acetonide cream 0.025 % external</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Corticosteroids - Topical (continued)		
<i>triamcinolone acetonide cream 0.1 % external</i>	1	
<i>triamcinolone acetonide cream 0.5 % external</i>	1	
<i>triamcinolone acetonide lotion 0.025 % external</i>	1	
<i>triamcinolone acetonide lotion 0.1 % external</i>	1	
<i>triamcinolone acetonide ointment 0.025 % external</i>	1	
<i>triamcinolone acetonide ointment 0.05 % external</i>	1	
<i>triamcinolone acetonide ointment 0.1 % external</i>	1	
<i>triamcinolone acetonide ointment 0.5 % external</i>	1	
TRIDERM CREAM 0.1 % EXTERNAL	1	
VERDESO FOAM 0.05 % EXTERNAL	3	
Emollients		
<i>ammonium lactate cream 12 % external</i>	1	
<i>ammonium lactate lotion 12 % external</i>	1	
<i>lactic acid lotion 10 % external</i>	1	
Enzymes - Topical		
SANTYL OINTMENT 250 UNIT/GM EXTERNAL	3	
Imidazole-Related Antifungals - Topical		
<i>clotrimazole cream 1 % external</i>	1	
<i>clotrimazole solution 1 % external</i>	1	
<i>econazole nitrate cream 1 % external</i>	1	
ERTACZO CREAM 2 % EXTERNAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Imidazole-Related Antifungals - Topical (continued)		
EXELDERM CREAM 1 % EXTERNAL	3	
EXELDERM SOLUTION 1 % EXTERNAL	3	
<i>ketoconazole cream 2 % external</i>	1	
<i>ketoconazole foam 2 % external</i>	1	
<i>ketoconazole shampoo 2 % external</i>	1	
<i>oxiconazole nitrate cream 1 % external</i>	1	
OXISTAT CREAM 1 % EXTERNAL	3	
OXISTAT LOTION 1 % EXTERNAL	3	
XOLEGEL GEL 2 % EXTERNAL	3	
Immunomodulators Imidazoquinolinamines - Topical		
<i>imiquimod cream 5 % external</i>	1	
<i>imiquimod pump cream 3.75 % external</i>	1	PA, Medical Necessity PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox gel 0.5 % external</i>	1	
<i>podofilox solution 0.5 % external</i>	1	
YCANTH SOLUTION 0.7 % EXTERNAL	3	PA, QL 2/21 days
Local Anesthetics - Topical		
GLYDO GEL 2 % EXTERNAL	1	QL 30/90 days
<i>lidocaine hcl gel 2 % external</i>	1	QL 30/90 days
<i>lidocaine hcl solution 4 % external</i>	1	QL 50/90 days
<i>lidocaine ointment 5 % external</i>	1	QL 50/90 days
<i>lidocaine patch 5 % external</i>	1	QL 3/1 days
PRAMOX GEL 1 % EXTERNAL	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Macrolide Immunosuppressants - Topical		
HYFTOR GEL 0.2 % EXTERNAL	4	LA, PA, QL 10/30 days, SP
<i>pimecrolimus cream 1 % external</i>	1	
<i>tacrolimus ointment 0.03 % external</i>	1	
<i>tacrolimus ointment 0.1 % external</i>	1	
Misc. Topical		
DRYSOL SOLUTION 20 % EXTERNAL	3	
Oxaborole-Related Antifungals - Topical		
<i>tavaborole solution 5 % external</i>	1	PA, Medical Necessity PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINTMENT 2 % EXTERNAL	2	
Rosacea Agents		
<i>azelaic acid gel 15 % external</i>	1	
<i>brimonidine tartrate gel 0.33 % external</i>	1	ST
FINACEA FOAM 15 % EXTERNAL	3	
<i>ivermectin cream 1 % external</i>	1	
<i>metronidazole cream 0.75 % external</i>	1	
<i>metronidazole gel 0.75 % external</i>	1	
<i>metronidazole gel 1 % external</i>	1	
<i>metronidazole lotion 0.75 % external</i>	1	
ROSDAN CREAM 0.75 % EXTERNAL	1	
Scabicides & Pediculicides		
CROTAN LOTION 10 % EXTERNAL	1	
EURAX CREAM 10 % EXTERNAL	3	
<i>lindane shampoo 1 % external</i>	1	
<i>malathion lotion 0.5 % external</i>	1	QL 118/28 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Scabicides & Pediculicides (continued)		
<i>permethrin cream 5 % external</i>	1	
<i>spinosad suspension 0.9 % external</i>	1	
ULESFIA LOTION 5 % EXTERNAL	3	
Topical Anesthetic Combinations		
<i>lidocaine-prilocaine cream 2.5-2.5 % external</i>	1	QL 30/90 days
SYNERA PATCH 70-70 MG EXTERNAL	3	QL 30/90 days
Topical Selective Retinoid X Receptor Agonists		
<i>bexarotene gel 1 % external</i>	4	PA, QL 60/30 days, SP, Prudent
Topical Steroid Combinations		
<i>calcipotriene-betameth diprop ointment 0.005-0.064 % external</i>	1	
<i>calcipotriene-betameth diprop suspension 0.005-0.064 % external</i>	1	PA, Medical Necessity PA
ENSTILAR FOAM 0.005-0.064 % EXTERNAL	3	PA, Medical Necessity PA
Wound Care - Growth Factor Agents		
REGANEX GEL 0.01 % EXTERNAL	3	
Wound Dressings		
FILSUVEZ GEL 10 % EXTERNAL	4	LA, PA, QL 655.20/28 days, SP
Wound Treatment - Gene Therapy		
VYJUVEK GEL 5000000000 PFU/2.5ML EXTERNAL	4	PA, QL 10/28 days, SP, Prudent
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
MACRILEN PACKET 60 MG ORAL	4	PA, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diagnostic Tests		
ONETOUCH ULTRA BLUE STRIP IN VITRO	2	QL 300/30 days, VBP Drug List
ONETOUCH VERIO STRIP IN VITRO	2	QL 300/30 days, VBP Drug List
DIGESTIVE AIDS		
Digestive Enzymes		
CREON CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL	2	
SUCRAID SOLUTION 8500 UNIT/ML ORAL	4	LA, PA, SP, Prudent
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Digestive Enzymes (continued)		
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL	2	
DIURETICS		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide er capsule extended release 12 hour 500 mg oral</i>	1	
<i>acetazolamide sodium solution reconstituted 500 mg injection</i>	1	Medical Benefit only.
<i>acetazolamide tablet 125 mg oral</i>	1	
<i>acetazolamide tablet 250 mg oral</i>	1	
<i>methazolamide tablet 25 mg oral</i>	1	
<i>methazolamide tablet 50 mg oral</i>	1	
Diuretic Combinations		
ALDACTAZIDE TABLET 50-50 MG ORAL	2	
<i>amiloride-hydrochlorothiazide tablet 5-50 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>spironolactone-hctz tablet 25-25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>triamterene-hctz capsule 37.5-25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diuretic Combinations (continued)		
<i>triamterene-hctz capsule 50-25 mg oral</i>	1	Incentive,VBP Drug List
<i>triamterene-hctz tablet 37.5-25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>triamterene-hctz tablet 75-50 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
Loop Diuretics		
<i>bumetanide solution 0.25 mg/ml injection</i>	1	Medical Benefit only.
<i>bumetanide tablet 0.5 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>bumetanide tablet 1 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>bumetanide tablet 2 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>ethacrynic acid tablet 25 mg oral</i>	1	QL 8/1 days
<i>furosemide solution 10 mg/ml injection</i>	1	Medical Benefit only.
<i>furosemide solution 10 mg/ml oral</i>	1	
<i>furosemide solution 8 mg/ml oral</i>	1	
<i>furosemide tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>furosemide tablet 40 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>furosemide tablet 80 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>torseamide tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>torseamide tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>torseamide tablet 20 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Loop Diuretics (continued)		
<i>torseamide tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
Potassium Sparing Diuretics		
<i>amiloride hcl tablet 5 mg oral</i>	1	
<i>spironolactone tablet 100 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>spironolactone tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>spironolactone tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>triamterene capsule 100 mg oral</i>	1	
<i>triamterene capsule 50 mg oral</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide sodium solution reconstituted 500 mg intravenous</i>	1	
<i>chlorothiazide tablet 250 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>chlorothiazide tablet 500 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>chlorthalidone tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>chlorthalidone tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
DIURIL SUSPENSION 250 MG/5ML ORAL	3	
<i>hydrochlorothiazide capsule 12.5 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>hydrochlorothiazide tablet 12.5 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List
<i>hydrochlorothiazide tablet 25 mg oral</i>	1	PS Expanded NCDL, Incentive,VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thiazides and Thiazide-Like Diuretics (continued)		
<i>hydrochlorothiazide tablet 50 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>indapamide tablet 1.25 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>indapamide tablet 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>methyclothiazide tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metolazone tablet 10 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metolazone tablet 2.5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
<i>metolazone tablet 5 mg oral</i>	1	PS Expanded NCDL, Incentive, VBP Drug List
ENDOCRINE AND METABOLIC AGENTS - MISC.		
Bisphosphonates		
<i>alendronate sodium tablet 10 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>alendronate sodium tablet 35 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>alendronate sodium tablet 40 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>alendronate sodium tablet 5 mg oral</i>	1	QL 1.50/1 days, PS Expanded NCDL, VBP Drug List
<i>alendronate sodium tablet 70 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>etidronate disodium tablet 200 mg oral</i>	1	
<i>etidronate disodium tablet 400 mg oral</i>	1	
FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL	3	PA, Medical Necessity PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bisphosphonates (continued)		
FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL	3	PA, Medical Necessity PA
<i>ibandronate sodium solution 3 mg/3ml intravenous</i>	1	Medical Benefit only.
<i>ibandronate sodium tablet 150 mg oral</i>	1	PS Expanded NCDL, VBP Drug List
<i>pamidronate disodium solution 30 mg/10ml intravenous</i>	1	Medical Benefit only.
<i>pamidronate disodium solution 6 mg/ml intravenous</i>	3	Medical Benefit only.
<i>pamidronate disodium solution 90 mg/10ml intravenous</i>	1	Medical Benefit only.
<i>pamidronate disodium solution reconstituted 30 mg intravenous</i>	1	Medical Benefit only.
<i>pamidronate disodium solution reconstituted 90 mg intravenous</i>	1	Medical Benefit only.
<i>risedronate sodium tablet 150 mg oral</i>	1	
<i>risedronate sodium tablet 30 mg oral</i>	1	
<i>risedronate sodium tablet 35 mg oral</i>	1	
<i>risedronate sodium tablet 5 mg oral</i>	1	
<i>risedronate sodium tablet delayed release 35 mg oral</i>	1	
<i>zoledronic acid concentrate 4 mg/5ml intravenous</i>	4	SP, Prudent
<i>zoledronic acid solution 4 mg/100ml intravenous</i>	4	SP, Prudent
<i>zoledronic acid solution 5 mg/100ml intravenous</i>	4	SP, Prudent
Calcimimetic Agents		
<i>cinacalcet hcl tablet 30 mg oral</i>	4	SP, Prudent
<i>cinacalcet hcl tablet 60 mg oral</i>	4	SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Calcimimetic Agents (continued)		
<i>cinacalcet hcl tablet 90 mg oral</i>	4	SP, Prudent
Calcitonins		
<i>calcitonin (salmon) solution 200 unit/act nasal</i>	1	
Carnitine Replenisher - Agents		
<i>levocarnitine solution 1 gm/10ml oral</i>	1	
<i>levocarnitine tablet 330 mg oral</i>	1	
CKD Agent-Sodium/Hydrogen Exchanger 3 (NHE3) Inhibitor		
XPHOZAH TABLET 20 MG ORAL	3	PA, QL 60/30 days
XPHOZAH TABLET 30 MG ORAL	3	PA, QL 60/30 days
Cortisol Synthesis Inhibitors		
ISTURISA TABLET 1 MG ORAL	4	LA, PA, QL 180/30 days, SP
ISTURISA TABLET 10 MG ORAL	4	LA, PA, QL 180/30 days, SP
ISTURISA TABLET 5 MG ORAL	4	LA, PA, QL 180/30 days, SP
RECORLEV TABLET 150 MG ORAL	4	LA, PA, QL 240/30 days, SP
Dopamine Receptor Agonists		
<i>cabergoline tablet 0.5 mg oral</i>	1	QL 16/28 days
Fabry Disease - Agents		
ELFABRIO SOLUTION 20 MG/10ML INTRAVENOUS	4	PA, SP
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fabry Disease - Agents (continued)		
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	4	PA, SP, Prudent
GALAFOLD CAPSULE 123 MG ORAL	4	LA, PA, QL 14/28 days, SP
GAA Deficiency Treatment - Agents		
OPFOLDA CAPSULE 65 MG ORAL	4	PA, QL 8/28 days, SP, Prudent
GnRH/LHRH Antagonists		
ORLISSA TABLET 150 MG ORAL	2	PA, QL 28/28 days
ORLISSA TABLET 200 MG ORAL	2	PA, QL 56/28 days
Growth Hormone Receptor Antagonists		
SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS	4	PA, SP, Prudent
Growth Hormones		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	4	PA, SP, Prudent
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.2 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.6 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.8 MG SUBCUTANEOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.4 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.6 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.8 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 2 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN SOLUTION RECONSTITUTED 12 MG SUBCUTANEOUS	4	PA, SP
GENOTROPIN SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	4	PA, SP, Prudent
HUMATROPE CARTRIDGE 12 MG INJECTION	4	PA, SP, Prudent
HUMATROPE CARTRIDGE 24 MG INJECTION	4	PA, SP, Prudent
HUMATROPE CARTRIDGE 6 MG INJECTION	4	PA, SP, Prudent
HUMATROPE SOLUTION RECONSTITUTED 12 MG INJECTION	4	PA, SP
HUMATROPE SOLUTION RECONSTITUTED 24 MG INJECTION	4	PA, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
HUMATROPE SOLUTION RECONSTITUTED 6 MG INJECTION	4	PA, SP
NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS	4	PA, SP, Prudent
NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS	4	PA, SP, Prudent
NORDITROPIN FLEXPPO SOLUTION 10 MG/1.5ML SUBCUTANEOUS	4	PA, SP
NORDITROPIN FLEXPPO SOLUTION 15 MG/1.5ML SUBCUTANEOUS	4	PA, SP
NORDITROPIN FLEXPPO SOLUTION 30 MG/3ML SUBCUTANEOUS	4	PA, SP
NORDITROPIN FLEXPPO SOLUTION 5 MG/1.5ML SUBCUTANEOUS	4	PA, SP
NUTROPIN AQ NUSPIN 10 SOLUTION 10 MG/2ML SUBCUTANEOUS	4	PA, SP
NUTROPIN AQ NUSPIN 20 SOLUTION 20 MG/2ML SUBCUTANEOUS	4	PA, SP
NUTROPIN AQ NUSPIN 5 SOLUTION 5 MG/2ML SUBCUTANEOUS	4	PA, SP
OMNITROPE SOLUTION 10 MG/1.5ML SUBCUTANEOUS	4	PA, SP
OMNITROPE SOLUTION 5 MG/1.5ML SUBCUTANEOUS	4	PA, SP
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	4	PA, SP, Prudent
SAIZEN CLICK.EASY SOLUTION RECONSTITUTED 8.8 MG INJECTION	4	PA, SP
SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION	4	PA, SP, Prudent
SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Growth Hormones (continued)		
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	4	PA, SP, Prudent
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	4	PA, SP, Prudent
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS	4	PA, SP, Prudent
SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS	4	PA, SP, Prudent
SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	4	PA, SP
SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	4	PA, SP
SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	4	PA, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hereditary Orotic Aciduria Treatment - Agents		
XURIDEN PACKET 2 GM ORAL	3	PA, QL 4/1 days
Hereditary Tyrosinemia Type 1 (HT-1) Treatment - Agents		
<i>nitisinone capsule 10 mg oral</i>	4	LA, PA, SP, Prudent
<i>nitisinone capsule 2 mg oral</i>	4	LA, PA, SP, Prudent
<i>nitisinone capsule 5 mg oral</i>	4	LA, PA, SP, Prudent
NITYR TABLET 10 MG ORAL	4	PA, SP, Prudent
NITYR TABLET 2 MG ORAL	4	PA, SP, Prudent
NITYR TABLET 5 MG ORAL	4	PA, SP, Prudent
ORFADIN CAPSULE 20 MG ORAL	4	LA, PA, SP, Prudent
ORFADIN SUSPENSION 4 MG/ML ORAL	4	LA, PA, SP, Prudent
Homocystinuria Treatment - Agents		
<i>betaine powder oral</i>	4	LA, PA, SP, Prudent
Hyperammonemia Treatment - Agents		
<i>carglumic acid tablet soluble 200 mg oral</i>	4	LA, PA, SP, Prudent
Hyperparathyroid Treatment - Vitamin D Analogs		
<i>calcitriol capsule 0.25 mcg oral</i>	1	
<i>calcitriol capsule 0.5 mcg oral</i>	1	
<i>calcitriol solution 1 mcg/ml intravenous</i>	1	Medical Benefit only.
<i>calcitriol solution 1 mcg/ml oral</i>	1	
<i>doxercalciferol capsule 0.5 mcg oral</i>	1	
<i>doxercalciferol capsule 1 mcg oral</i>	1	
<i>doxercalciferol capsule 2.5 mcg oral</i>	1	
<i>doxercalciferol solution 4 mcg/2ml intravenous</i>	1	
<i>paricalcitol capsule 1 mcg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hyperparathyroid Treatment - Vitamin D Analogs (continued)		
<i>paricalcitol capsule 2 mcg oral</i>	1	
<i>paricalcitol capsule 4 mcg oral</i>	1	
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL	3	PA, QL 30/30 days
ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS	3	Medical Benefit only.
ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS	3	Medical Benefit only.
Hypophosphatasia (HPP) Agents		
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	4	PA, SP, Prudent
LHRH/GnRH Agonist Analog Combinations		
LUPANETA PACK KIT 11.25 & 5 MG COMBINATION	4	PA, SP
LUPANETA PACK KIT 3.75 & 5 MG COMBINATION	4	PA, SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LHRH/GnRH Agonist Analog Pituitary Suppressants (continued)		
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	4	PA, SP, Prudent
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR	4	PA, SP, Prudent
SYNAREL SOLUTION 2 MG/ML NASAL	3	PA, QL 48/180 days
Mucopolysaccharidosis I (MPS I) - Agents		
ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
Mucopolysaccharidosis II (MPS II) - Agents		
ELAPRASE SOLUTION 6 MG/3ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
Mucopolysaccharidosis VI (MPS VI) - Agents		
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	4	PA, SP, Prudent
Natriuretic Peptides		
VOXZOGO SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	4	PA, QL 30/30 days, SP, Prudent
VOXZOGO SOLUTION RECONSTITUTED 0.56 MG SUBCUTANEOUS	4	PA, QL 30/30 days, SP, Prudent
VOXZOGO SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	4	PA, QL 30/30 days, SP, Prudent
Non-steroidal Mineralocorticoid Receptor Antagonists		
KERENDIA TABLET 10 MG ORAL	3	PA, QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Non-steroidal Mineralocorticoid Receptor Antagonists (continued)		
KERENDIA TABLET 20 MG ORAL	3	PA, QL 30/30 days
Ovulation Stimulants-Gonadotropins		
<i>chorionic gonadotropin solution reconstituted 10000 unit intramuscular</i>	4	PA, SP
NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	4	PA, SP
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	4	PA, SP
Parathyroid Hormone And Derivatives		
NATPARA CARTRIDGE 100 MCG SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
NATPARA CARTRIDGE 25 MCG SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
NATPARA CARTRIDGE 50 MCG SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
NATPARA CARTRIDGE 75 MCG SUBCUTANEOUS	4	PA, QL 2/28 days, SP, Prudent
<i>teriparatide (recombinant) solution pen-injector 600 mcg/2.4ml subcutaneous</i>	4	PA, SP, Prudent
<i>teriparatide (recombinant) solution pen-injector 620 mcg/2.48ml subcutaneous</i>	4	PA, SP, Prudent
<i>teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous</i>	4	PA, SP, Prudent
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	4	PA, SP, Prudent
Phenylketonuria Treatment - Agents		
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phenylketonuria Treatment - Agents (continued)		
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
<i>sapropterin dihydrochloride packet 100 mg oral</i>	4	PA, SP, Prudent
<i>sapropterin dihydrochloride packet 500 mg oral</i>	4	PA, SP, Prudent
RANK Ligand (RANKL) Inhibitors		
PROLIA SOLUTION 60 MG/ML SUBCUTANEOUS	4	SP
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	4	SP, Prudent
XGEVA SOLUTION 120 MG/1.7ML SUBCUTANEOUS	4	PA, SP, Prudent
Sclerostin Inhibitors		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	4	PA, SP, Prudent
Selective Estrogen Receptor Modulators (SERMs)		
<i>raloxifene hcl tablet 60 mg oral</i>	0	ACA NCDL, limitations may apply
Selective Vasopressin V2-Receptor Antagonists		
JYNARQUE TABLET 15 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
JYNARQUE TABLET 30 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 15 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Vasopressin V2-Receptor Antagonists (continued)		
JYNARQUE TABLET THERAPY PACK 30 & 15 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 45 & 15 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 60 & 30 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
JYNARQUE TABLET THERAPY PACK 90 & 30 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
<i>tolvaptan tablet 15 mg oral</i>	4	PA, QL 30/30 days, SP, Prudent
<i>tolvaptan tablet 30 mg oral</i>	4	PA, QL 60/30 days, SP, Prudent
Somatostatic Agents		
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	4	PA, SP, Prudent
<i>octreotide acetate solution 100 mcg/ml injection</i>	4	PA, SP, Prudent
<i>octreotide acetate solution 1000 mcg/ml injection</i>	4	PA, SP, Prudent
<i>octreotide acetate solution 200 mcg/ml injection</i>	4	PA, SP, Prudent
<i>octreotide acetate solution 50 mcg/ml injection</i>	4	PA, SP, Prudent
<i>octreotide acetate solution 500 mcg/ml injection</i>	4	PA, SP, Prudent
<i>octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous</i>	4	PA, SP, Prudent
<i>octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous</i>	4	PA, SP, Prudent
<i>octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous</i>	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Somatostatic Agents (continued)		
SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR	4	PA, SP, Prudent
SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR	4	PA, SP, Prudent
SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR	4	PA, SP, Prudent
SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	4	PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	4	PA, SP, Prudent
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	4	PA, SP, Prudent
Urea Cycle Disorder - Agents		
<i>sodium phenylbutyrate powder 3 gm/tsp oral</i>	1	PA, Prudent
<i>sodium phenylbutyrate tablet 500 mg oral</i>	3	PA, SP, Prudent
Vasopressin		
<i>desmopressin ace spray refrig solution 0.01 % nasal</i>	1	
<i>desmopressin acetate solution 1.5 mg/ml nasal</i>	4	SP
<i>desmopressin acetate solution 4 mcg/ml injection</i>	1	
<i>desmopressin acetate spray solution 0.01 % nasal</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vasopressin (continued)		
<i>desmopressin acetate tablet 0.1 mg oral</i>	1	
<i>desmopressin acetate tablet 0.2 mg oral</i>	1	
STIMATE SOLUTION 1.5 MG/ML NASAL	4	SP
ESTROGENS		
Estrogen & Progestin		
AMABELZ TABLET 0.5-0.1 MG ORAL	1	
AMABELZ TABLET 1-0.5 MG ORAL	1	
CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL	2	
<i>estradiol-norethindrone acet tablet 0.5-0.1 mg oral</i>	1	
<i>estradiol-norethindrone acet tablet 1-0.5 mg oral</i>	1	
FEMHRT LOW DOSE TABLET 0.5-2.5 MG-MCG ORAL	2	
FYAVOLV TABLET 0.5-2.5 MG-MCG ORAL	1	
FYAVOLV TABLET 1-5 MG-MCG ORAL	1	
<i>jevantique lo tablet 0.5-2.5 mg-mcg oral</i>	1	
JINTELI TABLET 1-5 MG-MCG ORAL	1	
LOPREEZA TABLET 0.5-0.1 MG ORAL	1	
LOPREEZA TABLET 1-0.5 MG ORAL	1	
MIMVEY LO TABLET 0.5-0.1 MG ORAL	1	
MIMVEY TABLET 1-0.5 MG ORAL	1	
<i>norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral</i>	1	
<i>norethindrone-eth estradiol tablet 1-5 mg-mcg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogen-Progestin-GnRH Antagonist		
ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL	3	PA, QL 56/28 days
Estrogens		
DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR	2	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol gel 0.25 mg/0.25gm transdermal</i>	1	PA, PA applies to age 17 years and younger
<i>estradiol gel 0.5 mg/0.5gm transdermal</i>	1	PA, PA applies to age 17 years and younger
<i>estradiol gel 0.75 mg/0.75gm transdermal</i>	1	PA, PA applies to age 17 years and younger
<i>estradiol gel 1 mg/gm transdermal</i>	1	PA, PA applies to age 17 years and younger
<i>estradiol gel 1.25 mg/1.25gm transdermal</i>	1	PA, PA applies to age 17 years and younger

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch weekly 0.025 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch weekly 0.0375 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch weekly 0.05 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch weekly 0.06 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch weekly 0.075 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol patch weekly 0.1 mg/24hr transdermal</i>	1	PA, PA applies to age 17 years and younger, PA may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
<i>estradiol tablet 0.5 mg oral</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol tablet 1 mg oral</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol tablet 2 mg oral</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estradiol valerate oil 20 mg/ml intramuscular</i>	1	PA, PA applies to age 17 years and younger
<i>estradiol valerate oil 40 mg/ml intramuscular</i>	1	
ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
<i>estropipate tablet 0.75 mg oral</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estropipate tablet 1.5 mg oral</i>	1	PA, PA applies to age 17 years and younger, PA may apply
<i>estropipate tablet 3 mg oral</i>	1	PA, PA applies to age 17 years and younger, PA may apply
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
LYLLANA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
LYLLANA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	PA, PA applies to age 17 years and younger, PA may apply
MENEST TABLET 0.3 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
MENEST TABLET 0.625 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
MENEST TABLET 1.25 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
MENOSTAR PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	3	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION	3	
PREMARIN TABLET 0.3 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN TABLET 0.45 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN TABLET 0.625 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
PREMARIN TABLET 0.9 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Estrogens (continued)		
PREMARIN TABLET 1.25 MG ORAL	3	PA, PA applies to age 17 years and younger, PA may apply
Estrogen-Selective Estrogen Receptor Modulator Comb		
DUAVEE TABLET 0.45-20 MG ORAL	3	
FLUOROQUINOLONES		
Fluoroquinolones		
AVELOX SOLUTION 400 MG/250ML INTRAVENOUS	3	
BAXDELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	3	PA, Medical Necessity PA
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	2	
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	2	
<i>ciprofloxacin hcl tablet 100 mg oral</i>	1	
<i>ciprofloxacin hcl tablet 250 mg oral</i>	1	
<i>ciprofloxacin hcl tablet 500 mg oral</i>	1	
<i>ciprofloxacin hcl tablet 750 mg oral</i>	1	
<i>ciprofloxacin in d5w solution 200 mg/100ml intravenous</i>	1	
<i>ciprofloxacin in d5w solution 400 mg/200ml intravenous</i>	1	
<i>ciprofloxacin solution 400 mg/40ml intravenous</i>	1	
<i>ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fluoroquinolones (continued)		
<i>ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 1000 mg oral</i>	1	
<i>ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 500 mg oral</i>	1	
FACTIVE TABLET 320 MG ORAL	3	
<i>levofloxacin in d5w solution 250 mg/50ml intravenous</i>	1	
<i>levofloxacin in d5w solution 500 mg/100ml intravenous</i>	1	
<i>levofloxacin in d5w solution 750 mg/150ml intravenous</i>	1	
<i>levofloxacin solution 25 mg/ml intravenous</i>	1	
<i>levofloxacin solution 25 mg/ml oral</i>	1	
<i>levofloxacin tablet 250 mg oral</i>	1	
<i>levofloxacin tablet 500 mg oral</i>	1	
<i>levofloxacin tablet 750 mg oral</i>	1	
<i>moxifloxacin hcl tablet 400 mg oral</i>	1	
<i>ofloxacin tablet 300 mg oral</i>	1	PA, Medical Necessity PA
<i>ofloxacin tablet 400 mg oral</i>	1	PA, Medical Necessity PA
GASTROINTESTINAL AGENTS - MISC.		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPSULE 250 MG ORAL	4	LA, PA, QL 4/1 days, SP
CHOLBAM CAPSULE 50 MG ORAL	4	LA, PA, QL 5/1 days, SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABLET 10 MG ORAL	4	PA, QL 30/30 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Farnesoid X Receptor (FXR) Agonists (continued)		
OCALIVA TABLET 5 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
Gallstone Solubilizing Agents		
<i>ursodiol capsule 300 mg oral</i>	1	
<i>ursodiol tablet 250 mg oral</i>	1	
<i>ursodiol tablet 500 mg oral</i>	1	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium concentrate 100 mg/5ml oral</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone capsule 24 mcg oral</i>	1	QL 60/30 days
<i>lubiprostone capsule 8 mcg oral</i>	1	QL 60/30 days
Gastrointestinal Stimulants		
<i>metoclopramide hcl solution 5 mg/5ml oral</i>	1	
<i>metoclopramide hcl solution 5 mg/ml injection</i>	1	
<i>metoclopramide hcl tablet 10 mg oral</i>	1	
<i>metoclopramide hcl tablet 5 mg oral</i>	1	
<i>metoclopramide hcl tablet dispersible 5 mg oral</i>	1	PA, Medical Necessity PA
Glucagon-Like Peptide-2 (GLP-2) Analogs		
GATTEX KIT 5 MG SUBCUTANEOUS	4	PA, SP, Prudent
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists		
REZDIFFRA TABLET 100 MG ORAL	4	PA, QL 30/30 days, SP
REZDIFFRA TABLET 60 MG ORAL	4	PA, QL 30/30 days, SP
REZDIFFRA TABLET 80 MG ORAL	4	PA, QL 30/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists		
LINZESS CAPSULE 145 MCG ORAL	2	QL 30/30 days
LINZESS CAPSULE 290 MCG ORAL	2	QL 30/30 days
LINZESS CAPSULE 72 MCG ORAL	2	QL 30/30 days
IBS Agent - Selective 5-HT3 Receptor Antagonists		
<i>alosetron hcl tablet 0.5 mg oral</i>	1	PA, QL 120/30 days
<i>alosetron hcl tablet 1 mg oral</i>	1	PA, QL 60/30 days
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	4	LA, PA, SP
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	4	LA, PA, SP
BYLVAY CAPSULE 1200 MCG ORAL	4	LA, PA, SP
BYLVAY CAPSULE 400 MCG ORAL	4	LA, PA, SP
LIVMARLI SOLUTION 9.5 MG/ML ORAL	4	LA, PA, QL 120/30 days, SP
Inflammatory Bowel Agents		
<i>balsalazide disodium capsule 750 mg oral</i>	1	QL 270/30 days
CANASA SUPPOSITORY 1000 MG RECTAL	2	QL 30/30 days
DIPENTUM CAPSULE 250 MG ORAL	3	QL 120/30 days
<i>mesalamine capsule delayed release 400 mg oral</i>	1	QL 180/30 days
<i>mesalamine enema 4 gm rectal</i>	1	
<i>mesalamine er capsule extended release 24 hour 0.375 gm oral</i>	1	QL 120/30 days
<i>mesalamine suppository 1000 mg rectal</i>	1	QL 30/30 days
<i>mesalamine tablet delayed release 1.2 gm oral</i>	1	QL 120/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Inflammatory Bowel Agents (continued)		
<i>mesalamine-cleanser kit 4 gm rectal</i>	1	
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	2	QL 240/30 days
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	2	QL 240/30 days
<i>sulfasalazine tablet 500 mg oral</i>	1	
<i>sulfasalazine tablet delayed release 500 mg oral</i>	1	
SULFAZINE TABLET 500 MG ORAL	1	
Integrin Receptor Antagonists		
ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	4	PA, Medical Benefit only.
Interleukin Antagonists		
SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS	4	PA, SP, Prudent
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	4	PA, QL 1.20/56 days, SP, Prudent
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	4	PA, QL 2.40/56 days, SP, Prudent
Intestinal Acidifiers		
<i>enulose solution 10 gm/15ml oral</i>	1	
<i>generlac solution 10 gm/15ml oral</i>	1	
Live Fecal Microbiota (Human)		
VOWST CAPSULE ORAL	4	LA, PA, QL 12/365 days, SP
Peripheral Opioid Receptor Antagonists		
MOVANTIK TABLET 12.5 MG ORAL	2	PA, QL 1/1 days
MOVANTIK TABLET 25 MG ORAL	2	PA, QL 1/1 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Peripheral Opioid Receptor Antagonists (continued)		
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS	3	PA
RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS	3	PA
RELISTOR TABLET 150 MG ORAL	3	PA, QL 90/30 days
Phosphate Binder Agents		
AURYXIA TABLET 1 GM 210 MG(Fe) ORAL	3	QL 180/30 days
<i>calcium acetate (phos binder) tablet 667 mg oral</i>	1	
<i>lanthanum carbonate tablet chewable 1000 mg oral</i>	1	QL 60/30 days
<i>lanthanum carbonate tablet chewable 500 mg oral</i>	1	QL 90/30 days
<i>lanthanum carbonate tablet chewable 750 mg oral</i>	1	QL 60/30 days
PHOSLYRA SOLUTION 667 MG/5ML ORAL	3	
RENVELA PACKET 0.8 GM ORAL	2	
RENVELA PACKET 2.4 GM ORAL	2	
<i>sevelamer carbonate packet 0.8 gm oral</i>	1	
<i>sevelamer carbonate packet 2.4 gm oral</i>	1	
<i>sevelamer carbonate tablet 800 mg oral</i>	1	QL 180/30 days
<i>sevelamer hcl tablet 400 mg oral</i>	1	QL 180/30 days
<i>sevelamer hcl tablet 800 mg oral</i>	1	QL 180/30 days
VELPHORO TABLET CHEWABLE 500 MG ORAL	3	QL 90/30 days
Tumor Necrosis Factor Alpha Blockers		
INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	PA, Medical Benefit only.

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tumor Necrosis Factor Alpha Blockers (continued)		
RENFLEXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	PA, Medical Benefit only.
GENITOURINARY AGENTS - MISCELLANEOUS		
5-Alpha Reductase Inhibitors		
<i>dutasteride capsule 0.5 mg oral</i>	1	
<i>finasteride tablet 5 mg oral</i>	1	
Alpha 1-Adrenoceptor Antagonists		
<i>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</i>	1	
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	ST
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	3	ST
<i>silodosin capsule 4 mg oral</i>	1	QL 60/30 days
<i>silodosin capsule 8 mg oral</i>	1	QL 30/30 days
<i>tamsulosin hcl capsule 0.4 mg oral</i>	1	
Citrates		
<i>potassium citrate er tablet extended release 10 meq (1080 mg) oral</i>	1	
<i>potassium citrate er tablet extended release 15 meq (1620 mg) oral</i>	1	
<i>potassium citrate er tablet extended release 5 meq (540 mg) oral</i>	1	
<i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>	1	
Cystinosis Agents		
CYSTAGON CAPSULE 150 MG ORAL	4	PA, SP, Prudent
CYSTAGON CAPSULE 50 MG ORAL	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cystinosis Agents (continued)		
PROCYSBI CAPSULE DELAYED RELEASE 25 MG ORAL	4	LA, PA, QL 60/30 days, SP
PROCYSBI CAPSULE DELAYED RELEASE 75 MG ORAL	4	LA, PA, SP
PROCYSBI PACKET 300 MG ORAL	4	LA, PA, SP
PROCYSBI PACKET 75 MG ORAL	4	LA, PA, SP
Genitourinary Irrigants		
<i>sodium chloride solution 0.9 % irrigation</i>	1	
IgAN Agents - Endothelin & Angiotensin II Receptor Antag		
FILSPARI TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
FILSPARI TABLET 400 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
Interstitial Cystitis Agents		
ELMIRON CAPSULE 100 MG ORAL	3	
Prostatic Hypertrophy Agent Combinations		
<i>dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral</i>	1	ST
JALYN CAPSULE 0.5-0.4 MG ORAL	3	ST
Small Interfering Ribonucleic Acid Agents (siRNA)		
RIVFLOZA SOLUTION 80 MG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	4	PA, QL 0.80/28 days, SP, Prudent
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Urinary Stone Agents		
LITHOSTAT TABLET 250 MG ORAL	3	PA, Medical Necessity PA
GOUT AGENTS		
Gout Agent Combinations		
<i>colchicine-probenecid tablet 0.5-500 mg oral</i>	1	
Gout Agents		
<i>allopurinol tablet 100 mg oral</i>	1	
<i>allopurinol tablet 300 mg oral</i>	1	
<i>colchicine capsule 0.6 mg oral</i>	1	
<i>colchicine tablet 0.6 mg oral</i>	1	
<i>febuxostat tablet 40 mg oral</i>	1	QL 90/30 days
<i>febuxostat tablet 80 mg oral</i>	1	QL 30/30 days
Uricosurics		
<i>probenecid tablet 500 mg oral</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
Antihemophilic Products		
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP
ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
<i>adynovate solution reconstituted 1000 unit intravenous</i>	4	PA, SP
<i>adynovate solution reconstituted 1500 unit intravenous</i>	4	PA, SP
<i>adynovate solution reconstituted 2000 unit intravenous</i>	4	PA, SP
<i>adynovate solution reconstituted 250 unit intravenous</i>	4	PA, SP
<i>adynovate solution reconstituted 500 unit intravenous</i>	4	PA, SP
<i>adynovate solution reconstituted 750 unit intravenous</i>	4	PA, SP
AFSTYLA KIT 1000 UNIT INTRAVENOUS	4	PA, SP
AFSTYLA KIT 2000 UNIT INTRAVENOUS	4	PA, SP
AFSTYLA KIT 250 UNIT INTRAVENOUS	4	PA, SP
AFSTYLA KIT 3000 UNIT INTRAVENOUS	4	PA, SP
AFSTYLA KIT 500 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP
ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ALTUVIIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ALTUVIIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ALTUVIIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 250 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
BENEFIX KIT 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
CORIFACT KIT 1000-1600 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS	4	PA, SP
ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS	4	PA, SP
ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
FEIBA SOLUTION RECONSTITUTED INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 1000 UNIT INTRAVENOUS	4	PA, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
HELIXATE FS KIT 2000 UNIT INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 250 UNIT INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 3000 UNIT INTRAVENOUS	4	PA, SP
HELIXATE FS KIT 500 UNIT INTRAVENOUS	4	PA, SP
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	4	PA, SP
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS	4	PA, SP
HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS	4	PA, SP
HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS	4	PA, SP
IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS	4	PA, SP, Prudent
IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
KOATE-DVI SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
KOATE-DVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 1000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 2000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 250 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 3000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS BIO-SET KIT 500 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 1000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 2000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 250 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 3000 UNIT INTRAVENOUS	4	PA, SP
KOGENATE FS KIT 500 UNIT INTRAVENOUS	4	PA, SP
KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP
KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
MONOCLATE-P KIT 1000 UNIT INTRAVENOUS	4	PA, SP
MONOCLATE-P KIT 1500 UNIT INTRAVENOUS	4	PA, SP
MONONINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	4	PA, SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	4	PA, SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	4	PA, SP
NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS	4	PA, SP
NUWIQ KIT 1000 UNIT INTRAVENOUS	4	PA, SP
NUWIQ KIT 2000 UNIT INTRAVENOUS	4	PA, SP
NUWIQ KIT 250 UNIT INTRAVENOUS	4	PA, SP
NUWIQ KIT 500 UNIT INTRAVENOUS	4	PA, SP
NUWIQ SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP
NUWIQ SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP
NUWIQ SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	4	PA, SP
NUWIQ SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP
<i>obizur solution reconstituted 500 unit intravenous</i>	4	PA, SP
REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	4	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	4	PA, SP, Prudent
REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
<i>rixubis solution reconstituted 1000 unit intravenous</i>	4	PA, SP, Prudent
<i>rixubis solution reconstituted 2000 unit intravenous</i>	4	PA, SP, Prudent
<i>rixubis solution reconstituted 250 unit intravenous</i>	4	PA, SP, Prudent
<i>rixubis solution reconstituted 3000 unit intravenous</i>	4	PA, SP, Prudent
<i>rixubis solution reconstituted 500 unit intravenous</i>	4	PA, SP, Prudent
SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	4	PA, SP
SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	4	PA, SP
TRETEN SOLUTION RECONSTITUTED 2000-3125 UNIT INTRAVENOUS	4	PA, SP
TRETEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	4	PA, SP
VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products (continued)		
VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS	4	PA, SP, Prudent
WILATE KIT 1000-1000 UNIT INTRAVENOUS	4	PA, SP
WILATE KIT 500-500 UNIT INTRAVENOUS	4	PA, SP
XYNTHA KIT 1000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA KIT 2000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA KIT 250 UNIT INTRAVENOUS	4	PA, SP
XYNTHA KIT 500 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS	4	PA, SP
XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS	4	PA, SP
Antihemophilic Products - Monoclonal Antibodies		
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antihemophilic Products - Monoclonal Antibodies (continued)		
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	4	PA, SP, Prudent
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	4	PA, SP, Prudent
Anti-von Willebrand Factor Agents		
CABLIVI KIT 11 MG INJECTION	4	LA, PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i>	4	PA, SP, Prudent
SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	4	LA, PA, SP, Prudent
C1 Esterase Inhibitors		
BERINERT KIT 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	4	PA, SP, Prudent
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	4	PA, SP, Prudent
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	4	PA, SP, Prudent
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS	4	PA, SP, Prudent
Complement C3 Inhibitors		
EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Complement C5 Inhibitors		
VEOPOZ SOLUTION 400 MG/2ML INJECTION	4	LA, PA, SP
ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS	4	LA, PA, QL 11.65/28 days, SP
ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS	4	LA, PA, QL 16.07/28 days, SP
ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS	4	LA, PA, QL 22.68/28 days, SP
Complement C5a Receptor Inhibitors		
TAVNEOS CAPSULE 10 MG ORAL	4	LA, PA, QL 180/30 days, SP
Complement Factor B Inhibitors		
FABHALTA CAPSULE 200 MG ORAL	4	LA, PA, QL 60/30 days, SP
Complement Factor D Inhibitors		
VOYDEYA TABLET 100 MG ORAL	4	LA, PA, QL 180/30 days, SP
VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL	4	LA, PA, QL 180/30 days, SP
Direct-Acting P2Y12 Inhibitors		
BRILINTA TABLET 60 MG ORAL	2	
BRILINTA TABLET 90 MG ORAL	2	
KENGREAL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	4	Medical Benefit only.
Glycoprotein IIb/IIIa Receptor Inhibitors		
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	4	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Hematorheologic Agents		
<i>pentoxifylline er tablet extended release 400 mg oral</i>	1	
Phosphodiesterase III Inhibitors		
<i>cilostazol tablet 100 mg oral</i>	1	
<i>cilostazol tablet 50 mg oral</i>	1	
Plasma Kallikrein Inhibitors		
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
ORLADEYO CAPSULE 110 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
ORLADEYO CAPSULE 150 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
Plasma Kallikrein Inhibitors - Monoclonal Antibodies		
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	4	PA, SP, Prudent
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	4	PA, SP, Prudent
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	4	PA, SP, Prudent
Platelet Aggregation Inhibitor Combinations		
AGGRENOX CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG ORAL	2	
<i>aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral</i>	1	
Platelet Aggregation Inhibitors		
<i>dipyridamole tablet 25 mg oral</i>	1	
<i>dipyridamole tablet 50 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Platelet Aggregation Inhibitors (continued)		
<i>dipyridamole tablet 75 mg oral</i>	1	
Protease-Activated Receptor-1 (PAR-1) Antagonists		
ZONTIVITY TABLET 2.08 MG ORAL	3	QL 30/30 days
Pyruvate Kinase Activators		
PYRUKYND TABLET 20 MG ORAL	4	LA, PA, QL 56/28 days, SP
PYRUKYND TABLET 5 MG ORAL	4	LA, PA, QL 56/28 days, SP
PYRUKYND TABLET 50 MG ORAL	4	LA, PA, QL 56/28 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	4	LA, PA, QL 7/7 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	4	LA, PA, QL 14/14 days, SP
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	4	LA, PA, QL 14/14 days, SP
Quinazoline Agents		
<i>anagrelide hcl capsule 0.5 mg oral</i>	1	
<i>anagrelide hcl capsule 1 mg oral</i>	1	
Spleen Tyrosine Kinase (SYK) Inhibitors		
TAVALISSE TABLET 100 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
TAVALISSE TABLET 150 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
Thienopyridine Derivatives		
<i>clopidogrel bisulfate tablet 300 mg oral</i>	1	
<i>clopidogrel bisulfate tablet 75 mg oral</i>	1	
<i>prasugrel hcl tablet 10 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thienopyridine Derivatives (continued)		
<i>prasugrel hcl tablet 5 mg oral</i>	1	
HEMATOPOIETIC AGENTS		
Agents for Gaucher Disease		
CERDELGA CAPSULE 84 MG ORAL	4	PA, SP, Prudent
CEREZYME SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	4	PA, SP, Medical Benefit only.
ELELYSO SOLUTION RECONSTITUTED 200 UNIT INTRAVENOUS	4	PA, SP, Medical Benefit only.
<i>miglustat capsule 100 mg oral</i>	4	LA, PA, SP, Prudent
VPRIV SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	4	PA, SP, Medical Benefit only.
Amino Acids		
ENDARI PACKET 5 GM ORAL	3	QL 180/30 days, SP, ST, Prudent
Cobalamins		
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	1	
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular</i>	1	
CXCR4 Receptor Antagonist		
<i>plerixafor solution 24 mg/1.2ml subcutaneous</i>	4	SP, Prudent
Cytotoxic Agents		
DROXIA CAPSULE 200 MG ORAL	2	
DROXIA CAPSULE 300 MG ORAL	2	
DROXIA CAPSULE 400 MG ORAL	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythropoiesis-Stimulating Agents (ESAs)		
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION	4	SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	4	SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION	4	SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION	4	SP, Prudent
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 10000 UNIT/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 2000 UNIT/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 20000 UNIT/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 3000 UNIT/ML INJECTION	4	SP, Prudent
EPOGEN SOLUTION 4000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 10000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 2000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 20000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 3000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 4000 UNIT/ML INJECTION	4	SP, Prudent
PROCRIT SOLUTION 40000 UNIT/ML INJECTION	4	SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythropoiesis-Stimulating Agents (ESAs) (continued)		
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 20000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	4	SP, Prudent
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	4	SP, Prudent
Folic Acid/Folates		
<i>folic acid tablet 1 mg oral</i>	1	
Granulocyte Colony-Stimulating Factors (G-CSF)		
FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
NEULASTA ONPRO PREFILLED SYRINGE KIT 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
NIVESTYM SOLUTION 300 MCG/ML INJECTION	4	PA, SP, Prudent
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	4	PA, SP, Prudent
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	4	PA, SP, Prudent
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Granulocyte Colony-Stimulating Factors (G-CSF) (continued)		
NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
UDENYCA ONBODY SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	4	PA, SP, Prudent
Hemoglobin S (HbS) Polymerization Inhibitors		
OXBRYTA TABLET 300 MG ORAL	4	LA, PA, QL 90/30 days, SP, Prudent
OXBRYTA TABLET 500 MG ORAL	4	LA, PA, QL 90/30 days, SP, Prudent
OXBRYTA TABLET SOLUBLE 300 MG ORAL	4	LA, PA, QL 90/30 days, SP, Prudent
Iron		
ACCRUFER CAPSULE 30 MG ORAL	3	QL 180/365 days
Thrombopoietin (TPO) Receptor Agonists		
ALVAIZ TABLET 18 MG ORAL	4	PA, QL 30/30 days, SP
ALVAIZ TABLET 36 MG ORAL	4	PA, QL 60/30 days, SP
ALVAIZ TABLET 54 MG ORAL	4	PA, QL 60/30 days, SP
ALVAIZ TABLET 9 MG ORAL	4	PA, QL 30/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thrombopoietin (TPO) Receptor Agonists (continued)		
DOPTELET TABLET 20 MG ORAL	4	PA, QL 15/35 days, SP, Prudent
MULPLETA TABLET 3 MG ORAL	4	PA, QL 7/30 days, SP, Prudent
PROMACTA PACKET 12.5 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
PROMACTA PACKET 25 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
PROMACTA TABLET 12.5 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
PROMACTA TABLET 25 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
PROMACTA TABLET 50 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
PROMACTA TABLET 75 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
HEMOSTATICS		
Hemostatics - Systemic		
<i>aminocaproic acid solution 0.25 gm/ml oral</i>	1	
<i>aminocaproic acid tablet 1000 mg oral</i>	1	
<i>aminocaproic acid tablet 500 mg oral</i>	1	
<i>tranexamic acid tablet 650 mg oral</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABLET 30 MG ORAL	3	PA, Medical Necessity PA
<i>phenobarbital elixir 20 mg/5ml oral</i>	1	
<i>phenobarbital tablet 100 mg oral</i>	1	
<i>phenobarbital tablet 15 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Barbiturate Hypnotics (continued)		
<i>phenobarbital tablet 16.2 mg oral</i>	1	
<i>phenobarbital tablet 30 mg oral</i>	1	
<i>phenobarbital tablet 32.4 mg oral</i>	1	PDRX Pharm Product not covered
<i>phenobarbital tablet 60 mg oral</i>	1	
<i>phenobarbital tablet 64.8 mg oral</i>	1	
<i>phenobarbital tablet 97.2 mg oral</i>	1	
SECONAL CAPSULE 100 MG ORAL	3	PA, Medical Necessity PA
Benzodiazepine Hypnotics		
<i>estazolam tablet 1 mg oral</i>	1	
<i>estazolam tablet 2 mg oral</i>	1	
<i>flurazepam hcl capsule 15 mg oral</i>	1	
<i>flurazepam hcl capsule 30 mg oral</i>	1	
<i>midazolam hcl solution 10 mg/10ml injection</i>	1	
<i>midazolam hcl solution 10 mg/2ml injection</i>	1	
<i>midazolam hcl solution 2 mg/2ml injection</i>	1	
<i>midazolam hcl solution 25 mg/5ml injection</i>	1	
<i>midazolam hcl solution 5 mg/5ml injection</i>	1	
<i>midazolam hcl solution 5 mg/ml injection</i>	1	
<i>midazolam hcl solution 50 mg/10ml injection</i>	1	
<i>midazolam hcl syrup 2 mg/ml oral</i>	1	
<i>temazepam capsule 15 mg oral</i>	1	QL 60/30 days
<i>temazepam capsule 22.5 mg oral</i>	1	QL 30/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Benzodiazepine Hypnotics (continued)		
<i>temazepam capsule 30 mg oral</i>	1	QL 30/30 days
<i>temazepam capsule 7.5 mg oral</i>	1	QL 60/30 days
<i>triazolam tablet 0.125 mg oral</i>	1	
<i>triazolam tablet 0.25 mg oral</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl tablet 3 mg oral</i>	1	QL 30/30 days
<i>doxepin hcl tablet 6 mg oral</i>	1	QL 30/30 days
Non-Benzodiazepine - GABA-Receptor Modulators		
<i>eszopiclone tablet 1 mg oral</i>	1	QL 90/30 days
<i>eszopiclone tablet 2 mg oral</i>	1	QL 30/30 days
<i>eszopiclone tablet 3 mg oral</i>	1	QL 30/30 days
<i>zaleplon capsule 10 mg oral</i>	1	
<i>zaleplon capsule 5 mg oral</i>	1	
<i>zolpidem tartrate er tablet extended release 12.5 mg oral</i>	1	QL 30/30 days
<i>zolpidem tartrate er tablet extended release 6.25 mg oral</i>	1	QL 60/30 days
<i>zolpidem tartrate tablet 10 mg oral</i>	1	QL 30/30 days
<i>zolpidem tartrate tablet 5 mg oral</i>	1	QL 60/30 days
Orexin Receptor Antagonists		
DAYVIGO TABLET 10 MG ORAL	3	QL 30/30 days, ST
DAYVIGO TABLET 5 MG ORAL	3	QL 30/30 days, ST
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSPENSION 4 MG/ML ORAL	4	LA, PA, QL 158/30 days, SP
<i>ramelteon tablet 8 mg oral</i>	1	QL 30/30 days
<i>tasimelteon capsule 20 mg oral</i>	4	LA, PA, QL 30/30 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LAXATIVES		
Bowel Evacuant Combinations		
CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/160ML ORAL	0	
CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/175ML ORAL	0	
COLYTE WITH FLAVOR PACKS SOLUTION RECONSTITUTED 240 GM ORAL	3	
GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL	1	
GAVILYTE-G SOLUTION RECONSTITUTED 236 GM ORAL	1	
GAVILYTE-H KIT 5-210 MG-GM ORAL	0	
GAVILYTE-N WITH FLAVOR PACK SOLUTION RECONSTITUTED 420 GM ORAL	1	
GOLYTELY SOLUTION RECONSTITUTED 227.1 GM ORAL	2	
<i>na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral</i>	0	
<i>peg 3350/electrolytes solution reconstituted 240 gm oral</i>	1	
<i>peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral</i>	1	
<i>peg-3350/electrolytes solution reconstituted 236 gm oral</i>	1	
<i>peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral</i>	0	
<i>peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral</i>	0	
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	0	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bowel Evacuant Combinations (continued)		
PREPOPIK PACKET 10-3.5-12 MG-GM-GM ORAL	0	
SUCLEAR KIT ORAL	0	
SUTAB TABLET 1479-225-188 MG ORAL	0	
TRILYTE SOLUTION RECONSTITUTED 420 GM ORAL	1	
Laxatives - Miscellaneous		
<i>constulose solution 10 gm/15ml oral</i>	1	
KRISTALOSE PACKET 20 GM ORAL	3	
<i>lactulose solution 10 gm/15ml oral</i>	1	
Saline Laxative Mixtures		
OSMOPREP TABLET 1.102-0.398 GM ORAL	3	
LOCAL ANESTHETICS-Parenteral		
Local Anesthetic & Sympathomimetic		
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION	3	
Local Anesthetics - Amides		
<i>lidocaine hcl (pf) solution 0.5 % injection</i>	1	
<i>lidocaine hcl (pf) solution 1 % injection</i>	1	
<i>lidocaine hcl (pf) solution 2 % injection</i>	1	
<i>lidocaine hcl solution 0.5 % injection</i>	1	
<i>lidocaine hcl solution 1 % injection</i>	1	
<i>lidocaine hcl solution 2 % injection</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MACROLIDES		
Azithromycin		
<i>azithromycin packet 1 gm oral</i>	1	
<i>azithromycin solution reconstituted 500 mg intravenous</i>	1	
<i>azithromycin suspension reconstituted 100 mg/5ml oral</i>	1	
<i>azithromycin suspension reconstituted 200 mg/5ml oral</i>	1	
<i>azithromycin tablet 250 mg oral</i>	1	
<i>azithromycin tablet 500 mg oral</i>	1	
<i>azithromycin tablet 600 mg oral</i>	1	
ZMAX SUSPENSION RECONSTITUTED 2 GM ORAL	3	
Clarithromycin		
<i>clarithromycin er tablet extended release 24 hour 500 mg oral</i>	1	
<i>clarithromycin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>clarithromycin suspension reconstituted 250 mg/5ml oral</i>	1	
<i>clarithromycin tablet 250 mg oral</i>	1	
<i>clarithromycin tablet 500 mg oral</i>	1	
Erythromycins		
E.E.S. 400 TABLET 400 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Erythromycins (continued)		
ERYTHROCIN LACTOBIONATE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	3	
ERYTHROCIN STEARATE TABLET 250 MG ORAL	1	
<i>erythromycin base capsule delayed release particles 250 mg oral</i>	1	
<i>erythromycin base tablet 250 mg oral</i>	1	
<i>erythromycin base tablet 500 mg oral</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral</i>	1	
<i>erythromycin ethylsuccinate tablet 400 mg oral</i>	1	
<i>erythromycin tablet delayed release 250 mg oral</i>	1	
<i>erythromycin tablet delayed release 333 mg oral</i>	1	
<i>erythromycin tablet delayed release 500 mg oral</i>	1	
Fidaxomicin		
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL	3	QL 136/60 days
DIFICID TABLET 200 MG ORAL	3	QL 20/60 days
MEDICAL DEVICES AND SUPPLIES		
Cervical Caps		
FEMCAP DEVICE 22 MM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cervical Caps (continued)		
FEMCAP DEVICE 26 MM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
FEMCAP DEVICE 30 MM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
Diaphragms		
CAYA DIAPHRAGM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
OMNIFLEX DIAPHRAGM DIAPHRAGM VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 60 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 65 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 70 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 75 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 80 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 85 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Diaphragms (continued)		
WIDE-SEAL DIAPHRAGM 90 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
WIDE-SEAL DIAPHRAGM 95 DIAPHRAGM 2 % VAGINAL	0	QL 1/300 days, ACA NCDL, limitations may apply
Glucose Monitoring Test Supplies		
DEXCOM G6 RECEIVER DEVICE	2	PA, QL 1/365 days, VBP Drug List
DEXCOM G6 SENSOR	2	PA, QL 3/30 days, VBP Drug List
DEXCOM G6 TRANSMITTER	2	PA, QL 1/84 days, VBP Drug List
DEXCOM G7 RECEIVER DEVICE	2	PA, QL 1/365 days, VBP Drug List
DEXCOM G7 SENSOR	2	PA, QL 3/30 days, VBP Drug List
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL 2/28 days, VBP Drug List
FREESTYLE LIBRE 2 READER DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE 2 READER SYSTM DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE 2 SENSOR	2	PA, QL 3/30 days, VBP Drug List
FREESTYLE LIBRE 2 SENSOR SYSTM	2	PA, QL 3/30 days, VBP Drug List
FREESTYLE LIBRE 3 READER DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE 3 SENSOR	2	PA, QL 2/28 days, VBP Drug List

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Glucose Monitoring Test Supplies (continued)		
FREESTYLE LIBRE READER DEVICE	2	PA, QL 1/365 days, VBP Drug List
FREESTYLE LIBRE SENSOR SYSTEM	2	PA, QL 3/30 days, VBP Drug List
ONETOUCH DELICA PLUS LANCING	2	VBP Drug List
ONETOUCH DELICA SAFETY LANCING	2	VBP Drug List
ONETOUCH ULTRA 2 KIT W/DEVICE	2	VBP Drug List
ONETOUCH ULTRASOFT LANCETS	2	VBP Drug List
Insulin Administration Supplies		
OMNIPOD 10 PACK	2	QL 10/30 days, VBP Drug List
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD 5 G6 PODS (GEN 5)	2	QL 10/30 days, VBP Drug List
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD CLASSIC PODS (GEN 3)	2	QL 10/30 days, VBP Drug List
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD DASH PDM (GEN 4) KIT	2	QL 1/30 days, VBP Drug List
OMNIPOD DASH PODS (GEN 4)	2	QL 10/30 days, VBP Drug List
Needles & Syringes		
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	Incentive, VBP Drug List
NOVOPEN ECHO DEVICE	3	QL 1/90 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Needles & Syringes (continued)		
ULTICARE PEN NEEDLES 29G X 12.7MM	2	Incentive
Spacer/Aerosol-Holding Chambers & Supplies		
AEROCHAMBER MINI CHAMBER DEVICE	3	
AEROCHAMBER MV	3	
AEROCHAMBER PLUS	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER PLUS FLOW VU	3	
AEROCHAMBER PLUS W/MASK SMALL	3	
AEROCHAMBER W/FLOWSIGNAL	3	
AEROCHAMBER Z-STAT PLUS	3	
AEROCHAMBER Z-STAT PLUS CHAMBR	3	
AEROCHAMBER Z-STAT PLUS/LARGE	3	
AEROCHAMBER Z-STAT PLUS/MEDIUM	3	
AEROCHAMBER Z-STAT PLUS/SMALL	3	
EASIVENT	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Spacer/Aerosol-Holding Chambers & Supplies (continued)		
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
MICROCHAMBER	3	
MICROSPACER	3	
OPTICHAMBER ADVANTAGE-LG MASK	3	
OPTICHAMBER ADVANTAGE-MED MASK	3	
OPTICHAMBER ADVANTAGE-SM MASK	3	
OPTICHAMBER DIAMOND	3	
OPTICHAMBER DIAMOND-LG MASK DEVICE	3	
OPTICHAMBER DIAMOND-MD MASK	3	
OPTICHAMBER DIAMOND-SM MASK	3	
OPTIHALER	3	
OPTIHALER DEVICE	3	
POCKET CHAMBER DEVICE	3	
POCKET SPACER DEVICE	3	
<i>prochamber vhc device</i>	3	
RITEFLO DEVICE	3	
<i>valved holding chamber device</i>	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
WATCHHALER DEVICE	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MIGRAINE PRODUCTS		
Calcitonin Gene-Related Peptide Receptor Antag (CGRP)		
NURTEC TABLET DISPERSIBLE 75 MG ORAL	3	PA, QL 16/30 days
QULIPTA TABLET 10 MG ORAL	3	PA, QL 30/30 days
QULIPTA TABLET 30 MG ORAL	3	PA, QL 30/30 days
QULIPTA TABLET 60 MG ORAL	3	PA, QL 30/30 days
UBRELVY TABLET 100 MG ORAL	2	QL 16/30 days, ST
UBRELVY TABLET 50 MG ORAL	2	QL 16/30 days, ST
CGRP Receptor Antagonists - Monoclonal Antibodies		
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	PA, QL 1.50/28 days
AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS	3	PA, QL 1.50/28 days
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA, QL 3/28 days
EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	3	PA, QL 1/28 days
Ergot Combinations		
<i>ergotamine-caffeine tablet 1-100 mg oral</i>	1	QL 20/30 days
Migraine Products		
<i>dihydroergotamine mesylate solution 1 mg/ml injection</i>	1	PA, QL 12/30 days
<i>dihydroergotamine mesylate solution 4 mg/ml nasal</i>	1	PA, QL 8/28 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Migraine Products (continued)		
ERGOMAR TABLET SUBLINGUAL 2 MG SUBLINGUAL	3	PA, QL 20/30 days, Medical Necessity PA
Migraine Products - NSAIDs		
<i>diclofenac potassium(migraine) packet 50 mg oral</i>	1	PA, QL 9/30 days, Medical Necessity PA
Selective Serotonin Agonist-NSAID Combinations		
<i>sumatriptan-naproxen sodium tablet 85-500 mg oral</i>	1	PA, QL 18/25 days, Medical Necessity PA
Selective Serotonin Agonists 5-HT(1)		
<i>almotriptan malate tablet 12.5 mg oral</i>	1	QL 12/30 days
<i>almotriptan malate tablet 6.25 mg oral</i>	1	QL 12/25 days
<i>eletriptan hydrobromide tablet 20 mg oral</i>	1	QL 12/25 days
<i>eletriptan hydrobromide tablet 40 mg oral</i>	1	QL 12/25 days
<i>frovatriptan succinate tablet 2.5 mg oral</i>	1	QL 18/25 days, ST
<i>naratriptan hcl tablet 1 mg oral</i>	1	QL 18/25 days
<i>naratriptan hcl tablet 2.5 mg oral</i>	1	QL 18/25 days
<i>rizatriptan benzoate tablet 10 mg oral</i>	1	QL 18/25 days
<i>rizatriptan benzoate tablet 5 mg oral</i>	1	QL 18/25 days
<i>rizatriptan benzoate tablet dispersible 10 mg oral</i>	1	QL 18/25 days
<i>rizatriptan benzoate tablet dispersible 5 mg oral</i>	1	QL 18/25 days
<i>sumatriptan solution 20 mg/act nasal</i>	1	QL 12/25 days
<i>sumatriptan solution 5 mg/act nasal</i>	1	QL 12/25 days
<i>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</i>	1	QL 6/25 days
<i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i>	1	QL 6/25 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Selective Serotonin Agonists 5-HT(1) (continued)		
<i>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</i>	1	QL 6/25 days
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i>	1	QL 3/30 days
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i>	1	QL 6/25 days
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml subcutaneous</i>	1	QL 6/25 days
<i>sumatriptan succinate tablet 100 mg oral</i>	1	QL 18/25 days
<i>sumatriptan succinate tablet 25 mg oral</i>	1	QL 18/25 days
<i>sumatriptan succinate tablet 50 mg oral</i>	1	QL 18/25 days
<i>zolmitriptan solution 2.5 mg nasal</i>	1	QL 12/25 days, ST
<i>zolmitriptan solution 5 mg nasal</i>	1	QL 12/25 days, ST
<i>zolmitriptan tablet 2.5 mg oral</i>	1	QL 12/25 days
<i>zolmitriptan tablet 5 mg oral</i>	1	QL 12/25 days
<i>zolmitriptan tablet dispersible 2.5 mg oral</i>	1	QL 12/25 days
<i>zolmitriptan tablet dispersible 5 mg oral</i>	1	QL 12/25 days
MINERALS & ELECTROLYTES		
Electrolytes Parenteral		
ISOLYTE-S SOLUTION INTRAVENOUS	3	
<i>kcl (0.149%) in nacl solution 20-0.45 meq/l-% intravenous</i>	1	
<i>kcl (0.149%) in nacl solution 20-0.9 meq/l-% intravenous</i>	1	
<i>kcl (0.298%) in nacl solution 40-0.9 meq/l-% intravenous</i>	1	
NORMOSOL-R SOLUTION INTRAVENOUS	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Electrolytes Parenteral (continued)		
PLASMA-LYTE 148 SOLUTION INTRAVENOUS	3	
PLASMA-LYTE A SOLUTION INTRAVENOUS	3	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	1	
<i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i>	1	
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	1	
Fluoride		
FLUORABON SOLUTION 0.55 (0.25 F) MG/0.6ML ORAL	0	ACA NCDL, limitations may apply - Tier 2 for ages 6 years and older
<i>fluoritab solution 0.275 (0.125 f) mg/drop oral</i>	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
<i>fluoritab tablet chewable 1.1 (0.5 f) mg oral</i>	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
<i>fluoritab tablet chewable 2.2 (1 f) mg oral</i>	1	
FLURA-DROPS SOLUTION 0.55 (0.25 F) MG/DROP ORAL	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
LUDENT TABLET CHEWABLE 0.55 (0.25 F) MG ORAL	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
LUDENT TABLET CHEWABLE 1.1 (0.5 F) MG ORAL	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
LUDENT TABLET CHEWABLE 2.2 (1 F) MG ORAL	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Fluoride (continued)		
NAFRINSE TABLET CHEWABLE 2.2 (1 F) MG ORAL	1	
<i>sodium fluoride solution 1.1 (0.5 f) mg/ml oral</i>	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
<i>sodium fluoride tablet 1.1 (0.5 f) mg oral</i>	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
<i>sodium fluoride tablet 2.2 (1 f) mg oral</i>	1	
<i>sodium fluoride tablet chewable 0.55 (0.25 f) mg oral</i>	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
<i>sodium fluoride tablet chewable 1.1 (0.5 f) mg oral</i>	0	ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older
<i>sodium fluoride tablet chewable 2.2 (1 f) mg oral</i>	1	
Potassium		
KLOR-CON 10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	
KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	
KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL	1	
KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL	1	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	1	
K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL	2	
K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium (continued)		
K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL	2	
<i>potassium chloride crys er tablet extended release 10 meq oral</i>	1	
<i>potassium chloride crys er tablet extended release 15 meq oral</i>	1	
<i>potassium chloride crys er tablet extended release 20 meq oral</i>	1	
<i>potassium chloride er capsule extended release 10 meq oral</i>	1	
<i>potassium chloride er capsule extended release 8 meq oral</i>	1	
<i>potassium chloride er tablet extended release 10 meq oral</i>	1	
<i>potassium chloride er tablet extended release 20 meq oral</i>	1	
<i>potassium chloride er tablet extended release 8 meq oral</i>	1	
<i>potassium chloride packet 20 meq oral</i>	1	
<i>potassium chloride solution 0.4 meq/ml intravenous</i>	1	
<i>potassium chloride solution 10 % oral</i>	1	
<i>potassium chloride solution 10 meq/100ml intravenous</i>	1	
<i>potassium chloride solution 10 meq/50ml intravenous</i>	1	
<i>potassium chloride solution 2 meq/ml intravenous</i>	1	
<i>potassium chloride solution 20 meq/100ml intravenous</i>	1	
<i>potassium chloride solution 20 meq/15ml (10%) oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium (continued)		
<i>potassium chloride solution 40 meq/100ml intravenous</i>	1	
<i>potassium chloride solution 40 meq/15ml (20%) oral</i>	1	
Sodium		
<i>sodium chloride solution 3 % intravenous</i>	1	
<i>sodium chloride solution 5 % intravenous</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Activated Phosphoinositide 3-kinase Delta Syndrome Agent		
JOENJA TABLET 70 MG ORAL	4	LA, PA, QL 60/30 days, SP
Antileptics		
THALOMID CAPSULE 100 MG ORAL	4	PA, SP, Prudent
THALOMID CAPSULE 150 MG ORAL	4	PA, SP
THALOMID CAPSULE 200 MG ORAL	4	PA, SP
THALOMID CAPSULE 50 MG ORAL	4	PA, SP, Prudent
B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors		
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP, Prudent
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	4	PA, QL 4/28 days, SP
BENLYSTA SOLUTION RECONSTITUTED 120 MG INTRAVENOUS	4	PA, SP, Medical Benefit only.

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors (continued)		
BENLYSTA SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	4	PA, SP, Medical Benefit only.
Chelating Agents		
CUVRIOR TABLET 300 MG ORAL	4	PA, SP
<i>penicillamine tablet 250 mg oral</i>	1	PA, Prudent
<i>trientine hcl capsule 250 mg oral</i>	1	PA, Prudent
Cyclosporine Analogs		
<i>cyclosporine capsule 100 mg oral</i>	1	
<i>cyclosporine capsule 25 mg oral</i>	1	
<i>cyclosporine modified capsule 100 mg oral</i>	1	
<i>cyclosporine modified capsule 25 mg oral</i>	1	
<i>cyclosporine modified capsule 50 mg oral</i>	1	
<i>cyclosporine modified solution 100 mg/ml oral</i>	1	
<i>cyclosporine solution 50 mg/ml intravenous</i>	1	Medical Benefit only.
GENGRAF CAPSULE 100 MG ORAL	1	
GENGRAF CAPSULE 25 MG ORAL	1	
GENGRAF CAPSULE 50 MG ORAL	1	
GENGRAF SOLUTION 100 MG/ML ORAL	1	
LUPKYNIS CAPSULE 7.9 MG ORAL	4	LA, PA, QL 180/30 days, SP
SANDIMMUNE SOLUTION 100 MG/ML ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Enzymes		
XIAFLEX SOLUTION RECONSTITUTED 0.9 MG INJECTION	4	LA, PA, Prudent
Farnesyltransferase Inhibitors		
ZOKINVY CAPSULE 50 MG ORAL	4	LA, PA, SP, Prudent
ZOKINVY CAPSULE 75 MG ORAL	4	LA, PA, SP, Prudent
Immune Globulin Immunosuppressants		
ATGAM INJECTABLE 50 MG/ML INTRAVENOUS	3	Medical Benefit only.
THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	3	
Immunomodulators for Myelodysplastic Syndromes		
<i>lenalidomide capsule 10 mg oral</i>	4	PA, SP, Prudent
<i>lenalidomide capsule 15 mg oral</i>	4	PA, SP, Prudent
<i>lenalidomide capsule 2.5 mg oral</i>	4	PA, SP, Prudent
<i>lenalidomide capsule 20 mg oral</i>	4	PA, SP, Prudent
<i>lenalidomide capsule 25 mg oral</i>	4	PA, SP, Prudent
<i>lenalidomide capsule 5 mg oral</i>	4	PA, SP, Prudent
REVLIMID CAPSULE 10 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 15 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 2.5 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 20 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 25 MG ORAL	4	PA, SP, Prudent
REVLIMID CAPSULE 5 MG ORAL	4	PA, SP, Prudent
Inosine Monophosphate Dehydrogenase Inhibitors		
CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Inosine Monophosphate Dehydrogenase Inhibitors (continued)		
<i>mycophenolate mofetil capsule 250 mg oral</i>	1	
<i>mycophenolate mofetil suspension reconstituted 200 mg/ml oral</i>	1	
<i>mycophenolate mofetil tablet 500 mg oral</i>	1	
<i>mycophenolate sodium tablet delayed release 180 mg oral</i>	1	
<i>mycophenolate sodium tablet delayed release 360 mg oral</i>	1	
Interleukin-6 (IL-6) Antagonists		
SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	4	LA, PA, SP, Prudent
SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	4	LA, PA, SP, Prudent
Irrigation Solutions		
PHYSIOLYTE SOLUTION IRRIGATION	1	
PHYSIOSOL IRRIGATION SOLUTION IRRIGATION	1	
TIS-U-SOL SOLUTION IRRIGATION	1	
Macrolide Immunosuppressants		
<i>everolimus tablet 0.25 mg oral</i>	1	QL 60/30 days
<i>everolimus tablet 0.5 mg oral</i>	1	QL 60/30 days
<i>everolimus tablet 0.75 mg oral</i>	1	QL 60/30 days
<i>everolimus tablet 1 mg oral</i>	1	QL 60/30 days
PROGRAF SOLUTION 5 MG/ML INTRAVENOUS	3	Medical Benefit only.
RAPAMUNE TABLET 1 MG ORAL	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Macrolide Immunosuppressants (continued)		
RAPAMUNE TABLET 2 MG ORAL	2	
<i>sirolimus solution 1 mg/ml oral</i>	1	
<i>sirolimus tablet 0.5 mg oral</i>	1	
<i>sirolimus tablet 1 mg oral</i>	1	
<i>sirolimus tablet 2 mg oral</i>	1	
<i>tacrolimus capsule 0.5 mg oral</i>	1	
<i>tacrolimus capsule 1 mg oral</i>	1	
<i>tacrolimus capsule 5 mg oral</i>	1	
Monoclonal Antibodies		
ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS	4	LA, PA, SP, Prudent
GAMIFANT SOLUTION 100 MG/20ML INTRAVENOUS	4	LA, PA, SP, Prudent
GAMIFANT SOLUTION 50 MG/10ML INTRAVENOUS	4	LA, PA, SP, Prudent
SIMULECT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	3	Medical Benefit only.
SIMULECT SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	3	Medical Benefit only.
PI3CA-Related Overgrowth Spectrum Agents - PI3K Inhib		
VIJOICE TABLET THERAPY PACK 125 MG ORAL	4	PA, QL 28/28 days, SP, Prudent
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	4	PA, QL 56/28 days, SP, Prudent
VIJOICE TABLET THERAPY PACK 50 MG ORAL	4	PA, QL 28/28 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Potassium Removing Agents		
KIONEX SUSPENSION 15 GM/60ML ORAL	1	
LOKELMA PACKET 10 GM ORAL	3	QL 30/30 days
LOKELMA PACKET 5 GM ORAL	3	QL 90/30 days
<i>sodium polystyrene sulfonate powder oral</i>	1	
<i>sodium polystyrene sulfonate suspension 15 gm/60ml oral</i>	1	
<i>sodium polystyrene sulfonate suspension 30 gm/120ml rectal</i>	1	
SPS SUSPENSION 15 GM/60ML ORAL	1	
Purine Analogs		
AZASAN TABLET 100 MG ORAL	3	
AZASAN TABLET 75 MG ORAL	3	
<i>azathioprine tablet 50 mg oral</i>	1	
ROCK Inhibitors		
REZUROCK TABLET 200 MG ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
Selective T-Cell Costimulation Blockers		
NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	3	Medical Benefit only.
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl solution 4 % mouth/throat</i>	1	
<i>lidocaine viscous solution 2 % mouth/throat</i>	1	
Anti-infectives - Throat		
<i>clotrimazole troche 10 mg mouth/throat</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Anti-infectives - Throat (continued)		
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	1	
ORAVIG TABLET 50 MG BUCCAL	3	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate solution 0.12 % mouth/throat</i>	1	
PAROEX SOLUTION 0.12 % MOUTH/THROAT	1	
PERIOGARD SOLUTION 0.12 % MOUTH/THROAT	1	
Saliva Stimulants		
<i>cevimeline hcl capsule 30 mg oral</i>	1	
<i>pilocarpine hcl tablet 5 mg oral</i>	1	
<i>pilocarpine hcl tablet 7.5 mg oral</i>	1	
Steroids - Mouth/Throat/Dental		
ORALONE PASTE 0.1 % MOUTH/THROAT	1	
<i>triamcinolone acetonide paste 0.1 % mouth/throat</i>	1	
MULTIVITAMINS		
Ped Multi Vitamins w/Fl & FE		
<i>multi-vit/fluoride/iron solution 0.25-10 mg/ml oral</i>	1	
<i>multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral</i>	1	
Ped MV w/ Fluoride		
<i>multi-vit/fluoride solution 0.25 mg/ml oral</i>	1	
<i>multi-vit/fluoride solution 0.5 mg/ml oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ped MV w/ Fluoride (continued)		
<i>multivitamin/fluoride tablet chewable 0.25 mg oral</i>	1	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral</i>	1	
<i>multivitamin/fluoride tablet chewable 1 mg oral</i>	1	
Ped Vitamins ACD Fluoride & Iron		
<i>tri-vit/fluoride/iron solution 0.25-10 mg/ml oral</i>	1	
Ped Vitamins ACD w/ Fluoride		
<i>tri-vit/fluoride solution 0.25 mg/ml oral</i>	1	
<i>tri-vit/fluoride solution 0.5 mg/ml oral</i>	1	
<i>tri-vitamin/fluoride solution 0.25 mg/ml oral</i>	1	
<i>vitamins acd-fluoride solution 0.25 mg/ml oral</i>	1	
Prenatal MV & Min w/FE-FA		
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG ORAL	3	
CITRANATAL RX TABLET 27-1 MG ORAL	3	
CO-NATAL FA TABLET ORAL	0	Female age between 15 to 50 only
<i>m-natal plus tablet 27-1 mg oral</i>	0	Female age between 15 to 50 only
M-VIT TABLET ORAL	0	Female age between 15 to 50 only
NIVA-PLUS TABLET 27-1 MG ORAL	0	Female age between 15 to 50 only
O-CAL FA TABLET 27-1 MG ORAL	0	Female age between 15 to 50 only

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Prenatal MV & Min w/FE-FA (continued)		
<i>pnv prenatal plus multivitamin tablet 27-1 mg oral</i>	0	Female age between 15 to 50 only
<i>prenatal 19 tablet 29-1 mg oral</i>	0	Female age between 15 to 50 only
<i>prenatal 19 tablet chewable 29-1 mg oral</i>	1	
<i>prenatal low iron tablet 27-1 mg oral</i>	0	Female age between 15 to 50 only
<i>prenatal plus tablet 27-1 mg oral</i>	0	Female age between 15 to 50 only
<i>prenatal plus vitamin/mineral tablet 27-1 mg oral</i>	0	Female age between 15 to 50 only
<i>prenatal plus/iron tablet 27-1 mg oral</i>	0	Female age between 15 to 50 only
<i>prenatal tablet 27-0.8 mg oral</i>	0	Female age between 15 to 50 only
<i>prenatal tablet 27-1 mg oral</i>	0	Female age between 15 to 50 only
<i>trinatal rx 1 tablet 60-1 mg oral</i>	0	Female age between 15 to 50 only
TRINATE TABLET ORAL	0	Female age between 15 to 50 only
VINATE ONE TABLET 60-1 MG ORAL	0	Female age between 15 to 50 only
Prenatal MV & Min w/FE-FA-DHA		
CITRANATAL 90 DHA 90-1 & 300 MG ORAL	3	
CITRANATAL DHA 27-1 & 250 MG ORAL	3	
<i>pnv ob+dha 27-1 & 250 mg oral</i>	3	
<i>pnv-dha capsule 27-0.6-0.4-300 mg oral</i>	0	Female age between 15 to 50 only

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MUSCULOSKELETAL THERAPY AGENTS		
Central Muscle Relaxants		
<i>baclofen tablet 10 mg oral</i>	1	
<i>baclofen tablet 20 mg oral</i>	1	
<i>baclofen tablet 5 mg oral</i>	1	
<i>carisoprodol tablet 250 mg oral</i>	1	
<i>carisoprodol tablet 350 mg oral</i>	1	
<i>chlorzoxazone tablet 500 mg oral</i>	1	
<i>cyclobenzaprine hcl tablet 10 mg oral</i>	1	
<i>cyclobenzaprine hcl tablet 5 mg oral</i>	1	
<i>cyclobenzaprine hcl tablet 7.5 mg oral</i>	1	
<i>metaxalone tablet 400 mg oral</i>	1	QL 120/30 days
<i>metaxalone tablet 800 mg oral</i>	1	QL 120/30 days
<i>methocarbamol tablet 500 mg oral</i>	1	
<i>methocarbamol tablet 750 mg oral</i>	1	
<i>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</i>	1	
<i>orphenadrine citrate solution 30 mg/ml injection</i>	1	
<i>tizanidine hcl capsule 2 mg oral</i>	1	Medical Necessity PA
<i>tizanidine hcl capsule 4 mg oral</i>	1	Medical Necessity PA
<i>tizanidine hcl capsule 6 mg oral</i>	1	Medical Necessity PA
<i>tizanidine hcl tablet 2 mg oral</i>	1	
<i>tizanidine hcl tablet 4 mg oral</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium capsule 100 mg oral</i>	1	
<i>dantrolene sodium capsule 25 mg oral</i>	1	
<i>dantrolene sodium capsule 50 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Muscle Relaxant Combinations		
<i>carisoprodol-aspirin-codeine tablet 200-325-16 mg oral</i>	1	PA, Medical Necessity PA
<i>orphenadrine-asa-caffeine tablet 50-770-60 mg oral</i>	1	PA, Medical Necessity PA
Retinoic Acid Receptor Gamma Selective Agonists		
SOHONOS CAPSULE 1 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 1.5 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 10 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 2.5 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
SOHONOS CAPSULE 5 MG ORAL	4	PA, QL 150/30 days, SP, Prudent
NASAL AGENTS - SYSTEMIC AND TOPICAL		
Antihistamine-Steroid		
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	1	QL 23/30 days
Nasal Anticholinergics		
<i>ipratropium bromide solution 0.03 % nasal</i>	1	
<i>ipratropium bromide solution 0.06 % nasal</i>	1	
Nasal Antihistamines		
<i>azelastine hcl solution 0.1 % nasal</i>	1	QL 30/25 days
<i>azelastine hcl solution 0.15 % nasal</i>	1	QL 30/25 days
<i>olopatadine hcl solution 0.6 % nasal</i>	1	QL 31/25 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Nasal Steroids		
<i>flunisolide solution 25 mcg/act (0.025%) nasal</i>	1	QL 75/25 days
<i>fluticasone propionate suspension 50 mcg/act nasal</i>	1	QL 16/25 days
<i>mometasone furoate suspension 50 mcg/act nasal</i>	1	QL 34/30 days
Topical Decongestants		
TYZINE SOLUTION 0.05 % NASAL	3	PA, Medical Necessity PA
NEUROMUSCULAR AGENTS		
ALS Agents - Miscellaneous		
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	4	PA, QL 70/365 days, SP, Prudent
RADICAVA ORS SUSPENSION 105 MG/5ML ORAL	4	PA, QL 50/28 days, SP, Prudent
Benzothiazoles		
<i>riluzole tablet 50 mg oral</i>	1	
Friedrich's Ataxia Agents - Nrf2 Pathway Activators		
SKYCLARYS CAPSULE 50 MG ORAL	4	LA, PA, QL 90/30 days, SP
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLUTION RECONSTITUTED 100 UNIT INJECTION	4	PA, SP, Medical Benefit only.
BOTOX SOLUTION RECONSTITUTED 200 UNIT INJECTION	4	PA, SP, Medical Benefit only.
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs		
DAYBUE SOLUTION 200 MG/ML ORAL	4	LA, PA, QL 3600/30 days, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Spinal Muscular Atrophy-SMN2 Splicing Modifiers		
EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL	4	LA, PA, QL 240/30 days, SP, Prudent
NUTRIENTS		
Lipids		
DOJOLVI LIQUID 100 % ORAL	4	PA, SP, Prudent
OPHTHALMIC AGENTS		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb		
SIMBRINZA SUSPENSION 1-0.2 % OPTHALMIC	3	
Artificial Tear Inserts		
LACRISERT INSERT 5 MG OPTHALMIC	3	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl solution 0.5 % ophthalmic</i>	1	
BETOPTIC-S SUSPENSION 0.25 % OPTHALMIC	2	
<i>carteolol hcl solution 1 % ophthalmic</i>	1	
<i>levobunolol hcl solution 0.5 % ophthalmic</i>	1	
<i>metipranolol solution 0.3 % ophthalmic</i>	1	
<i>timolol maleate (once-daily) solution 0.5 % ophthalmic</i>	1	
<i>timolol maleate gel forming solution 0.25 % ophthalmic</i>	1	
<i>timolol maleate gel forming solution 0.5 % ophthalmic</i>	1	
<i>timolol maleate pf solution 0.5 % ophthalmic</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Beta-blockers - Ophthalmic (continued)		
<i>timolol maleate solution 0.25 % ophthalmic</i>	1	
<i>timolol maleate solution 0.5 % ophthalmic</i>	1	
TIMOPTIC OCUDOSE SOLUTION 0.25 % OPTHALMIC	3	
Beta-blockers - Ophthalmic Combinations		
<i>brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal pf solution 22.3-6.8 mg/ml ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>	1	
Cycloplegic Mydratics		
<i>atropine sulfate solution 1 % ophthalmic</i>	3	Intrntl Medication System Product not covered
<i>cyclopentolate hcl solution 0.5 % ophthalmic</i>	1	
<i>cyclopentolate hcl solution 1 % ophthalmic</i>	1	
<i>cyclopentolate hcl solution 2 % ophthalmic</i>	1	
<i>tropicamide solution 0.5 % ophthalmic</i>	1	
<i>tropicamide solution 1 % ophthalmic</i>	1	
Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag		
XIIDRA SOLUTION 5 % OPTHALMIC	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125 % OPTHALMIC	3	
Miotics - Direct Acting		
<i>pilocarpine hcl solution 1 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 2 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 4 % ophthalmic</i>	1	
Ophthalmic Antiallergic		
ALOCRIAL SOLUTION 2 % OPTHALMIC	3	
ALOMIDE SOLUTION 0.1 % OPTHALMIC	3	
<i>azelastine hcl solution 0.05 % ophthalmic</i>	1	
<i>bepotastine besilate solution 1.5 % ophthalmic</i>	1	
<i>cromolyn sodium solution 4 % ophthalmic</i>	1	
EMADINE SOLUTION 0.05 % OPTHALMIC	3	
<i>epinastine hcl solution 0.05 % ophthalmic</i>	1	
LASTACAFT SOLUTION 0.25 % OPTHALMIC	3	
Ophthalmic Antibiotics		
AZASITE SOLUTION 1 % OPTHALMIC	3	
<i>bacitracin ointment 500 unit/gm ophthalmic</i>	1	
BESIVANCE SUSPENSION 0.6 % OPTHALMIC	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Antibiotics (continued)		
CILOXAN OINTMENT 0.3 % OPHTHALMIC	2	
<i>ciprofloxacin hcl solution 0.3 % ophthalmic</i>	1	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	1	
<i>gatifloxacin solution 0.5 % ophthalmic</i>	1	
GENTAK OINTMENT 0.3 % OPHTHALMIC	1	
<i>gentamicin sulfate solution 0.3 % ophthalmic</i>	1	
<i>levofloxacin solution 0.5 % ophthalmic</i>	1	
MOXEZA SOLUTION 0.5 % OPHTHALMIC	3	
<i>moxifloxacin hcl solution 0.5 % ophthalmic</i>	1	
<i>ofloxacin solution 0.3 % ophthalmic</i>	1	
<i>tobramycin solution 0.3 % ophthalmic</i>	1	
TOBEX OINTMENT 0.3 % OPHTHALMIC	3	
Ophthalmic Antifungal		
NATACYN SUSPENSION 5 % OPHTHALMIC	3	
Ophthalmic Anti-infective Combinations		
<i>bacitracin-polymyxin b ointment 500- 10000 unit/gm ophthalmic</i>	1	
<i>neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic</i>	1	
<i>neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Anti-infective Combinations (continued)		
NEO-POLYCIN OINTMENT 3.5-400- 10000 OPHTHALMIC	1	
POLYCIN OINTMENT 500-10000 UNIT/GM OPHTHALMIC	1	
<i>polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic</i>	1	
Ophthalmic Antivirals		
<i>trifluridine solution 1 % ophthalmic</i>	1	
ZIRGAN GEL 0.15 % OPHTHALMIC	3	
Ophthalmic Carbonic Anhydrase Inhibitors		
<i>brinzolamide suspension 1 % ophthalmic</i>	1	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
Ophthalmic Ectoparasiticide		
XDEMYVY SOLUTION 0.25 % OPHTHALMIC	4	PA, QL 10/365 days, SP
Ophthalmic Immunomodulators		
<i>cyclosporine emulsion 0.05 % ophthalmic</i>	1	
Ophthalmic Kinase Inhibitors - Combinations		
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC	2	
Ophthalmic Local Anesthetics		
<i>proparacaine hcl solution 0.5 % ophthalmic</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLUTION 0.002 % OPHTHALMIC	4	LA, PA

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Nonsteroidal Anti-inflammatory Agents		
<i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i>	1	
<i>bromfenac sodium solution 0.09 % ophthalmic</i>	1	
<i>diclofenac sodium solution 0.1 % ophthalmic</i>	1	
<i>flurbiprofen sodium solution 0.03 % ophthalmic</i>	1	
<i>ketorolac tromethamine solution 0.4 % ophthalmic</i>	1	
<i>ketorolac tromethamine solution 0.5 % ophthalmic</i>	1	
NEVANAC SUSPENSION 0.1 % OPTHALMIC	3	
Ophthalmic Rho Kinase Inhibitors		
RHOPRESSA SOLUTION 0.02 % OPTHALMIC	2	
Ophthalmic Selective Alpha Adrenergic Agonists		
<i>apraclonidine hcl solution 0.5 % ophthalmic</i>	1	
<i>brimonidine tartrate solution 0.15 % ophthalmic</i>	1	
<i>brimonidine tartrate solution 0.2 % ophthalmic</i>	1	
IOPIDINE SOLUTION 1 % OPTHALMIC	3	
Ophthalmic Steroid Combinations		
<i>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</i>	1	
BLEPHAMIDE S.O.P. OINTMENT 10-0.2 % OPTHALMIC	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Steroid Combinations (continued)		
BLEPHAMIDE SUSPENSION 10-0.2 % OPTHALMIC	3	
<i>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</i>	1	
<i>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</i>	1	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic</i>	1	
NEO-POLYCIN HC OINTMENT 1 % OPTHALMIC	1	
PRED-G S.O.P. OINTMENT 0.3-0.6 % OPTHALMIC	3	
PRED-G SUSPENSION 0.3-1 % OPTHALMIC	3	
<i>sulfacetamide-prednisolone solution 10-0.23 % ophthalmic</i>	1	
TOBRADEX OINTMENT 0.3-0.1 % OPTHALMIC	3	
<i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i>	1	
ZYLET SUSPENSION 0.5-0.3 % OPTHALMIC	3	
Ophthalmic Steroids		
<i>dexamethasone sodium phosphate solution 0.1 % ophthalmic</i>	1	
<i>difluprednate emulsion 0.05 % ophthalmic</i>	1	
EYSUVIS SUSPENSION 0.25 % OPTHALMIC	3	
FLAREX SUSPENSION 0.1 % OPTHALMIC	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmic Steroids (continued)		
<i>fluorometholone suspension 0.1 % ophthalmic</i>	1	
FML FORTE SUSPENSION 0.25 % OPTHALMIC	3	
FML OINTMENT 0.1 % OPTHALMIC	3	
INVELTYS SUSPENSION 1 % OPTHALMIC	3	
LOTEMAX OINTMENT 0.5 % OPTHALMIC	3	
LOTEMAX SM GEL 0.38 % OPTHALMIC	3	
<i>loteprednol etabonate gel 0.5 % ophthalmic</i>	1	
<i>loteprednol etabonate suspension 0.2 % ophthalmic</i>	1	
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	1	
MAXIDEX SUSPENSION 0.1 % OPTHALMIC	3	
PRED MILD SUSPENSION 0.12 % OPTHALMIC	3	
<i>prednisolone acetate suspension 1 % ophthalmic</i>	1	
<i>prednisolone sodium phosphate solution 1 % ophthalmic</i>	2	
VEXOL SUSPENSION 1 % OPTHALMIC	3	
Ophthalmic Sulfonamides		
<i>sulfacetamide sodium ointment 10 % ophthalmic</i>	1	
<i>sulfacetamide sodium solution 10 % ophthalmic</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ophthalmics - Cystinosis Agents		
CYSTADROPS SOLUTION 0.37 % OPTHALMIC	4	LA, PA, SP
CYSTARAN SOLUTION 0.44 % OPTHALMIC	4	LA, PA, SP
Prostaglandins - Ophthalmic		
<i>bimatoprost solution 0.03 % ophthalmic</i>	1	
<i>latanoprost solution 0.005 % ophthalmic</i>	1	
LUMIGAN SOLUTION 0.01 % OPTHALMIC	2	
<i>tafluprost (pf) solution 0.0015 % ophthalmic</i>	1	
<i>travoprost (bak free) solution 0.004 % ophthalmic</i>	1	
OTIC AGENTS		
Otic Agents - Miscellaneous		
<i>acetic acid solution 2 % otic</i>	1	
<i>acetic acid-aluminum acetate solution 2 % otic</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl solution 0.2 % otic</i>	1	
<i>ofloxacin solution 0.3 % otic</i>	1	
Otic Steroid-Anti-infective Combinations		
CIPRO HC SUSPENSION 0.2-1 % OTIC	3	PA, Medical Necessity PA
<i>ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic</i>	1	
<i>ciprofloxacin-fluocinolone pf solution 0.3-0.025 % otic</i>	1	
COLY-MYCIN S SUSPENSION 3.3-3-10-0.5 MG/ML OTIC	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Otic Steroid-Anti-infective Combinations (continued)		
<i>neomycin-polymyxin-hc solution 3.5-10000-1 otic</i>	1	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 otic</i>	1	
Otic Steroids		
FLAC OIL 0.01 % OTIC	1	
<i>fluocinolone acetonide oil 0.01 % otic</i>	1	
<i>hydrocortisone-acetic acid solution 1-2 % otic</i>	1	
OXYTOCICS		
Oxytocics		
<i>methylergonovine maleate tablet 0.2 mg oral</i>	1	QL 120/365 days
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
Antiviral Monoclonal Antibodies		
BEYFORTUS SOLUTION PREFILLED SYRINGE 100 MG/ML INTRAMUSCULAR	0	
BEYFORTUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML INTRAMUSCULAR	0	
SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR	4	PA, SP, Prudent
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR	4	PA, SP, Prudent
Immune Serums		
ALYGLO SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP
ALYGLO SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
ALYGLO SOLUTION 5 GM/50ML INTRAVENOUS	4	PA, SP
CARIMUNE NF SOLUTION RECONSTITUTED 12 GM INTRAVENOUS	4	PA, SP
CARIMUNE NF SOLUTION RECONSTITUTED 6 GM INTRAVENOUS	4	PA, SP
CUTAQUIG SOLUTION 1 GM/6ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 1.65 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 2 GM/12ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 3.3 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 4 GM/24ML SUBCUTANEOUS	4	PA, SP, Prudent
CUTAQUIG SOLUTION 8 GM/48ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 10 GM/50ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 4 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
CUVITRU SOLUTION 8 GM/40ML SUBCUTANEOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS	4	PA, SP, Prudent
GAMASTAN S/D INJECTABLE INTRAMUSCULAR	4	PA, SP
GAMMAGARD SOLUTION 10 GM/100ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 2.5 GM/25ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 20 GM/200ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 30 GM/300ML INJECTION	4	PA, SP
GAMMAGARD SOLUTION 5 GM/50ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 1 GM/10ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 10 GM/100ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 2.5 GM/25ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 20 GM/200ML INJECTION	4	PA, SP
GAMMAKED SOLUTION 5 GM/50ML INJECTION	4	PA, SP

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
GAMMAPLEX SOLUTION 5 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
GAMUNEX-C SOLUTION 10 GM/100ML INJECTION	4	PA, SP
GAMUNEX-C SOLUTION 2.5 GM/25ML INJECTION	4	PA, SP
GAMUNEX-C SOLUTION 20 GM/200ML INJECTION	4	PA, SP
GAMUNEX-C SOLUTION 5 GM/50ML INJECTION	4	PA, SP
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 1 GM/5ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 2 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
HIZENTRA SOLUTION PREFILLED SYRINGE 4 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 1 GM/20ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Immune Serums (continued)		
OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 2 GM/20ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 25 GM/500ML INTRAVENOUS	4	PA, SP
OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS	4	PA, SP, Prudent
PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS	4	PA, SP, Prudent
PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS	4	PA, SP, Prudent
PRIVIGEN SOLUTION 40 GM/400ML INTRAVENOUS	4	PA, SP, Prudent
PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS	4	PA, SP, Prudent
XEMBIFY SOLUTION 1 GM/5ML SUBCUTANEOUS	4	PA, SP, Prudent
XEMBIFY SOLUTION 10 GM/50ML SUBCUTANEOUS	4	PA, SP, Prudent
XEMBIFY SOLUTION 2 GM/10ML SUBCUTANEOUS	4	PA, SP, Prudent
XEMBIFY SOLUTION 4 GM/20ML SUBCUTANEOUS	4	PA, SP, Prudent
PENICILLINS		
Aminopenicillins		
<i>amoxicillin capsule 250 mg oral</i>	1	
<i>amoxicillin capsule 500 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Aminopenicillins (continued)		
<i>amoxicillin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 200 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 250 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 400 mg/5ml oral</i>	1	
<i>amoxicillin tablet 500 mg oral</i>	1	
<i>amoxicillin tablet 875 mg oral</i>	1	
<i>amoxicillin tablet chewable 125 mg oral</i>	1	
<i>amoxicillin tablet chewable 250 mg oral</i>	1	
<i>ampicillin capsule 250 mg oral</i>	1	
<i>ampicillin capsule 500 mg oral</i>	1	
<i>ampicillin sodium solution reconstituted 1 gm injection</i>	1	Medical Benefit only.
<i>ampicillin sodium solution reconstituted 1 gm intravenous</i>	1	Medical Benefit only.
<i>ampicillin sodium solution reconstituted 10 gm injection</i>	1	Medical Benefit only.
<i>ampicillin sodium solution reconstituted 10 gm intravenous</i>	1	Medical Benefit only.
<i>ampicillin sodium solution reconstituted 125 mg injection</i>	1	Medical Benefit only.
<i>ampicillin sodium solution reconstituted 2 gm injection</i>	1	Medical Benefit only.
<i>ampicillin sodium solution reconstituted 2 gm intravenous</i>	1	Medical Benefit only.
<i>ampicillin sodium solution reconstituted 250 mg injection</i>	1	Medical Benefit only.
<i>ampicillin sodium solution reconstituted 500 mg injection</i>	1	Medical Benefit only.

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Aminopenicillins (continued)		
<i>ampicillin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>ampicillin suspension reconstituted 250 mg/5ml oral</i>	1	
Natural Penicillins		
BICILLIN L-A SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION 2400000 UNIT/4ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION 600000 UNIT/ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR	3	Medical Benefit only.
<i>penicillin g pot in dextrose solution 20000 unit/ml intravenous</i>	3	Medical Benefit only.
<i>penicillin g pot in dextrose solution 40000 unit/ml intravenous</i>	3	Medical Benefit only.
<i>penicillin g pot in dextrose solution 60000 unit/ml intravenous</i>	3	Medical Benefit only.
<i>penicillin g potassium solution reconstituted 20000000 unit injection</i>	1	Medical Benefit only.
<i>penicillin g potassium solution reconstituted 5000000 unit injection</i>	1	Medical Benefit only.
<i>penicillin g procaine suspension 600000 unit/ml intramuscular</i>	2	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Natural Penicillins (continued)		
<i>penicillin g sodium solution reconstituted 5000000 unit injection</i>	1	Medical Benefit only.
<i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i>	1	
<i>penicillin v potassium solution reconstituted 250 mg/5ml oral</i>	1	
<i>penicillin v potassium tablet 250 mg oral</i>	1	
<i>penicillin v potassium tablet 500 mg oral</i>	1	
PFIZERPEN-G SOLUTION RECONSTITUTED 20000000 UNIT INJECTION	1	Medical Benefit only.
Penicillin Combinations		
<i>amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 250-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 500-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 875-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet chewable 200-28.5 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Penicillin Combinations (continued)		
<i>amoxicillin-pot clavulanate tablet chewable 400-57 mg oral</i>	1	
<i>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection</i>	1	Medical Benefit only.
<i>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous</i>	1	Medical Benefit only.
<i>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm injection</i>	1	Medical Benefit only.
<i>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm intravenous</i>	1	Medical Benefit only.
<i>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection</i>	1	Medical Benefit only.
<i>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm intravenous</i>	1	Medical Benefit only.
BICILLIN C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML INTRAMUSCULAR	3	Medical Benefit only.
BICILLIN C-R SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR	3	Medical Benefit only.
<i>piperacillin sod-tazobactam so solution reconstituted 2.25 (2-0.25) gm intravenous</i>	1	Medical Benefit only.
<i>piperacillin sod-tazobactam so solution reconstituted 3.375 (3-0.375) gm intravenous</i>	1	Medical Benefit only.
<i>piperacillin sod-tazobactam so solution reconstituted 4.5 (4-0.5) gm intravenous</i>	1	Medical Benefit only.
<i>piperacillin sod-tazobactam so solution reconstituted 40.5 (36-4.5) gm intravenous</i>	1	Medical Benefit only.
ZOSYN SOLUTION 2-0.25 GM/50ML INTRAVENOUS	3	Medical Benefit only.
ZOSYN SOLUTION 3-0.375 GM/50ML INTRAVENOUS	3	Medical Benefit only.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Penicillin Combinations (continued)		
ZOSYN SOLUTION 4-0.5 GM/100ML INTRAVENOUS	3	Medical Benefit only.
Penicillinase-Resistant Penicillins		
BACTOCILL IN DEXTROSE SOLUTION 1 GM/50ML INTRAVENOUS	3	Medical Benefit only.
BACTOCILL IN DEXTROSE SOLUTION 2 GM/50ML INTRAVENOUS	3	Medical Benefit only.
<i>dicloxacillin sodium capsule 250 mg oral</i>	1	
<i>dicloxacillin sodium capsule 500 mg oral</i>	1	
<i>nafcillin sodium solution reconstituted 1 gm injection</i>	1	Medical Benefit only.
<i>nafcillin sodium solution reconstituted 1 gm intravenous</i>	1	Medical Benefit only.
<i>nafcillin sodium solution reconstituted 2 gm injection</i>	1	Medical Benefit only.
<i>nafcillin sodium solution reconstituted 2 gm intravenous</i>	1	Medical Benefit only.
<i>oxacillin sodium solution reconstituted 1 gm injection</i>	1	Medical Benefit only.
<i>oxacillin sodium solution reconstituted 10 gm injection</i>	1	Medical Benefit only.
<i>oxacillin sodium solution reconstituted 2 gm injection</i>	1	Medical Benefit only.
PROGESTINS		
Progestins		
<i>medroxyprogesterone acetate tablet 10 mg oral</i>	1	
<i>medroxyprogesterone acetate tablet 2.5 mg oral</i>	1	
<i>medroxyprogesterone acetate tablet 5 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Progestins (continued)		
<i>megestrol acetate suspension 625 mg/5ml oral</i>	1	ST
<i>norethindrone acetate tablet 5 mg oral</i>	1	
<i>progesterone capsule 100 mg oral</i>	1	
<i>progesterone capsule 200 mg oral</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
Alcohol Deterrents		
<i>acamprosate calcium tablet delayed release 333 mg oral</i>	1	
<i>disulfiram tablet 250 mg oral</i>	1	
<i>disulfiram tablet 500 mg oral</i>	1	
Anti-Cataplectic Agents		
LUMRYZ PACKET 4.5 GM ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 6 GM ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 7.5 GM ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
LUMRYZ PACKET 9 GM ORAL	4	LA, PA, QL 30/30 days, SP, Prudent
<i>sodium oxybate solution 500 mg/ml oral</i>	4	LA, PA, QL 540/30 days, SP, Prudent
XYREM SOLUTION 500 MG/ML ORAL	4	LA, PA, QL 540/30 days, SP, Prudent
Anti-Cataplectic Combinations		
XYWAV SOLUTION 500 MG/ML ORAL	4	LA, PA, QL 540/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Antisense Oligonucleotide (ASO) Inhibitor Agents		
TEGSEDI SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	4	LA, PA, QL 6/28 days
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	4	LA, PA, QL 0.80/28 days, SP
Benzodiazepines & Tricyclic Agents		
<i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i>	1	
<i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i>	1	
Cholinomimetics - ACHE Inhibitors		
<i>donepezil hcl tablet 10 mg oral</i>	1	
<i>donepezil hcl tablet 23 mg oral</i>	1	QL 30/30 days
<i>donepezil hcl tablet 5 mg oral</i>	1	
<i>donepezil hcl tablet dispersible 10 mg oral</i>	1	
<i>donepezil hcl tablet dispersible 5 mg oral</i>	1	QL 30/30 days
<i>galantamine hydrobromide er capsule extended release 24 hour 16 mg oral</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 24 mg oral</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 8 mg oral</i>	1	QL 30/30 days
<i>galantamine hydrobromide solution 4 mg/ml oral</i>	1	
<i>galantamine hydrobromide tablet 12 mg oral</i>	1	
<i>galantamine hydrobromide tablet 4 mg oral</i>	1	
<i>galantamine hydrobromide tablet 8 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cholinomimetics - ACHE Inhibitors (continued)		
<i>rivastigmine patch 24 hour 13.3 mg/24hr transdermal</i>	1	
<i>rivastigmine patch 24 hour 4.6 mg/24hr transdermal</i>	1	
<i>rivastigmine patch 24 hour 9.5 mg/24hr transdermal</i>	1	
<i>rivastigmine tartrate capsule 1.5 mg oral</i>	1	QL 60/30 days
<i>rivastigmine tartrate capsule 3 mg oral</i>	1	QL 60/30 days
<i>rivastigmine tartrate capsule 4.5 mg oral</i>	1	QL 60/30 days
<i>rivastigmine tartrate capsule 6 mg oral</i>	1	QL 60/30 days
Fibromyalgia Agent - SNRIs		
SAVELLA TABLET 100 MG ORAL	3	QL 60/30 days, ST
SAVELLA TABLET 12.5 MG ORAL	3	QL 60/30 days, ST
SAVELLA TABLET 25 MG ORAL	3	QL 60/30 days, ST
SAVELLA TABLET 50 MG ORAL	3	QL 60/30 days, ST
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL	3	QL 55/28 days, ST
Melanocortin Receptor Agonists		
VYLEESI SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML SUBCUTANEOUS	3	PA, QL 2.40/30 days, Initial fill quantity limit 1.2 ml per 15 days
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TABLET THERAPY PACK 6 & 9 & 12 MG ORAL	4	PA, SP
AUSTEDO TABLET 12 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
AUSTEDO TABLET 6 MG ORAL	4	PA, QL 90/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Movement Disorder Drug Therapy (continued)		
AUSTEDO TABLET 9 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ORAL	4	PA, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL	4	PA, QL 60/30 days, SP, Prudent
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	4	PA, QL 90/30 days, SP, Prudent
<i>tetrabenazine tablet 12.5 mg oral</i>	4	PA, QL 90/30 days, SP, Prudent
<i>tetrabenazine tablet 25 mg oral</i>	4	PA, QL 120/30 days, SP, Prudent
MS Agents - Pyrimidine Synthesis Inhibitors		
<i>teriflunomide tablet 14 mg oral</i>	3	QL 30/30 days, SP, Prudent
<i>teriflunomide tablet 7 mg oral</i>	3	QL 30/30 days, SP, Prudent
Multiple Sclerosis Agents		
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	3	QL 30/30 days, SP, Prudent
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	3	QL 12/28 days, SP, Prudent
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	3	QL 30/30 days, SP, Prudent
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	3	QL 12/28 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Antimetabolites		
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, SP, Prudent
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	4	LA, PA, QL 20/365 days, SP, Prudent
Multiple Sclerosis Agents - Interferons		
AVONEX KIT 30 MCG INTRAMUSCULAR	4	PA, QL 4/28 days, SP
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR	4	PA, QL 1/28 days, SP, Prudent
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	4	PA, QL 4/28 days, SP, Prudent
BETASERON KIT 0.3 MG SUBCUTANEOUS	4	PA, QL 15/30 days, SP, Prudent
PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Interferons (continued)		
PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 1/28 days, SP, Prudent
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	4	PA, QL 6/28 days, SP, Prudent
Multiple Sclerosis Agents - Monoclonal Antibodies		
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	4	PA, QL 0.40/28 days, SP, Medical Necessity PA, Prudent
Multiple Sclerosis Agents - Nrf2 Pathway Activators		
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	3	QL 60/30 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents - Nrf2 Pathway Activators (continued)		
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	3	QL 60/30 days, SP, Prudent
<i>dimethyl fumarate starter pack 120 & 240 mg oral</i>	3	QL 60/30 days, SP
<i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral</i>	3	QL 60/30 days, SP, Prudent
VUMERITY (STARTER) CAPSULE DELAYED RELEASE 231 MG ORAL	4	PA, QL 120/30 days, SP
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL	4	PA, QL 120/30 days, SP, Prudent
Multiple Sclerosis Agents - Potassium Channel Blockers		
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	3	QL 60/30 days, SP, Prudent
N-Methyl-D-Aspartate (NMDA) Receptor Antagonists		
<i>memantine hcl er capsule extended release 24 hour 14 mg oral</i>	1	QL 30/30 days
<i>memantine hcl er capsule extended release 24 hour 21 mg oral</i>	1	QL 30/30 days
<i>memantine hcl er capsule extended release 24 hour 28 mg oral</i>	1	QL 30/30 days
<i>memantine hcl er capsule extended release 24 hour 7 mg oral</i>	1	QL 30/30 days
<i>memantine hcl solution 2 mg/ml oral</i>	1	
<i>memantine hcl tablet 10 mg oral</i>	1	
<i>memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral</i>	1	
<i>memantine hcl tablet 5 mg oral</i>	1	
NAMENDA TABLET 10 MG ORAL	3	
NAMENDA TABLET 5 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Phenothiazines & Tricyclic Agents		
<i>perphenazine-amitriptyline tablet 2-10 mg oral</i>	1	
<i>perphenazine-amitriptyline tablet 2-25 mg oral</i>	1	
<i>perphenazine-amitriptyline tablet 4-10 mg oral</i>	1	
<i>perphenazine-amitriptyline tablet 4-25 mg oral</i>	1	
<i>perphenazine-amitriptyline tablet 4-50 mg oral</i>	1	
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>gabapentin (once-daily) tablet 300 mg oral</i>	1	QL 180/30 days, ST
<i>gabapentin (once-daily) tablet 600 mg oral</i>	1	QL 90/30 days, ST
GRALISE STARTER 300 & 600 MG ORAL	3	ST
Pseudobulbar Affect Agent Combinations		
NUEDEXTA CAPSULE 20-10 MG ORAL	4	PA, QL 2/1 days
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates tablet 1 mg oral</i>	1	
<i>pimozide tablet 1 mg oral</i>	1	
<i>pimozide tablet 2 mg oral</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL	3	ST
HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL	3	ST

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag		
ADDYI TABLET 100 MG ORAL	3	PA
Smoking Deterrents		
<i>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</i>	0	QL 168/365 days, ACA NCDL, limitations may apply
NICOTROL INHALER 10 MG INHALATION	0	QL 168/365 days, ACA NCDL, limitations may apply
NICOTROL NS SOLUTION 10 MG/ML NASAL	0	QL 168/365 days, ACA NCDL, limitations may apply
<i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i>	0	QL 168/365 days, ACA NCDL, limitations may apply
<i>varenicline tartrate tablet 0.5 mg oral</i>	0	QL 168/365 days, ACA NCDL, limitations may apply
<i>varenicline tartrate tablet 1 mg oral</i>	0	QL 168/365 days, ACA NCDL, limitations may apply
<i>varenicline tartrate tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i>	0	QL 168/365 days, ACA NCDL, limitations may apply
Sphingosine 1-Phosphate (S1P) Receptor Modulators		
<i> fingolimod hcl capsule 0.5 mg oral</i>	3	QL 30/30 days, SP, Prudent
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	3	LA, PA, SP, Prudent
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	3	LA, PA, SP, Prudent
MAYZENT TABLET 0.25 MG ORAL	3	LA, PA, QL 120/30 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Sphingosine 1-Phosphate (S1P) Receptor Modulators (continued)		
MAYZENT TABLET 1 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
MAYZENT TABLET 2 MG ORAL	3	LA, PA, QL 30/30 days, SP, Prudent
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL	3	PA, QL 14/14 days, SP, Prudent
PONVORY TABLET 20 MG ORAL	3	PA, QL 30/30 days, SP, Prudent
TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL	4	LA, PA, QL 30/30 days, SP, Medical Necessity PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	4	PA, QL 7/7 days, SP, Prudent
ZEPOSIA CAPSULE 0.92 MG ORAL	4	PA, QL 30/30 days, SP, Prudent
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ORAL	4	PA, QL 28/28 days, SP, Prudent
Vasomotor Symptom Agents - SSRIs		
<i> paroxetine mesylate capsule 7.5 mg oral</i>	1	QL 30/30 days
RESPIRATORY AGENTS - MISC.		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	4	LA, PA, SP, Medical Benefit only.
GLASSIA SOLUTION 1000 MG/50ML INTRAVENOUS	4	PA, SP, Medical Benefit only.
PROLASTIN-C SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	4	LA, PA, SP, Medical Benefit only.

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Alpha-Proteinase Inhibitor (Human) (continued)		
ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	4	PA, SP, Medical Benefit only.
CFTR Potentiators		
KALYDECO PACKET 13.4 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 25 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 5.8 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 50 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO PACKET 75 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
KALYDECO TABLET 150 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
Cystic Fibrosis Agent - Combinations		
ORKAMBI PACKET 100-125 MG ORAL	4	LA, PA, QL 56/28 days, Partial Fill, Prudent
ORKAMBI PACKET 150-188 MG ORAL	4	LA, PA, QL 56/28 days, Partial Fill, Prudent
ORKAMBI PACKET 75-94 MG ORAL	4	LA, PA, QL 56/28 days, Partial Fill, Prudent
ORKAMBI TABLET 100-125 MG ORAL	4	LA, PA, QL 112/28 days, Partial Fill, Prudent
ORKAMBI TABLET 200-125 MG ORAL	4	LA, PA, QL 112/28 days, Partial Fill, Prudent
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Cystic Fibrosis Agent - Combinations (continued)		
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	4	LA, PA, QL 84/28 days, SP, Prudent
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	4	LA, PA, QL 84/28 days, SP, Prudent
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	4	LA, PA, QL 56/28 days, SP, Prudent
Cystic Fibrosis Agents - Miscellaneous		
BRONCHITOL CAPSULE 40 MG INHALATION	4	PA, QL 560/28 days, Prudent
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	4	PA, QL 560/28 days, Prudent
Hydrolytic Enzymes		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	4	PA, SP, Prudent
Pulmonary Fibrosis Agents		
<i>pirfenidone capsule 267 mg oral</i>	4	PA, QL 270/30 days, SP, Prudent
<i>pirfenidone tablet 267 mg oral</i>	4	PA, QL 270/30 days, SP, Prudent
<i>pirfenidone tablet 801 mg oral</i>	4	PA, QL 90/30 days, SP, Prudent
Pulmonary Fibrosis Agents - Kinase Inhibitors		
OFEV CAPSULE 100 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent
OFEV CAPSULE 150 MG ORAL	4	LA, PA, QL 60/30 days, SP, Prudent

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
SULFONAMIDES		
Sulfonamides		
<i>sulfadiazine tablet 500 mg oral</i>	1	
TETRACYCLINES		
Tetracyclines		
<i>avidoxy tablet 100 mg oral</i>	1	
<i>demeclocycline hcl tablet 150 mg oral</i>	1	
<i>demeclocycline hcl tablet 300 mg oral</i>	1	
DOXY 100 SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	1	
<i>doxycycline hyclate capsule 100 mg oral</i>	1	
<i>doxycycline hyclate capsule 50 mg oral</i>	1	
<i>doxycycline hyclate tablet 100 mg oral</i>	1	
<i>doxycycline hyclate tablet 20 mg oral</i>	1	
<i>doxycycline hyclate tablet delayed release 100 mg oral</i>	1	
<i>doxycycline hyclate tablet delayed release 150 mg oral</i>	1	
<i>doxycycline hyclate tablet delayed release 75 mg oral</i>	1	
<i>doxycycline monohydrate capsule 100 mg oral</i>	1	
<i>doxycycline monohydrate capsule 150 mg oral</i>	1	
<i>doxycycline monohydrate capsule 50 mg oral</i>	1	
<i>doxycycline monohydrate capsule 75 mg oral</i>	1	
<i>doxycycline monohydrate suspension reconstituted 25 mg/5ml oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Tetracyclines (continued)		
<i>doxycycline monohydrate tablet 100 mg oral</i>	1	
<i>doxycycline monohydrate tablet 150 mg oral</i>	1	
<i>doxycycline monohydrate tablet 50 mg oral</i>	1	
<i>doxycycline monohydrate tablet 75 mg oral</i>	1	
<i>minocycline hcl capsule 100 mg oral</i>	1	
<i>minocycline hcl capsule 50 mg oral</i>	1	
<i>minocycline hcl capsule 75 mg oral</i>	1	
<i>minocycline hcl tablet 100 mg oral</i>	1	
<i>minocycline hcl tablet 50 mg oral</i>	1	
<i>minocycline hcl tablet 75 mg oral</i>	1	
MORGIDOX CAPSULE 100 MG ORAL	1	
<i>tetracycline hcl capsule 250 mg oral</i>	1	
<i>tetracycline hcl capsule 500 mg oral</i>	1	
THYROID AGENTS		
Antithyroid Agents		
<i>methimazole tablet 10 mg oral</i>	1	
<i>methimazole tablet 5 mg oral</i>	1	
<i>propylthiouracil tablet 50 mg oral</i>	1	
Thyroid Hormones		
ARMOUR THYROID TABLET 120 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 180 MG ORAL	3	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
ARMOUR THYROID TABLET 240 MG ORAL	3	
ARMOUR THYROID TABLET 30 MG ORAL	3	
ARMOUR THYROID TABLET 300 MG ORAL	3	
ARMOUR THYROID TABLET 60 MG ORAL	3	
ARMOUR THYROID TABLET 90 MG ORAL	3	
EUTHYROX TABLET 100 MCG ORAL	1	
EUTHYROX TABLET 112 MCG ORAL	1	
EUTHYROX TABLET 125 MCG ORAL	1	
EUTHYROX TABLET 137 MCG ORAL	1	
EUTHYROX TABLET 150 MCG ORAL	1	
EUTHYROX TABLET 175 MCG ORAL	1	
EUTHYROX TABLET 200 MCG ORAL	1	
EUTHYROX TABLET 25 MCG ORAL	1	
EUTHYROX TABLET 50 MCG ORAL	1	
EUTHYROX TABLET 75 MCG ORAL	1	
EUTHYROX TABLET 88 MCG ORAL	1	
<i>levothyroxine sodium capsule 100 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 112 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 125 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 13 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 137 mcg oral</i>	1	QL 60/30 days

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
<i>levothyroxine sodium capsule 150 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 175 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 200 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 25 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 50 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 75 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium capsule 88 mcg oral</i>	1	QL 60/30 days
<i>levothyroxine sodium tablet 100 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 112 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 125 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 137 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 150 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 175 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 200 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 25 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 300 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 50 mcg oral</i>	1	Incentive

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
<i>levothyroxine sodium tablet 75 mcg oral</i>	1	Incentive
<i>levothyroxine sodium tablet 88 mcg oral</i>	1	Incentive
LEVOXYL TABLET 100 MCG ORAL	1	
LEVOXYL TABLET 112 MCG ORAL	1	
LEVOXYL TABLET 125 MCG ORAL	1	
LEVOXYL TABLET 137 MCG ORAL	1	
LEVOXYL TABLET 150 MCG ORAL	1	
LEVOXYL TABLET 175 MCG ORAL	1	
LEVOXYL TABLET 200 MCG ORAL	1	
LEVOXYL TABLET 25 MCG ORAL	1	
LEVOXYL TABLET 50 MCG ORAL	1	
LEVOXYL TABLET 75 MCG ORAL	1	
LEVOXYL TABLET 88 MCG ORAL	1	
<i>liothyronine sodium solution 10 mcg/ml intravenous</i>	1	Medical Benefit only.
<i>liothyronine sodium tablet 25 mcg oral</i>	1	
<i>liothyronine sodium tablet 5 mcg oral</i>	1	
<i>liothyronine sodium tablet 50 mcg oral</i>	1	
NATURE-THROID TABLET 113.75 MG ORAL	3	
NATURE-THROID TABLET 130 MG ORAL	3	
NATURE-THROID TABLET 146.25 MG ORAL	3	
NATURE-THROID TABLET 16.25 MG ORAL	3	
NATURE-THROID TABLET 162.5 MG ORAL	3	
NATURE-THROID TABLET 195 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
NATURE-THROID TABLET 260 MG ORAL	3	
NATURE-THROID TABLET 32.5 MG ORAL	3	
NATURE-THROID TABLET 325 MG ORAL	3	
NATURE-THROID TABLET 48.75 MG ORAL	3	
NATURE-THROID TABLET 65 MG ORAL	3	
NATURE-THROID TABLET 81.25 MG ORAL	3	
NATURE-THROID TABLET 97.5 MG ORAL	3	
NP THYROID TABLET 120 MG ORAL	3	
NP THYROID TABLET 15 MG ORAL	3	
NP THYROID TABLET 30 MG ORAL	3	
NP THYROID TABLET 60 MG ORAL	3	
NP THYROID TABLET 90 MG ORAL	3	
SYNTHROID TABLET 100 MCG ORAL	2	
SYNTHROID TABLET 112 MCG ORAL	2	
SYNTHROID TABLET 125 MCG ORAL	2	
SYNTHROID TABLET 137 MCG ORAL	2	
SYNTHROID TABLET 150 MCG ORAL	2	
SYNTHROID TABLET 175 MCG ORAL	2	
SYNTHROID TABLET 200 MCG ORAL	2	
SYNTHROID TABLET 25 MCG ORAL	2	
SYNTHROID TABLET 300 MCG ORAL	2	
SYNTHROID TABLET 50 MCG ORAL	2	
SYNTHROID TABLET 75 MCG ORAL	2	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
SYNTHROID TABLET 88 MCG ORAL	2	
THYROLAR-1 TABLET 60 (12.5-50) MG (MCG) ORAL	3	
THYROLAR-1/2 TABLET 30 (6.25-25) MG (MCG) ORAL	3	
THYROLAR-1/4 TABLET 15 (3.1-12.5) MG (MCG) ORAL	3	
THYROLAR-2 TABLET 120 (25-100) MG (MCG) ORAL	3	
THYROLAR-3 TABLET 180 (37.5-150) MG (MCG) ORAL	3	
UNITHROID TABLET 100 MCG ORAL	1	
UNITHROID TABLET 112 MCG ORAL	1	
UNITHROID TABLET 125 MCG ORAL	1	
UNITHROID TABLET 137 MCG ORAL	1	
UNITHROID TABLET 150 MCG ORAL	1	
UNITHROID TABLET 175 MCG ORAL	1	
UNITHROID TABLET 200 MCG ORAL	1	
UNITHROID TABLET 25 MCG ORAL	1	
UNITHROID TABLET 300 MCG ORAL	1	
UNITHROID TABLET 50 MCG ORAL	1	
UNITHROID TABLET 75 MCG ORAL	1	
UNITHROID TABLET 88 MCG ORAL	1	
WP THYROID TABLET 113.75 MG ORAL	3	
WP THYROID TABLET 130 MG ORAL	3	
WP THYROID TABLET 16.25 MG ORAL	3	
WP THYROID TABLET 32.5 MG ORAL	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Thyroid Hormones (continued)		
WP THYROID TABLET 48.75 MG ORAL	3	
WP THYROID TABLET 65 MG ORAL	3	
WP THYROID TABLET 81.25 MG ORAL	3	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
BOOSTRIX SUSPENSION 5-2.5-18.5 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
BOOSTRIX SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
<i>diphtheria-tetanus toxoids dt suspension 25-5 Ifu/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
KINRIX SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PEDIARIX SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PEDIARIX SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PENTACEL SUSPENSION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
QUADRACEL SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Toxoid Combinations (continued)		
QUADRACEL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
TDVAX SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
TENIVAC INJECTABLE 5-2 LFU INTRAMUSCULAR	0	ACA NCDL, limitations may apply
<i>tetanus-diphtheria toxoids td suspension 2-2 lf/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
VAXELIS SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VAXELIS SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
Antispasmodics		
<i>dicyclomine hcl capsule 10 mg oral</i>	1	
<i>dicyclomine hcl solution 10 mg/5ml oral</i>	1	
<i>dicyclomine hcl solution 10 mg/ml intramuscular</i>	1	
<i>dicyclomine hcl tablet 20 mg oral</i>	1	
Belladonna Alkaloids		
<i>ed-spaz tablet dispersible 0.125 mg oral</i>	1	
<i>hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral</i>	1	
<i>hyoscyamine sulfate tablet 0.125 mg oral</i>	1	
<i>hyoscyamine sulfate tablet dispersible 0.125 mg oral</i>	1	
<i>hyoscyamine sulfate tablet sublingual 0.125 mg sublingual</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Belladonna Alkaloids (continued)		
NULEV TABLET DISPERSIBLE 0.125 MG ORAL	1	
<i>oscimin sr tablet extended release 12 hour 0.375 mg oral</i>	1	
<i>oscimin tablet 0.125 mg oral</i>	1	
<i>oscimin tablet sublingual 0.125 mg sublingual</i>	1	
SYMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	1	
H-2 Antagonists		
<i>cimetidine hcl solution 300 mg/5ml oral</i>	1	
<i>cimetidine tablet 200 mg oral</i>	1	
<i>cimetidine tablet 300 mg oral</i>	1	
<i>cimetidine tablet 400 mg oral</i>	1	
<i>cimetidine tablet 800 mg oral</i>	1	
<i>famotidine (pf) solution 20 mg/2ml intravenous</i>	1	
<i>famotidine premixed solution 20-0.9 mg/50ml-% intravenous</i>	1	
<i>famotidine solution 20 mg/2ml intravenous</i>	1	
<i>famotidine solution 200 mg/20ml intravenous</i>	1	
<i>famotidine solution 40 mg/4ml intravenous</i>	1	
<i>famotidine suspension reconstituted 40 mg/5ml oral</i>	1	
<i>famotidine tablet 20 mg oral</i>	1	
<i>famotidine tablet 40 mg oral</i>	1	
<i>nizatidine capsule 150 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
H-2 Antagonists (continued)		
<i>nizatidine capsule 300 mg oral</i>	1	
<i>nizatidine solution 15 mg/ml oral</i>	1	
Misc. Anti-Ulcer		
<i>sucralfate suspension 1 gm/10ml oral</i>	1	
<i>sucralfate tablet 1 gm oral</i>	1	
PPI - Potassium-Competitive Acid Blockers (P-CAB)		
VOQUEZNA TABLET 10 MG ORAL	3	QL 180/365 days, ST
VOQUEZNA TABLET 20 MG ORAL	3	QL 180/365 days, ST
Proton Pump Inhibitors		
<i>dexlansoprazole capsule delayed release 30 mg oral</i>	1	QL 30/30 days
<i>dexlansoprazole capsule delayed release 60 mg oral</i>	1	QL 30/30 days
<i>esomeprazole magnesium capsule delayed release 40 mg oral</i>	1	QL 60/30 days
<i>esomeprazole sodium solution reconstituted 20 mg intravenous</i>	1	
<i>esomeprazole sodium solution reconstituted 40 mg intravenous</i>	1	
FIRST-LANSOPRAZOLE SUSPENSION 3 MG/ML ORAL	3	PA, PA applies to greater than 6 years of age only
FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML ORAL	3	QL 300/30 days
<i>lansoprazole capsule delayed release 15 mg oral</i>	1	QL 90/30 days
<i>lansoprazole capsule delayed release 30 mg oral</i>	1	QL 60/30 days
<i>omeprazole capsule delayed release 10 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Proton Pump Inhibitors (continued)		
<i>omeprazole capsule delayed release 20 mg oral</i>	1	
<i>omeprazole capsule delayed release 40 mg oral</i>	1	
OMEPRAZOLE+SYRSPEND SF ALKA SUSPENSION 2 MG/ML ORAL	3	QL 300/30 days
<i>pantoprazole sodium tablet delayed release 20 mg oral</i>	1	
<i>pantoprazole sodium tablet delayed release 40 mg oral</i>	1	
<i>rabeprazole sodium tablet delayed release 20 mg oral</i>	1	QL 60/30 days
Quaternary Anticholinergics		
<i>glycopyrrolate solution 0.2 mg/ml injection</i>	1	Medical Benefit only.
<i>glycopyrrolate solution 0.4 mg/2ml injection</i>	1	Medical Benefit only.
<i>glycopyrrolate solution 1 mg/5ml injection</i>	1	Medical Benefit only.
<i>glycopyrrolate solution 4 mg/20ml injection</i>	1	Medical Benefit only.
<i>glycopyrrolate tablet 1 mg oral</i>	1	
<i>glycopyrrolate tablet 2 mg oral</i>	1	
<i>methscopolamine bromide tablet 2.5 mg oral</i>	1	
<i>methscopolamine bromide tablet 5 mg oral</i>	1	
<i>propantheline bromide tablet 15 mg oral</i>	1	
Ulcer Anti-Infective w/ Bismuth Combinations		
HELIDAC ORAL	3	PA, Medical Necessity PA

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Ulcer Anti-Infective w/ Proton Pump Inhibitors		
<i>amoxicill-clarithro-lansopraz oral</i>	1	
<i>amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral</i>	1	
Ulcer Drugs - Prostaglandins		
<i>misoprostol tablet 100 mcg oral</i>	1	
<i>misoprostol tablet 200 mcg oral</i>	1	
URINARY ANTISPASMODICS		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)		
<i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i>	1	
<i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i>	1	
<i>fesoterodine fumarate er tablet extended release 24 hour 4 mg oral</i>	1	QL 30/30 days, ST
<i>fesoterodine fumarate er tablet extended release 24 hour 8 mg oral</i>	1	QL 30/30 days, ST
GELNIQUE GEL 10 % TRANSDERMAL	3	ST
<i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i>	1	
<i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i>	1	
<i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml oral</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml oral</i>	1	
<i>oxybutynin chloride tablet 5 mg oral</i>	1	
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL	3	ST
<i>solifenacin succinate tablet 10 mg oral</i>	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Urinary Antispasmodic - Antimuscarinic (Anticholinergic) (continued)		
<i>solifenacin succinate tablet 5 mg oral</i>	1	
<i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i>	1	
<i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i>	1	
<i>tolterodine tartrate tablet 1 mg oral</i>	1	
<i>tolterodine tartrate tablet 2 mg oral</i>	1	
<i>tropium chloride er capsule extended release 24 hour 60 mg oral</i>	1	
<i>tropium chloride tablet 20 mg oral</i>	1	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>mirabegron er tablet extended release 24 hour 25 mg oral</i>	1	QL 30/30 days, ST
<i>mirabegron er tablet extended release 24 hour 50 mg oral</i>	1	QL 30/30 days, ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	2	QL 30/30 days, ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	QL 30/30 days, ST
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tablet 10 mg oral</i>	1	
<i>bethanechol chloride tablet 25 mg oral</i>	1	
<i>bethanechol chloride tablet 5 mg oral</i>	1	
<i>bethanechol chloride tablet 50 mg oral</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tablet 100 mg oral</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
VACCINES		
Bacterial Vaccines		
ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
BEXSERO SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION	0	ACA NCDL, limitations may apply
MENACTRA INJECTABLE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENACTRA SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENQUADFI INJECTABLE INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENQUADFI SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENVEO SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
MENVEO SOLUTION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PEDVAX HIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
PREVNAR 13 SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
TRUMENBA SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Bacterial Vaccines (continued)		
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
Viral Vaccine Combinations		
M-M-R II INJECTABLE SUBCUTANEOUS	0	ACA NCDL, limitations may apply
M-M-R II SOLUTION RECONSTITUTED INJECTION	0	ACA NCDL, limitations may apply
PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS	0	ACA NCDL, limitations may apply
PROQUAD INJECTABLE SUBCUTANEOUS	0	ACA NCDL, limitations may apply
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS	0	ACA NCDL, limitations may apply
TWINRIX SUSPENSION 720-20 INTRAMUSCULAR	0	ACA NCDL, limitations may apply
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
Viral Vaccines		
ABRYSVO SOLUTION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	0	
AFLURIA SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	0	
COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ENGERIX-B INJECTABLE 10 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacificsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
ENGERIX-B INJECTABLE 20 MCG/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
ENGERIX-B SUSPENSION 10 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
ENGERIX-B SUSPENSION 20 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
ENGERIX-B SUSPENSION PREFILLED SYRINGE 20 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
FLUAD QUADRIVALENT PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUBLOK QUADRIVALENT SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUBLOK SOLUTION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUCELVAX QUADRIVALENT SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUCELVAX QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLULAVAL QUADRIVALENT SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLULAVAL QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUZONE HIGH-DOSE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.7 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUZONE QUADRIVALENT SUSPENSION 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
FLUZONE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.25 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
FLUZONE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
GARDASIL 9 SUSPENSION INTRAMUSCULAR	0	ACA NCDL, limitations may apply, VBP Drug List
GARDASIL 9 SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	0	ACA NCDL, limitations may apply, VBP Drug List
HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
IPOL INJECTABLE INJECTION	0	ACA NCDL, limitations may apply
<i>janssen covid-19 vaccine suspension 0.5 ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>moderna covid-19 bival 6m-5y suspension 10 mcg/0.2ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>moderna covid-19 bival booster suspension 50 mcg/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>moderna covid-19 bivalent suspension 50 mcg/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>moderna covid-19 vac (booster) suspension 50 mcg/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>moderna covid-19 vac (booster) suspension 50 mg/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>moderna covid-19 vacc 6-11y suspension 50 mcg/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at [Pacificsource.com/members/prescription-drug-information/lists-and-criteria](https://www.pacificsource.com/members/prescription-drug-information/lists-and-criteria).

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
<i>moderna covid-19 vacc 6m-5y suspension 25 mcg/0.25ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>moderna covid-19 vaccine suspension 100 mcg/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>novavax covid-19 vaccine suspension 5 mcg/0.5ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>pfizer covid-19 bival 6mo-4yr suspension 3 mcg/0.2ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>pfizer covid-19 vac bival 5-11 suspension 10 mcg/0.2ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>pfizer covid-19 vac bivalent suspension 30 mcg/0.3ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>pfizer covid-19 vac-tris 5-11y suspension 10 mcg/0.2ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>pfizer covid-19 vac-tris 6m-4y suspension 3 mcg/0.2ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>pfizer-biont covid-19 vac-tris suspension 30 mcg/0.3ml intramuscular</i>	0	ACA NCDL, limitations may apply
<i>pfizer-biontech covid-19 vacc suspension 30 mcg/0.3ml intramuscular</i>	0	ACA NCDL, limitations may apply
PREHEVBRIO SUSPENSION 10 MCG/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION	0	ACA NCDL, limitations may apply
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION	0	ACA NCDL, limitations may apply

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Viral Vaccines (continued)		
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML INJECTION	0	ACA NCDL, limitations may apply
ROTARIX SUSPENSION RECONSTITUTED ORAL	0	ACA NCDL, limitations may apply
ROTATEQ SOLUTION ORAL	0	ACA NCDL, limitations may apply
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG INTRAMUSCULAR	0	ACA NCDL, limitations may apply
SPIKEVAX COVID-19 VACCINE SUSPENSION 100 MCG/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR	0	ACA NCDL, limitations may apply
VARIVAX INJECTABLE 1350 PFU/0.5ML SUBCUTANEOUS	0	ACA NCDL, limitations may apply
ZOSTAVAX SUSPENSION RECONSTITUTED 19400 UNT/0.65ML SUBCUTANEOUS	0	ACA NCDL, limitations may apply
VAGINAL AND RELATED PRODUCTS		
Imidazole-Related Antifungals		
GYNAZOLE-1 CREAM 2 % VAGINAL	3	
<i>miconazole 3 suppository 200 mg vaginal</i>	1	
<i>terconazole cream 0.4 % vaginal</i>	1	
<i>terconazole cream 0.8 % vaginal</i>	1	
<i>terconazole suppository 80 mg vaginal</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vaginal Anti-infectives		
CLEOCIN SUPPOSITORY 100 MG VAGINAL	2	
<i>clindamycin phosphate cream 2 % vaginal</i>	1	
<i>metronidazole gel 0.75 % vaginal</i>	1	
VANDAZOLE GEL 0.75 % VAGINAL	2	
Vaginal Contraceptive pH Modulator - Combinations		
PHEXXI GEL 1.8-1-0.4 % VAGINAL	0	ACA NCDL, limitations may apply
Vaginal Estrogens		
<i>estradiol cream 0.1 mg/gm vaginal</i>	1	
<i>estradiol tablet 10 mcg vaginal</i>	1	
ESTRING RING 2 MG VAGINAL	3	
FEMRING RING 0.05 MG/24HR VAGINAL	3	
FEMRING RING 0.1 MG/24HR VAGINAL	3	
PREMARIN CREAM 0.625 MG/GM VAGINAL	3	
YUVAFEM TABLET 10 MCG VAGINAL	1	
Vaginal Progestins		
CRINONE GEL 4 % VAGINAL	3	PA, Medical Necessity PA
FIRST-PROGESTERONE VGS SUPPOSITORY 100 MG VAGINAL	3	PA
FIRST-PROGESTERONE VGS SUPPOSITORY 200 MG VAGINAL	3	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
VASOPRESSORS		
Anaphylaxis Therapy Agents		
AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION	3	QL 4/90 days
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	1	QL 4/90 days
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	1	QL 4/90 days
EIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	QL 4/90 days
SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION	2	QL 4/90 days
SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION	2	QL 4/90 days
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa capsule 100 mg oral</i>	4	PA, SP, Prudent
<i>droxidopa capsule 200 mg oral</i>	4	PA, SP, Prudent
<i>droxidopa capsule 300 mg oral</i>	4	PA, SP, Prudent
Vasopressors		
<i>midodrine hcl tablet 10 mg oral</i>	1	
<i>midodrine hcl tablet 2.5 mg oral</i>	1	
<i>midodrine hcl tablet 5 mg oral</i>	1	
VITAMINS		
Vitamin C		
<i>ascorbic acid solution 500 mg/ml injection</i>	1	

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifsource.com/members/prescription-drug-information/lists-and-criteria.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
Vitamin D		
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	1	
Vitamin K		
<i>phytonadione tablet 5 mg oral</i>	1	QL 5/30 days

Please Note: You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at Pacifisource.com/members/prescription-drug-information/lists-and-criteria.

Index of Drugs

5-Alpha Reductase Inhibitors.....	123	Adbry Solution Prefilled Syringe 150 MG/ML Subcutaneous.....	103	Alinia Suspension Reconstituted 100 MG/5ML Oral..	56
5-HT3 Receptor Antagonists.....	45	Addyi TABLET 100 MG ORAL.....	163	Aliskiren Products.....	55
5-Lipoxygenase Inhibitors.....	23	Adefovir Dipivoxil Tablet 10 MG Oral.....	81	Alkeran Tablet 2 MG Oral.....	68
Abacavir Products.....	78, 80	Adempas Products.....	88	Alkindi Products.....	97
Abacavir-lamiVUDine-Zidovudine Tablet 300-150- 300 MG Oral.....	78	ADHD Agent - Selective Alpha Adrenergic Agonists.....	4	Alkylating Agents.....	58
Abelcet SUSPENSION 5 MG/ML Intravenous.....	46	ADHD Agent - Selective Norepinephrine Reuptake Inhibitor.....	4	Allergenic Extracts.....	9
Abilify Products.....	77	ADHD/ANTI-NARCOLEPSY/ANTI- OBESITY/ANOREXIANTS.....	4	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	9
Abiraterone Products.....	58	Adrenergic Combinations.....	23	Allopurinol Products.....	124
Abrysvo Solution Reconstituted 120 MCG/0.5ML Intramuscular.....	172	Advate Products.....	124	Almotriptan Products.....	141
Abstral Products.....	14	Adynovate Products.....	124	Alocril SOLUTION 2 % OPHTHALMIC.....	150
Acamprosate Calcium Tablet Delayed Release 333 MG Oral.....	159	AeroChamber Products.....	139	Alogliptin Products.....	39
Acarbose Products.....	37	Afeditab Products.....	84	Alogliptin-metFORMIN Products.....	39
ACCRUFer Capsule 30 MG Oral.....	134	Afluria Suspension Intramuscular.....	172	Alogliptin-Pioglitazone Products.....	39
ACE Inhibitor & Calcium Channel Blocker Combinations.....	50	Afstyla Products.....	124	Alomide Solution 0.1 % Ophthalmic.....	150
ACE Inhibitors.....	50	Agamree Suspension 40 MG/ML Oral.....	97	Alosetron Products.....	121
ACE Inhibitors & Thiazide/Thiazide-Like.....	52	Agents for External Genital and Perianal Warts...	101	Aloxi Solution 0.25 MG/5ML Intravenous.....	45
Acebutolol Products.....	83	Agents for Gaucher Disease.....	132	Alpha 1-Adrenoceptor Antagonists.....	123
Acetaminophen-Codeine Products.....	14	Agents for Pheochromocytoma.....	52	Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb.....	149
acetaZOLAMIDE Products.....	108	Aggrastat CONCENTRATE 3.75 MG/15ML Intravenous.....	131	Alpha-2 Receptor Antagonists (Tetracyclics)...	34
Acetic Products.....	153	Aggrenox Capsule Extended Release 12 Hour 25-200 MG Oral.....	131	Alpha-Beta Blockers.....	82
Acetylcysteine Products.....	99	Ajovy Products.....	140	Alpha-Glucosidase Inhibitors.....	37
Acitretin Products.....	102	Akeega Products.....	62	Alphanate Products.....	124, 125
Acne Antibiotics.....	99	Akynzeo Capsule 300-0.5 MG Oral.....	45	Alphanate/VWF Products.....	125
Acne Combinations.....	100	Ala-Cort Cream 1 % External.....	103	AlphaNine Products.....	125
Acne Products.....	100	Albendazole Tablet 200 MG Oral.....	20	Alpha-Proteinase Inhibitor (Human).....	163
Actemra Products.....	11	Albuterol Products.....	25	ALPRAZolam Products.....	22
ActHIB SOLUTION RECONSTITUTED Intramuscular.....	172	Alclometasone Products.....	103	Alprolix Products.....	125
Actimmune Solution 100 MCG/0.5ML Subcutaneous.....	65	Alcohol Deterrents.....	159	ALS Agents - Miscellaneous.....	149
Activated Phosphoinositide 3-kinase Delta Syndrome Agent.....	143	Aldactazide Tablet 50-50 MG Oral.....	108	Altanax Ointment 1 % External.....	101
Acyclovir Products.....	82, 103	Aldurazyme SOLUTION 2.9 MG/5ML Intravenous....	115	Altavera Tablet 0.15-30 MG-MCG Oral.....	91
Adacel Suspension 5-2-15.5 LF-MCG/0.5 Intramuscular.....	168	Alecensa Capsule 150 MG Oral.....	59	Altuviio Products.....	125, 126
Adagen Solution 250 UNIT/ML Intramuscular.....	9	Alendronate Products.....	110	Alunbrig Products.....	59
Adalimumab-adaz Products.....	10	Alferon N Solution 5000000 UNIT/ML Injection....	65	Alvaiz Products.....	134
Adapalene Products.....	100	Alfuzosin HCl ER Tablet Extended Release 24 Hour 10 MG Oral.....	123	Alvesco Products.....	26
Adapalene-Benzoyl Peroxide Gel 0.1-2.5 % External.....	100			Alyacen Products.....	91, 96

Index of Drugs

Amcinonide Products.....	103	Androgen Biosynthesis Inhibitors.....	58	ANTIDIABETICS.....	37
Amethyst Tablet 90-20 MCG Oral.....	94	Androgens.....	19	ANTIARRHEAL/PROBIOTIC AGENTS.....	44
Amikacin Products.....	9	ANDROGENS-ANABOLIC.....	19	Antidotes - Chelating Agents.....	44
aMILoride HCl Tablet 5 MG Oral.....	109	Anesthetics Topical Oral.....	146	Antidotes and Specific Antagonists.....	44
aMILoride-hydroCHLOROthiazide Tablet 5-50 MG Oral.....	108	Angiotensin II Receptor Antag & Ca Channel Blocker Comb.....	52	ANTIDOTES AND SPECIFIC ANTAGONISTS.....	44
Amino Acids.....	132	Angiotensin II Receptor Antag & Thiazide/Thiazide-Like.....	53	Antiemetic Combinations.....	45
Aminocaproic Products.....	134	Angiotensin II Receptor Antagonists.....	53	ANTIEMETICS.....	45
Aminoglycosides.....	9	Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides.....	54	Antiemetics - Anticholinergic.....	45
AMINOGLYCOSIDES.....	9	Annovera Ring 0.013-0.15 MG/24HR Vaginal.....	94	Antiemetics - Miscellaneous.....	45
Aminopenicillins.....	156	ANORECTAL AND RELATED PRODUCTS.....	20	Antiestrogens.....	58
Aminophylline Solution 25 MG/ML Intravenous.....	27	Anoro Ellipta Aerosol Powder Breath Activated 62.5-25 MCG/ACT Inhalation.....	23	Antifungal - Glucan Synthesis Inhibitors (Echinocandins).....	46
Amiodarone Products.....	23	Anthelmintics.....	20	Antifungal - Glucan Synthesis Inhibitors (Triterpenoids).....	46
Amitriptyline Products.....	36	ANTHELMINTICS.....	20	Antifungals.....	46
amLODIPine Products.....	50, 52, 84	Anti TB Combinations.....	57	ANTIFUNGALS.....	46
Amlodipine Besy-Benzazepril HCl Capsule 2.5-10 MG Oral.....	50	Antiadrenals.....	58	Antifungals - Topical.....	101
Amlodipine-Olmesartan Products.....	52	Antiadrenergics - Centrally Acting.....	54	Antifungals - Topical Combinations.....	101
Ammonium Products.....	106	Antiadrenergics - Peripherally Acting.....	54	Antihemophilic Products.....	124
Amnesteem Products.....	100	Antiandrogens.....	58	Antihemophilic Products - Monoclonal	
Amoxapine Products.....	37	ANTIANGINAL AGENTS.....	20	Antibodies.....	130
Amoxicill-Clarithro-Lansopraz Products.....	171	Antianginals-Other.....	20	ANTIHISTAMINES.....	47
Amoxicillin Products.....	156	ANTIANGIETY AGENTS.....	21	Antihistamines - Alkylamines.....	47
Amoxicillin-Pot Products.....	157, 158	Antianxiety Agents - Misc.....	21	Antihistamines - Ethanolamines.....	47
AMPA Glutamate Receptor Antagonists.....	30	ANTIARRHYTHMICS.....	22	Antihistamines - Non-Sedating.....	47
Amphetamine Mixtures.....	4	Antiarrhythmics Type I-A.....	22	Antihistamines - Phenothiazines.....	47
Amphetamine-Dextroamphet Products.....	4	Antiarrhythmics Type I-B.....	23	Antihistamines - Piperidines.....	48
Amphetamine-Dextroamphetamine Products.....	4, 5	Antiarrhythmics Type I-C.....	23	Antihistamine-Steroid.....	148
Amphetamines.....	5	Antiarrhythmics Type III.....	23	ANTIHYPERLIPIDEMICS.....	48
Amphet-Dextroamphet Products.....	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	23	Antihyperlipidemics - Misc.....	48
Amphotericin B SOLUTION RECONSTITUTED 50 MG INJECTION.....	46	Antibiotic Steroid Combinations - Topical.....	101	ANTIHYPERTENSIVES.....	50
Ampicillin Products.....	156, 157	Antibiotics - Topical.....	101	Anti-IgE Monoclonal Antibodies.....	25
Ampicillin-Sulbactam Products.....	158	Anti-Cataplectic Agents.....	159	Anti-infective Agents - Misc.....	55
Anabolic Steroids.....	19	Anti-Cataplectic Combinations.....	159	ANTI-INFECTIVE AGENTS - MISC.....	55
Anadrol-50 Tablet 50 MG Oral.....	19	ANTICOAGULANTS.....	28	Anti-infective Misc. - Combinations.....	55
Anagrelide Products.....	132	ANTICONVULSANTS.....	30	Anti-infectives - Throat.....	146
ANALGESICS - ANTI-INFLAMMATORY.....	10	Anticonvulsants - Benzodiazepines.....	30	Anti-Inflammatory Agents.....	25
ANALGESICS - NONNARCOTIC.....	13	Anticonvulsants - Misc.....	31	Anti-inflammatory Agents - Topical.....	102
ANALGESICS - OPIOID.....	14	ANTIDEPRESSANTS.....	34	Antileptotics.....	143
Analgesics-Sedatives.....	13	Antidepressants - Misc.....	34	Antimalarial Combinations.....	57
Anaphylaxis Therapy Agents.....	175	Antidiabetic - Amylin Analogs.....	38	Antimalarials.....	57
Anastrozole Tablet 1 MG Oral.....	66			ANTIMALARIALS.....	57
Androderm Products.....	19			Antimanic Agents.....	72
				Antimetabolites.....	58

Index of Drugs

Antimyasthenic/Cholinergic Agents.....	57	Antineoplastic Retinoids - Topical.....	102	Antitussive - Nonnarcotic.....	99
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	57	Antineoplastics - Photoactivated Agents.....	65	Antitussive - Opioid.....	99
Antimycobacterial Agents.....	57	ANTINEOPLASTICS AND ADJUNCTIVE		Antitussive-Expectorant.....	99
ANTIMYCOBACTERIAL AGENTS.....	57	THERAPIES.....	58	Antiviral Combinations.....	81
Antineoplastic - AKT Inhibitors.....	59	Antineoplastics Misc.....	65	Antiviral Monoclonal Antibodies.....	154
Antineoplastic - ALK Inhibitors.....	59	ANTIPARKINSON AND RELATED THERAPY		ANTIVIRALS.....	78
Antineoplastic - Anti-CD20 Antibodies.....	59	AGENTS.....	70	Antivirals - Topical.....	103
Antineoplastic - Anti-HER2 Agents.....	60	Antiparkinson Anticholinergics.....	70	Anti-von Willebrand Factor Agents.....	130
Antineoplastic - BCL-2 Inhibitors.....	60	Antiparkinson Dopaminergics.....	70	Anusol-HC Cream 2.5 % Rectal.....	20
Antineoplastic - BCR-ABL Kinase Inhibitors....	60	Antiparkinson Monoamine Oxidase Inhibitors	70	Anzemet Products.....	45
Antineoplastic - BRAF Kinase Inhibitors.....	60	Antiperistaltic Agents.....	44	APAP-Caff-Dihydrocodeine Capsule 320.5-30-16	
Antineoplastic - BTK Inhibitors.....	61	Antiprotozoal Agents.....	56	MG Oral.....	14
Antineoplastic - EGFR Inhibitors.....	61	Antipsoriatics.....	102	Apidra Products.....	39
Antineoplastic - FGFR Kinase Inhibitors.....	61	Antipsoriatics - Systemic.....	102	Apokyn SOLUTION 10 MG/ML Subcutaneous.....	71
Antineoplastic - Gamma Secretase Inhibitors..	62	Antipsychotics - Misc.....	73	Apomorphine HCl Solution Cartridge 30 MG/3ML	
Antineoplastic - Hedgehog Pathway Inhibitors....	62	ANTIPSYCHOTICS/ANTIMANIC AGENTS.....	72	Subcutaneous.....	71
.....	62	Antiretroviral Combinations.....	78	Apraclonidine HCl Solution 0.5 % Ophthalmic....	152
Antineoplastic - HIF-2-alpha Inhibitors.....	62	Antiretrovirals - Capsid Inhibitors.....	79	Aprepitant Products.....	46
Antineoplastic - Histone Deacetylase Inhibitors...	62	Antiretrovirals - CCR5 Antagonists (Entry		Apri Tablet 0.15-30 MG-MCG Oral.....	91
.....	62	Inhibitor).....	79	Aptivus Products.....	79
Antineoplastic - Hormonal and Related Agent		Antiretrovirals - Fusion Inhibitors.....	79	Aralast NP SOLUTION RECONSTITUTED 500	
Combinations.....	62	Antiretrovirals - gp120-Directed Attachment		MG Intravenous.....	163
Antineoplastic - Immunomodulators.....	62	Inhibitor.....	79	Aranelle TABLET 0.5/1/0.5-35 MG-MCG Oral.....	96
Antineoplastic - KRAS Inhibitors.....	62	Antiretrovirals - Integrase Inhibitors.....	79	Aranesp Products.....	133
Antineoplastic - MEK Inhibitors.....	62	Antiretrovirals - Protease Inhibitors.....	79	Arcalyst Solution Reconstituted 220 MG	
Antineoplastic - MET Inhibitors.....	63	Antiretrovirals - RTI-Non-Nucleoside Analogues		Subcutaneous.....	11
Antineoplastic - Methyltransferase Inhibitors...	63	.....	80	Arcapta Neohaler Capsule 75 MCG Inhalation.....	25
Antineoplastic - mTOR Kinase Inhibitors.....	63	Antiretrovirals - RTI-Nucleoside Analogues-		Arexvy Suspension Reconstituted 120	
Antineoplastic - Multikinase Inhibitors.....	63	Purines.....	80	MCG/0.5ML Intramuscular.....	172
Antineoplastic - PDGFR-alpha Inhibitors.....	64	Antiretrovirals - RTI-Nucleoside Analogues-		Arformoterol Tartrate Nebulization Solution 15	
Antineoplastic - Proteasome Inhibitors.....	64	Pyrimidines.....	80	MCG/2ML Inhalation.....	25
Antineoplastic - RET Inhibitors.....	64	Antiretrovirals - RTI-Nucleoside Analogues-		Arikayce Suspension 590 MG/8.4ML Inhalation.....	9
Antineoplastic - Tropomyosin Receptor		Thymidines.....	81	Arimidex Tablet 1 MG Oral.....	66
Kinase Inhibitors.....	64	Antiretrovirals - RTI-Nucleotide Analogues.....	81	ARIPiprazole Products.....	77
Antineoplastic - Tyrosine Kinase Inhibitors.....	64	Antirheumatic - Janus Kinase (JAK) Inhibitors....		Aristada Products.....	77
Antineoplastic - XPO1 Inhibitors.....	65	.....	10	Armodafinil Products.....	6
Antineoplastic Alkylating Agents - Topical....	102	Antirheumatic Antimetabolites.....	10	Armour Products.....	165, 166
Antineoplastic Antimetabolites - Topical.....	102	Antiseborrheic Products.....	103	Arnuity Products.....	26, 27
Antineoplastic Combinations.....	65	Antisense Oligonucleotide (ASO) Inhibitor		Aromatase Inhibitors.....	66
Antineoplastic or Premalignant Lesions -		Agents.....	159	Artificial Tear Inserts.....	149
Topical Misc.....	102	Antiseptics - Mouth/Throat.....	146	Arzerra Products.....	59
Antineoplastic or Premalignant Lesions -		Antispasmodics.....	169	Ascorbic Acid Solution 500 MG/ML Injection.....	175
Topical NSAID's.....	102	Antithyroid Agents.....	165	Asenapine Products.....	75
Antineoplastic Radiopharmaceuticals.....	65	Anti-TNF-alpha - Monoclonal Antibodies.....	10		

Index of Drugs

Aspirin-Dipyridamole ER Capsule Extended Release 12 Hour 25-200 MG Oral.....	131	Bacitra-Neomycin-Polymyxin-HC Ointment 1 % Ophthalmic.....	152	Beta-blockers - Ophthalmic Combinations.....	150
Atazanavir Products.....	79	Baclofen Products.....	148	Betaine Powder Oral.....	114
Atenolol Products.....	83	Bacterial Vaccines.....	172	Betamethasone Products.....	103, 104
Atenolol-Chlorthalidone Products.....	54	Bactocill Products.....	158	Betaseron KIT 0.3 MG Subcutaneous.....	161
Atgam INJECTABLE 50 MG/ML Intravenous.....	144	Bafiertam Capsule Delayed Release 95 MG Oral.....	161	Betaxolol Products.....	83, 149
Atomoxetine Products.....	4	Balsalazide Disodium Capsule 750 MG Oral.....	121	Bethanechol Products.....	171
Atopic Dermatitis - Janus Kinase (JAK) Inhibitors.....	103	Balversa Products.....	61	Betoptic-S Suspension 0.25 % Ophthalmic.....	149
Atopic Dermatitis - Monoclonal Antibodies....	103	Baqsimi Products.....	38	Bexarotene Products.....	69, 107
Atorvastatin Products.....	48, 49	Baraclude SOLUTION 0.05 MG/ML ORAL.....	81	Bexsero Suspension Prefilled Syringe Intramuscular.....	172
Atovaquone Suspension 750 MG/5ML Oral.....	56	Barbiturate Hypnotics.....	134	Beyfortus Products.....	154
Atralin GEL 0.05 % EXTERNAL.....	100	Basaglar KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous.....	39	Bicalutamide Tablet 50 MG Oral.....	58
Atropine Sulfate Solution 1 % Ophthalmic.....	150	Baxdela SOLUTION RECONSTITUTED 300 MG Intravenous.....	120	Bicillin Products.....	157, 158
Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation.....	26	BD Pen Needle Nano U/F 32G X 4 MM.....	139	Biguanides.....	38
Augtyro Capsule 40 MG Oral.....	64	Belladonna Alkaloids.....	169	Biktarvy Products.....	78
Aurovela FE 1/20 Tablet 1-20 MG-MCG Oral.....	91	Benazepril Products.....	50, 51	Bile Acid Sequestrants.....	48
Auryxia TABLET 1 GM 210 MG(Fe) ORAL.....	122	Benazepril-hydroCHLOROthiazide Products.....	52	Bile Acid Synthesis Disorder Agents.....	120
Austedo Products.....	160	BeneFIX Products.....	126	Bimatoprost Solution 0.03 % Ophthalmic.....	153
Auvi-Q Solution Auto-Injector 0.1 MG/0.1ML Injection.....	175	Benlysta Products.....	143, 144	Biologicals Misc.....	9
Avandia Products.....	44	Benzathiazoles.....	149	Bio-Statin Capsule 500000 UNIT Oral.....	46
Avelox Solution 400 MG/250ML Intravenous.....	120	Benziq Products.....	100	Biphasic Contraceptives - Oral.....	91
Aviane TABLET 0.1-20 MG-MCG Oral.....	91	Benzisoxazoles.....	73	Bisoprolol Products.....	83
Avidoxy Tablet 100 MG Oral.....	165	Benznidazole Products.....	20	Bisoprolol-hydroCHLOROthiazide Products.....	55
Avita Products.....	100	Benzodiazepine Hypnotics.....	135	Bisphosphonates.....	110
Avonex Products.....	161	Benzodiazepines.....	22	Blephamide Products.....	152
Ayvakit Products.....	64	Benzodiazepines & Tricyclic Agents.....	159	Blisovi Products.....	91
Azasan Products.....	146	Benzonatate Products.....	99	B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors.....	143
AzaSite Solution 1 % Ophthalmic.....	150	Benzoyl Peroxide-Erythromycin Gel 5-3 % External.....	100	Boostrix Products.....	168
azaTHIOprine Tablet 50 MG Oral.....	146	Benztropine Products.....	70	Bosentan Products.....	88
Azelaic Acid Gel 15 % External.....	107	Bepotastine Besilate Solution 1.5 % Ophthalmic.....	150	Bosulif Products.....	60
Azelastine Products.....	148, 150	Beriner KIT 500 UNIT Intravenous.....	130	Botox Products.....	149
Azelastine-Fluticasone Suspension 137-50 MCG/ACT Nasal.....	148	Besivance Suspension 0.6 % Ophthalmic.....	150	Bowel Evacuant Combinations.....	136
Azelex Cream 20 % External.....	100	Besremi Solution Prefilled Syringe 500 MCG/ML Subcutaneous.....	65	Bradykinin B2 Receptor Antagonists.....	130
Azithromycin.....	137	Beta Adrenergics.....	25	Braftovi Capsule 75 MG Oral.....	60
Azithromycin Products.....	137	Beta Blocker & Diuretic Combinations.....	54	Brexafemme Tablet 150 MG Oral.....	46
Aztreonam Products.....	56	BETA BLOCKERS.....	82	Breyana Products.....	23
Azurette Tablet 0.15-0.02/0.01 MG (21/5) Oral.....	91	Beta Blockers Cardio-Selective.....	83	Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation.....	23
Bacitracin Products.....	55, 150	Beta Blockers Non-Selective.....	83	Brilinta Products.....	131
Bacitracin-Polymyxin B Ointment 500-10000 UNIT/GM Ophthalmic.....	151	Beta-blockers - Ophthalmic.....	149	Brimonidine Products.....	107, 150, 152

Index of Drugs

Bromfenac Products.....	152	Calcium Acetate (Phos Binder) Tablet 667 MG Oral.....	122	Carisoprodol-Aspirin-Codeine Tablet 200-325-16 MG Oral.....	148
Bromocriptine Products.....	70	Calcium Channel Blockers.....	84	Carnitine Replenisher - Agents.....	111
Brompheniramine Tannate Tablet Chewable 12 MG Oral.....	47	CALCIUM CHANNEL BLOCKERS.....	84	Carteolol HCl SOLUTION 1 % Ophthalmic.....	149
Bronchitol Products.....	164	Calquence Products.....	61	Cartia Products.....	84, 85
Bronchodilators - Anticholinergics.....	26	Camcevi Prefilled Syringe 42 MG Subcutaneous..	67	Carvedilol Products.....	82, 83
Brukinsa Capsule 80 MG Oral.....	61	Camila Tablet 0.35 MG Oral.....	96	Caya DIAPHRAGM VAGINAL.....	138
Budesonide Products.....	20, 27, 97	Camrese Lo TABLET 0.1-0.02 & 0.01 MG ORAL..	95	Cayston Solution Reconstituted 75 MG Inhalation....	57
Budesonide-Formoterol Products.....	23	Camzyos Products.....	87	.....	57
Bumetanide Products.....	109	Canasa Suppository 1000 MG Rectal.....	121	Caziant Tablet 0.1/0.125/0.15 -0.025 MG Oral.....	96
Buprenorphine Products.....	18, 19	Cancidas SOLUTION RECONSTITUTED 50 MG Intravenous.....	46	Cefaclor Products.....	89
buPROPion Products.....	34, 163	Candesartan Products.....	53	Cefadroxil Products.....	89
Burn Products.....	103	Capastat Sulfate Solution Reconstituted 1 GM Injection.....	57	ceFAZolin Products.....	89
busPIRone Products.....	21	Capecitabine Products.....	58	CeFAZolin Sodium Solution Reconstituted 500 MG Injection.....	89
Butalbital-Acetaminophen Tablet 50-325 MG Oral....	13	Capex Shampoo 0.01 % External.....	104	Cefdinir Products.....	90
.....	13	Capyta Products.....	73	Cefditoren Products.....	90
Butalbital-APAP-Caff-Cod Products.....	14	Caprelsa Products.....	63	Cefepime Products.....	91
Butalbital-APAP-Caffeine Products.....	13	Captopril Products.....	51	Cefixime Products.....	90
Butalbital-ASA-Caff-Codeine Capsule 50-325-40-30 MG Oral.....	14	Captopril-hydroCHLOROthiazide Products.....	52	cefoTEtan Products.....	90
Butalbital-ASA-Caffeine Capsule 50-325-40 MG Oral.....	13	Carbamates.....	33	cefOXitin Sodium Solution Reconstituted 10 GM Intravenous.....	90
Butalbital-Aspirin-Caffeine Capsule 50-325-40 MG Oral.....	13	carBAMazepine Products.....	31	CefOXitin Sodium Solution Reconstituted 10 GM Injection.....	90
Butisol Sodium Tablet 30 MG Oral.....	134	CarBAMazepine ER Capsule Extended Release 12 Hour 300 MG Oral.....	31	Cefpodoxime Products.....	90
Butorphanol Tartrate Solution 10 MG/ML Nasal... 19	19	Carbapenem Combinations.....	56	Cefprozil Products.....	90
Butyrophenones.....	75	Carbapenems.....	56	cefTAZidime Solution Reconstituted 2 GM Intravenous.....	90
Bylvay Products.....	121	Carbidopa Tablet 25 MG Oral.....	71	CefTAZidime Products.....	90
C1 Esterase Inhibitors.....	130	Carbidopa-Levodopa Products.....	71	Ceftibuten Products.....	90
Cabenuva Products.....	78	Carbidopa-Levodopa-Entacapone Products.....	71	cefTRIAxone Products.....	90
Cabergoline Tablet 0.5 MG Oral.....	111	Carbinoxamine Products.....	47	Cefuroxime Products.....	90
Cablivi Kit 11 MG Injection.....	130	Carbonic Anhydrase Inhibitors.....	108	Celecoxib Products.....	11
Cabometyx Products.....	63	Cardene Products.....	84	CellCept SUSPENSION RECONSTITUTED 200 MG/ML ORAL.....	144
Calcimimetic Agents.....	110	Cardiac Glycosides.....	87	Central Muscle Relaxants.....	148
Calcipotriene Products.....	102	Cardiac Myosin Inhibitors.....	87	Central/Peripheral COMT Inhibitors.....	71
Calcipotriene-Betameth Products.....	107	CARDIOTONICS.....	87	Cephalexin Products.....	89
Calcitonin (Salmon) Solution 200 UNIT/ACT Nasal... ..	111	CARDIOVASCULAR AGENTS - MISC.....	87	CEPHALOSPORINS.....	89
Calcitonin Gene-Related Peptide Receptor Antag (CGRP).....	140	Cardizem LA Tablet Extended Release 24 Hour 120 MG Oral.....	84	Cephalosporins - 1st Generation.....	89
Calcitonins.....	111	Cardura Products.....	123	Cephalosporins - 2nd Generation.....	89
Calcitrene Ointment 0.005 % External.....	102	Carglumic Acid Tablet Soluble 200 MG Oral.....	114	Cephalosporins - 3rd Generation.....	90
Calcitriol Products.....	102, 114	Carimune Products.....	154	Cephalosporins - 4th Generation.....	91
		Carisoprodol Products.....	148	Cerdelga Capsule 84 MG Oral.....	132

Index of Drugs

Cerezyme SOLUTION RECONSTITUTED 400 UNIT Intravenous.....	132	Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic.....	153	Colyte with Flavor Packs Solution Reconstituted 240 GM Oral.....	136
Cervical Caps	137	Citalopram Products.....	34, 35	Combination Contraceptives - Oral	91
Cesamet Capsule 1 MG Oral.....	45	CitraNatal Products.....	147	Combination Contraceptives - Transdermal	94
Cesia Tablet 0.1/0.125/0.15 -0.025 MG Oral.....	96	Citrates	123	Combination Contraceptives - Vaginal	94
Cetirizine HCl Solution 1 MG/ML Oral.....	47	CKD Agent-Sodium/Hydrogen Exchanger 3 (NHE3) Inhibitor	111	Combivent Respimat Aerosol Solution 20-100 MCG/ACT Inhalation.....	23
Cetylev Products.....	44	Claravis Products.....	100	Cometriq Products.....	63-65
Cevimeline HCl Capsule 30 MG Oral.....	146	Clarinetx Syrup 0.5 MG/ML Oral.....	47	Comirnaty Suspension 30 MCG/0.3ML Intramuscular.....	172
CFTR Potentiators	164	Clarithromycin	137	Complement C3 Inhibitors	130
CGRP Receptor Antagonists - Monoclonal Antibodies	140	Clarithromycin Products.....	137	Complement C5 Inhibitors	131
Chelating Agents	144	Clearplex X Gel 10 % External.....	100	Complement C5a Receptor Inhibitors	131
Chemet CAPSULE 100 MG Oral.....	44	Clemastine Fumarate Tablet 2.68 MG Oral.....	47	Complement Factor B Inhibitors	131
Chemotherapy Adjuncts - Keratinocyte Growth Factors	66	Clenpiq Products.....	136	Complement Factor D Inhibitors	131
chlordiazepoxide Products.....	22	Cleocin Suppository 100 MG Vaginal.....	175	Complera Tablet 200-25-300 MG Oral.....	78
Chlordiazepoxide-Amitriptyline Products.....	159	Climara Pro Patch Weekly 0.045-0.015 MG/DAY Transdermal.....	117	Compro Suppository 25 MG Rectal.....	76
Chlorhexidine Gluconate Solution 0.12 % Mouth/Throat.....	146	Clindamycin Products.....	56, 99, 100, 175	Co-Natal FA Tablet Oral.....	147
Chloroquine Products.....	57	Clindamycin-Tretinoin Gel 1.2-0.025 % External	100	Constulose Solution 10 GM/15ML Oral.....	136
Chlorothiazide Products.....	109	cloBAZam Suspension 2.5 MG/ML Oral.....	30	Continuous Contraceptives - Oral	94
chlorproMAZINE Products.....	76	cloBAZam Products.....	30	CONTRACEPTIVES	91
chlorproPAMIDE Products.....	43	Clobetasol Products.....	104	Copiktra Products.....	68
Chlorthalidone Products.....	109	Clobex Spray Liquid 0.05 % External.....	104	Copper Contraceptives - IUD	95
Chlorzoxazone Tablet 500 MG Oral.....	148	Clocortolone Pivalate Cream 0.1 % External.....	104	Corifact KIT 1000-1600 UNIT Intravenous.....	126
Cholbam Products.....	120	clomiPRAMINE Products.....	37	Corlanor Products.....	89
Cholestyramine Products.....	48	clonazepam Products.....	30	CORTICOSTEROIDS	97
Cholinomimetics - ACHE Inhibitors	159	cloNIDine Products.....	4, 54	Corticosteroids - Topical	103
Chorionic Gonadotropin Solution Reconstituted 10000 UNIT Intramuscular.....	115	Clopidogrel Products.....	132	Cortisol Synthesis Inhibitors	111
Ciclopirox Products.....	101	Clorazepate Products.....	22	Cortisone Acetate Tablet 25 MG Oral.....	97
Cilostazol Products.....	131	Clotrimazole Products.....	106, 146	Cortisporin Products.....	101
Ciloxan Ointment 0.3 % Ophthalmic.....	151	Clotrimazole-Betamethasone Products.....	101	Cosentyx Products.....	102
Cimduo Tablet 300-300 MG Oral.....	78	cloZAPine Products.....	75	Cotellic TABLET 20 MG ORAL.....	62
Cimetidine Products.....	169	CMV Agents	81	COUGH/COLD/ALLERGY	99
Cinacalcet Products.....	110, 111	Coartem Tablet 20-120 MG Oral.....	57	Coumadin Products.....	28
Cinryze Solution Reconstituted 500 UNIT Intravenous.....	130	Cobalamins	132	Coumarin Anticoagulants	28
Cipro Products.....	120, 153	Codeine Products.....	14	Creon Products.....	108
Ciprofloxacin Products.....	120, 151, 153	Codeine Combinations	14	Cresamba Products.....	46
Ciprofloxacin-Ciproflox Products.....	120	Colchicine Products.....	124	Crinone Gel 4 % Vaginal.....	175
Ciprofloxacin-Dexamethasone Suspension 0.3-0.1 % Otic.....	153	Colchicine-Probenecid Tablet 0.5-500 MG Oral..	124	Crixivan Products.....	79, 80
		Colesevelam Products.....	48	Cromolyn Products.....	25, 121, 150
		Colestipol Products.....	48	Crotan Lotion 10 % External.....	107
		Colocort Enema 100 MG/60ML Rectal.....	20	Cryselle-28 Tablet 0.3-30 MG-MCG Oral.....	91
		Coly-Mycin S Suspension 3.3-3-10-0.5 MG/ML Otic.....	153	Cutaquig Products.....	154
				Cuvitru Products.....	154

Index of Drugs

Cuvrior Tablet 300 MG Oral.....	144	Delyla Tablet 0.1-20 MG-MCG Oral.....	91	Diflorasone Products.....	104
CXCR4 Receptor Antagonist.....	132	Demeclocycline Products.....	165	Diflunisal Tablet 500 MG Oral.....	13
Cyanocobalamin Solution 1000 MCG/ML Injection...	132	DepoCyt SUSPENSION 50 MG/5ML Intrathecal... 58		Difluprednate Emulsion 0.05 % Ophthalmic.....	152
Cyclin-Dependent Kinases (CDK) Inhibitors.....	66	Depo-Estradiol Oil 5 MG/ML Intramuscular.....	118	DIGESTIVE AIDS.....	108
Cyclobenzaprine Products.....	148	Depo-Medrol SUSPENSION 20 MG/ML INJECTION.....	97	Digestive Enzymes.....	108
Cyclooxygenase 2 (COX-2) Inhibitors.....	11	Depo-Provera Suspension 400 MG/ML Intramuscular.....	69	Digox Products.....	87
Cyclopentolate Products.....	150	Depo-SubQ Provera 104 Suspension Prefilled Syringe 104 MG/0.65ML Subcutaneous.....	95	Digoxin Products.....	87
Cyclophosphamide Products.....	68	DERMATOLOGICALS.....	99	Dihydrocodeine Combinations.....	14
Cycloplegic Mydriatics.....	150	Descovy Products.....	78	Dihydroergotamine Products.....	140
cycloSERINE Capsule 250 MG Oral.....	57	Desipramine Products.....	37	Dihydroindolones.....	76
Cycloset Tablet 0.8 MG Oral.....	39	Desloratadine Products.....	47	Dilantin Capsule 30 MG Oral.....	33
cycloSPORINE Products.....	144, 151	Desmopressin Products.....	117	Dilatrate-SR Capsule Extended Release 40 MG Oral.....	20
CycloSPORINE Products.....	144	Desogestrel-Ethinyl Products.....	91	dilTIAZem Products.....	85
Cyclosporine Analogs.....	144	Desonide Products.....	104	Diltiazem Products.....	85
Cyproheptadine Products.....	48	Desoximetasone Products.....	104	DilT-XR Products.....	85
Cyred Products.....	91	Desvenlafaxine Products.....	36	Dimethyl Products.....	161, 162
Cystadrops Solution 0.37 % Ophthalmic.....	153	dexAMETHasone Products.....	97	Dipentum Capsule 250 MG Oral.....	121
Cystagon Products.....	123	Dexamethasone Products.....	97, 98, 152	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors.....	39
Cystaran Solution 0.44 % Ophthalmic.....	153	Dexcom Products.....	138	Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations.....	39
Cystic Fibrosis Agent - Combinations.....	164	Dexlansoprazole Products.....	170	diphenhydrAMINE Products.....	47
Cystic Fibrosis Agents - Miscellaneous.....	164	Dexmethylphenidate Products.....	6, 7	DiphenhydrAMINE HCl Capsule 50 MG Oral.....	47
Cystinosis Agents.....	123	Dextroamphetamine Products.....	5	Diphenoxylate-Atropine Products.....	44
Cytotoxic Agents.....	132	Diabetic Other.....	38	Diphtheria-Tetanus Toxoids DT Suspension 25-5 LFU/0.5ML Intramuscular.....	168
Dabigatran Products.....	30	Diacomit Products.....	31	Dipyridamole Products.....	131, 132
Dalfampridine ER Tablet Extended Release 12 Hour 10 MG Oral.....	162	Diagnostic Drugs.....	107	Direct Factor Xa Inhibitors.....	28
Danazol Products.....	19	DIAGNOSTIC PRODUCTS.....	107	Direct Muscle Relaxants.....	148
Dantrolene Products.....	148	Diagnostic Tests.....	108	Direct Renin Inhibitors.....	55
Dapagliflozin Products.....	42	Diaphragms.....	138	Direct-Acting P2Y12 Inhibitors.....	131
Dapsone Products.....	56, 100	diazePAM Products.....	22, 30	Disopyramide Products.....	22
Daptacel Suspension 23-15-5 Intramuscular.....	168	Diazoxide Suspension 50 MG/ML Oral.....	38	Disulfiram Products.....	159
Darifenacin Products.....	171	Dibenzodiazepines.....	75	Diuretic Combinations.....	108
Darunavir Products.....	80	Dibenzo-oxepino Pyrroles.....	75	DIURETICS.....	108
Dasetta Products.....	91, 96	Dibenzothiazepines.....	75	Diuril Suspension 250 MG/5ML Oral.....	109
Daurismo Products.....	62	Dibenzoxazepines.....	76	Divalproex Products.....	33, 34
Daybue Solution 200 MG/ML Oral.....	149	Diclofenac Products.....	11, 102, 141, 152	Dofetilide Products.....	23
DayVigo Products.....	135	Diclofenac-miSOPROStol Products.....	11	Dojolvi Liquid 100 % Oral.....	149
Decarboxylase Inhibitors.....	71	Dicloxacillin Products.....	158	Dolishale Tablet 90-20 MCG Oral.....	94
Decongestant & Antihistamine.....	99	Dicyclomine Products.....	169	Donepezil Products.....	159
Deferasirox Products.....	44	Didanosine Products.....	80	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs).....	6
Deferiprone Products.....	44	Differin Lotion 0.1 % External.....	100		
Deflazacort Products.....	97	Difcid Products.....	137		
Delstrigo Tablet 100-300-300 MG Oral.....	78				

Index of Drugs

Dopamine Receptor Agonists.....	111	Elestrin Gel 0.52 MG/0.87 GM (0.06%) Transdermal.....	118	Entacapone Tablet 200 MG Oral.....	72
Dopamine Receptor Agonists - Ergot Derivatives.....	39	Eletriptan Products.....	141	Entecavir Products.....	81
Doptelet Tablet 20 MG Oral.....	134	Elfabrio Solution 20 MG/10ML Intravenous.....	111	Entresto Products.....	87
Dorzolamide Products.....	150, 151	Eligard Products.....	67	Entyvio SOLUTION RECONSTITUTED 300 MG Intravenous.....	122
Dotti Products.....	118	Elinest TABLET 0.3-30 MG-MCG ORAL.....	91	Enulose Solution 10 GM/15ML Oral.....	122
Dovato Tablet 50-300 MG Oral.....	78	Eliquis Products.....	28	Enzymes.....	144
Doxazosin Products.....	54	Ella Tablet 30 MG Oral.....	95	Enzymes - Topical.....	106
Doxepin Products.....	37, 135	Elmiron Capsule 100 MG Oral.....	123	Epidiolex Solution 100 MG/ML Oral.....	31
Doxercalciferol Products.....	114	Eloctate Products.....	126	Epinastine HCl Solution 0.05 % Ophthalmic.....	150
Doxy 100 Solution Reconstituted 100 MG Intravenous.....	165	EluRyng Ring 0.12-0.015 MG/24HR Vaginal.....	94	EPINEPHrine Products.....	175
Doxycycline Products.....	165	Emadine Solution 0.05 % Ophthalmic.....	150	EpiPen 2-Pak Solution Auto-Injector 0.3 MG/0.3ML Injection.....	175
Doxylamine-Pyridoxine Tablet Delayed Release 10-10 MG Oral.....	45	Emcyt CAPSULE 140 MG ORAL.....	66	Epitol TABLET 200 MG ORAL.....	31
DPP-4 Inhibitor-Thiazolidinedione Combinations.....	39	Emend Suspension Reconstituted 125 MG/5ML Oral.....	46	Epivir Solution 10 MG/ML Oral.....	80
Dronabinol Products.....	45	Emergency Contraceptives.....	95	Eplerenone Products.....	55
Drospiren-Eth Products.....	91	Emflaza Suspension 22.75 MG/ML Oral.....	98	Epogen Products.....	133
Drospirenone-Ethinyl Products.....	91	Emgality Products.....	140	Epoprostenol Products.....	88
Droxia Products.....	132	Emollients.....	106	Eprosartan Mesylate Tablet 600 MG Oral.....	53
Droxidopa Products.....	175	Emoquette Tablet 0.15-30 MG-MCG Oral.....	91	Eraxis Products.....	46
Drysol SOLUTION 20 % EXTERNAL.....	107	Empaveli Solution 1080 MG/20ML Subcutaneous...	130	Ergoloid Mesylates Tablet 1 MG Oral.....	162
Duavee TABLET 0.45-20 MG ORAL.....	120	Emsam Products.....	34	Ergomar Tablet Sublingual 2 MG Sublingual.....	141
DULoxetine Products.....	36	Emtricitabine Capsule 200 MG Oral.....	80	Ergot Combinations.....	140
Dupixent Products.....	103	Emtricitabine-Tenofovir Products.....	78	Ergotamine-Caffeine Tablet 1-100 MG Oral.....	140
Dutasteride Capsule 0.5 MG Oral.....	123	Emtriva SOLUTION 10 MG/ML ORAL.....	80	Erivedge CAPSULE 150 MG ORAL.....	62
Dutasteride-Tamsulosin HCl Capsule 0.5-0.4 MG Oral.....	123	Emverm Tablet Chewable 100 MG Oral.....	20	Erleada Products.....	58
E.E.S. 400 Tablet 400 MG Oral.....	137	Emzahh Tablet 0.35 MG Oral.....	96	Erlotinib Products.....	61
EasiVent Products.....	139, 140	Enalapril Products.....	51	Errin Tablet 0.35 MG Oral.....	96
Econazole Nitrate Cream 1 % External.....	106	Enalapril-Hydrochlorothiazide Products.....	52	Ertaczo CREAM 2 % EXTERNAL.....	106
Edarbi Products.....	53	Enbrel Products.....	13	Ertapenem Sodium Solution Reconstituted 1 GM Injection.....	56
Ed-Spaz Tablet Dispersible 0.125 MG Oral.....	169	Endari Packet 5 GM Oral.....	132	Ery Pad 2 % External.....	100
Edurant Tablet 25 MG Oral.....	80	Endocet Products.....	18	Ery-Tab Products.....	137
Efavirenz Products.....	80	ENDOCRINE AND METABOLIC AGENTS - MISC.	110	Erythrocin Products.....	137
Efavirenz-Emtricitab-Tenofovir Tablet 600-200- 300 MG Oral.....	78	Engerix-B Products.....	172, 173	Erythromycin Products.....	100, 137, 151
Efavirenz-lamiVUDine-Tenofovir Products.....	78	EnilloRing Ring 0.12-0.015 MG/24HR Vaginal.....	94	Erythromycins.....	137
Elaprase SOLUTION 6 MG/3ML Intravenous.....	115	Enoxaparin Products.....	29	Erythropoiesis-Stimulating Agents (ESAs).....	133
Electrolytes Parenteral.....	141	Enpresse-28 Tablet 50-30/75-40/ 125-30 MCG Oral	96	Escitalopram Products.....	35
Elelyso SOLUTION RECONSTITUTED 200 UNIT Intravenous.....	132	Enskyce Tablet 0.15-30 MG-MCG Oral.....	91	esomeprazole Products.....	170
		Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous.....	145	Esperoct Products.....	126
		Enstilar FOAM 0.005-0.064 % EXTERNAL.....	107	EstarylIa Tablet 0.25-35 MG-MCG Oral.....	92
				Estazolam Products.....	135
				Estradiol Products.....	118, 119, 175
				Estradiol-Norethindrone Products.....	117

Index of Drugs

Estring Ring 2 MG Vaginal.....	175	Fabhalta Capsule 200 MG Oral.....	131	First-Lansoprazole SUSPENSION 3 MG/ML ORAL..	170
EstroGel Gel 0.75 MG/1.25 GM (0.06%)		Fabrazyme Products.....	111	.....	170
Transdermal.....	119	Fabry Disease - Agents.....	111	First-Omeprazole Suspension 2 MG/ML Oral.....	170
Estrogen & Progestin.....	117	Factive TABLET 320 MG Oral.....	120	First-Progesterone Products.....	175
Estrogen Receptor Antagonist.....	66	Falmina TABLET 0.1-20 MG-MCG ORAL.....	92	Firvanq Products.....	56
Estrogen-Progestin-GnRH Antagonist.....	118	Famciclovir Products.....	82	Flac Oil 0.01 % Otic.....	154
Estrogens.....	118	Famotidine Products.....	169	Flarex Suspension 0.1 % Ophthalmic.....	152
ESTROGENS.....	117	Fanapt Products.....	73	FlavoxATE HCl Tablet 100 MG Oral.....	171
Estrogens-Antineoplastic.....	66	Farnesoid X Receptor (FXR) Agonists.....	120	Flebogamma Products.....	154, 155
Estrogen-Selective Estrogen Receptor		Farnesyltransferase Inhibitors.....	144	Flecainide Products.....	23
Modulator Comb.....	120	Farxiga Products.....	42	Flowtuss Solution 2.5-200 MG/5ML Oral.....	99
Estropipate Products.....	119	Farydak Products.....	62	Floxuridine Solution Reconstituted 0.5 GM Injection	58
Eszopiclone Products.....	135	Fasenra Products.....	26	.....	58
Ethacrynic Acid Tablet 25 MG Oral.....	109	Faslodex Products.....	66	Fluad Quadrivalent Prefilled Syringe 0.5 ML	
Ethambutol Products.....	57	Febuxostat Products.....	124	Intramuscular.....	173
Ethosuximide Products.....	33	Feiba SOLUTION RECONSTITUTED Intravenous...	126	.....	173
Ethinodiol Diac-Eth Estradiol Tablet 1-50 MG-		Felbamate Products.....	33	Flucelvac Products.....	173
MCG Oral.....	92	Felodipine Products.....	85, 86	Fluconazole Products.....	46
Etidronate Products.....	110	FemCap Products.....	137, 138	Flucytosine Products.....	46
Etodolac Products.....	11, 12	Femhrt Low Dose TABLET 0.5-2.5 MG-MCG Oral....	117	Fludrocortisone Acetate Tablet 0.1 MG Oral.....	99
Etonogestrel-Ethinyl Estradiol Ring 0.12-0.015		.....	117	Flulaval Products.....	173
MG/24HR Vaginal.....	94	Femring Products.....	175	Flunisolide Solution 25 MCG/ACT (0.025%) Nasal...	149
Etopophos Solution Reconstituted 100 MG		Fenofibrate Products.....	48	.....	149
Intravenous.....	68	Fenofibric Products.....	48	Fluocinolone Products.....	104, 105, 154
Etoposide Products.....	68	Fenopropfen Products.....	12	Fluocinonide Products.....	105
Etravirine Products.....	80	fentaNYL Products.....	14, 15	Fluorabon Solution 0.55 (0.25 F) MG/0.6ML Oral.....	142
Eucrisa Ointment 2 % External.....	107	FentaNYL Products.....	15	.....	142
Eurax Cream 10 % External.....	107	Fentora Tablet 100 MCG Buccal.....	15	Fluoride.....	142
Euthyrox Products.....	166	Ferriprox Products.....	44	Fluoritab Products.....	142
Evamist SOLUTION 1.53 MG/SPRAY Transdermal..	119	Fesoterodine Products.....	171	Fluorometholone Suspension 0.1 % Ophthalmic	153
.....	119	Fiasp Products.....	39, 40	Fluoroplex Cream 1 % External.....	102
Evenity Solution Prefilled Syringe 105		Fibric Acid Derivatives.....	48	Fluoroquinolones.....	120
MG/1.17ML Subcutaneous.....	116	Fibromyalgia Agent - SNRIs.....	160	FLUOROQUINOLONES.....	120
Everolimus Products.....	63, 145	Fidaxomicin.....	137	Fluorouracil Products.....	58, 102
Evogaz Tablet 300-150 MG Oral.....	78	Filspari Products.....	123	FLUoxetine Products.....	35
Evrysdi Solution Reconstituted 0.75 MG/ML Oral.....	149	Filsuvez Gel 10 % External.....	107	fluPHENAZine Products.....	76
.....	149	Finacea Foam 15 % External.....	107	FluPHENAZine Products.....	76
Exelderm Products.....	106	Finasteride Tablet 5 MG Oral.....	123	Flura-Drops Solution 0.55 (0.25 F) MG/DROP Oral..	142
Exemestane Tablet 25 MG Oral.....	66	Fingolimod HCl Capsule 0.5 MG Oral.....	163	.....	142
Exkivity Capsule 40 MG Oral.....	61	Fintepla Solution 2.2 MG/ML Oral.....	31	Flurandrenolide Products.....	105
Extended-Cycle Contraceptives - Oral.....	95	Firdapse Tablet 10 MG Oral.....	57	Flurazepam Products.....	135
Eysuvis Suspension 0.25 % Ophthalmic.....	152	Firmagon Products.....	67	Flurbiprofen Products.....	12, 152
Ezetimibe Tablet 10 MG Oral.....	50			Flutamide Capsule 125 MG Oral.....	58
Ezetimibe-Simvastatin Products.....	50			Fluticasone Products.....	24, 27, 105, 149

Index of Drugs

Fluticasone-Salmeterol Products.....	24	Gammaplex Products.....	155	Glucagon Products.....	38
Fluvastatin Products.....	49	Gamunex-C Products.....	155	Glucagon-Like Peptide-2 (GLP-2) Analogs.....	121
fluvoxAMINE Products.....	35	Gardasil Products.....	173	Glucocorticosteroids.....	97
Fluzone Products.....	173	GASTROINTESTINAL AGENTS - MISC.....	120	Glucose Monitoring Test Supplies.....	138
FML Products.....	153	Gastrointestinal Antiallergy Agents.....	121	glyBURIDE Products.....	43
Folic Acid Tablet 1 MG Oral.....	133	Gastrointestinal Chloride Channel Activators.....	121	glyBURIDE-metFORMIN Tablet 5-500 MG Oral....	43
Folic Acid Antagonists Rescue Agents.....	66	Gastrointestinal Stimulants.....	121	GlyBURIDE-MetFORMIN Products.....	43
Folic Acid/Folates.....	133	Gatifloxacin Solution 0.5 % Ophthalmic.....	151	Glycopeptides.....	56
Fondaparinux Products.....	30	Gattex KIT 5 MG Subcutaneous.....	121	Glycoprotein IIb/IIIa Receptor Inhibitors.....	131
Formoterol Fumarate Nebulization Solution 20		GaviLyte-C Solution Reconstituted 240 GM Oral.....	136	Glycopyrrolate Products.....	170
MCG/2ML Inhalation.....	25	.....	136	Glydo Gel 2 % External.....	106
Fortaz Products.....	90	GaviLyte-G Solution Reconstituted 236 GM Oral.....	136	Glyset Products.....	37, 38
Fosamax Products.....	110	.....	136	Glyxambi Products.....	42
Fosamprenavir Calcium Tablet 700 MG Oral.....	80	GaviLyte-H Kit 5-210 MG-GM Oral.....	136	GnRH/LHRH Antagonists.....	111
Fosfomycin Tromethamine Packet 3 GM Oral.....	57	GaviLyte-N with Flavor Pack Solution		Gold Compounds.....	11
Fosinopril Products.....	51, 52	Reconstituted 420 GM Oral.....	136	Golytely Solution Reconstituted 227.1 GM Oral..	136
Fosphenytoin Products.....	33	Gavreto Capsule 100 MG Oral.....	64	Gonadotropin Releasing Hormone (GnRH)	
Fotivda Products.....	63	Gefitinib Tablet 250 MG Oral.....	61	Antagonists.....	67
Four Phase Contraceptives - Oral.....	95	Gelnique Gel 10 % Transdermal.....	171	Gout Agent Combinations.....	124
Fragmin Products.....	29, 30	Gemcitabine Products.....	59	Gout Agents.....	124
FreeStyle Products.....	138, 139	Gemfibrozil Tablet 600 MG Oral.....	48	GOUT AGENTS.....	124
Friedrich's Ataxia Agents - Nrf2 Pathway		Gemmily Capsule 1-20 MG-MCG(24) Oral.....	92	Gralise Starter 300 & 600 MG Oral.....	162
Activators.....	149	Generlac SOLUTION 10 GM/15ML ORAL.....	122	Granisetron Products.....	45
Frovatriptan Succinate Tablet 2.5 MG Oral.....	141	Gengraf Products.....	144	Granulocyte Colony-Stimulating Factors (G-	
Fruzaqla Products.....	70	GENITOURINARY AGENTS - MISCELLANEOUS..	123	CSF).....	133
Fulphila Solution Prefilled Syringe 6 MG/0.6ML		Genitourinary Irrigants.....	123	Grastek TABLET SUBLINGUAL 2800 BAU	
Subcutaneous.....	133	Genotropin Products.....	111, 112	Sublingual.....	9
Furosemide Products.....	109	Gentak Ointment 0.3 % Ophthalmic.....	151	Griseofulvin Products.....	46
Fuzeon SOLUTION RECONSTITUTED 90 MG		Gentamicin Products.....	101, 151	Growth Hormone Receptor Antagonists.....	111
Subcutaneous.....	79	Genvoya Tablet 150-150-200-10 MG Oral.....	78	Growth Hormones.....	111
Fyavolv Products.....	117	Gildess FE 1.5/30 Tablet 1.5-30 MG-MCG Oral....	92	guanFACINE Products.....	4, 54
Fycompa Products.....	30	Gilotrif Products.....	61	Guanidine HCl Tablet 125 MG Oral.....	57
GAA Deficiency Treatment - Agents.....	111	Glassia Solution 1000 MG/50ML Intravenous....	163	Gvoke Products.....	38
GABA Modulators.....	33	Glatiramer Products.....	160	Gynazole-1 Cream 2 % Vaginal.....	174
GABA Receptor Modulator - Neuroactive		Glatopa Products.....	160	H-2 Antagonists.....	169
Steroid.....	34	Gleostine Products.....	68	Hadlima Products.....	10
Gabapentin Products.....	31, 162	Gliadel Wafer Wafer 7.7 MG Implant.....	68	Haegarda Products.....	130
Galafold Capsule 123 MG Oral.....	111	Glimepiride Products.....	43	Hailey Products.....	92
Galantamine Products.....	159	glipiZIDE Products.....	43	Haldol Products.....	75
Gallstone Solubilizing Agents.....	121	glipiZIDE-metFORMIN Products.....	43	Halobetasol Products.....	105
GamaSTAN S/D Injectable Intramuscular.....	155	GlucaGen HypoKit Solution Reconstituted 1 MG		Haloette Ring 0.12-0.015 MG/24HR Vaginal.....	94
Gamifant Products.....	145	Injection.....	38	Haloperidol Products.....	105
Gammagard Products.....	155			Haloperidol Products.....	75
Gammaked Products.....	155			Havrix Products.....	173

Index of Drugs

Heather Tablet 0.35 MG Oral.....	96	hydroCHLOROthiazide Products.....	109, 110	Iclevia Tablet 0.15-0.03 MG Oral.....	95
Helidac ORAL.....	170	Hydrocod Products.....	99	Iclusig Products.....	60
Helixate Products.....	126, 127	HYDROcodone Products.....	15, 99	Icosapent Products.....	48
Hemangeol SOLUTION 4.28 MG/ML ORAL.....	83	Hydrocodone Combinations.....	14	Idelvion Products.....	127
HEMATOLOGICAL AGENTS - MISC.....	124	HYDROcodone-Acetaminophen Products.....	14	IDHIFA Products.....	67
HEMATOPOIETIC AGENTS.....	132	Hydrocodone-Homatropine Products.....	99	IgAN Agents - Endothelin & Angiotensin II	
Hematorheologic Agents.....	131	Hydrocodone-Ibuprofen Tablet 7.5-200 MG Oral..	14	Receptor Antag.....	123
Hemlibra Products.....	130	HYDROcodone-Ibuprofen Products.....	14	Ileal Bile Acid Transporter (IBAT) Inhibitors... 	121
Hemofil Products.....	127	Hydrocortisone Products.....	20, 98, 105	Imatinib Products.....	60
Hemoglobin S (HbS) Polymerization Inhibitors....	134	Hydrocortisone-Acetic Acid Solution 1-2 % Otic..	154	Imbruvica Products.....	61
HEMOSTATICS.....	134	Hydrolytic Enzymes.....	164	Imidazole-Related Antifungals.....	174
Hemostatics - Systemic.....	134	Hydromet Products.....	99	Imidazole-Related Antifungals - Topical.....	106
Heparin Products.....	29	HYDROmorphone Products.....	15	Imidazoles.....	46
Heparins And Heparinoid-Like Agents.....	29	Hydroxocobalamin Acetate Solution 1000		Imidazotetrazines.....	67
Hepatitis B Agents.....	81	MCG/ML Intramuscular.....	132	Imipenem-Cilastatin Products.....	56
Hepatitis C Agent - Combinations.....	81	Hydroxychloroquine Sulfate Tablet 200 MG Oral..	57	Imipramine Products.....	37
Hepatitis C Agents.....	81	Hydroxyurea Capsule 500 MG Oral.....	65	Imiquimod Products.....	106
Hepatotropics - Thyroid Hormone Receptor-		hydrOXYzine Products.....	21, 22	Immune Globulin Immunosuppressants.....	144
Beta Agonists.....	121	HydrOXYzine Pamoate Capsule 100 MG Oral.....	22	Immune Serums.....	154
Heplisav-B Solution Prefilled Syringe 20		Hyftor Gel 0.2 % External.....	107	Immunomodulators for Myelodysplastic	
MCG/0.5ML Intramuscular.....	173	Hyoscyamine Products.....	169	Syndromes.....	144
Hereditary Orotic Aciduria Treatment - Agents....	114	Hyperammonemia Treatment - Agents.....	114	Immunomodulators Imidazoquinolinamines -	
Hereditary Tyrosinemia Type 1 (HT-1)		Hyperparathyroid Treatment - Vitamin D		Topical.....	106
Treatment - Agents.....	114	Analogs.....	114	Impavido CAPSULE 50 MG ORAL.....	55
Herpes Agents - Purine Analogues.....	82	Hypnotics - Tricyclic Agents.....	135	Incassia Tablet 0.35 MG Oral.....	96
Herpes Agents - Thymidine Analogues.....	82	HYPNOTICS/SEDATIVES/SLEEP DISORDER		Increlex SOLUTION 40 MG/4ML Subcutaneous	114
Hetlioz LQ Suspension 4 MG/ML Oral.....	135	AGENTS.....	134	Incretin Mimetic Agents (GLP-1 Receptor	
Hexalen Capsule 50 MG Oral.....	58	Hypophosphatasia (HPP) Agents.....	114	Agonists).....	41
Hiberix Solution Reconstituted 10 MCG Injection.....	172	Hyrimoz Products.....	10	Indapamide Products.....	110
Hizentra Products.....	155	Hyrimoz-Crohns/UC Starter Solution Auto-Injector		Indomethacin Products.....	12
HMG CoA Reductase Inhibitors.....	48	80 MG/0.8ML Subcutaneous.....	10	Infanrix Suspension 25-58-10 Intramuscular.....	168
Homocystinuria Treatment - Agents.....	114	Hyrimoz-Plaque Psoriasis Start Solution Auto-		Inflammatory Bowel Agents.....	121
Horizant Products.....	162	Injector 80 MG/0.8ML & 40MG/0.4ML		Inflectra SOLUTION RECONSTITUTED 100	
HumaLOG Products.....	40	Subcutaneous.....	10	MG Intravenous.....	122
Human Insulin.....	39	Ibandronate Products.....	110	Influenza Agents.....	82
Humate-P Products.....	127	Ibrance Products.....	66	Inlyta Products.....	70
Humatrope Products.....	112, 113	IBS Agent - Guanylate Cyclase-C (GC-C)		Inosine Monophosphate Dehydrogenase	
HumuLIN Products.....	40	Agonists.....	121	Inhibitors.....	144
Hycamtin Products.....	69	IBS Agent - Selective 5-HT3 Receptor		Inqovi Tablet 35-100 MG Oral.....	65
Hydantoins.....	33	Antagonists.....	121	Inrebic Capsule 100 MG Oral.....	67
hydrALAZINE Products.....	55	IBU Products.....	12	Insulin Products.....	40
		Ibuprofen Products.....	12	Insulin Administration Supplies.....	139
		Icatibant Acetate Solution Prefilled Syringe 30		Insulin-Like Growth Factors (Somatomedins).....	114
		MG/3ML Subcutaneous.....	130		

Index of Drugs

Integrin Receptor Antagonists.....	122	Ivermectin Products.....	20, 107	Ketorolac Products.....	12, 152
Intelence TABLET 25 MG ORAL.....	80	Iwilfin Tablet 192 MG Oral.....	68	Kevzara Products.....	11
Interleukin Antagonists.....	122	Ixinity Products.....	127	Kineret Solution Prefilled Syringe 100 MG/0.67ML	
Interleukin-1 Blockers.....	11	Jakafi Products.....	67	Subcutaneous.....	11
Interleukin-1 Receptor Antagonist (IL-1Ra).....	11	Jalyn Capsule 0.5-0.4 MG Oral.....	123	Kinrix Products.....	168
Interleukin-5 Antagonists (IgG1 kappa).....	26	Janssen COVID-19 Vaccine Suspension 0.5 ML		Kionex Suspension 15 GM/60ML Oral.....	146
Interleukin-6 (IL-6) Antagonists.....	145	Intramuscular.....	173	Klor-Con Products.....	142
Interleukin-6 Receptor Inhibitors.....	11	Jantoven Products.....	28	Kloxxado Liquid 8 MG/0.1ML Nasal.....	44
Interstitial Cystitis Agents.....	123	Janumet Products.....	39	Koate Products.....	127, 128
Intest Cholest Absorp Inhib-HMG CoA		Janus Associated Kinase (JAK) Inhibitors.....	67	Koate-DVI Products.....	128
Reductase Inhib Comb.....	50	Januvia Products.....	39	Kogenate Products.....	128
Intestinal Acidifiers.....	122	Jardiance Products.....	42	Koselugo Products.....	62
Intestinal Cholesterol Absorption Inhibitors.....	50	Jasmiel Tablet 3-0.02 MG Oral.....	92	Kovaltry Products.....	128
Intrarectal Steroids.....	20	Jatenzo Products.....	19	Krazati Tablet 200 MG Oral.....	62
Intron Products.....	65	Jaypirca Products.....	61	Kristalose Packet 20 GM Oral.....	136
Introvale Tablet 0.15-0.03 MG Oral.....	95	Jevantique Lo Tablet 0.5-2.5 MG-MCG Oral.....	117	K-Tab Products.....	142, 143
Invega Products.....	73, 74	Jinteli TABLET 1-5 MG-MCG Oral.....	117	Kurvelo Tablet 0.15-30 MG-MCG Oral.....	92
Inveltys Suspension 1 % Ophthalmic.....	153	Jivi Products.....	127	Kyleena INTRAUTERINE DEVICE 19.5 MG	
Invirase Products.....	80	Joenja Tablet 70 MG Oral.....	143	INTRAUTERINE.....	95
Iopidine Solution 1 % Ophthalmic.....	152	Jolessa Tablet 0.15-0.03 MG Oral.....	95	Kynamro Solution Prefilled Syringe 200 MG/ML	
Ipol Injectable Injection.....	173	Jolivette Tablet 0.35 MG Oral.....	96	Subcutaneous.....	48
Ipratropium Products.....	26, 148	Joyeaux Tablet 0.1-20 MG-MCG(21) Oral.....	92	Kynmobi Products.....	71
Ipratropium-Albuterol Solution 0.5-2.5 (3)		Juleber TABLET 0.15-30 MG-MCG ORAL.....	92	Kyzatrex Products.....	19
MG/3ML Inhalation.....	24	Juluca TABLET 50-25 MG Oral.....	78	Labetalol Products.....	83
Irbesartan Products.....	53	Junel Products.....	92	Lacosamide Products.....	31, 32
Irbesartan-hydroCHLOROthiazide Tablet 150-		Jynarque Products.....	116	Lacrisert Insert 5 MG Ophthalmic.....	149
12.5 MG Oral.....	53	Kalbitor SOLUTION 10 MG/ML Subcutaneous.....	131	Lactic Acid Lotion 10 % External.....	106
Irbesartan-Hydrochlorothiazide Tablet 300-12.5		Kalliga Tablet 0.15-30 MG-MCG Oral.....	92	Lactulose Solution 10 GM/15ML Oral.....	136
MG Oral.....	53	Kalydeco Products.....	164	Lagevrio Capsule 200 MG Oral.....	82
Iron.....	134	Kariva Tablet 0.15-0.02/0.01 MG (21/5) Oral.....	91	lamiVUDine Products.....	80
Irrigation Solutions.....	145	KCI Products.....	141	LamiVUDine Products.....	81
Isentress Products.....	79	Kelnor 1/35 Tablet 1-35 MG-MCG Oral.....	92	lamiVUDine-Zidovudine Tablet 150-300 MG Oral	79
Isibloom Tablet 0.15-30 MG-MCG Oral.....	92	Kengreal Solution Reconstituted 50 MG		lamoTRIGine Products.....	32
Isocitrate Dehydrogenase-1 (IDH1) Inhibitors...67		Intravenous.....	131	LamoTRIGine Products.....	32
Isocitrate Dehydrogenase-2 (IDH2) Inhibitors...67		Kepivance Solution Reconstituted 6.25 MG		Lanoxin Products.....	87
Isolyte-S SOLUTION Intravenous.....	141	Intravenous.....	66	Lanreotide Acetate Solution 120 MG/0.5ML	
Isoniazid Products.....	57	Keratolytic/Antimitotic/Vesicant Agents.....	106	Subcutaneous.....	116
Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5		Kerendia Products.....	115	Lansoprazole Products.....	170
MG Oral.....	87	Kesimpta Solution Auto-Injector 20 MG/0.4ML		Lanthanum Products.....	122
Isosorbide Products.....	21	Subcutaneous.....	161	Lantus Products.....	40
ISOTretinoin Products.....	100	Ketec Products.....	56	Lapatinib Ditosylate Tablet 250 MG Oral.....	63
Isradipine Products.....	86	Ketoconazole Products.....	46, 106	Larin Products.....	92
Isturisa Products.....	111	Ketolides.....	56	Larissia Tablet 0.1-20 MG-MCG Oral.....	92
Itraconazole Products.....	46, 47	Ketoprofen Products.....	12	Lastacraft Solution 0.25 % Ophthalmic.....	150

Index of Drugs

Latanoprost Solution 0.005 % Ophthalmic.....	153	Linzess Products.....	121	Lurasidone Products.....	73
LAXATIVES.....	136	Liothyronine Products.....	167	Lutera Tablet 0.1-20 MG-MCG Oral.....	93
Laxatives - Miscellaneous.....	136	Lipids.....	149	Lyleq Tablet 0.35 MG Oral.....	96
Layolis FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL.....	92	Liqrev Suspension 10 MG/ML Oral.....	89	Lyllana Products.....	119
Lazanda Products.....	15	Lisdexamfetamine Products.....	5, 6	Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag.....	150
Leena TABLET 0.5/1/0.5-35 MG-MCG Oral.....	96	Lisinopril Products.....	51	Lynparza Products.....	69
Leflunomide Products.....	13	Lisinopril-hydroCHLOROthiazide Products.....	52	Lysodren Tablet 500 MG Oral.....	58
Lenalidomide Products.....	144	Lithium Products.....	72, 73	Lytgobi Products.....	61
Lenvima Products.....	70	Lithostat TABLET 250 MG ORAL.....	124	Lyza TABLET 0.35 MG Oral.....	96
Leprostatics.....	56	Live Fecal Microbiota (Human).....	122	Macrilen Packet 60 MG Oral.....	107
Lessina TABLET 0.1-20 MG-MCG Oral.....	92	Livmarli Solution 9.5 MG/ML Oral.....	121	Macrolide Immunosuppressants.....	145
Letrozole Tablet 2.5 MG Oral.....	66	Livtency Tablet 200 MG Oral.....	81	Macrolide Immunosuppressants - Topical.....	107
Leucovorin Products.....	66	Lo Loestrin Fe Tablet 1 MG-10 MCG / 10 MCG Oral.....	91	MACROLIDES.....	137
Leukeran Tablet 2 MG Oral.....	68	Local Anesthetic & Sympathomimetic.....	136	Malathion Lotion 0.5 % External.....	107
Leukotriene Receptor Antagonists.....	26	Local Anesthetics - Amides.....	136	Maprotiline Products.....	34
Leuprolide Acetate Kit 1 MG/0.2ML Injection.....	68	Local Anesthetics - Topical.....	106	Maraviroc Products.....	79
Levalbuterol Products.....	25	LOCAL ANESTHETICS-PARENTERAL.....	136	Marlissa Tablet 0.15-30 MG-MCG Oral.....	93
Levemir Products.....	40	Loestrin Fe 1/20 Tablet 1-20 MG-MCG Oral.....	92	Marplan Tablet 10 MG Oral.....	34
levETIRAcetam Products.....	32	Lokelma Products.....	146	Matulane Capsule 50 MG Oral.....	65
Levobunolol HCl Solution 0.5 % Ophthalmic.....	149	Lonsurf Products.....	65	Matzim Products.....	86
levOCARNitine Products.....	111	Loop Diuretics.....	109	Mavenclad Products.....	161
Levocetirizine Products.....	47	Loperamide HCl Capsule 2 MG Oral.....	44	Mavyret Products.....	81
Levodopa Combinations.....	71	Lopinavir-Ritonavir Products.....	79	Maxidex Suspension 0.1 % Ophthalmic.....	153
levoFLOXacin Products.....	120, 151	Lopreeza Products.....	117	Mayzent Products.....	163
LevoFLOXacin Products.....	120	LORazepam Products.....	22	Meclizine Products.....	45
Levonest Tablet 50-30/75-40/ 125-30 MCG Oral...96		Lorbrena Products.....	59	Meclofenamate Products.....	12
Levonorgest-Eth Products.....	92, 95	Loryna Tablet 3-0.02 MG Oral.....	92	MEDICAL DEVICES AND SUPPLIES.....	137
Levonorgestrel-Ethinyl Products.....	92, 95	Losartan Products.....	53, 54	Medrol TABLET 2 MG Oral.....	98
Levora 0.15/30 (28) Tablet 0.15-30 MG-MCG Oral...92		Lotemax Products.....	153	medroxyPROGESTERone Products.....	95, 158
Levothyroxine Products.....	166, 167	Loteprednol Products.....	153	MedroxyPROGESTERone Products.....	158
Levoxyl Products.....	167	Lovastatin Products.....	49	Mefenamic Acid Capsule 250 MG Oral.....	12
Lexiva Suspension 50 MG/ML Oral.....	80	Low Molecular Weight Heparins.....	29	Megestrol Products.....	69, 159
LHRH Analogs.....	67	Low-Ogestrel Tablet 0.3-30 MG-MCG Oral.....	92	Meglitinide Analogues.....	42
LHRH/GnRH Agonist Analog Combinations... 114		Loxapine Products.....	76	Mekinist Products.....	63
LHRH/GnRH Agonist Analog Pituitary Suppressants.....	114	Lo-Zumandimine Tablet 3-0.02 MG Oral.....	92	Mektovi Tablet 15 MG Oral.....	63
Lidocaine Products.....	23, 106, 136, 146	Lubiprostone Products.....	121	Melanocortin Receptor Agonists.....	160
Lidocaine-Prilocaine Cream 2.5-2.5 % External..	107	Ludent Products.....	142	Meloxicam Products.....	12
Liletta Products.....	95	Lumakras Products.....	62	Memantine Products.....	162
Lincosamides.....	56	Lumigan Solution 0.01 % Ophthalmic.....	153	Menactra Products.....	172
Lindane Shampoo 1 % External.....	107	Lumryz Products.....	159	Menest Products.....	119
Linezolid Products.....	57	Lupaneta Products.....	114	Menostar PATCH WEEKLY 14 MCG/24HR TRANSDERMAL.....	119
		Lupkynis Capsule 7.9 MG Oral.....	144	MenQuadfi Products.....	172
		Lupron Products.....	68, 114, 115		

Index of Drugs

Menveo Products.....	172	Miconazole 3 SUPPOSITORY 200 MG VAGINAL....	174	Monoclonal Antibodies.....	145
Meperidine Products.....	15	.....	174	Mono-Linyah Tablet 0.25-35 MG-MCG Oral.....	93
Meprobamate Products.....	22	Microchamber.....	140	MonoNessa Tablet 0.25-35 MG-MCG Oral.....	93
Mercaptopurine Tablet 50 MG Oral.....	59	Microgestin Products.....	93	Mononine Solution Reconstituted 1000 UNIT	
Meropenem Products.....	56	Microspacer.....	140	Intravenous.....	128
Merzee Capsule 1-20 MG-MCG(24) Oral.....	93	Midazolam Products.....	135	Montelukast Products.....	26
Mesalamine Products.....	121	Midodrine Products.....	175	Morgidox Capsule 100 MG Oral.....	165
Mesalamine-Cleanser Kit 4 GM Rectal.....	122	Miglitol Products.....	38	Morphine Products.....	16
Mesna Solution 100 MG/ML Intravenous.....	69	Miglustat Capsule 100 MG Oral.....	132	Motofen Tablet 1-0.025 MG Oral.....	44
Mesnex TABLET 400 MG ORAL.....	69	Migraine Products.....	140	MOUTH/THROAT/DENTAL AGENTS.....	146
Metadate ER Tablet Extended Release 20 MG Oral		MIGRAINE PRODUCTS.....	140	Movantik Products.....	122
.....	7	Migraine Products - NSAIDs.....	141	Movement Disorder Drug Therapy.....	160
Metaproterenol Products.....	25	Mili Tablet 0.25-35 MG-MCG Oral.....	93	Moxeza Solution 0.5 % Ophthalmic.....	151
Metaxalone Products.....	148	Millipred Tablet 5 MG Oral.....	98	Moxifloxacin Products.....	120, 151
metFORMIN Products.....	38	Mimvey Products.....	117	MS Agents - Pyrimidine Synthesis Inhibitors	160
Methadone Products.....	16	Mineralocorticoids.....	99	Mucolytics.....	99
Methamphetamine HCl Tablet 5 MG Oral.....	6	MINERALS & ELECTROLYTES.....	141	Mucopolysaccharidosis I (MPS I) - Agents.....	115
methazolAMIDE Products.....	108	Minitran Products.....	21	Mucopolysaccharidosis II (MPS II) - Agents....	115
Methenamine Hippurate Tablet 1 GM Oral.....	57	Minocycline Products.....	165	Mucopolysaccharidosis VI (MPS VI) - Agents	115
methIMazole Products.....	165	Minoxidil Products.....	55	Mulpleta Tablet 3 MG Oral.....	134
Methocarbamol Products.....	148	Miotics - Cholinesterase Inhibitors.....	150	Multaq Tablet 400 MG Oral.....	23
Methotrexate Products.....	59	Miotics - Direct Acting.....	150	Multiple Sclerosis Agents.....	160
Methoxsalen Rapid Capsule 10 MG Oral.....	102	Mirabegron Products.....	171	Multiple Sclerosis Agents - Antimetabolites... 	161
Methscopolamine Products.....	170	Mirena Products.....	95	Multiple Sclerosis Agents - Interferons.....	161
Methsuximide Capsule 300 MG Oral.....	33	Mirtazapine Products.....	34	Multiple Sclerosis Agents - Monoclonal	
Methyclothiazide Tablet 5 MG Oral.....	110	Misc. Anti-Ulcer.....	170	Antibodies.....	161
Methyldopa Products.....	54	Misc. Antivirals.....	82	Multiple Sclerosis Agents - Nrf2 Pathway	
Methylergonovine Maleate Tablet 0.2 MG Oral...	154	Misc. Respiratory Inhalants.....	99	Activators.....	161
Methylphenidate Products.....	7, 8	Misc. Topical.....	107	Multiple Sclerosis Agents - Potassium	
methyLPREDNISolone Products.....	98	MISCELLANEOUS THERAPEUTIC CLASSES	143	Channel Blockers.....	162
MethylPREDNISolone Products.....	98	miSOPROStol Products.....	171	Multi-Vit/Fluoride Products.....	146
methyLTESTOSTERone Capsule 10 MG Oral.....	19	Mitotic Inhibitors.....	68	Multi-Vit/Fluoride/Iron Solution 0.25-10 MG/ML Oral	
Metipranolol Solution 0.3 % Ophthalmic.....	149	Mixed Allergenic Extracts.....	9	.....	146
Metoclopramide Products.....	121	M-M-R Products.....	172	Multivitamin/Fluoride Products.....	147
metOLazone Products.....	110	M-Natal Plus Tablet 27-1 MG Oral.....	147	Multi-Vitamin/Fluoride/Iron Solution 0.25-10	
Metoprolol Products.....	83	Modafinil Products.....	8	MG/ML Oral.....	146
Metoprolol-hydroCHLOROthiazide Products.....	55	Moderna Products.....	173, 174	MULTIVITAMINS.....	146
metronIDAZOLE Products.....	55, 107, 175	Moexipril Products.....	51	Mupirocin Ointment 2 % External.....	101
MetroNIDAZOLE Products.....	107	Moexipril-hydroCHLOROthiazide Products.....	52	Muscle Relaxant Combinations.....	148
Mexiletine Products.....	23	Molindone Products.....	76	MUSCULOSKELETAL THERAPY AGENTS.....	148
Mibelas 24 Fe Tablet Chewable 1-20 MG-		Mometasone Products.....	105, 149	M-Vit Tablet Oral.....	147
MCG(24) Oral.....	93	Monamine Oxidase Inhibitors (MAOIs).....	34	Mycophenolate Products.....	145
Micafungin Products.....	46	Monobactams.....	56	Myleran Tablet 2 MG Oral.....	58
		Monoclate-P Products.....	128	Myrisan Products.....	100

Index of Drugs

Myrbetriq Products.....	171	Neprilysin Inhib (ARNI)-Angiotensin II Recept		Nivestym Products.....	133
Myzilra Tablet 50-30/75-40/ 125-30 MCG Oral.....	96	Antag Comb.....	87	Nizatidine Products.....	169, 170
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral.....	136	Nerlynx Tablet 40 MG Oral.....	63	N-Methyl-D-Aspartate (NMDA) Receptor	
Nabumetone Products.....	12	Neulasta Products.....	133	Antagonists.....	162
Nadolol Products.....	83, 84	Neupro Products.....	71, 72	N-Methyl-D-aspartic acid (NMDA) Receptor	
Nadolol-Bendroflumethiazide Products.....	55	Neuraminidase Inhibitors.....	82	Antagonists.....	34
Nafcillin Products.....	158	Neurogenic Orthostatic Hypotension (NOH) -		Nolix Lotion 0.05 % External.....	105
NaFrinse Tablet Chewable 2.2 (1 F) MG Oral.....	142	Agents.....	175	Non-Benzodiazepine - GABA-Receptor	
Naftifine Products.....	101	NEUROMUSCULAR AGENTS.....	149	Modulators.....	135
Naglazyme SOLUTION 1 MG/ML Intravenous....	115	Neuromuscular Blocking Agent - Neurotoxins.....	149	Nonergoline Dopamine Receptor Agonists.....	71
Nalbuphine Products.....	19	Nevanac Suspension 0.1 % Ophthalmic.....	152	Non-Narc Antitussive-Antihistamine.....	99
Nalfon Products.....	12	Nevirapine Products.....	80	Nonsteroidal Anti-inflammatory Agent	
Naloxone Products.....	44	Nexplanon Implant 68 MG Subcutaneous.....	95	Combinations.....	11
Naltrexone HCl Tablet 50 MG Oral.....	44	Nextstellis Tablet 3-14.2 MG Oral.....	93	Nonsteroidal Anti-inflammatory Agents	
Namenda Products.....	162	Ngenla Products.....	113	(NSAIDs).....	11
Naproxen Products.....	12	Niacin Products.....	50	Non-steroidal Mineralocorticoid Receptor	
Naproxen-Esomeprazole Products.....	11	Niaspan Products.....	50	Antagonists.....	115
Naratriptan Products.....	141	niCARDipine Products.....	86	Nora-BE Tablet 0.35 MG Oral.....	96
Narcan Liquid 4 MG/0.1ML Nasal.....	44	Nicotinic Acid Derivatives.....	50	Norditropin Products.....	113
NASAL AGENTS - SYSTEMIC AND TOPICAL	148	Nicotrol Products.....	163	Norethin Products.....	93
Nasal Anticholinergics.....	148	Nifedical XL Tablet Extended Release 24 Hour 60		Norethindrone Products.....	93, 96, 159
Nasal Antihistamines.....	148	MG Oral.....	86	Norethindrone-Eth Products.....	117
Nasal Steroids.....	149	NIFEdipine Products.....	86	Norethin-Eth Products.....	93
Natacyn Suspension 5 % Ophthalmic.....	151	Nikki Tablet 3-0.02 MG Oral.....	93	Norgestimate-Eth Estradiol Tablet 0.25-35 MG-	
Natazia TABLET 3/2-2/2-3/1 MG ORAL.....	95	Nilandron Tablet 150 MG Oral.....	58	MCG Oral.....	93
Nateglinide Products.....	42	Nilutamide Tablet 150 MG Oral.....	58	Norgestim-Eth Products.....	96
Natpara Products.....	115	niMODipine Capsule 30 MG Oral.....	86	Normosol-R Solution Intravenous.....	141
Natriuretic Peptides.....	115	Ninlaro Products.....	64	Norpace Products.....	22
Natural Penicillins.....	157	Nisoldipine Products.....	86	Nortrel Products.....	93, 96
Nature-Throid Products.....	167	Nitazoxanide Tablet 500 MG Oral.....	56	Nortriptyline Products.....	37
Nebivolol Products.....	83	Nitisinone Products.....	114	Norvir Products.....	80
Necon Products.....	93, 96	Nitrate & Vasodilator Combinations.....	87	Novarel Solution Reconstituted 10000 UNIT	
Needles & Syringes.....	139	Nitrate Vasodilating Agents.....	20	Intramuscular.....	115
Nefazodone Products.....	35, 36	Nitrates.....	20	Novavax COVID-19 Vaccine Suspension 5	
Neomycin Sulfate Tablet 500 MG Oral.....	9	Nitro-Bid Ointment 2 % Transdermal.....	21	MCG/0.5ML Intramuscular.....	174
Neomycin-Bacitracin Zn-Polymyx Ointment 5-400-10000 Ophthalmic.....	151	Nitrofurantoin Products.....	57	Novoeight Products.....	128, 129
Neomycin-Polymyxin-Dexameth Products.....	152	Nitrogen Mustards and Related Analogues.....	68	NovoLIN Products.....	40, 41
Neomycin-Polymyxin-Gramicidin Solution 1.75-10000-.025 Ophthalmic.....	151	Nitroglycerin Products.....	20, 21	NovoLOG Products.....	41
Neomycin-Polymyxin-HC Products.....	152, 154	NitroMist Aerosol Solution 400 MCG/SPRAY		NovoPen Echo DEVICE.....	139
Neo-Polycin Products.....	151, 152	Translingual.....	21	NovoSeven Products.....	129
		Nitrosoureas.....	68	NP Products.....	167
		Nityr Products.....	114	Nubeqa Tablet 300 MG Oral.....	58
		Niva-Plus Tablet 27-1 MG Oral.....	147	Nucala Products.....	26
				Nucynta Products.....	16

Index of Drugs

Nuedexta CAPSULE 20-10 MG ORAL.....	162	Omnipod Products.....	139	Orexin Receptor Antagonists.....	135
NuLev Tablet Dispersible 0.125 MG Oral.....	169	OmniPod 10 Pack.....	139	Orfadin Products.....	114
Nulojix SOLUTION RECONSTITUTED 250 MG Intravenous.....	146	Omnitrope Products.....	113	Orgovyx Tablet 120 MG Oral.....	67
Nuplazid Products.....	73	Ondansetron Products.....	45	Oriahnn Capsule Therapy Pack 300-1-0.5 & 300 MG Oral.....	118
Nurtec Tablet Dispersible 75 MG Oral.....	140	OneTouch Products.....	108, 139	Orilissa Products.....	111
NUTRIENTS.....	149	Ongentys Products.....	72	Orkambi Products.....	164
Nutropin Products.....	113	Onureg Products.....	59	Orladeyo Products.....	131
Nuwiq Products.....	129	Opfolda Capsule 65 MG Oral.....	111	Ornithine Decarboxylase (ODC) Inhibitors.....	68
Nyamyc Powder 100000 UNIT/GM External.....	101	OPHTHALMIC AGENTS.....	149	Orphenadrine Products.....	148
Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral.....	96	Ophthalmic Antiallergic.....	150	Orphenadrine-ASA-Caffeine Tablet 50-770-60 MG Oral.....	148
Nymyo Tablet 0.25-35 MG-MCG Oral.....	93	Ophthalmic Antibiotics.....	150	Orserdu Products.....	69
Nystatin Products.....	46, 101, 146	Ophthalmic Antifungal.....	151	Orsythia Tablet 0.1-20 MG-MCG Oral.....	93
Nystatin-Triamcinolone Products.....	101	Ophthalmic Anti-infective Combinations.....	151	Oscimin Products.....	169
Nystop Powder 100000 UNIT/GM External.....	101	Ophthalmic Antivirals.....	151	Oseltamivir Products.....	82
Nyvepria Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous.....	134	Ophthalmic Carbonic Anhydrase Inhibitors....	151	Osmolex Products.....	70
Obizur Solution Reconstituted 500 UNIT Intravenous.....	129	Ophthalmic Ectoparasiticide.....	151	OsmoPrep Tablet 1.102-0.398 GM Oral.....	136
O-Cal FA Tablet 27-1 MG Oral.....	147	Ophthalmic Immunomodulators.....	151	Otezla Products.....	13
Ocaliva Products.....	120, 121	Ophthalmic Kinase Inhibitors - Combinations.....	151	OTIC AGENTS.....	153
Ocella Tablet 3-0.03 MG Oral.....	93	Ophthalmic Local Anesthetics.....	151	Otic Agents - Miscellaneous.....	153
Octagam Products.....	155, 156	Ophthalmic Nerve Growth Factors.....	151	Otic Anti-infectives.....	153
Octreotide Products.....	116	Ophthalmic Nonsteroidal Anti-inflammatory Agents.....	152	Otic Steroid-Anti-infective Combinations.....	153
Odactra TABLET SUBLINGUAL 12 SQ-HDM Sublingual.....	9	Ophthalmic Rho Kinase Inhibitors.....	152	Otic Steroids.....	154
Odefsey Tablet 200-25-25 MG Oral.....	79	Ophthalmic Selective Alpha Adrenergic Agonists.....	152	Ovulation Stimulants-Gonadotropins.....	115
Odomzo Capsule 200 MG Oral.....	62	Ophthalmic Steroid Combinations.....	152	Oxaborole-Related Antifungals - Topical.....	107
Ofev Products.....	164	Ophthalmic Steroids.....	152	Oxacillin Products.....	158
Ofloxacin Products.....	120, 151, 153	Ophthalmic Sulfonamides.....	153	Oxandrolone Products.....	19
Ogestrel Tablet 0.5-50 MG-MCG Oral.....	93	Ophthalmics - Cystinosis Agents.....	153	Oxaprozin Tablet 600 MG Oral.....	12
Ogsiveo Tablet 50 MG Oral.....	62	Opioid Agonists.....	14	Oxazepam Products.....	22
Ojjaara Products.....	67	Opioid Antagonists.....	44	Oxazolidinones.....	57
OLANZapine Products.....	77, 78	Opioid Antitussive-Antihistamine.....	99	Oxbryta Products.....	134
Olmesartan Products.....	53, 54	Opioid Combinations.....	18	OXcarbazepine Products.....	32
Olmesartan-amLODIPine-HCTZ Products.....	54	Opioid Partial Agonists.....	18	Oxervate Solution 0.002 % Ophthalmic.....	151
Olmesartan-Amlodipine-HCTZ Products.....	54	Opsumit TABLET 10 MG ORAL.....	88	Oxiconazole Nitrate Cream 1 % External.....	106
Olopatadine HCl Solution 0.6 % Nasal.....	148	Opsynvi Products.....	87, 88	Oxistat Products.....	106
Olysio Capsule 150 MG Oral.....	81	OptiChamber Products.....	140	oxyBUTYnin Chloride Solution 5 MG/5ML Oral... 171	
Omega-3-acid Ethyl Esters Capsule 1 GM Oral....	48	OptiHaler Products.....	140	Oxybutynin Products.....	171
Omeprazole Products.....	170	Opvee Solution 2.7 MG/0.1ML Nasal.....	44	oxyCODONE Products.....	17
Omeprazole+Syrspend SF Alka SUSPENSION 2 MG/ML ORAL.....	170	Opzelura Cream 1.5 % External.....	103	OxyCODONE HCl Concentrate 100 MG/5ML Oral....	17
Omniflex Diaphragm DIAPHRAGM VAGINAL.....	138	Oralona PASTE 0.1 % MOUTH/THROAT.....	146	oxyCODONE-Acetaminophen Products.....	18
		Oravig Tablet 50 MG Buccal.....	146	Oxycodone-Acetaminophen Tablet 2.5-325 MG Oral.....	18
		Orencia Products.....	13		

Index of Drugs

oxyCODONE-Aspirin Tablet 4.8355-325 MG Oral	18	PEG-3350/Electrolytes Solution Reconstituted		Phenothiazines	76
oxyCODONE-Ibuprofen Tablet 5-400 MG Oral.....	18	236 GM Oral.....	136	Phenothiazines & Tricyclic Agents	162
OxyCONTIN Products.....	17	PEG-3350/Electrolytes/Ascorbat Solution		Phenoxybenzamine HCl Capsule 10 MG Oral.....	52
oxyMORphone Products.....	17	Reconstituted 100 GM Oral.....	136	Phenylketonuria Treatment - Agents	115
Oxymorphone Products.....	17	Pegasys Products.....	81, 82	Phenytoin Products.....	33
OxyMORphone HCl ER Tablet Extended Release		Peg-Intron Products.....	82	Phexxi Gel 1.8-1-0.4 % Vaginal.....	175
12 Hour 40 MG Oral.....	17	PEG-KCl-NaCl-NaSulf-Na Asc-C Solution		Phoslyra Solution 667 MG/5ML Oral.....	122
Oxytocics	154	Reconstituted 100 GM Oral.....	136	Phosphate Binder Agents	122
OXYTOCICS	154	Pemazyre Products.....	61, 62	Phosphatidylinositol 3-Kinase (PI3K) Inhibitors ...	68
Oxytrol Patch Twice Weekly 3.9 MG/24HR		Penbraya Suspension Reconstituted Intramuscular..	172	Phosphodiesterase 4 (PDE4) Inhibitors	13
Transdermal.....	171	.....	172	Phosphodiesterase 4 (PDE4) Inhibitors - Topical	107
Ozempic Products.....	41	Penciclovir Cream 1 % External.....	103	Phosphodiesterase III Inhibitors	131
Pacerone Products.....	23	penicillAMINE Tablet 250 MG Oral.....	144	Phospholine Iodide Solution Reconstituted	
Palforzia Products.....	9	Penicillin Products.....	157	0.125 % Ophthalmic.....	150
Paliperidone Products.....	74	Penicillin Combinations	157	Photofrin SOLUTION RECONSTITUTED 75 MG	
Palonosetron Products.....	45	Penicillinase-Resistant Penicillins	158	Intravenous.....	65
Palynziq Products.....	115, 116	PENICILLINS	156	Physiolyte SOLUTION Irrigation.....	145
Pamidronate Products.....	110	Pentacel Suspension Reconstituted Intramuscular...	168	Physiosol Irrigation Solution Irrigation.....	145
Panretin Gel 0.1 % External.....	102	.....	168	Phytonadione Tablet 5 MG Oral.....	176
Pantoprazole Products.....	170	Pentamidine Products.....	55	Picato Products.....	102
Paragard Intrauterine Copper Intrauterine Device		Pentasa Products.....	122	Pifeltro Tablet 100 MG Oral.....	80
Intrauterine.....	95	Pentazocine-Naloxone HCl Tablet 50-0.5 MG Oral...	19	PIK3CA-Related Overgrowth Spectrum	
Parathyroid Hormone And Derivatives	115	.....	19	Agents - PI3K Inhib	145
Paricalcitol Products.....	114	Pentoxifylline ER Tablet Extended Release 400		Pilocarpine Products.....	146, 150
Paroex Solution 0.12 % Mouth/Throat.....	146	MG Oral.....	131	Pimecrolimus Cream 1 % External.....	107
Paromomycin Sulfate Capsule 250 MG Oral.....	9	Perindopril Products.....	51	Pimozide Products.....	162
PARoxetine Products.....	35, 163	Periogard Solution 0.12 % Mouth/Throat.....	146	Pindolol Products.....	84
Paser Packet 4 GM Oral.....	57	Peripheral COMT Inhibitors	72	Pioglitazone Products.....	44
PASSIVE IMMUNIZING AND TREATMENT		Peripheral Opioid Receptor Antagonists	122	Piperacillin Products.....	158
AGENTS	154	Permethrin Cream 5 % External.....	107	Piqray Products.....	68, 69
Paxlovid Products.....	81	Perphenazine Products.....	76	Pirfenidone Products.....	164
PAZOPanib HCl Tablet 200 MG Oral.....	63	Perphenazine-Amitriptyline Products.....	162	Pirmella 1/35 Tablet 1-35 MG-MCG Oral.....	93
PCSK9 Inhibitors	50	Perseris Products.....	74	Piroxicam Products.....	12
PDE Inhibitor-Endothelin Receptor Antagonist		Pexeva Products.....	35	Pitavastatin Products.....	49
Combinations	87	Pfizer Products.....	174	Plasma Kallikrein Inhibitors	131
Ped Multi Vitamins w/FI & FE	146	Pfizer-BioNT COVID-19 Vac-TriS Suspension		Plasma Kallikrein Inhibitors - Monoclonal	
Ped MV w/ Fluoride	146	30 MCG/0.3ML Intramuscular.....	174	Antibodies	131
Ped Vitamins ACD Fluoride & Iron	147	Pfizer-BioNTech COVID-19 Vacc Suspension		Plasma-Lyte Products.....	142
Ped Vitamins ACD w/ Fluoride	147	30 MCG/0.3ML Intramuscular.....	174	Platelet Aggregation Inhibitor Combinations ..	131
Pediarix Products.....	168	Pfizerpen-G SOLUTION RECONSTITUTED		Platelet Aggregation Inhibitors	131
Pedvax HIB Suspension 7.5 MCG/0.5ML		20000000 UNIT INJECTION.....	157	Plegridy Products.....	161
Intramuscular.....	172	Phenadox Products.....	47	Plenvu Solution Reconstituted 140 GM Oral.....	136
PEG Products.....	136	Phenelzine Sulfate Tablet 15 MG Oral.....	34		
		PHENobarbital Products.....	134, 135		

Index of Drugs

Plerixafor Solution 24 MG/1.2ML Subcutaneous	132	Prenatal Products.....	147	Propafenone Products.....	23
Pneumovax 23 Injectable 25 MCG/0.5ML Injection...	172	Prenatal MV & Min w/FE-FA.....	147	Propantheline Bromide Tablet 15 MG Oral.....	170
.....	172	Prenatal MV & Min w/FE-FA-DHA.....	147	Proparacaine HCl Solution 0.5 % Ophthalmic.....	151
PNV Products.....	147	Prepopik Packet 10-3.5-12 MG-GM-GM Oral.....	136	Propranolol Products.....	84
PNV-DHA CAPSULE 27-0.6-0.4-300 MG ORAL	147	Pretomanid Tablet 200 MG Oral.....	58	Propranolol-HCTZ Products.....	55
Pocket Products.....	140	Prevalite POWDER 4 GM/DOSE ORAL.....	48	Propylthiouracil Tablet 50 MG Oral.....	165
Podofilox Products.....	106	Previfem Tablet 0.25-35 MG-MCG Oral.....	93	ProQuad Products.....	172
Poly (ADP-ribose) Polymerase (PARP)		Prevnar Products.....	172	Prostaglandin Vasodilators.....	88
Inhibitors.....	69	Prevymis Products.....	81	Prostaglandins - Ophthalmic.....	153
Polycin Ointment 500-10000 UNIT/GM Ophthalmic..	151	Prezcobix Tablet 800-150 MG Oral.....	79	Prostatic Hypertrophy Agent Combinations... 123	
.....	151	Prezista Products.....	80	Protease-Activated Receptor-1 (PAR-1)	
Polymyxin B-Trimethoprim Solution 10000-0.1		Priftin Tablet 150 MG Oral.....	58	Antagonists.....	132
UNIT/ML-% Ophthalmic.....	151	Primidone Products.....	32	Proton Pump Inhibitors.....	170
Pomalyst Products.....	62	Priorix Suspension Reconstituted Subcutaneous.....	172	Protriptyline Products.....	37
Ponvory Products.....	163	.....	172	Pseudobulbar Affect Agent Combinations.....	162
Portia-28 TABLET 0.15-30 MG-MCG Oral.....	93	Privigen Products.....	156	Psychotherapeutic and Neurological Agents	
Posaconazole Products.....	47	Probenecid Tablet 500 MG Oral.....	124	- Misc.....	162
Postherpetic Neuralgia (PHN)/Neuropathic		ProChamber VHC Device.....	140	PSYCHOTHERAPEUTIC AND	
Pain Agents.....	162	Prochlorperazine Products.....	76	NEUROLOGICAL AGENTS - MISC.....	159
Potassium Products.....	123, 142, 143	Procrit Products.....	133	Pulm Hyperten-Soluble Guanylate Cyclase	
Potassium.....	142	ProctoCare-HC CREAM 2.5 % Rectal.....	20	Stimulator (sGC).....	88
Potassium Removing Agents.....	146	Procto-Med HC Cream 2.5 % Rectal.....	20	Pulmicort Products.....	27
Potassium Sparing Diuretics.....	109	Procto-Pak CREAM 1 % Rectal.....	20	Pulmonary Fibrosis Agents.....	164
PPI - Potassium-Competitive Acid Blockers		Proctosol HC Cream 2.5 % Rectal.....	20	Pulmonary Fibrosis Agents - Kinase Inhibitors....	
(P-CAB).....	170	Proctozone-HC CREAM 2.5 % Rectal.....	20	.....	164
Pramipexole Products.....	72	Procysbi Products.....	123	Pulmonary Hypertension - Activin Signaling	
Pramox Gel 1 % External.....	106	Progesterone Products.....	159	Inhibitor.....	88
Prasugrel Products.....	132	Progestin Contraceptives - Implants.....	95	Pulmonary Hypertension - Endothelin	
Pravastatin Products.....	49	Progestin Contraceptives - Injectable.....	95	Receptor Antagonists.....	88
Praziquantel Tablet 600 MG Oral.....	20	Progestin Contraceptives - IUD.....	95	Pulmonary Hypertension - Phosphodiesterase	
Prazosin Products.....	54	Progestin Contraceptives - Oral.....	96	Inhibitors.....	88
Pred Mild Suspension 0.12 % Ophthalmic.....	153	Progestins.....	158	Pulmozyme Solution 2.5 MG/2.5ML Inhalation....	164
Pred-G Products.....	152	PROGESTINS.....	158	Purine Analogs.....	146
Prednicarbate Products.....	105	Progestins-Antineoplastic.....	69	Pyrazinamide Tablet 500 MG Oral.....	58
prednisoLONE Products.....	98, 153	Prograf Solution 5 MG/ML Intravenous.....	145	pyRIDostigmine Bromide Tablet 60 MG Oral.....	57
PrednisoLONE Products.....	98, 153	Prolastin-C Solution Reconstituted 1000 MG		Pyridostigmine Products.....	57
predniSONE Products.....	98	Intravenous.....	163	Pyrimethamine Tablet 25 MG Oral.....	57
PredniSONE Products.....	98	Prolia Products.....	116	Pyrimidine Synthesis Inhibitors.....	13
Pregabalin Products.....	32	Promacta Products.....	134	Pyrukynd Products.....	132
Pregnyl Solution Reconstituted 10000 UNIT		Promethazine Products.....	47, 99	Pyruvate Kinase Activators.....	132
Intramuscular.....	115	Promethazine-Codeine Syrup 6.25-10 MG/5ML		Qinlock Tablet 50 MG Oral.....	63
PreHevbrio Suspension 10 MCG/ML Intramuscular..	174	Oral.....	99	Quadracel Products.....	168, 169
.....	174	Promethazine-DM Syrup 6.25-15 MG/5ML Oral....	99	Quadramet Solution 1850 MBQ/ML Intravenous... 65	
Premarin Products.....	119, 120, 175	Promethegan Products.....	47, 48	Quasense Tablet 0.15-0.03 MG Oral.....	95

Index of Drugs

Quaternary Anticholinergics.....	170	Retinoic Acid Receptor Gamma Selective Agonists.....	148	Rotarix Suspension Reconstituted Oral.....	174
QUetiapine Products.....	75, 76	Retinoids.....	69	RotaTeq Solution Oral.....	174
Quinapril Products.....	51	Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs.....	149	Roweepra Products.....	32
Quinapril-hydroCHLOROthiazide Products.....	52	Revlimid Products.....	144	Rozlytrek Products.....	64
Quinazoline Agents.....	132	Rextovy Liquid 4 MG/0.25ML Nasal.....	45	RSV Agents - Nucleoside Analogues.....	82
quiNIDine Products.....	22, 23	Rexulti Products.....	77	Rubraca Products.....	69
QuiNINE Sulfate Capsule 324 MG Oral.....	57	Reyataz PACKET 50 MG ORAL.....	80	Ruconest Solution Reconstituted 2100 UNIT Intravenous.....	130
Quinolinone Derivatives.....	77	Rezdiffra Products.....	121	Rufinamide Products.....	33
Qulipta Products.....	140	Rezilidhia Capsule 150 MG Oral.....	67	Rukobia Tablet Extended Release 12 Hour 600 MG Oral.....	79
Qvar Products.....	27	Rezurock Tablet 200 MG Oral.....	146	Rybelsus Products.....	41
RABEprazole Sodium Tablet Delayed Release 20 MG Oral.....	170	Rheumatrex TABLET 2.5 MG ORAL.....	10	Rydapt CAPSULE 25 MG Oral.....	63
Radicava Products.....	149	Rhopressa Solution 0.02 % Ophthalmic.....	152	Rykindo Products.....	75
Ragwitek TABLET SUBLINGUAL 12 AMB A 1-U Sublingual.....	9	Ribavirin Products.....	82	Saizen Products.....	113
Raloxifene HCl Tablet 60 MG Oral.....	116	Ridaura Capsule 3 MG Oral.....	11	Sajzir Solution Prefilled Syringe 30 MG/3ML Subcutaneous.....	130
Ramelteon Tablet 8 MG Oral.....	135	Rifabutin Capsule 150 MG Oral.....	58	Salicylates.....	13
Ramipril Products.....	51	Rifamate Capsule 150-300 MG Oral.....	57	Saline Laxative Mixtures.....	136
RANK Ligand (RANKL) Inhibitors.....	116	rifAMPin Products.....	58	Saliva Stimulants.....	146
Ranolazine Products.....	20	Rifampin Solution Reconstituted 600 MG Intravenous.....	58	Sancuso Patch 3.1 MG/24HR Transdermal.....	45
Rapamune Products.....	145	Rifater Tablet 50-120-300 MG Oral.....	57	SandIMMUNE SOLUTION 100 MG/ML ORAL....	144
Rasagiline Products.....	70	Riluzole Tablet 50 MG Oral.....	149	SandoSTATIN Products.....	117
Rayaldee Capsule Extended Release 30 MCG Oral.....	114	riMANTAdine HCl Tablet 100 MG Oral.....	82	Santyl Ointment 250 UNIT/GM External.....	106
Rebif Products.....	161	Rinvoq Products.....	10	Sapropterin Products.....	116
Rebinyn Products.....	129	Risedronate Products.....	110	Savella Products.....	160
Reclipsen Tablet 0.15-30 MG-MCG Oral.....	94	RisperDAL Products.....	74	sAXagliptin Products.....	39
Recombivax Products.....	174	risperIDONE Products.....	74, 75	Scabicides & Pediculicides.....	107
Recorlev Tablet 150 MG Oral.....	111	RisperiDONE Products.....	74, 75	Scalacort Lotion 2 % External.....	105
Rectal Steroids.....	20	RiteFlo Device.....	140	Scemblix Products.....	60
Regranex GEL 0.01 % EXTERNAL.....	107	Ritonavir Tablet 100 MG Oral.....	80	Sclerostin Inhibitors.....	116
Relenza Products.....	82	Rituxan Solution 100 MG/10ML Intravenous.....	59	Scopolamine Patch 72 Hour 1 MG/3DAYS Transdermal.....	45
Relistor Products.....	122	Rivastigmine Products.....	160	Seconal Capsule 100 MG Oral.....	135
Renflexis Solution Reconstituted 100 MG Intravenous.....	123	Rivelsa TABLET 42-21-21-7 DAYS Oral.....	95	Secuado Products.....	75
Renvela Products.....	122	Rivfloza Products.....	123	Selective Aldosterone Receptor Antagonists (SARAs).....	55
Repaglinide Products.....	42	Rixubis Products.....	129	Selective cGMP Phosphodiesterase Type 5 Inhibitors.....	89
Repatha Products.....	50	Rizatriptan Products.....	141	Selective Costimulation Modulators.....	13
Rescriptor Products.....	80	ROCK Inhibitors.....	146	Selective Estrogen Receptor Degraders.....	69
RESPIRATORY AGENTS - MISC.....	163	rocklatan Solution 0.02-0.005 % Ophthalmic.....	151	Selective Estrogen Receptor Modulators (SERMs).....	116
Restless Leg Syndrome (RLS) Agents.....	162	Roflumilast Products.....	26	Selective Melatonin Receptor Agonists.....	135
Retacrit Products.....	133	rOPINIRole Products.....	72		
Retevmo Products.....	64	Rosacea Agents.....	107		
		Rosadan Cream 0.75 % External.....	107		
		Rosuvastatin Products.....	49		

Index of Drugs

Selective Phosphodiesterase 4 (PDE4) Inhibitors.....	26	Skyclarys Capsule 50 MG Oral.....	149	Spleen Tyrosine Kinase (SYK) Inhibitors.....	132
Selective Retinoid X Receptor Agonists.....	69	Skyla INTRAUTERINE DEVICE 13.5 MG		Spravato Products.....	34
Selective Serotonin Agonist-NSAID Combinations.....	141	INTRAUTERINE.....	95	Sprintec 28 Tablet 0.25-35 MG-MCG Oral.....	94
Selective Serotonin Agonists 5-HT(1).....	141	Skyrizi Products.....	102, 103, 122	Sprycel Products.....	60
Selective Serotonin Reuptake Inhibitors (SSRIs).....	34	Skytrofa Products.....	113	SPS Suspension 15 GM/60ML Oral.....	146
Selective T-Cell Costimulation Blockers.....	146	Slynd Tablet 4 MG Oral.....	96	Sronyx TABLET 0.1-20 MG-MCG Oral.....	94
Selective Vasopressin V2-Receptor Antagonists.....	116	Small Interfering Ribonucleic Acid Agents (siRNA).....	123	SSD Cream 1 % External.....	103
Selegiline Products.....	71	Smoking Deterrents.....	163	Stavudine Products.....	81
Selenium Sulfide Lotion 2.5 % External.....	103	Sodium Products....	99, 117, 123, 142, 143, 146, 159	Stelara Products.....	103
Selzentry Products.....	79	Sodium.....	143	Steroid Inhalants.....	26
Semglee Products.....	41	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors.....	42	Steroids - Mouth/Throat/Dental.....	146
Serevent Diskus Aerosol Powder Breath Activated 50 MCG/ACT Inhalation.....	25	Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb.....	42	Stimate Solution 1.5 MG/ML Nasal.....	117
Serostim Products.....	113	Sofosbuvir-Velpatasvir Tablet 400-100 MG Oral... 81		Stimufend Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous.....	134
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag.....	163	Sogroya Products.....	113	Stimulants - Misc.....	6
Serotonin Modulators.....	35	Sohonos Products.....	148	Stiolto Respiamat Aerosol Solution 2.5-2.5 MCG/ACT Inhalation.....	24
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs).....	36	Solia TABLET 0.15-30 MG-MCG ORAL.....	94	Stivarga Tablet 40 MG Oral.....	64
Sertraline Products.....	35	Solifenacin Products.....	171	Strensiq Products.....	114
Setlakin TABLET 0.15-0.03 MG ORAL.....	95	Soltamox Solution 10 MG/5ML Oral.....	58	Streptomycin Sulfate SOLUTION RECONSTITUTED 1 GM Intramuscular.....	9
Sevelamer Products.....	122	Soluble Tumor Necrosis Factor Receptor Agents.....	13	Stribild Tablet 150-150-200-300 MG Oral.....	79
Sevenfact Products.....	129	Solu-CORTEF Products.....	98, 99	Striverdi Respiamat Aerosol Solution 2.5 MCG/ACT Inhalation.....	25
SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb.....	42	SOLU-Medrol Solution Reconstituted 2 GM Injection.....	99	Sublocade Products.....	19
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations..	42	Somatostatic Agents.....	116	Substance P/Neurokinin 1 (NK1) Receptor Antagonists.....	46
Shingrix SUSPENSION RECONSTITUTED 50 MCG Intramuscular.....	174	Somatuline Products.....	117	Subsys Products.....	17, 18
Signifor Products.....	117	Somavert Products.....	111	Succinimides.....	33
Sildenafil Products.....	89	SORafenib Tosylate Tablet 200 MG Oral.....	64	Suclear KIT ORAL.....	136
Sildenafil Products.....	123	Sorine Products.....	84	Sucraid Solution 8500 UNIT/ML Oral.....	108
Silver sulfADIAZINE Cream 1 % External.....	103	Sotalol Products.....	84	Sucrafate Products.....	170
Simbrinza Suspension 1-0.2 % Ophthalmic.....	149	Spacer/Aerosol-Holding Chambers & Supplies....	139	Sulfacetamide Products.....	100, 153
Simulect Products.....	145	Sphingosine 1-Phosphate (S1P) Receptor Modulators.....	163	Sulfacetamide-prednisolONE Solution 10-0.23 % Ophthalmic.....	152
Simvastatin Products.....	49, 50	Spikevax COVID-19 Vaccine Suspension 100 MCG/0.5ML Intramuscular.....	174	sulfADIAZINE Tablet 500 MG Oral.....	165
Sinus Node Inhibitors.....	89	Spinal Muscular Atrophy-SMN2 Splicing Modifiers.....	149	Sulfamethoxazole-Trimethoprim Products.....	55, 56
Sirolimus Products.....	145	Spinomad Suspension 0.9 % External.....	107	Sulfamylon Cream 85 MG/GM External.....	103
Sirturo Products.....	58	Spiriva Products.....	26	sulfaSALazine Tablet 500 MG Oral.....	122
Sivextro Tablet 200 MG Oral.....	57	Spirolactone Products.....	109	SulfaSALazine Tablet Delayed Release 500 MG Oral.....	122
		Spirolactone-HCTZ Tablet 25-25 MG Oral.....	108	Sulfazine Tablet 500 MG Oral.....	122
				Sulfonamides.....	165
				SULFONAMIDES.....	165

Index of Drugs

Sulfonylurea-Biguanide Combinations.....	43	Tasimelteon Capsule 20 MG Oral.....	135	Theochron Products.....	27
Sulfonylureas.....	43	Tasmar Tablet 100 MG Oral.....	71	Theophylline Products.....	27, 28
Sulindac Products.....	13	Tavaborole Solution 5 % External.....	107	TheraCys Suspension Reconstituted 81 MG/VIAL	
SUMatriptan Products.....	141	Tavalisse Products.....	132	Intravesical.....	65
Sumatriptan-Naproxen Sodium Tablet 85-500		Tavneos Capsule 10 MG Oral.....	131	Thermazene CREAM 1 % EXTERNAL.....	103
MG Oral.....	141	Taysofy Capsule 1-20 MG-MCG(24) Oral.....	94	Thiazides and Thiazide-Like Diuretics.....	109
SUNItinib Products.....	64	Tazarotene Products.....	100, 102	Thiazolidinedione-Biguanide Combinations.....	44
Sunlenca Products.....	79	Tazorac Products.....	102	Thiazolidinediones.....	44
Sunosi Products.....	6	Taztia Products.....	86	Thienbenzodiazepines.....	77
Suprax Products.....	90, 91	Tazverik Tablet 200 MG Oral.....	63	Thienopyridine Derivatives.....	132
Surmontil Products.....	37	TDVAX Suspension 2-2 LF/0.5ML Intramuscular.....	169	Thioridazine Products.....	76
Sutab Tablet 1479-225-188 MG Oral.....	136	Tegsedi Solution Prefilled Syringe 284		Thiothixene Products.....	78
Syeda Tablet 3-0.03 MG Oral.....	94	MG/1.5ML Subcutaneous.....	159	Thioxanthenes.....	78
Sylvant Products.....	145	Telmisartan Products.....	54	Thrombin Inhibitors - Selective Direct &	
Symax-SL Tablet Sublingual 0.125 MG Sublingual...	169	Telmisartan-amLODIPine Products.....	52, 53	Reversible.....	30
Symdeko Products.....	164	Telmisartan-HCTZ Products.....	53	Thrombopoietin (TPO) Receptor Agonists.....	134
Symjepi Products.....	175	Temazepam Products.....	135	Thymic Stromal Lymphopoietin (TSLP)	
SymlinPen Products.....	38	Temixys Tablet 300-300 MG Oral.....	79	Antagonists.....	27
Synagis Products.....	154	Temodar SOLUTION RECONSTITUTED 100 MG		Thymoglobulin SOLUTION RECONSTITUTED	
Synarel SOLUTION 2 MG/ML NASAL.....	115	Intravenous.....	67	25 MG Intravenous.....	144
Synera Patch 70-70 MG External.....	107	Temozolomide Products.....	67	THYROID AGENTS.....	165
Synjardy Products.....	42, 43	Tenivac Injectable 5-2 LFU Intramuscular.....	169	Thyroid Hormones.....	165
Synribo Solution Reconstituted 3.5 MG		Tenofovir Disoproxil Fumarate Tablet 300 MG Oral..	81	Thyrolar-1 Tablet 60 (12.5-50) MG (MCG) Oral... 168	
Subcutaneous.....	65	.....	81	Thyrolar-1/2 Tablet 30 (6.25-25) MG (MCG) Oral.....	168
Synthetic Heparinoid-Like Agents.....	30	Tepmetko Tablet 225 MG Oral.....	63	Thyrolar-1/4 Tablet 15 (3.1-12.5) MG (MCG) Oral....	168
Synthroid Products.....	167, 168	Terazosin Products.....	54	.....	168
Tabloid Tablet 40 MG Oral.....	59	Terbinafine HCl Tablet 250 MG Oral.....	46	Thyrolar-2 Tablet 120 (25-100) MG (MCG) Oral.. 168	
Tabrecta Products.....	63	Terbutaline Products.....	26	Thyrolar-3 Tablet 180 (37.5-150) MG (MCG) Oral.....	168
Tacrolimus Products.....	107, 145	Terconazole Products.....	174	.....	168
Tadalafil Products.....	89	Teriflunomide Products.....	160	tiaGABine Products.....	33
Tadliq Suspension 20 MG/5ML Oral.....	89	Teriparatide Products.....	115	Tibsovo Tablet 250 MG Oral.....	67
Tafinlar Products.....	61	Testosterone Products.....	19, 20	Tice BCG Suspension Reconstituted 50 MG	
Tafluprost (PF) Solution 0.0015 % Ophthalmic....	153	Tetanus-Diphtheria Toxoids Td Suspension 2-2		Intravesical.....	66
Tagrisso Products.....	61	LF/0.5ML Intramuscular.....	169	Tilia Fe Tablet 1-20/1-30/1-35 MG-MCG Oral.....	96
Takzyro Products.....	131	Tetrabenazine Products.....	160	Timolol Products.....	84, 149, 150
Talzenna Products.....	69	Tetracycline Products.....	165	Timoptic Ocudose Solution 0.25 % Ophthalmic... 150	
Tamoxifen Products.....	58	Tetracyclines.....	165	Tinidazole Products.....	55
Tamsulosin HCl Capsule 0.4 MG Oral.....	123	TETRACYCLINES.....	165	Tiotropium Bromide Monohydrate Capsule 18	
Tarina Products.....	94	Tetrazoles.....	46	MCG Inhalation.....	26
Tarpeyo Capsule Delayed Release 4 MG Oral.....	99	Texacort SOLUTION 2.5 % EXTERNAL.....	105	Tis-U-Sol SOLUTION IRRIGATION.....	145
Tascenso ODT Tablet Dispersible 0.25 MG Oral.....	163	Tezspire Products.....	27	Tivicay Products.....	79
.....	163	Thalomid Products.....	143	tiZANidine Products.....	148
Tasigna Products.....	60	Theo-24 Products.....	27	Tlando Capsule 112.5 MG Oral.....	20

Index of Drugs

TobraDex Ointment 0.3-0.1 % Ophthalmic.....	152	Tretinoin Products.....	69, 100, 101	Tri-Vit/Fluoride Products.....	147
Tobramycin Products.....	9, 10, 151	Tretten Products.....	129	Tri-Vit/Fluoride/Iron Solution 0.25-10 MG/ML Oral....	147
Tobramycin-Dexamethasone Suspension 0.3-0.1 % Ophthalmic.....	152	Trexall Products.....	59	Tri-Vitamin/Fluoride Solution 0.25 MG/ML Oral... 147	147
Tobrex Ointment 0.3 % Ophthalmic.....	151	Triamcinolone Products.....	105, 106, 146	Trivora (28) Tablet 50-30/75-40/ 125-30 MCG Oral...	97
TOLAZamide Products.....	43	Triamterene Products.....	109	Tri-VyLibra Products.....	97
TOLBUTamide Tablet 500 MG Oral.....	43	Triamterene-HCTZ Products.....	108, 109	Tropicamide Products.....	150
Tolmetin Products.....	13	Triazolam Products.....	135	Trospium Products.....	171
Tolterodine Products.....	171	Triazoles.....	46	Trulicity Products.....	41, 42
Tolvaptan Products.....	116	Tricyclic Agents.....	36	Trumenba Suspension Prefilled Syringe	
Topical Anesthetic Combinations.....	107	Triderm Cream 0.1 % External.....	106	Intramuscular.....	172
Topical Decongestants.....	149	Trientine HCl Capsule 250 MG Oral.....	144	Truqap Products.....	59
Topical Selective Retinoid X Receptor Agonists..	107	Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG		Truseltiq Products.....	62
Topical Steroid Combinations.....	107	Oral.....	96	Tukysa Products.....	60
Topiramate Products.....	33	Trifluoperazine Products.....	76, 77	Tumor Necrosis Factor Alpha Blockers.....	122
Topoisomerase I Inhibitors.....	69	Trifluridine Solution 1 % Ophthalmic.....	151	Turalio Capsule 200 MG Oral.....	64
Toposar Products.....	68	Trihexyphenidyl Products.....	70	Turqoz Tablet 0.3-30 MG-MCG Oral.....	94
Toremifene Citrate Tablet 60 MG Oral.....	58	Trijardy Products.....	42	Tussigon Tablet 5-1.5 MG Oral.....	99
Torisel Solution 25 MG/ML Intravenous.....	63	Trikafta Products.....	164	Tuxarin ER Tablet Extended Release 12 Hour	
Torsemide Products.....	109	Tri-Linyah TABLET 0.18/0.215/0.25 MG-35 MCG		54.3-8 MG Oral.....	99
Toujeo Products.....	41	ORAL.....	96	Twinrix Products.....	172
Toxoid Combinations.....	168	Tri-Lo-Estarylla Tablet 0.18/0.215/0.25 MG-25		Twirla Patch Weekly 120-30 MCG/24HR	
TOXOIDS.....	168	MCG Oral.....	96	Transdermal.....	94
traMADol Products.....	18	Tri-Lo-Marzia Tablet 0.18/0.215/0.25 MG-25		Tyblume Tablet 0.1-20 MG-MCG Oral.....	94
Tramadol Combinations.....	19	MCG Oral.....	96	Tymlos Solution Pen-injector 3120 MCG/1.56ML	
traMADol-Acetaminophen Tablet 37.5-325 MG Oral		Tri-Lo-Mili Tablet 0.18/0.215/0.25 MG-25 MCG Oral		Subcutaneous.....	115
.....	19	.....	96	Tyvaso Products.....	88
Trandolapril Products.....	51	Tri-Lo-Sprintec Tablet 0.18/0.215/0.25 MG-25		Tyzeka TABLET 600 MG ORAL.....	81
Tranexamic Acid Tablet 650 MG Oral.....	134	MCG Oral.....	96	Tyzine SOLUTION 0.05 % Nasal.....	149
Transderm-Scop (1.5 MG) Patch 72 Hour 1		TriLyte Solution Reconstituted 420 GM Oral.....	136	Ubrelvy Products.....	140
MG/3DAYS Transdermal.....	45	Trimethobenzamide HCl Capsule 300 MG Oral....	45	Udenyca Products.....	134
Tranthyretin Stabilizers.....	89	Trimethoprim Tablet 100 MG Oral.....	55	Ukoniq Tablet 200 MG Oral.....	64
Tranlycypromine Sulfate Tablet 10 MG Oral.....	34	Tri-Mili Tablet 0.18/0.215/0.25 MG-35 MCG Oral..	97	Ulcer Anti-Infective w/ Bismuth Combinations.....	170
Travoprost (BAK Free) Solution 0.004 %		Trimipramine Products.....	37	Ulcer Anti-Infective w/ Proton Pump Inhibitors....	171
Ophthalmic.....	153	Trinatal Rx 1 Tablet 60-1 MG Oral.....	147	Ulcer Drugs - Prostaglandins.....	171
traZODone Products.....	36	Trinate Tablet Oral.....	147	ULCER	
TraZODone HCl Tablet 300 MG Oral.....	36	TriNessa (28) Tablet 0.18/0.215/0.25 MG-35		DRUGS/ANTISPASMODICS/ANTICHOLINER	
Trecator Tablet 250 MG Oral.....	58	MCG Oral.....	97	GICS.....	169
Trelegy Products.....	24	Trintellix Products.....	36	Ulesfia Lotion 5 % External.....	107
Trelstar Products.....	68	Tri-Nymyo Tablet 0.18/0.215/0.25 MG-35 MCG		UltiCare Pen Needles 29G X 12.7MM.....	139
Tremfya Products.....	103	Oral.....	97	Unithroid Products.....	168
Treprostinil Products.....	88	Triphasic Contraceptives - Oral.....	96		
Tresiba Products.....	41	Tri-Sprintec Tablet 0.18/0.215/0.25 MG-35 MCG			
		Oral.....	97		
		Triumeq Products.....	79		

Index of Drugs

Urea Cycle Disorder - Agents	117	Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)	89	Vitamin D	176
Uricosurics	124	Vasodilators	55	Vitamin K	176
Urinary Anti-infectives	57	Vasomotor Symptom Agents - SSRIs	163	Vitamins ACD-Fluoride Solution 0.25 MG/ML Oral....	147
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)	171	Vasopressin	117	VITAMINS	175
URINARY ANTISPASMODICS	171	Vasopressors	175	Vitrakvi Products.....	64
Urinary Antispasmodics - Beta-3 Adrenergic Agonists	171	VASOPRESSORS	175	Vituz SOLUTION 5-4 MG/5ML Oral.....	99
Urinary Antispasmodics - Cholinergic Agonists ..	171	Vixelis Products.....	169	Vivitrol Suspension Reconstituted 380 MG Intramuscular.....	45
.....	171	Vaxneuvance Suspension Prefilled Syringe 0.5 ML Intramuscular.....	172	Vivjoa Capsule Therapy Pack 150 MG Oral.....	46
Urinary Antispasmodics - Direct Muscle Relaxants	171	Velivet Tablet 0.1/0.125/0.15 -0.025 MG Oral.....	97	Vizimpro Products.....	61
Urinary Stone Agents	124	Velphoro TABLET CHEWABLE 500 MG ORAL..	122	Vocabria Tablet 30 MG Oral.....	79
Urinary Tract Protective Agents	69	Vemlidy TABLET 25 MG ORAL.....	81	Vonjo Capsule 100 MG Oral.....	67
Ursodiol Products.....	121	Venclexta Products.....	60	Vonvendi Products.....	129, 130
Uvadex Products.....	65	Venlafaxine Products.....	36	Voquezna Products.....	170
VACCINES	172	Ventavis Products.....	88	Voriconazole Products.....	47
VAGINAL AND RELATED PRODUCTS	174	Veopoz Solution 400 MG/2ML Injection.....	131	Vortex Valved Holding Chamber Device.....	140
Vaginal Anti-infectives	175	Verapamil Products.....	87	Vosevi TABLET 400-100-100 MG Oral.....	81
Vaginal Contraceptive pH Modulator - Combinations	175	Verdeso Foam 0.05 % External.....	106	Vowst Capsule Oral.....	122
Vaginal Estrogens	175	Veregen Ointment 15 % External.....	101	Voxzogo Products.....	115
Vaginal Progestins	175	Verquvo Products.....	89	Voydeya Products.....	131
valACYclovir Products.....	82	Verzenio Products.....	66	Vpriv Solution Reconstituted 400 UNIT Intravenous..	132
Valchlor Gel 0.016 % External.....	102	Vestura Tablet 3-0.02 MG Oral.....	94	Vraylar Products.....	73
valGANciclovir Products.....	81	Vexol Suspension 1 % Ophthalmic.....	153	Vtama Cream 1 % External.....	102
Valproate Sodium Solution 100 MG/ML Intravenous	34	Vibativ Products.....	56	Vumerity Products.....	162
.....	34	Victoza Solution Pen-Injector 18 MG/3ML Subcutaneous.....	42	Vyjuvek Gel 5000000000 PFU/2.5ML External... 107	
Valproic Acid Capsule 250 MG Oral.....	34	Videx Products.....	80	Vyleesi Solution Auto-Injector 1.75 MG/0.3ML Subcutaneous.....	160
Valproic Acid	33	Vienva Tablet 0.1-20 MG-MCG Oral.....	94	VyLibra TABLET 0.25-35 MG-MCG Oral.....	94
Valsartan Products.....	54	Vigabatrin Products.....	33	Vyndamax Capsule 61 MG Oral.....	89
Valsartan-hydroCHLOROthiazide Products.....	53	Vigadrone Packet 500 MG Oral.....	33	Vyndaqel Capsule 20 MG Oral.....	89
Valtoco Products.....	30, 31	Vijoice Products.....	145	Wainua Solution Auto-Injector 45 MG/0.8ML Subcutaneous.....	159
Valved Holding Chamber Device.....	140	Vilazodone Products.....	36	Warfarin Products.....	28
Vancomycin Products.....	56	Vinate One Tablet 60-1 MG Oral.....	147	Watchhaler Device.....	140
Vandazole Gel 0.75 % Vaginal.....	175	Viorele Tablet 0.15-0.02/0.01 MG (21/5) Oral.....	91	Welireg Tablet 40 MG Oral.....	62
Vanflyta Products.....	64	Viracept Products.....	80	Wera Tablet 0.5-35 MG-MCG Oral.....	94
Vaqta Products.....	174	Viral Vaccine Combinations	172	Wide-Seal Products.....	138
Varenicline Products.....	163	Viral Vaccines	172	Wilate Products.....	130
Varivax Injectable 1350 PFU/0.5ML Subcutaneous..	174	Virazole Solution Reconstituted 6 GM Inhalation..	82	Winrevair Products.....	88
.....	174	Viread Products.....	81	Wixela Products.....	24
Varubi Tablet 90 MG Oral.....	46	Vistogard PACKET 10 GM ORAL.....	44	Wound Care - Growth Factor Agents	107
Vascular Endothelial Growth Factor (VEGF) Inhibitors	70	Vitamin D (Ergocalciferol) Capsule 1.25 MG (50000 UT) Oral.....	176	Wound Dressings	107
		Vitamin C	175		

Index of Drugs

Wound Treatment - Gene Therapy.....	107
WP Products.....	168
Wymzya Fe Tablet Chewable 0.4-35 MG-MCG Oral	94
Xalkori Products.....	59
Xanthines.....	27
Xarelto Products.....	28
Xdemvy Solution 0.25 % Ophthalmic.....	151
Xeljanz Products.....	10
Xembify Products.....	156
Xgeva SOLUTION 120 MG/1.7ML Subcutaneous.....	116
Xiaflex Solution Reconstituted 0.9 MG Injection..	144
Xifaxan Products.....	55
Xigduo Products.....	43
Xiidra Solution 5 % Ophthalmic.....	150
Xolair Products.....	25
Xolegel Gel 2 % External.....	106
Xospata Tablet 40 MG Oral.....	64
Xphozah Products.....	111
Xpovio Products.....	65
Xtandi Products.....	58
Xulane Patch Weekly 150-35 MCG/24HR Transdermal.....	94
Xuriden PACKET 2 GM ORAL.....	114
Xylocaine-MPF/Epinephrine Solution 1 %- 1:200000 Injection.....	136
Xyntha Products.....	130
Xyrem Solution 500 MG/ML Oral.....	159
Xywav Solution 500 MG/ML Oral.....	159
Ycanth Solution 0.7 % External.....	106
Yonsa Tablet 125 MG Oral.....	58
Yuvaferm Tablet 10 MCG Vaginal.....	175
Zafemy Patch Weekly 150-35 MCG/24HR Transdermal.....	94
Zafirlukast Products.....	26
Zaleplon Products.....	135
Zegalogue Products.....	38, 39
Zejula Products.....	69
Zelapar Tablet Dispersible 1.25 MG Oral.....	71
Zelboraf Tablet 240 MG Oral.....	61
Zemaira SOLUTION RECONSTITUTED 1000 MG Intravenous.....	164
Zemplar Products.....	114
Zenatane Products.....	101
Zenchant Tablet 0.4-35 MG-MCG Oral.....	94
Zenpep Products.....	108
Zenzedi Products.....	6
Zeposia Products.....	163
Zidovudine Products.....	81
Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous.....	134
Zilbrysq Products.....	131
Zileuton ER Tablet Extended Release 12 Hour 600 MG Oral.....	23
Zimhi Solution Prefilled Syringe 5 MG/0.5ML Injection.....	45
Ziprasidone Products.....	73
Zirgan Gel 0.15 % Ophthalmic.....	151
Zmax Suspension Reconstituted 2 GM Oral.....	137
Zokinvy Products.....	144
Zoledronic Products.....	110
Zolinza CAPSULE 100 MG ORAL.....	62
ZOLMitriptan Products.....	141
Zolpidem Products.....	135
Zonisamide Products.....	33
Zontivity Tablet 2.08 MG Oral.....	132
Zoryve Products.....	102, 103
Zostavax Suspension Reconstituted 19400 UNT/0.65ML Subcutaneous.....	174
Zosyn Products.....	158
Zovia 1/35E (28) Tablet 1-35 MG-MCG Oral.....	94
Ztalmy Suspension 50 MG/ML Oral.....	33
Zumandimine Tablet 3-0.03 MG Oral.....	94
Zuplenz Products.....	45
Zurzuvae Products.....	34
Zydelig Products.....	69
Zykadia Products.....	59
Zylet SUSPENSION 0.5-0.3 % OPHTHALMIC....	152
ZyPREXA Products.....	78

This formulary was updated on **08/13/2024**
If you have questions, please contact our Customer Service Department
at (888) 977-9299 or by email at cs@pacificsource.com.